

Request: Start Services (new Client)

- Done in [Inquiry](#) screen
- Verify Medi-Cal ([Inquiry: Insurance tab](#))
- Basic Demographics (client identifiers) ([Inquiry: Demographics tab](#))
- Create a client ID ([Link/Create Client button](#))
- Includes referring agency information if applicable

Walk-in assessment won't capture whether a person is "urgent" or "routine" - will need to ask counties about this. Can assume the person is urgent if they go to CSU walk-in versus can we assume the person is routine if they go to OP Walk-In Clinic?

Person is a Walk-In

- Open [Client Search](#) and confirm they're not a current client
- Use [Client Search](#) to "Create New Potential Client"

Next Step: Complete Screening Tool

- Required DHCS screenings
- Determines which system of care the client will be served by

Next Step: Request enrollment in the program that will do the assessment

- Status in program enrollment is marked as "requested" ([Client Programs](#) > New > [Program Assignment Details](#))
- RECOMMEND: create "To-Do" for program manager to assign primary program staff to program
NOTE: This would allow supervisors to assign assessments to specific staff, rather than the screener doing it

Next Step: Schedule an Assessment appointment

- Schedule an assessment appointment with the *Requested* program ([Appointment Search](#) > [Service Details](#))

Next Step: Client attends appointment: Complete Intake

- Enroll the client in the assessing program ([Client Programs](#) > [Program Assignment Details](#))
- Complete intake packets (links on [Client Dashboard: Client Tracking widget](#))
 - Complete legal forms/consents—REQUIRES CDAG
 - Complete full demographic data set, including Contacts, Aliases, PCP, etc.
 - Complete CSI Demographics, CalOMS, etc.—REQUIRES CDAG

Next Step: Billing gets full insurance information

- May be done automatically via 270/271?
- May be done in [Client Coverage screen](#)?

Next Step: Complete Clinical Assessment—REQUIRES CDAG

- Determines what services client will receive
- Document any services done during clinical assessment process ([Service Note](#))

Next Step: Complete Diagnosis—REQUIRES CDAG

- Done in [Diagnosis document](#)
- May need to do a preliminary diagnosis if assessment takes longer than 1 session

Next Step: Refer to MCP

- Complete [NOABD](#) (in development)
- Document referral ([Client Information: External Referral tab](#))

Next Step: Add Services
See other page for further workflow

Next Step: Close request (no services necessary)

- Complete [NOABD](#) (in development)
- Document any referrals given (e.g. Housing, Social Services, Food Bank, etc.) ([Client Information: External Referral tab](#))
- Close to the assessment program ([Client Programs](#) > [Program Assignment Details](#))

