SMARTCARE:

1) QI Team- Inquiry Form

2) IT- Navigating Smartcare

Opening, closing and enrolling to Smartcare

CalOMS Admissions and Discharges 3)-QITeam-DMC-ODS Outpatient Timeliness Record/DMC-ODS Opioid Timeliness Record

Client Flags

Client Clinical Problems Form (problem list)

4) Contracts- Batch Upload

Reports/List pages

INQUIRIES (MYOFFICE)

WHAT AND WHY?

The Inquiry form, known in Avatar as "The Admission (Outpatient) form" is used for tracking purposes to ensure the DMC-ODS programs are responding to beneficiary SUD service needs in a timely manner. This is also a form to verify Medi-Cal Eligibility.

Inquiries (My Office)

When do you complete an Inquiry?

- You complete an Inquiry when a request is made
- Inquiries do not all result in enrollment and/or need Timeliness Record form

• This link will take you to a video and walk you through the Client Inquiry form. The inquiry form is used to track requests of services and timeliness.

How do I document a request for services received via the Access Line? - 2023 CalMHSA

How To Search for the Inquiry form



2. Create a new inquiry by clicking the new icon



Inquiries (My Office): Client Search Window

3. You may search to determine if the person is a current client.

- Click "Broad Search", Click "SSN Search", Click "DOB Search"
- a) If person is <u>new</u> in the system, click "Inquiry (New Client)"
- b) If person <u>is in the system</u>, click "Select" so their information can be brought into the Inquiry Screen

| Client Search | | | | | ? D |
|---|-----------------------|------------------------|---|-------------------------|---------------------------------------|
| Clear | | | | | |
| Name Search | clude Client Contacts | Only Include Active | Clients (Checking wil | l not allow option to c | reate new Client) |
| Broad Search | Narrow Search | Type of Client 💿 Indiv | idual 🔿 Organization | | |
| Last Name | | First Name | | Program | ~ |
| Other Search Strate | gies | | | | |
| SSN Search DOB Search Primary Clinician S Authorization ID | Search | | Phone # Search Master Client ID Sea Client ID Search Insured ID Search | arch | |
| Records Found | | | | | |
| ID Master | ID Client Name | △ <u>Chosen Name</u> | SSN/EIN DOB | Status <u>City</u> | Primary Clinician |
| | | | | | |
| | | | | | |
| | | No data | to display | | |
| | | | | | |
| | | | | _ | |
| 4 | | | | b | Select Cancel Inquiry (New Client) |

Inquiries (My Office)

4. Complete the information about the caller or "Inquirer" (This is in the Inquiry Details)

- If the client is calling for themselves, select Self under "Relation to Client."
- Complete start Date and start time of Inquiry
- Fields that need to be completed;
 - First and Last Name
 - Complete SSN and DOB, If unknown/refused click the box, this will fill in the SSN with "999999999"
 - Complete Urgency Level, Inquiry Type and Contact type fields
 - Click Save

| nquiry De | etails | | | | Remove Client Li | nk Link/Cre | ate Client | Register Client | ^₿ 1 | i 🖯 | 8 |
|---------------|-----------------------------|------------|-----------------|------------------------------------|--|-----------------|---------------|-----------------|------|-----|---|
| Initial I | nsurance Demog | raphics | | | Self Adopted Child Adopted Parent Adopted Sibling Advocate | | | | | 1 | |
| Inquirer Ir | nformation 🗌 ^{Cri} | sis | | | Aunt Biological Parent Brother | | | | | | |
| Relation To C | lient | \$ | First Name Pati | ient M | Brother-In-Law Child Conservator (non-Pul | blic Guardian) | st Name O | ne | | | |
| Call Back | | | Ext | Ei | Conservator (Public G Court Cousin | Guardian) | | | | | |
| Start Date | | ТҮ⊞т | Start Time | Now | Daughter Employer EMT/Ambulance Family Member Father | | r | | | _ | |
| Client Info | ormation (Potent | ial) | | | | | | | | | |
| First Name | Patient 😶 | Middle Nan | ie | Last Name | One | Client ID | <u>146304</u> | Sex Male | ~ | | |
| SSN | 123456789 | SSN Unk | nown/Refused | DOB | 01/01/2000 | Age (23 Years) | | | | | |
| Home Phone | | Cell | | Email | | | | | | | |
| Address1 | 1111 First Street | | | Urgency Level | * | | v 🕧 | | | | |
| Address2 | | | | Inquiry type | | | × | | | | |
| City | Fresno | | | Contact type | * | | v | | | | |
| State | California 🗸 | Zip 93705 | | | | | | | | | |
| Presenting Pr | oblem | | | Current Client I | nformation (If any) | | | | | | |
| | | | | Client Id: 1463 Last Inquiry Da | 304 ate: 07/12/23 | | | | | | |

X

More Information on the Fields

| Urgency Level | Description/Use Case | Timelines |
|---------------|---|-------------------------------------|
| Emergent | Use if the call is an emergency | Addressed immediately |
| Not Urgent | Use if the call is a routine request for services | Appointment within 10 business days |
| Urgent | Use if the call is an urgent request | Appointment within 72 hours |

| Inquiry Type | Description/Use Case |
|-----------------------------------|--|
| Requests for services/screening | Use when the reason for the call is a request for new services |
| Crisis | Use when the reason for the call is for crisis services |
| Information | Use when the reason for the call is for information |
| Discharge/Transition Coordination | Use when the reason for the call is for another provider to coordinate transition of |
| | care to/from your agency |
| Jail Diversion | Use when the reason for the call is related to Jail Diversion programs |
| Consultation | Use when the reason for the call is for an outside provider seeking a consultation |
| Other | Use when the reason for the call is not addressed by any of the above |

| Contact Type | Description/Use Case |
|----------------|---|
| Call | Use when the inquiry was complete via telephone |
| Face to Face | Use when the inquiry was completed via in-person, such as a walk-in |
| Form | Use when the inquiry was completed via form, such as a referral that was sent to the county |
| Teleconference | Use when the inquiry was complete via teleconference, such as Zoom, FaceTime, Webex, or |
| | other video-audio conferencing software |

Link/Create Client button

5. Select the "Link/Create Client" button (This is only if the person is new to our system of care and does not have a ClientID

 The Client Search Window will appear and you will <u>need to click on the following:</u> "Broad Search", "SSN Search" and "DOB Search"

1) If person is not found click on Create New Client Record, you will be taken to the Inquiry Details screen and the Client ID number will be added

2) If person is found click on select

| it Search | | | | | | | | | |
|-----------|---------------|--------------------|-------------------|-------------|------------------|----------------|-------------|----------------|---------------------|
| Clear | | | | | | | | | |
| me Sear | ch 🗌 Incl | ude Client Cont | acts 🗌 Only In | clude Acti | ve Clients (C | hecking will i | not allow o | otion to creat | e new Client) |
| Broad | Search | Narrow Search | Type of Clier | nt OInd | ividual 🔿 O | rganization | | | |
| Last Nan | ne On | e | | me Pa | tient1 | F | Program | | ~ |
| her Searc | h Strateg | ies | | | | | | | |
| | | | | | | | | | |
| SSN | Search | 999 | 99 9999 | | Phone # | # Search | | | |
| DOB | Search | 05/06/2 | 004 🛗 🕶 | | Master C | lient ID Sear | ch | | |
| Primary | Clinician Sea | arch | | ~ | Client I | D Search | | | |
| Autho | rization ID / | # | | | Insured | ID Search | | | |
| cords Fo | und | | | | | | | | |
| ID | Mastar ID | Client Name | A Charan | l | CONVETN | DOD | Chatria | City | Deine and Cliniaian |
| 10 | Master ID | <u>Client Name</u> | A <u>Chosen r</u> | <u>vame</u> | <u>55IV/EIIN</u> | 000 | Jacobi | <u>City</u> | Primary Cunician |
| 113422 | - | | | | 200 | 05/06/20 | Inacti | | |
|) 18584 | | | | | 7212 | 05/06/20 | Inacti | Fresno | |
| 65551 | | | | | 747 | 05/06/20 | Inacti | Fresno | |
| 9546 | | | | | 8458 | 05/06/20 | Inacti | Fresno | |
|) 118262 | | | | | 8520 | 05/06/20 | Inacti | Sanger | |
| | | | | | | | | | |
| | | | | | | | | Sele | ect Cance |

Inquiries Continued...

| Referral Date | 🛗 🔻 🛛 Referral Ty | ре | ✓ Re | ferral Subtype | ~ | 0 | |
|---|-------------------|--------------|---|--------------------|---|---|--|
| Organization Name | | | Ph | one | | | |
| irst Name | | | La: | st Name | | | |
| Address Line 1 | | | Ad | ldress Line 2 | | | |
| City | State | ✓ Zip | Em | nail | | | |
| | | | | | | | |
| | | | | | | | |
| Inquiry Handled By | | | | | | | |
| inquiry Handled By Recorded By Rosel-Bucio, 1 | Aayra | ∨ In | formation Gathered By | Rosel-Bucio, Mayra | | v | |
| Inquiry Handled By Recorded By Rosel-Bucio, I Program | Лауга | ✓ In ✔ Ga | formation Gathered By athered By Other | Rosel-Bucio, Mayra | | ~ | |

6. Complete Referral Resource Information If this Inquiry is a referral from another LOC, Program or organization

7. Inquiry Handled By information is optional but is important especially for Emergent and Urgent request

Inquiries: Insurance Tab

8. Click on the "Insurance" Tab

Select "Medi-Cal" from the "Payer" drop-down and enter the Medi-Cal number (CIN) in the "Insurance ID" Field. Click "Verify" to verify the client's Medi-Cal insurance

| Inquiry Details | | | Remove Client Link | Link/Create Client | Register Client AB | Save X |
|-------------------------------------|-------------------|----------|--------------------|--------------------|--------------------|--------|
| Initial Insurance Demographic | <u>s</u> | | | | | |
| Electronic Eligibility Verification | | | | | | |
| Payer Medi-Cal 🗸 Insurat | nce Id Verify | | | | | |
| | | | | | | |
| Coverage Information 🗹 Show Cu | irrent Plans Only | | | | | |
| Plan | Insured ID | Group ID | Comment | | | |
| | | | | Add | | |
| Coverage Information | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Inquiries: Demographic Tab

| | ιατιστί (ορτι | onal) | | | | |
|--|-------------------------------------|---------------------|---------------------------|-------------------|--------------------|----------------------------|
| Gender Identity | Male | ~ | Pronoun | ~ | Sexual Orientation | Heterosexual / Straigh 🗸 |
| Language | | | | | | |
| Primary/Preferred Lang | guage | English | ~ | Client does not s | peak English 🗌 Ir | nterpreter Services Needed |
| Transportation Inf | formation | | | | | |
| Transportation Inf | formation rvice s accommodati | ions (e.g. wheelcha | air, service animal, high | rise) | | |
| Transportation Inf | formation rvice s accommodati | ions (e.g. wheelcha | air, service animal, high | rise) | | |
| Transportation Inf Transportation Ser Note any special needs Preferences | formation rvice s accommodati | ions (e.g. wheelcha | air, service animal, high | rise) | | |

9. Click on the "Demographics" Tab

 We recommend completing the following items: "Gender Identity", "Pronouns", "Primary/Preferred language" and if client has any transportation issues click on transportation service check box

| Inquiry Details | | | Remove Client Link | Link/Create Client | Register Client AB | 🛅 🖨 🕞 Save |
|-------------------------------|-------------------------------|------------------------|--------------------|--------------------|--------------------|------------|
| Initial Insurance Demographi | ics | | | | | |
| Kelemai Date | кенепталтуре 🗸 🗸 | Referrat Subtype | • 🕧 | | | |
| Organization Name | | Phone | | •••• | | |
| First Name | | Last Name | | | | |
| Address Line 1 | | Address Line 2 | | | | |
| City | State V Zip | Email | | | | |
| Comments | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Inquiry Handled By 🕧 | | | | | | |
| Recorded By Rosel-Bucio Mayra | V Information Gatherer | d By Rosel-Bucio Mayra | ~ | | | |
| Program | Gathered By Other | | | | | |
| | | | ~ | | | |
| Location | Assigned to | | | | | |
| Disposition | | | | | - | |
| Calast Disposition | | ų | | | | |
| Select Disposition | | • | | | | |
| Select Service Type | | ~ | | | | |
| Select Provider/Age | ancy | | ~ | | | |
| Add Provider | | | | | | |
| Add Service Type | | | | | | |
| Assigned Staff | ٩ | Assigned WorkGroup | | ~ | > | |
| Disposition Comments | | | | | | |
| | | | | | | |
| | | | | | | |
| Add Disposition | | | _ | | | |
| End Date T Y 🖮 🕶 B | End Time Now Status In Progre | ESS | ~ | | | 2 |

Inquiry continued...

10. Once completed, enter the end date and time of the inquiry and change status to "Complete" 11. Click Save

?

THE DMC-ODS OUTPATIENT TIMELINESS RECORD (CLIENT)/THE DMC-ODS OPIOID TIMELINESS RECORD (CLIENT)

The DMC Outpatient Timeliness Record/The DMC Opioid Timeliness Record

When do you complete a Timeliness Record?

- You complete a DMC Outpatient Timeliness Record/The DMC Opioid Timeliness Record when a request for SUD services is made <u>AND</u>
- 1. When an individual requests services in a program and does not have an open CalOMS admission in that program.
- 2. Every urgent request for service.

The DMC Outpatient Timeliness Record/The DMC Opioid Timeliness Record

1. Search for The DMC Outpatient Timeliness Record (Client)/The DMC Opioid Timeliness Record (Client)



a) click yes, you can also disable this by checking the box, the Client search screen will open

b) enter name or client ID, click "Broad search" or "Narrow Search"

c) Once you find the person click "Select"

3. Create a new Timeliness Record by clicking the new icon

4. If you have multiple CDAGs you will have to select the program that will complete the assessment

| A | | |
|---|---|--|
| Q | dmc | |
| 6 | DMC-ODS Opioid Timeliness Record (Client) | |
| S | DMC-ODS Outpatient Timeliness Record (Client) | |







- Complete dates and data in the appropriate fields
- If you have do not have all the information Save it and you or another person from your program can go back and enter the remaining information.
- To complete/finalize the Timeliness Record you will sign the form, Click "Sign"
- Screening Programs (UCWC and YWC): Complete fields
 Initial Request and
 Appointment section. Mark the
 Follow up Appointment Not
 Offered box, Close out the form
 with Closure Reason "Other"
 and type "Screening Program"

| Effective 10/18/2024 | | Status | New | Author | Rosel-Bucio, Mayra | ✔ 02/08/2 | 024 | 00 | Sign | |
|---|--------------|-------------|---------------------------|------------------------|----------------------------|--------------------|----------------------|-------------|------|--|
| DMC-ODS Outpa | tient Tii | melines | s Record | | | | | | | |
| This is only required fo | or Medi-Ca | al benefici | aries who are making an | initial request for ou | tpatient substance use d | isorder treatmen | t services. | | | |
| Initial Request a | nd Appo | ointmer | nt | | | | | | | |
| Referral Source: | | | ~ | Date of First | Contact to Request Serv | ices: | iii ▼Time: | | | |
| Appointment Type: | | | ~ B | | | | | | | |
| Urgent (if selected | , time field | ds are req | uired) | Prior | Authorization Required | | | | | |
| First Service Appointment Offered Date: | | | iii ▼Time: | First Service Date: | e Appointment Rendered | | iii ▼ Time: | | | |
| Reason for Delay: | | | | ~ | | | | | | |
| If other, explain: | | | | | | | | | | |
| Referred to an out-of- | network p | provider | ⊖ Ye | es 🔿 No | Details: | | | | | |
| Follow-Up | | | | | | | | | | |
| Follow Up Appoint | ment NOT | Offered | | | | | | | | |
| First Follow Up Appoi | ntment Of | fered Date | e: 📋 🔻 | Fi | irst Follow Up Appointme | nt Rendered Dat | e: | - - | | |
| Documentation of clin | ical appro | priatenes | s of wait time extension: | (If documented in a | progress note, indicate th | e date of this pro | ogress note "see pro | ogress note | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Closure | | | | | | | | | | |
| Closure Date: | Ē | • | Closure Rea | son: | | | | ~ | | |
| If other, explain: | | | | | | | | | | |

DMC-ODS Outpatient Timeliness Record

🖹 🕯 \varTheta GOTO 🕾 🛅 🖨 🗋 🖬 Save 🗙

Timeliness Record continued

- Forms in SmartCare are saved as PDFs
- To edit forms you will need to be the author of the form and click on the icon

| DMC-ODS Outpatient Timeliness Record | ł | 🖹 : 🖄 😫 GOTO よ 🧞 i | 🛅 🖶 🗋 🖬 Save 🗙 |
|---|---|------------------------------------|----------------|
| Effective 01/03/2024 Effective Status Signed | Author Rosel-Bucio, Mayra | 00 | Sign 📝 🗲 🕇 |
| Document | | | i |
| PdfBytesHandler.axd | 1 / 1 - 125% + 🖬 🔊 | | ± 🖶 : |
| Client: <u>Patient, One</u> ID #: <u>1</u> DOB: <u>1/1/1950</u> | DMC-ODS Outpatient Timeliness Recor Effective Date: 1/3/2024 | Department of Behavioral Health | |

CLIENT FLAGS

Client Flags

Client Flags are used in SmartCare to track or notify end users of client information.

- Some flags will pop up when you open a client for example, Blocked charts are currently flaged and entered by the Medical Records department
- Flags can also be seen next to a client's name on the search bar. If you hover over it, you will see what the flags are for

How to Add at Flag

- 1. Open the client
- 2. Click on the plus icon next to the client's name
 - a) This will take you to the Client Flag Details screen



Client Flags

Client Flag Details

| Note Information | | | | | | | | |
|------------------------------|----------------|------------|----------------|---------------|---------------|-----------------|----------------|----------|
| Туре | | ✓ ID | Work Group | | | × < | Active | |
| Level | ✓ F | Protocol | | ✓ Prot | tocol Flag ID | Program | | ``` |
| Note | | | | | | Th | is flag recurs | |
| Open Date | 🛗 🔻 Display Da | te | 🛗 🔻 Due Date | | 🛗 🔻 End | /Completed Date | | |
| | | | | | | Completed By | | \sim |
| Link to | | | | | | | | |
| Nothing Document | | Oper | Assigned Users | | A | ssigned Roles | | |
| | | | | No data to di | splay | | No data to d | isplay |
| Comment | | | | | | | | |
| | | | | | | | | |
| Permissioned Flag | 🗌 Do not di | splay flag | 🔵 Never Pop | o Up | Always Pop | Uр | | |
| | | | | | | [| Insert | Clear |
| Note List 🗹 Show Active Only | y | | | | | | | |
| Note Type | Work Group | Level | Note | Display | End | Created By | Created On | Provider |
| | | | No data to d | ienlav | | | | |

- a. Select the type of flag. (Early Intervention Services EIS and Minor Consent client)
- b. Make sure to **include your program**.
- c. Select the level of the flag.
- d. Enter a "Note" of the flag in the Note field.

e. Enter the display date.

- f. If you need to assign this task to a specific user, you can enter that information in.
- g. Enter any additional comments as needed.
- h. You can also choose how the flag is displayed.
- i. Once you've entered all the information, **click Insert**.
- j. Click **Save** once complete



CLIENT CLINICAL PROBLEMS (CLIENT) AKA PROBLEM LIST

Client Clinical Problems (Client)

- 1. Search for Client Clinical Problems (Client)
 - This is the Problem List
 - This is <u>ONLY</u> require for Perinatal
 Clients (If your program is Certified for Perinatal services)
- 2. If it gives you this message
- a) click yes, you can also disable this by checking the box
- b) enter name or client ID and "Broad search" or "Narrow Search"
- c) Once you find the person click "Select"



Client Clinical Problems (Client)

| Client Clinical Problem Details | | |
|--|-----|------|
| Problem Details | | |
| Problem Details | | |
| | | |
| Code Search Description Search | Q | ↔ |
| Start Date: 08/09/2023 | ~ | 4 |
| Insert | C | lear |
| Common Psych, Medical, and SDOH Diagnoses | | |
| Problem List | | |
| Client Clinical Brahlem Dataile | | |
| client clinical Problem Details | | |
| ✓ Favorite added successfully for this code | | |
| Problem Details | | |
| Problem Details | | |
| | | |
| * | | |
| Code 248985009 (Presentation of pregnancy (finding)) | Q | ✿ |
| Start Date: 08/09/2023 🖮 🔻 End Date: 👘 🔻 Program 🗸 | | |
| Insert | Cle | ar |
| Common Psych, Medical, and SDOH Diagnoses | | |

3. The Client Clinical Problems (Client) form will open

- 4. You will add a new problem by clicking the new Icon
- 5. Client Clinical Problems Details Screen will open
- 6. Search: Code <u>Z34.90</u>, Description <u>Presentation of pregnancy (finding)</u> or <u>SNOMED: 248985009</u> click *Insert*
 - Make sure your <u>Start date</u> is correct
 - You Choose your program
 - Note you can click the star before insert and it will be saved to your drop down field
 - Do not put an end date at this time

QUESTIONS?

THANKYOU

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Phone: 559-600-2009

Additional Resources

• SUD SmartCare Lite User Guide

This was sent by SAS Inbox prior to Go Live

CalMhsa Website
 2023.calmhsa.org

Moodle Trainings

https://moodle.calmhsalea rns.org/login/index.php