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| **Sacramento County BHS SCANNED DOCUMENT MANAGEMENT** | | | |
| **SmartCare Categories for Scanning: "Record Type"** | **Document Name/Type** | **Naming Convention for "Description" in SmartCare: (Document Name and Date of Document)** | **Comments** |
|  |  |  |  |
| **Access** | Access Referral | Mental Health Service Request Form (Date) |  |
| **Access** | Detailed Authorization for Out of County Clients | Detailed Auth for OOC (Date) |  |
| **Access** | Hospital Appointment Letters | Hospital Appointment Letters (Date) |  |
| **Access** | Unable to Contact Letters | Unable to Contact Letters (Date) |  |
| **Access** | Presumptive Eligibility Letters (AB 1299) | PT Eligibility (AB1299) (Date) |  |
| **Access** | Service Authorization Requests (SARs) | SAR (Type of SAR) (Date) |  |
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| **Adverse Drug Reaction Report** | Adverse Drug Reaction Report | MHTC Adverse Drug Reaction Report (report date) |  |
|  |  |  |  |
| **Assessments/Screening/Outcome Measure (scanned)** | CalWorks Assessments | CalWorks Assessment (Date) |  |
| **Assessments/Screening/Outcome Measure (scanned)** | Clinical Assessment Tools | Clinical Assessment Tools (Name of Document)(Date) |  |
| **Assessments/Screening/Outcome Measure (scanned)** | Historical Core Assessments | Core Assessment (Date) |  |
| **Assessments/Screening/Outcome Measure (scanned)** | IP-CANS | IP-CANS (Date) |  |
| **Assessments/Screening/Outcome Measure (scanned)** | Level of Intensity Screening Tool (LIST) | LIST (Date) |  |
| **Assessments/Screening/Outcome Measure (scanned)** | QI Assessment for STRTPs | QI Assessment STRTP (Date) |  |
| **Assessments/Screening/Outcome Measure (scanned)** | Strengths Assessments and Personal Empowerment Plans | SA (Date); Assessments- PEP (Date) |  |
| **Assessments/Screening/Outcome Measure (scanned)** | Montreal Cognitive Assessment (MOCA) | Montreal Cognitive Assessment (MOCA) (date) |  |
| **Assessments/Screening/Outcome Measure (scanned)** | MHTC History and Physical | MHTC History and Physical (Date) |  |
| **Assessments/Screening/Outcome Measure (scanned)** | MHTC IPA Assessment & SACRAMENTO COUNTY DBHS Diagnosis Document | MHTC IPA Assessment & SACRAMENTO COUNTY DBHS Diagnosis Document (Date) |  |
| **Assessments/Screening/Outcome Measure (scanned)** | Sacramento County ECM Comprehensive Assessment Form | Sacramento County ECM Comprehensive Assessment Form (Date) |  |
|  |  |  |  |
| **Benefits Acquisition** | Applications for SSI / Medi-Cal | SSI Applications/Medi-Cal (Date) |  |
| **Benefits Acquisition** | MD SSI forms | MD SSI Forms (Date) |  |
| **Benefits Acquisition** | Physician’s/Medical Officer’s Statement, Patient’s Capacity to Manage Benefits | Physician's/Medical Officer's Statement, Patient's Capacity (Date) | Patient's Capacity to Manage Benefits |
| **Benefits Acquisition** | Requested Information for SSI | Requested Info for SSI (Date) |  |
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| **CFT Info** | CFT Action Plans | CFT Action Plans (Date) |  |
| **CFT Info** | CFT Minutes | CFT Minutes (Date) |  |
| **CFT Info** | TDMs | TDMs (Date) |  |
|  |  |  |  |
| **Client Correspondence** | Med lists sent to PCP or another provider | Outgoing Correspondence-Med lists sent to PCP (Date) |  |
| **Client Correspondence** | Patient Notes and Letters | Pt. Notes and Letters (Date) |  |
| **Client Correspondence** | Client Voter form | Voter Form (Date) |  |
|  |  |  |  |
| **Code Blue** | Code Blue | MHTC Code Blue (Date) |  |
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| **Confidential** | HIV/AIDS Results | HIV/AIDS Results (Date) |  |
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| **Collateral Documents** | Access Forms, Faxes and Correspondence | Access Forms, Faxes and Correspondence (Date) |  |
| **Collateral Documents** | After Visit Summaries (Other entities) | MHTC After Visit Summaries (Other entities) (Date) |  |
| **Collateral Documents** | Approval of Prescription Drug Coverage | Approval of Prescription Drug Coverage (Date) |  |
| **Collateral Documents** | Assessments/Evaluations from State Hospitals | Assessments/Evaluations from State Hospitals (Date) |  |
| **Collateral Documents** | AWOL Report | AWOL Report (Date) |  |
| **Collateral Documents** | Confidential Morbidity Report | MHTC Confidential Morbidity Report (Date) |  |
| **Collateral Documents** | CRP Extension Requests (past 30 days) | CRP Extension Requests (past 30 days) (Date) |  |
| **Collateral Documents** | DOJ CURES | MHTC DOJ CURES (Date) |  |
| **Collateral Documents** | Entity | Entity (Date) |  |
| **Collateral Documents** | Family Member Information | MHTC Family Member Information (Date) |  |
| **Collateral Documents** | Group sign off document | Group Attendence Sheet (Name of Group/Date/Time) |  |
| **Collateral Documents** | Leave of Absence | Leave of Absence (Date) |  |
| **Collateral Documents** | LOCUS' Completed by other agencies | Historical LOCUS' Completed by other agencies (Date) |  |
| **Collateral Documents** | LOCUS Hospital Packets at time of linkage | Historical LOCUS Hospital Packets at time of linkage (Date) |  |
| **Collateral Documents** | Non-MHTC Business Cards | Non-MHTC Business Cards (Date) |  |
| **Collateral Documents** | PCP Records | PCP Records (Date) |  |
| **Collateral Documents** | Progress Notes and discharge summaries from other agencies (Not Hospitals) | Progress Notes, D/C summaries from other agencies (Date) | Does not include inpatient/hospital documents |
| **Collateral Documents** | Quarterly Report to CPS | Quarterly Report to CPS (Date) |  |
| **Collateral Documents** | Service Requests/FAST Referral and collateral documents | Historical Service Requests/FAST Referral and collateral documents (Date) |  |
| **Collateral Documents** | Visitor Slip | MHTC Visitor Slip (Date) |  |
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| **Consent to Treat (scanned)** | Caregiver's Authorization Affidavit | MHTC Caregiver's Authorization Affidavit (date) |  |
| **Consent to Treat (scanned)** | Consent for HIV Testing | Consent for HIV Testing (Date) |  |
| **Consent to Treat (scanned)** | Consent to Photograph | Consent to Photography (Date) |  |
| **Consent to Treat (scanned)** | Consent to treat (MERT) | Consent to Treat (MERT) (Date) |  |
| **Consent to Treat (scanned)** | Consent to Treat (Other) | Consent to Treat (other) (Date) |  |
| **Consent to Treat (scanned)** | Individual Consent | Individual Consent (Date) |  |
| **Consent to Treat (scanned)** | Informed Consent to Treat | Informed Consent to Treatment (Date) |  |
| **Consent to Treat (scanned)** | JCE 366 | JCE 366 (Date) |  |
| **Consent to Treat (scanned)** | Minor Consent Form | Minor Consent (Date) |  |
| **Consent to Treat (scanned)** | Telehealth Consent | Telehalth Consent (Date) |  |

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| **Consent to Treat (scanned)** | Telepsychiatry Consent | Telepsychiatry Consent (Date) |  |
| **Consent to Treat (scanned)** | Therapy Consent | Therapy Consent (Date) |  |
| **Consent to Treat (scanned)** | (Name of Vaccine) Vaccine (date) | (Name of Vaccine) Vaccine (date) |  |
| **Consent to Treat (scanned)** | (Name of Vaccine) Vaccine (date) | (Name of Vaccine) Vaccine (date) |  |
|  |  |  |  |
| **Court Documents (scanned)** | 1370 Competency Assessment Instrument | 1370 Competency Assessment Instrument (Date) |  |
| **Court Documents (scanned)** | 1370 (Restoration of Competency-Misdemeanor) | 1370 (Restoration of Competency-Misdemeanor) (Date) | Court/Legal Sensitive Information |
| **Court Documents (scanned)** | Advance Medical Directive | Advance Medical Directive (Date) |  |
| **Court Documents (scanned)** | Appointment of Representative | MHTC Appointment of Representative (Date) |  |
| **Court Documents (scanned)** | Booking Summary | MHTC Booking Summary (date) |  |
| **Court Documents (scanned)** | Conservatorship papers in chronological order (TCON Referral from MHTC) (TCON Granted from court) | Conservatorship papers (MHTC) (Date) | chronological order. TCON Referral from MHTC. |
| **Court Documents (scanned)** | Court Document Appointing guardianship of a minor | Court Document Appointing guardianship of a minor (Date) |  |
| **Court Documents (scanned)** | Court Orders | Court Order (Date) |  |
| **Court Documents (scanned)** | Court-Related Documention that is attached to a Service Request | Court Related Document (Name of Document) (Date) |  |
| **Court Documents (scanned)** | CPS Reports (Juris, Dispo, Status Review, Etc.) | CPS Reports (Juris, Dispo, Status Review, Etc.) (Date) | Court/Legal Sensitive Information |
| **Court Documents (scanned)** | Criminal Case Details | MHTC Criminal Case Details (Date) |  |
| **Court Documents (scanned)** | ECT | ECT (Date) | Court/Legal Sensitive Information |
| **Court Documents (scanned)** | Family Court Documents (Custody, Visitation, Etc.) | Family Court Documents (Custody, Visitation, Etc.) (Date) |  |
| **Court Documents (scanned)** | Guardianship Documents | Guardianship Documents (Date) |  |
| **Court Documents (scanned)** | Health and Education Passport (HEP) | Health and Education Passport (HEP) (Date) | Court/Legal Sensitive Information |
| **Court Documents (scanned)** | Law Enforement Reports (patient or staff files report on another patient) Do not put names of both in one chart!!!Use white out! | Law Enforcement Reports (Patient/staff report on another patient) (Date) | Court/Legal Sensitive Information |
| **Court Documents (scanned)** | Mental Health Court Documents | Mental Health Court Documents (Date) |  |
| **Court Documents (scanned)** | MHTC Subpoenas | MHTC Subpoenas (Sending Party) (Date) |  |
| **Court Documents (scanned)** | M.D. Letter to Court re: 1370s | M.D. Letter to Court re: 1370s (Date) | Court/Legal Sensitive Information |
| **Court Documents (scanned)** | Public Guardian's Letter of High Risk to Provider | Public Guardian's Letter of High Risk to Provider (Date) | Court/Legal Sensitive Information |
| **Court Documents (scanned)** | Sex Offender Address Update (to Sheriff or other LE) | Sex Offender Address Update (to Sheriff or other LE) (Date) | Court/Legal Sensitive Information |
| **Court Documents (scanned)** | Subpoenas | Subpoenas (Date) |  |
| **Court Documents (scanned)** | Superior Court -Index Search System Results | Superior Court -Index Search System Results (Date) | Court/Legal Sensitive Information: ISU  intake gets copy from Facility Liaison. ISU can scan upon admit of 1370. |
| **Court Documents (scanned)** | Tarasoff | Tarasoff (Date) |  |
|  |  |  |  |
| **EBP Related Documents** | EBP Related Documents/Screenings | EBP Related Documents/Screenings (Specific Name) (Date) |  |
| **EBP Related Documents** | Personal Empowerment Plan (PEP) | Personal Empowerment Plan (PEP) (Date) |  |
| **EBP Related Documents** | Strengths Assessment (SA) | Strengths Assessment (SA) (Date) |  |
|  |  |  |  |
| **Education/Employment** | 504 Plans | 504 Plan(s) ( (Date) |  |
| **Education/Employment** | Avatar Vocational Assessment | Vocational Assessment (Date) |  |
| **Education/Employment** | Behavior Support Plans | Behavior Support Plans (Date) |  |
| **Education/Employment** | DOR Psychiatric Summary (signed by a licensed staff) | DOR Psychiatric Summary (signed by a licensed staff) (Date) |  |
| **Education/Employment** | DOR/Crossroads Papers | DOR/Crossroads Papers (Date) |  |
| **Education/Employment** | EC Prescription Referral Form | EC Prescription Referral Form (Date) |  |
| **Education/Employment** | EC Release of Information | EC Release of Information (Date) |  |
| **Education/Employment** | IEP (Individualized Education Plan) | IEP (Individualized Education Plan) (Date) |  |
| **Education/Employment** | School Records (Report Cards, etc.) | School Records (Report Cards, etc.) (Date) |  |
| **Education/Employment** | SSTs | SSTs (Date) |  |
|  |  |  |  |
| **Financial/Insurance (scanned)** | Advanced Beneficiary Notice (ABN) | Advanced Beneficiary Notice (ABN) (Date) |  |
| **Financial/Insurance (scanned)** | Agreement to Pay (ATP) – white copy (Historical Document Replaced with FIF in 2016) | Agreement to Pay (ATP) (Date) | 2016 |
| **Financial/Insurance (scanned)** | Authorization for Care | MHTC Authorization for Care (Entity) (Date) |  |
| **Financial/Insurance (scanned)** | Correspondence from Social Security (i.e. change of payor/payee) | Correspondence from Social Security (Date) | (i.e. change of payor/payee) |
| **Financial/Insurance (scanned)** | Insurance Face sheet | Insurance Face sheet (Date) |  |
| **Financial/Insurance (scanned)** | Medical Screen from the Meds System | Medical Screen from the Meds System (Date) |  |
| **Financial/Insurance (scanned)** | VA Contact Sheet | VA Contact Sheet (Date) |  |
|  |  |  |  |
| **Financials** | Financial Information Form (FIF) | Financial Information Form (FIF) (Date) |  |
| **Financials** | UMDAP | UMDAP (Date) |  |
|  |  |  |  |
| **FSP 3M (scanned)** | FSP 3M | 3M (Date) |  |
| **FSP KET (scanned)** | FSP KET | KET (Date) |  |
| **FSP PAF (scanned)** | FSP PAF | PAF (Date) |  |
|  |  |  |  |
| **HIPAA** | Acknowledgement of Receipt | Acknowledgement of Receipt (Date) |  |
| **HIPAA** | Accounting Of Disclosures | Accounting Of Disclosures (Date) |  |
| **HIPAA** | Client Request for Access to Health Record and M.D. Approval form | Client Request for Access to Health Record and M.D. Approval form (Date) |  |
| **HIPAA** | Notice of Privacy Practices | Notice of Privacy Practices (Date) |  |
| **HIPAA** | Privacy Policies by Year | Privacy Policies by Year (Date) |  |
| **HIPAA** | Request to Amend Records and Approved or Denied Response Forms | Request to Amend Records and Approved or Denied Response Forms (Date) |  |
|  |  |  |  |
| **Historical Chart Documents** | All Historical Documents Prior to Avatar | Historical Documents prior to SmartCare (Date) | Please label the Clinical Introductory Note and the Initial Psychiatric Assessment |
| **Historical Chart Documents** | Client Merge Notification | Client Merge Notification (Avatar) (Date) |  |
| **Historical Chart Documents** | Historical Medi-Cal Mobile Benefit Documentation Prior to Entry in SmartCare | Historical Medi-Cal Mobile Benefit Documentation (Date) | effective 5/30/2024. |

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| **Homeless Doc** | Chronic Homelessness Verification Form | Chronic Homeless Verification Form (Date) |  |
| **Homeless Doc** | Disability Certification | Disability Certification (Date) |  |
| **Homeless Doc** | Proof of Income (No Income, Public Assistance, SSI Award Letter, Employment) | Proof of Income Paperwork (Date) |  |
| **Homeless Doc** | Rent Assistance Calculator | Rent Assistance Calculator (Date) |  |
| **Homeless Doc** | Service Animal/Companion Animal Certification | Service Animal Document (Date) |  |
| **Homeless Doc** | Third Party Homeless Verification | 3rd Party Homeless Verficiation (Date) |  |
|  |  |  |  |
| **Hospitalization/IP (scanned)** | Hospital Discharge Paperwork (including Psychiatric hospitals) | Hosptial Discharge Paperwork (Date) |  |
|  |  |  |  |
| **ID/Insurance Cards** | Identification card | ID Card (Date) |  |
| **ID/Insurance Cards** | Insurance Card (e.g., Medi-Cal, Medi-Care, Insurance card photocopies) | Insurance Card and photocopies (Date) |  |
| **ID/Insurance Cards** | MHTC Generated ID | MHTC Generated ID (Date) |  |
| **ID/Insurance Cards** | Miscellaneous card (i.e., UCDMC card) | Miscellaneous Cards-(Name of Card) (Date) |  |
|  |  |  |  |
| **Incoming Correspondence** | Medical Records Requests | Medical Requests Request (Date) |  |
| **Incoming Correspondence** | Medical Records Requests | MHTC Medical Records Requests (Entity) (Date) |  |
|  |  |  |  |
| **Inpatient** | Concurrent Review Documents | Concurrent Review Docs (Date) |  |
| **Inpatient** | Inpatient UR Tool | UR Tool (Date) |  |
| **Inpatient** | TAR | TAR (Date) |  |
|  |  |  |  |
| **Intake Paperwork** | Ambulance packet | Ambulance packet (Date) |  |
| **Intake Paperwork** | ISU Nurse to Nurse Patient Final Arrival Screening | ISU Nurse Arrival Packet/Screening (Date) |  |
| **Intake Paperwork** | JV 583 Form | JV 583 from (Date) |  |
| **Intake Paperwork** | Reception Patient Worksheet | Reception Patient Worksheet (Date) |  |
| **Intake Paperwork** | Referral Packets - clients accepted | Referral Packets (Date) | ISU: Should be included in Intake packet |
| **Intake Paperwork** | TFC Referral Form & Screening Tool | TFC Referrel & Screening Tool Document (Date) | TFC Episode |
| **Intake Paperwork** | VA contact sheet | VA Contact Sheet (Date) | (Admitted MHTC, Crestwood Intake Scans) |
|  |  |  |  |
| **Lab Orders** | EKG Results | EKG Results (Date) |  |
| **Lab Orders** | Laboratory Results | Lab Results (Date) |  |
| **Lab Orders** | PPD Results letter | PPD Results (Date) |  |
| **Lab Orders** | Pregnancy Tests | Pregancy Test Results (Date) |  |
| **Lab Orders** | TB test results | TB Test Results (Date) |  |
| **Lab Orders** | X-Ray Results | X-Ray Results (Date) |  |
|  |  |  |  |
| **Legal (scanned)** | Commitment Order for 1370 | Commitment Order for 1370 (Date) | Court/Legal Sensitive Information |
| **Legal (scanned)** | 5150 | 5150 (Date) |  |
| **Legal (scanned)** | 1570 Form for Commitment to State Hospital | 1570 Form for Commitment to State Hospital (Date) |  |
| **Legal (scanned)** | 5150 Involuntary Patient Advisement | 5150 Involuntary Patient Advisement (Date) |  |
| **Legal (scanned)** | 5250 – Notice of Additional 14-day Certification | 5250 – Notice of Additional 14-day Certification (Date) |  |
| **Legal (scanned)** | 5250 Certification Review Hearing – Record and Decision (yellow sheet) | 5250 Certification Review Hearing – Record and Decision (Date) | Yellow sheet |
| **Legal (scanned)** | 5270 Certification Review Hearing – Record and Decision (yellow sheet) | 5270 Certification Review Hearing – Record and Decision (Date) | Yellow sheet |
| **Legal (scanned)** | 5270 Notice of Additional 30-day Certification | 5270 Notice of Additional 30-day Certification (Date) |  |
| **Legal (scanned)** | Affidavit of Identity for U.S. Citizen or National | Affidavit of Identity for U.S. Citizen or National (Date) | Hospital), PSH (Patton State Hospital), etc. |
| **Legal (scanned)** | Clinician's Affidavit for Suicidal Patient | Clinician's Affidavit for Suicidal Patient (Date) |  |
| **Legal (scanned)** | Conservator Request for transport form | Conservator Request for transport form (Date) | Court/Legal Sensitive Information |
| **Legal (scanned)** | Mental Health Facilities Report of Firearms Prohibition – DOJ form | Mental Health Facilities Report of Firearms Prohibition – DOJ form (Date) |  |
| **Legal (scanned)** | Notice of Certification Hearing (to Patient - 5250,5270,etc.) | Notice of Certification Hearing (to Patient - 5250,5270,etc.) (Date) |  |
| **Legal (scanned)** | Notice of Intent to Request Conservatorship (NOI) | Notice of Intent to Request Conservatorship (NOI) (Date) |  |
| **Legal (scanned)** | Order for Post certification Treatment of Imminently Dangerous Person - Hearing Results | Order for Post certification Treatment of Imminently Dangerous Person - Results (Date) |  |
| **Legal (scanned)** | Patient Notification of Firearms Prohibition and Right to Hearing | Patient Notification of Firearms Prohibition and Right to Hearing (Date) |  |
| **Legal (scanned)** | Petition for Post certification Treatment of a Dangerous Person | Petition for Post certification Treatment of a Dangerous Person (Date) |  |
| **Legal (scanned)** | Physician's Affidavit for a Dangerous Patient | Physician's Affidavit for a Dangerous Patient (Date) |  |
| **Legal (scanned)** | Physician's Affidavit for Suicidal Patient | Physician's Affidavit for Suicidal Patient (Date) |  |
| **Legal (scanned)** | Power of Attorney for Health Care | Power of Attorney for Health Care (date) |  |
| **Legal (scanned)** | Proof of Service -Physician's Affidavit for a Dangerous Patient | Proof of Service -Physician's Affidavit for a Dangerous Patient (Date) |  |
| **Legal (scanned)** | Request For Hearing For Relief From Firearms Prohibition | Request For Hearing For Relief From Firearms Prohibition (Date) |  |
| **Legal (scanned)** | Riese - (Medical Capacity Hearing) | Riese - (Medical Capacity Hearing) (Date) | Court/Legal Sensitive Information |
| **Legal (scanned)** | Voluntary Consent for Treatment/List of Patients Rights | Voluntary Consent for Treatment/List of Patients Rights (Date) |  |
| **Legal (scanned)** | Writs | Writs (Date) | Court/Legal Sensitive Information |
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| **Medication History Request Consent (scanned)** | Client Prescription Refill Request | Prescripion Refill (Date) |  |
| **Medication History Request Consent (scanned)** | CURES | Cures (Date) |  |
| **Medication History Request Consent (scanned)** | Informed Consent for Treatment with Psychotropic Drugs | Informed Consent-Psychotropic Drugs (Date) |  |
| **Medication History Request Consent (scanned)** | JV220 Documents | JV220 Documents (Date) |  |
| **Medication History Request Consent (scanned)** | Medical Practitioner (MD, PA, etc) notes | Medical Notes | Historical |
| **Medication History Request Consent (scanned)** | Prescriptions | Perscriptions (Date) |  |
| **Medication History Request Consent (scanned)** | Psychiatric Referrals | Psychatiric Referrals (Date) |  |
|  |  |  |  |
| **MHTC** | All Physician Orders | Physican Orders (Date) | title with date range |
| **MHTC** | Denial of Rights Documentation Record- 15 min. Pink sheet | Deniel Rights Packet (Date) | MHTC - (pink sheet) |
| **MHTC** | Interview Summary from Crisis Residential | Interview Summary of Crisis Residential (Date) |  |

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| **MHTC** | Law Enforcement / MCST FAST Form | Law Enforcement/MCST FAST Form (Date) |  |
| **MHTC** | Letter from MHTC M.D. or clinician (Not related to 1370 or Benefits, i.e. letter to employer to excuse from work due to hospitalization) | Letter from MHTC MD (Date) |  |
| **MHTC** | MHTC Accounting of Disclosures | MHTC Accounting of Disclosures (Date) | MHTC Only |
| **MHTC** | MHTC Medical Consultation Request and documentation back from ED or outpatient appointment | MHTC Medical Consultation Request (Date) | Stamp individual RX as scanned and place in hard chart on unit |
| **MHTC** | MHTC Referral Packets - clients NOT accepted | Referral Packets (Date) |  |
| **MHTC** | MHTC Subpoenas | MHTC Subpoenas | If no ROI be sure to record release of records to County Council on Accounting of  Disclosures |
| **MHTC** | Provider Behavioral Plans/ISU MD Letter to ERs | Provider Behavioral Plans & ISU MD Letter (Date) | MHTC Only |
| **MHTC** | Tarasoff Forms | Tarasoff Documents (Date) | MHTC Only |
| **MHTC** | Termination of Conservatorship (if client is not inpatient at the time) | Termination of Conservatorship (Date) | MHTC Only |
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| **MHTC Alert** | Client Merge Noticiation | Client Merge Noticiation (Date) |  |
| **MHTC Alert** | Missing Persons Form | Missing Persons Form (Date) |  |
| **MHTC Alert** | Red Alert Sheets | Red Alert Sheets (Date) |  |
| **MHTC CIWA/COWS** | CIWA/COWS | Date of assessment |  |
| **MHTC Denial of OTHER Rights** | Denial of OTHER Rights | Denial of OTHER Rights |  |
| **MHTC Denial of Rights** | Denial Rights Packet | Denial Rights Packet (Date) |  |
| **MHTC Denial of Rights** | Seclusion or Restraint Patient Debriefing | Seclusion or Restraint Patient Debriefing (Date) |  |
| **MHTC FAST Form** | FAST Form | FAST Form (Date) |  |
| **MHTC FAST Form ROI** | FAST Form ROI | FAST Form ROI (Date) |  |
| **MHTC Flow Sheets** | Intake/Output Monitoring | Intake/Output Monitoring (Date) |  |
| **MHTC Flow Sheets** | Flow sheets & Non-Medication Notes | Flow sheets & Non-Medication Notes (Date) |  |
| **MHTC Healthcare Facility Transfer Form** | Intake Transfer Form | Intake Transfer Form (Date) |  |
| **MHTC Healthcare Facility Transfer Form** | Return Transfer Form | Return Transfer Form (Date) |  |
| **MHTC Healthcare Facility Transfer Form** | Discharge Transfer Form | Discharge Transfer Form (Date) |  |
| **MHTC Living Skills Assessment** | Living Skills Assessment | Living Skills Assessment (Date of assessment) |  |
| **MHTC Med Consent** | Medication Consent | Informed Consent-Psychotropic Drugs (Date) |  |
| **MHTC Other Agency ROI** | MHTC ROI (to and/or from (Entity/Person) | ROI (to and/or from (Entity/Person)) (Date) |  |
| **MHTC Outgoing correspondence** | Billing/Response Letters to Billers | Billing/Response Letters (Date) |  |
| **MHTC Outgoing correspondence** | SMART Medical Clearance Form | SMART Medical Clearance Form (Date) |  |
| **MHTC Patient Property** | Property Reports / signed | Property Reports / signed (Date) |  |
| **MHTC Patient Property** | Property Request Forms | Property Request Forms (Date) |  |
| **MHTC Post Fall/Injury Assessment** | Post Fall/Injury Assessment | Post Fall/Injury Assessment (Date of assessment) |  |
| **MHTC Sleep Log** | Sleep Log | Sleep Log (Date) |  |
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| **MHTC-MAR** | MAR | MAR (Date) |  |
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| **NOABD - Authorization Delay (Scanned)** | NOABD | NOABD - Authorization Delay (Date) |  |
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| **NOABD - Delivery System (Scanned)** | NOABD | NOABD - Delivery System (Date) |  |
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| **NOABD - Denial (Scanned)** | NOABD | NOABD - Denial (Date) |  |
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| **NOABD - Financial Liability (Scanned)** | NOABD | NOABD - Financial Liability (Date) |  |
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| **NOABD - Grievance/Appeal Timeliness (Scanned)** | NOABD | NOABD - Grievance/Appeal Timeliness (Date) |  |
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| **NOABD - Modification (Scanned)** | NOABD | NOABD - Modification (Date) |  |
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| **NOABD - Payment Denial (Scanned)** | NOABD | NOABD - Payment Denial (Date) |  |
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| **NOABD - Termination (Scanned)** | NOABD | NOABD - Termination (Date) |  |
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| **NOABD - Timely Access (Scanned)** | NOABD | NOABD - Timely Access (Date) |  |
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| **Physician Orders** | Physican Orders | MHTC Physican Orders (Date) |  |
|  |  |  |  |
| **Progress Notes** | Zyprexa Relprevv Injection Progress Note | MHTC Zyprexa Relprevv Injection Progress Note (Date/Time Range) |  |
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| **Providers with their own EHR** | Client Plans | Client Plans (Date) |  |
| **Providers with their own EHR** | Core Assessments | Core Assessment (Date) |  |
| **Providers with their own EHR** | Initial Psychiatric Assessments | Initial Psychiatric Assessments (Date) |  |
| **Providers with their own EHR** | Medication Service Plans | Medication Service Plans (Date) |  |
| **Providers with their own EHR** | TBS Adjunct Client Plan | TBS Adjunct Client Plan (Date) |  |
|  |  |  | documentation supporting medical necessity  for children/youth presumptively transferred to Sacramento |
| **Referral (scanned)** | Benefits Management Corp Client Information Sheet and referral packet | Benefits Management Corp Client Information Sheet and referral packet (Date) |  |
| **Referral (scanned)** | Benefits Profile | Benefits Profile (Date) |  |
| **Referral (scanned)** | DHCS Transition of Care Tool | Transition of Care Tool (Date) |  |
| **Referral (scanned)** | Intensive Services Referral (LOCUS) | Intensive Services (LOCUS) (Date) |  |
| **Referral (scanned)** | (MHTC Med Consult/After Visit Summary) | (MHTC Med Consult/After Visit Summary) (Date) |  |

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| --- | --- | --- | --- |
| **Referral (scanned)** | Referrals (entity) | Referrals (entity) (Date) |  |
| **Referral (scanned)** | Referral (Entity/Type of form) | Referral (Entity/Type of form) (Date) |  |
| **Referral (scanned)** | Referral (Entity) | Referral (Entity) (Date) |  |
| **Referral (scanned)** | Referral Not Accepted | Referral Not Accepted (Date) |  |
| **Referral (scanned)** | RX from other agencies (i.e. RX from Med Clearance) | Rx-other agencies (Date) |  |
| **Referral (scanned)** | TAY FSP Screening | TAY FSP Screening (date) |  |
|  |  |  |  |
| **Release of Information (scanned)** | Access Team or SOC ROI | Access Team/SOC (Date) |  |
| **Release of Information (scanned)** | Any ROI | Name of ROI Entity (Date) |  |
| **Release of Information (scanned)** | Family Notification | Family Notification (Date) |  |
| **Release of Information (scanned)** | MDT ROI | MDT |  |
| **Release of Information (scanned)** | MHTC ROI (to and/or from (Entity/Person)) | MHTC ROI (to and/or from (Entity/Person)) (Date) |  |
|  |  |  |  |
| **Screening** | COVID Symptoms | COVID Symptoms |  |
| **Screening** | TB Return Card | TB Return Card |  |
| **Screening** | Tuberculosis and Heath Questionnaire (Date) | Screening-ISU Patient Tuberculosis and Heath Questionnaire (Date) |  |
|  |  |  |  |
| **SOC** | System of Care (SOC) Authorization | SOC Authorization for Services (Date) |  |
| **SOC** | SOC Referral | SUPT Service Request Form (Date) |  |
|  |  |  |  |
| **SUPT** | CIWA (Alcohol Assessment by M.D.) | CIWA/COWS (Date) |  |
| **SUPT** | Medical clearance or Physician letters | Physicals from MDs (Date) |  |
|  |  |  |  |
| **Termination/Exit Documents** | Adult Access Intake Letter | Adult Access Intake Letter (Date) |  |
| **Termination/Exit Documents** | After Care Form | After Care Form (Date) | MHUCC |
| **Termination/Exit Documents** | Discharge Against Medical Advice | MHTC Discharge Against Medical Advice (Date) |  |
| **Termination/Exit Documents** | Discharge Licensing form for Placement | MHTC Discharge Licensing form for Placement (Date) |  |
| **Termination/Exit Documents** | Medical Transport Justification Form | MHTC Medical Transport Justification Form (Date) |  |
| **Termination/Exit Documents** | Patient Transfer Form | MHTC Patient Transfer Form (Date) |  |
| **Termination/Exit Documents** | Photographs (i.e. injuries, etc.) | Photographs (Date) |  |
| **Termination/Exit Documents** | Prescriptions | MHTC Prescriptions (Date) |  |
|  |  |  |  |
| **Testing/Evaluation** | Psychiatric Tests | Psychiatric Test (Date) |  |
| **Testing/Evaluation** | Psychological Assessment Summary | Psychological Assessment Summary (Date) |  |
| **Testing/Evaluation** | Psychological Tests | Psychological Test (Date) |  |
|  |  |  |  |
| **Treatment Plan (scanned)** | Advanced Behavioral Directive-Inpatient Crisis Prevention Plan | Advanced Behavioral Directive-Inpatient Crisis Prevention Plan (Date) |  |
| **Treatment Plan (scanned)** | Behavioral Contract | Behavioral Contract (Date) | Once signed by patient, this will be scanned |
| **Treatment Plan (scanned)** | Client Plan (if signature was obtained later, if Avatar was offline, etc.) | Historical Client Plan (with signature) (Date) |  |
| **Treatment Plan (scanned)** | Discharge Plans | Discharge Plans/Summaries Paperwork (Date) |  |
| **Treatment Plan (scanned)** | Crisis Residential Weekly Updates | Crisis Residential Weekly Updates (Date) |  |
| **Treatment Plan (scanned)** | Inpatient Program Schedule | Inpatient Program Schedule (Date) |  |
| **Treatment Plan (scanned)** | ISU Team Discharge Instructions for Minors | ISU Team Discharge Instructions for Minors (Date) |  |
| **Treatment Plan (scanned)** | Mental Health Wellness Plan | Mental Health Wellness Plan (Date) |  |
| **Treatment Plan (scanned)** | MHSA Client Housing Plan | Historical MHSA Client Housing Plan (Date) |  |
| **Treatment Plan (scanned)** | MHTC Interdisciplinary Treatment Plan | MHTC Interdisciplinary Treatment Plan (Date) |  |
| **Treatment Plan (scanned)** | Nursing Care Plan | Nursing Care Plan (Date) |  |
| **Treatment Plan (scanned)** | Safety Plans | Safety Plans (Date) | If not using the Safety Crisis Plan within SmartCare. |
|  |  |  |  |