

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)	
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)	
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)	
Confidential	HIV/AIDS Results	HIV/AIDS Results (Date)	
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 Attendance 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)	
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	Telehealth Consent (Date)	

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 Documentation 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 Enforcement 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.

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 Verification (Date)	
Hospitalization/IP (scanned)	Hospital Discharge Paperwork (including Psychiatric hospitals)	Hospital 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., UCDCM card)	Miscellaneous Cards-(Name of Card) (Date)	
Incoming Correspondence	Medical Records Requests	Medical Records 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 Referral & 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	Pregnancy 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
Medication History Request Consent (scanned)	Client Prescription Refill Request	Prescription 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	Prescriptions (Date)	
Medication History Request Consent (scanned)	Psychiatric Referrals	Psychiatric Referrals (Date)	
MHTC	All Physician Orders	Physician Orders (Date)	title with date range
MHTC	Denial of Rights Documentation Record- 15 min. Pink sheet	Denial Rights Packet (Date)	MHTC - (pink sheet)
MHTC	Interview Summary from Crisis Residential	Interview Summary of Crisis Residential (Date)	

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
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)	
MHTC-MAR	MAR	MAR (Date)	
NOABD - Authorization Delay (Scanned)	NOABD	NOABD - Authorization Delay (Date)	
NOABD - Delivery System (Scanned)	NOABD	NOABD - Delivery System (Date)	
NOABD - Denial (Scanned)	NOABD	NOABD - Denial (Date)	
NOABD - Financial Liability (Scanned)	NOABD	NOABD - Financial Liability (Date)	
NOABD - Grievance/Appeal Timeliness (Scanned)	NOABD	NOABD - Grievance/Appeal Timeliness (Date)	
NOABD - Modification (Scanned)	NOABD	NOABD - Modification (Date)	
NOABD - Payment Denial (Scanned)	NOABD	NOABD - Payment Denial (Date)	
NOABD - Termination (Scanned)	NOABD	NOABD - Termination (Date)	
NOABD - Timely Access (Scanned)	NOABD	NOABD - Timely Access (Date)	
Physician Orders	Physican Orders	MHTC Physican Orders (Date)	
Progress Notes	Zyprexa Relprev Injection Progress Note	MHTC Zyprexa Relprev Injection Progress Note (Date/Time Range)	
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)	
Referral (scanned)	Benefits Management Corp Client Information Sheet and referral packet	Benefits Management Corp Client Information Sheet and referral packet (Date)	documentation supporting medical necessity for children/youth presumptively transferred to Sacramento
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)	

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.