Uniform Chart Order- Adult & Child SMHS

When EHR system is down or there are new staff pending access to the EHR, completion of required assessments and forms may be completed using provided BHS created form-fills or SmartCare down-time forms. Data and forms that are indicated as required to be completed in the EHR will need to be manually entered into the EHR as soon as system available for data entry. Data and forms not required to be entered electronically may be scanned into the EHR and maintained in the client's hybrid chart.

Section 1: Client Data

- CSI Standalone Collection – must be entered electronically in EHR
- Discharge Summary
- MH Non-Psychiatric Timeliness Record (TADT) – must be entered electronically in HER
- MH Psychiatric Timeliness Record (TADT)– must be entered electronically in EHR

Section 2: Assessments

- Mental Health Assessment
- SmartCare Risk Assessment – optional as clinically appropriate Columbia Suicide Severity Rating Scale (C-SSRS)
- Diagnosis Document – must be entered electronically in HER
- Problem List (Client Clinical Problems) – must be entered electronically in HER
- Psychological Testing and Evaluations – as applicable
- PAF, KET and 3M – as applicable for FSP clients
- STRTP Admission Statement – child/youth as applicable

Section 3: Outcome Evaluations

Child/Youth:

- Child Adolescent Needs Survey (CANS) - must be entered electronically in EHR
- EHR Pediatric Symptoms Checklist (PSC) –must be entered electronically in EHR

Adult:

- Level of Care Utilization System (LOCUS)
- Substance Abuse Treatment Scale (SATS-R) – optional

Section 4: Plans

- SmartCare Safety Plan – optional, as clinically appropriate
- Client Plan/Care Planning - documented within narratives of progress notes
- Interdisciplinary Treatment Plan- optional

Section 5: Utilization Management (UM), Utilization Review (UR) Request/Authorizations

Adult:

- AOA Outpatient Utilization Management Form
- Crisis Residential Treatment Program (START) Authorization Request

Child/Youth:

- Utilization Management Request and Authorization Form

Child/Youth Prior Authorizations as applicable:

- Intensive Home-Based Services (IHBS) Prior Authorization Request
- IOP/PHP Day Services Request Prior Authorization Request (IOP/PHP DSR)
- Short-Term Residential Therapeutic Program (STRTP) Prior Authorization Request
- Therapeutic Behavioral Services (TBS) Prior Authorization Request and Referral
- Therapeutic Foster Care (TFC) Prior Authorization Request
- Ancillary SMHS Prior Authorization Request

Section 6: Progress Notes

- Individual Progress Notes
- Service Note
- Psych/Med Note
- Shift Summary
- Non-Billable Service Notes
- Group Progress Notes
- Day Program – IOP/PHP, STRTP, TFC

Section 7: Medical

- Psych. Assessment – not a standalone assessment, documentation in psych/med note
- Vital Signs, Weight, Height Record – optional
- Medical Conditions
- Abnormal Involuntary Movement Score (AIMS) – adults only All Medications/Medication Information
- Informed Consent for the Use of Psychotropic Medication – document electronically in EHR
- Application & Order for Authorization to Administer Psychotropic Medication – JV220 (CYF)
- Laboratory Results
- Physician's Order Form
- Coordination with Primary Care Physician & Behavioral Health Services Advance Directive – as applicable

Section 8: Administrative/Legal

- Consent to Treat
- Dependents: Ex Parte or Court Order, as applicable
- ASCMI (MH/SUD authorization to disclose) – electronically in EHR
- FSP Agreement
- Authorization to Use or Disclose Protected Health Information
- Notice of Privacy Practices Acknowledgement (may be part of Consent to Treat)
- Advance Directive Advisement (may be part of Consent to Treat)
- NVRA Voter Registration – 18yr+
- Assignment of Benefits – must be entered electronically in EHR
- Request for Access and/or Copy of Protected Health Information
- Authorization for Use or Disclosure of Health Information to School Districts – child/youth
- All other Consents, Authorizations

Section 9: Pathways to Well-Being – (Child/Youth only)

- Pathways Progress Report to Child Family Wellbeing Child/Family Team (CFT) Referral

Section 10: Interagency/School Reports

Section 11: Correspondences – Received/Sent

Section 12: Previous Treatment Records

- Previous Treatment Services Residential placements Hospitalizations