CalMHSA
California Mental Health Services Authority

OUTPATIENT PRESCRIBER

VISUAL CHEATSHEET WALKTHROUGH

07.07.23

UPDATES

Date	Update	Page #
07.07.23	Note to Pharmacist steps are clarified and preview to pharmacy	25-26

This is a visualization of the Outpatient Prescriber's cheatsheets + Medication Management Rx

- Aims to guide user through commonly used tasks. Please refer to our user guides on https://2023.calmhsa.org/ for more detail, especially Inpatient/SU

- Assumption that user has completed basic training found on CalMHSA website.

- *Reminder:* Ensure your Prescriber data (eg NPI, DEA etc is correctly inputted) + correct user/staff role setup.

EHR ESSENTIALS CHEATSHEET

EHR Essentials ★Quick Guide

SmartCare — Clicking on the **SmartCare** icon will bring you back to your home page.

🔍 The **Search** icon will allow you to quickly search for screens and list pages within SmartCare.

👤 The **Client Search** icon will allow you to search for a client by their name or ID number.

📄 Use this paper icon to make a new document.

⭐ Use the **Favorite Search** icon to quickly view anything you've saved as a favorite.

⭐ Using the **Add Favorite** icon will allow you to bookmark screens and list pages, which keeps all your filtered settings.

✕ Select this to **Close** the current screen or document you are in.

↺ The **History** icon will open a window that displays the last 13 patients and QuickLinks you have accessed in your current session.

📋 The **Unsaved Changes** icon will display a list of screens that you made changes to but navigated away from before saving.

➕ **More Detail:** Select this to expand the document ribbon and see more information about the document.

You can use the **Zoom** or magnify settings on your web browser to better view information in SmartCare.
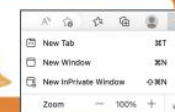
? This will bring up the **Walk Me** helper. This is where you can find full walk-throughs of how to complete a process in SmartCare.

ℹ Hovering on **Information** will provide you with CalMHSA help text.

? The **Help** icon will take you to CalMHSA's Training Tools page. This has user guides and helpful videos.

Client Flag: If a client has a flag, it will appear next to their name.

👤 **Smart View** makes a pop-up that displays critical information about the client.
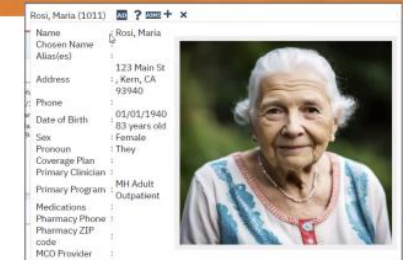
Client Information
When you hover over the client's name, a window will pop up with the most important information about the person you're serving.
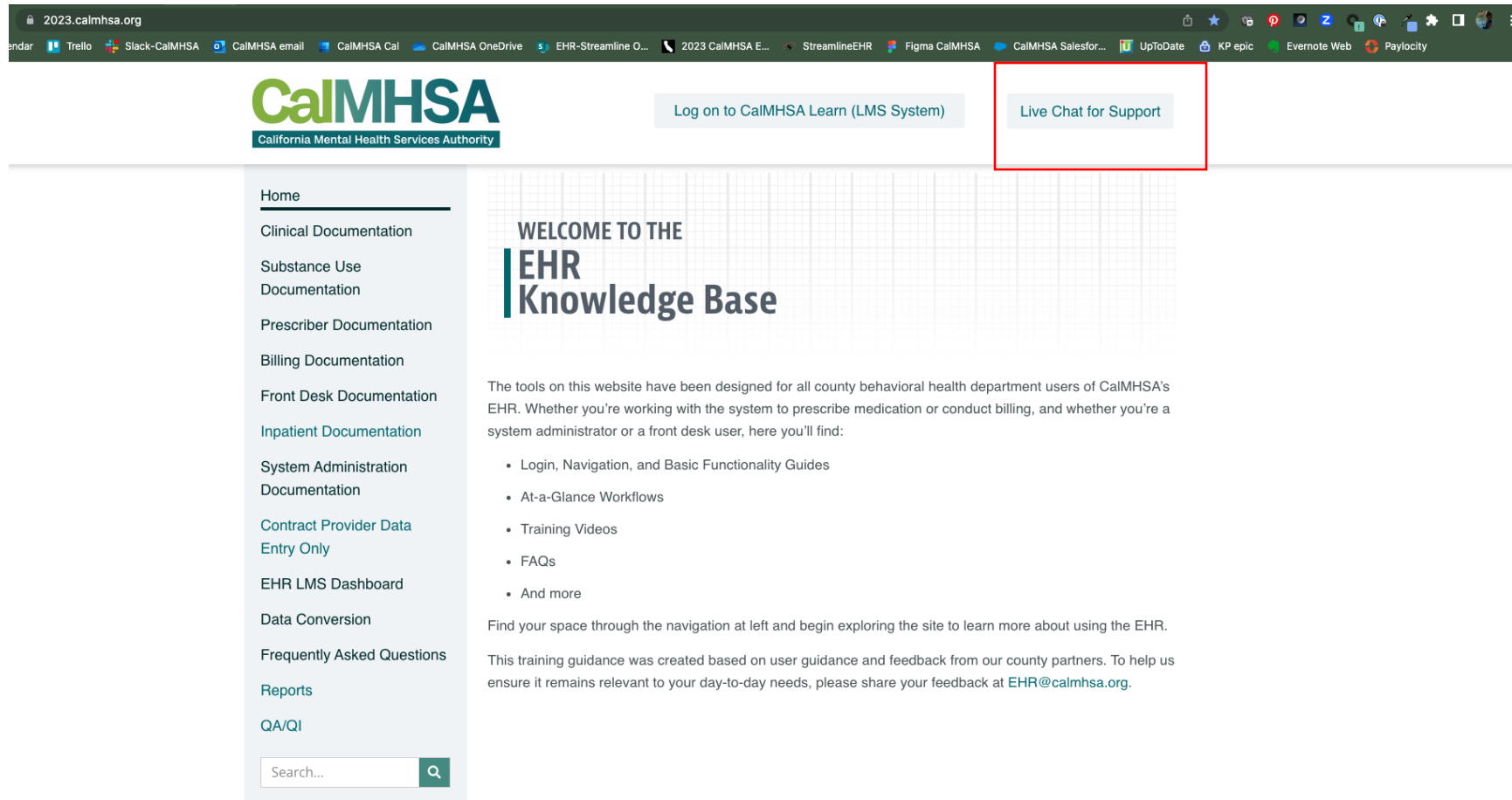
Notes:
- You can filter **List Page** data in many different ways. This will make it easy to review relevant data very quickly.
- Anything with **underlined text** is hyperlinked and will help you easily navigate in SmartCare.
- **Scan the QR code** for up-to-date training tips and instructional videos.

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HELP IS AVAILABLE AT CALMHSA WEBSITE (2023.calmhsa.org)

WIDGETS: PSYCHIATRIST DASHBOARD

Basic widgets should be updated and pushed by CalMHSA, if the user has the right

role assignment.

Widgets editor:

Still editable to move or remove if not needed by individual

Dashboard

Tracking Widget ⓘ

○ Workgroup	All Workgroups
	● Assigned Staff, Psychiatrist
Tracking Protocol	All Flags
	○ Tx Team Role All Assigned Roles

Flags Tracked	Due in 90-61 Days	Due in 60-31 Days	Due in 30 Days or Less	Overdue
AIMS	0	0	0	2
Medication Review Due	0	0	0	1

Appointments For Today

Client Name/Description	Time	Status

Verbal/Queued Orders

Verbal	0
Queued	3

Refill/Reject Request

Date Received	Client Name	DOB	Medication	Action

Lab Result

Staff, Psychiatrist

Order Date	Date Resulted	Client Name	Order Name	Status
04/17/2023		Test, Patient	CBC with auto diff	Results Obtained

New Alert/Messages

From	Received	Client	Subject	Message

Assigned Document(s)

	Notes	ISP	Assessment	ALL
Due Now	0	0	0	1
In Progress	11	0	0	34
Due in 14	0	0	0	0
Co-Sign	0	0	0	1
To-Sign	0	0	0	0
Assigned	0	0	0	0

Caseload

	Current	Not Seen in 3 Mos	Last Year
Primary	14	12	0
Total	16	12	0

WIDGETS: CLIENT DASHBOARD

Basic widgets should be updated and pushed by CalMHSA, if the user has the right role assignment.

HISTORICAL CLIENT DATA

Outpatient Prescriber Workflow

Thing You Want to Do	What is It Called?	★ Pro Tip
1 See Appointment Schedule, Schedule Appointment, Start Client's Service	Staff Calendar and/or "Appointments for Today" widget on Provider's Dashboard	Save Staff Calendar as a quick link to easily access schedule
2 Send/Review Messages From Other Providers	Messages/Alerts or "New Alerts & Messages" widget on Provider's Dashboard	Providers can view and link to any new messages from other providers. Can also search for messages/alerts under Message/Alert screen. Can attach a document by going to a signed document PDF and sending it as part of a message.
3 Look Up Client	Type into the "Person Search" icon	With Person Search icon, type the first 3 letters of last name and/or their medical record number and it will autofilter. For a more intensive search, under Person Search icon, select Client Search.
4 Review Previous Services/Notes	Services/Notes (Client) and/or Documents (Clients)	Filter "Complete" in services/notes screen. Click hyperlink under "Document" to access a specific note. You can also filter Documents screen by "Signed." If within a note's PDF, use forward or backward arrow to look at notes.
5 Review Previous and Current Programs	Programs (Client)	Filter "enrolled" for current programs and remove date range to see all current enrollments.
6 Review Labs	Lab Result Widget on client/provider dashboard: A quick view of labs Lab Result Review Screen: Complete list of client labs and/or outside lab results that have an appropriate interface with the EHR	Through Client Orders, choose "Review" tab for nurses to see point of care labs results here, as well as scanned documents
7 Review Diagnoses	Diagnosis Document (Client) or within psych note under "Diagnosis" tab	Of note, when clinicians enter problems in their notes, this information will go into "Client Clinical Problems," a separate list from Diagnosis Document.
8 Review/Document Vitals	Flow sheet (Client) Screen and choose Vitals dropdown or within psych note, click "Exam" tab	Using a flow sheet allows you to view recorded data in graph format to track trends.

CalMHSA.org   Updated 6/20/23

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Thing You Want to Do	What is It Called?	★ Pro Tip
4 Review Previous Services/Notes	Services/Notes (Client) and/or Documents (Clients)	Filter "Complete" in services/notes screen. Click hyperlink under "Document" to access a specific note. You can also filter Documents screen by "Signed." If within a note's PDF, use forward or backward arrow to look at notes.
5 Review Previous and Current Programs	Programs (Client)	Filter "enrolled" for current programs and remove date range to see all current enrollments.
6 Review Labs	Lab Result Widget on client/provider dashboard: A quick view of labs Lab Result Review Screen: Complete list of client labs and/or outside lab results that have an appropriate interface with the EHR	Through Client Orders, choose "Review" tab for nurses to see point of care labs results here, as well as scanned documents
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"FAVORITES" SETUP FOR PRESCRIBERS

Recommended Favorites with suggested titles + filters for efficient doctor's workflow besides looking at the widgets:

- <u>My documents-In Progress:</u> My documents, All clients, Notes, In-Progress, Due in X Days

- <u>My documents-Completed</u>: My documents, All clients, Notes, In-Progress, Due in X Days

- <u>Messages/Alerts:</u> Received, This month

- <u>Orders, Office: Type Lab, Results Obtained:</u> this will alert you to new lab results that have not yet been reviewed.

- <u>Orders, Office: Type Lab, Completed, Your Name:</u> this will alert you to new lab results that have been assigned to you.

To review common client historical data:

- <u>Client Enrolled Programs :</u> [Client], Program, Enrolled

- <u>Client Signed Services/Notes:</u> [Client], Service/Note, All clinicians, All statuses, All procedures, All programs , Show services/care mgmt claims, past 12 months. **

- <u>Orders (non-medication, outpatient):</u> [Client], Quick Orders all statuses, all types, all clinics:, from: c-y, end date: c+y , all clinics (gives you orders within 1 year and in the future by 1 year)

- <u>Labs Results Review List [Client]:</u> All results, last 90 days **

9
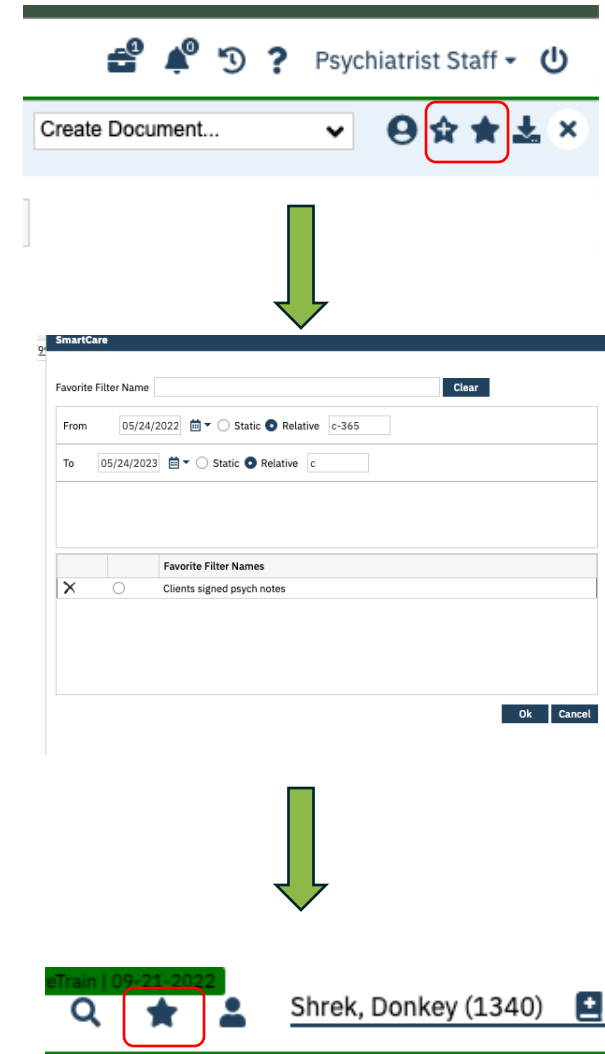
"QUICKLINKS" SETUP FOR PRESCRIBERS

Recommended QuickLink Favorites:

- Staff Calendar

Client Related QuickLinks:

- Client Dashboard

- Diagnosis Document

- Medication Management (Rx)

- Quick orders

- Flowsheets

- Client Flags Details or can just click on the   + next to client's name
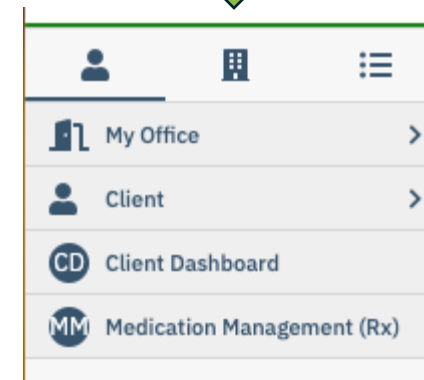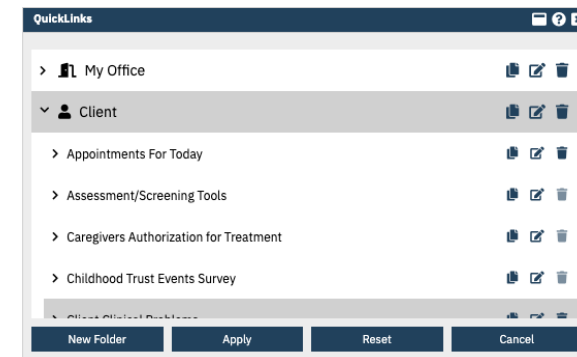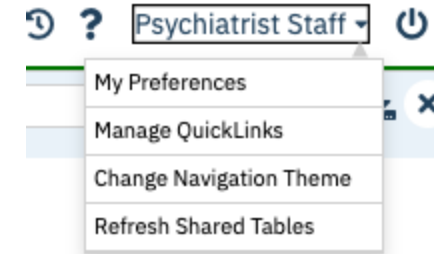
Scroll, select, copy, drag to where you want it show up on your quicklist

Apply and you may need to logout/login again.

SMARTVIEW

Anywhere within a client's EHR, you can also click here in order to have SmartView slide in and you can review widget's data without leaving the current page.

REVIEW LABS

Search for Lab Results Review, Client
Or click the order name

If assigned to a prescriber, then prescriber will find this information in their "Orders, My Office". There is no notification in widget.

Can navigate between labs

Within Lab Result Widget:
Can search for other providers' and what labs have resulted

Lab Result

Lab Result				⚙ 🗑
Admin, System				
Order Date	Date Resulted	Client Name	Order Name	Status
06/25/2021	06/25/2021	Regre, GK	Breathalyzer	Results Obtained

This widget lists the most recently uploaded lab results for your primary clients.

Click the hyperlinked **Order Name** to display the Lab Results Review screen.

If you have administrative permissions, you can use the configuration key, LabsWidgetLookbackMonths, to control how many months back the widget includes. Accepted values are 1, 2, or 3.

Lab Results Review

Review ⊟

| 10/20/2022 | ← | 10/24/2022 - Order Date | → | |

Reviewed | Nurse Reviewed

○ Normal ○ Abnormal ● Not Specified

Results Review Comment [▼]   Assigned to [Search Assigned To]

Comments [   ]   Assigned to Comments [   ]

Lab Results Review   [View PDF]

☐ **T-SPOT** - *Results Obtained* -   View Flowsheet
   Reviewer Comments :

Observation	Value	Flag	Range	Status	Observation Date	Analysis Date
COMMENTS:	DNR	N		F	10/18/2022 2:31PM	10/24/2022 11:15AM
Comment:						
Panel A Spot Count	0 NA	N		C	10/18/2022 2:31PM	11/15/2022 2:54PM
Comment:						
Panel B Spot Count	0 NA	N		C	10/18/2022 2:31PM	11/15/2022 2:54PM
Comment:						
T-SPOT TEST RESULT:	Negative	N	Negative	C	10/18/2022 2:31PM	11/15/2022 2:54PM

Comment: A negative test result does not exclude the possibilityPrevious Result: DNRof exposure to or infection with Mycobacteriumtuberculosis (M. tuberculosis). Patients with recentexposure to TB infected individuals exhibiting anegative T-SPOT.TB result should be considered forretesting within 6 weeks or if other relevant clinicalsymptoms indicate. Results from T-SPOT.TB testing mustbe used in conjunction with each individual'sepidemiological history, current medical status,and results of other diagnostic evaluations.The T-SPOT.TB test is qualitative and results arereported as positive, borderline, or negative, giventhat the test controls perform as expected. In linewith the Centers for Disease Control and Prevention's2010 recommendation to report quantitative measurementsalongside the qualitative result, the laboratoryprovides spot counts for informational purposes only.The T-SPOT.TB test should not be interpreted as aquantitative test.

TRACKING OF ALL LABS

Recommend to search for Orders, Office

Can filter based on Type (eg Labs) and Status (eg Active, Results Obtained, Completed, Assigned to a specific staff).

To Trend Labs, Search for "Flowsheet (Client)" and you can select any part of a lab (eg ANC from CBC) and there will be a flowsheet created for each lab value. POCT test results may be uploaded in "Documents, Client" if PDF or Flowsheet depending on your clinic's workflow.

TO REVIEW VITALS

Search for Flowsheets, Client.

Then choose tab for vitals to review. Make sure to change start date to go back in time if you anticipate more historical data.

Flow Sheet

Vital History   Graphs

| Meaningful Use/Vitals ▾ | Custom Dates ▾ | Start Date 01/01/2023 📅▾ | End Date 06/20/2023 📅▾ | Apply Filter |

	05/23/2023 02:37 PM Entered By: Staff, Ps...	05/23/2023 09:00 AM Entered By: Staff, Ps...			
Height	70.00				
Weight	200.00				
BMI	28.69				
Height/Weight N...					
Comments					
Education					
Referral					
Pharmacological...					
Dietary Supplem...					
Exercise/Physic...					
Nutrition Couns...					
BMI Comments					
Systolic	140	190			
Diastolic	90	100			
Pulse		100			

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Outpatient Prescriber Workflow, continued

	Thing You Want to Do	What is It Called?	★ Pro Tip
9	Start a E&M Psych Note	Services/Notes [Client], Staff Calendar and/or Appointment for Today widget on Provider's Dashboard. In Service tab, change "Scheduled" to "Show."	**Commonly Used Procedures:** **90792-Assessment MD:** Used for formal psychiatric evaluation, including integrated biopsychosocial and medical assessment **99202-99205-Medication Support New Client:** Used to document E/M medication support services provided to new patients and/or > 3 years since last visit **99212-99215-Medication Support Existing Client:** Used to document E/M medication support services provided to established patients, if visits within 3 years. **99202-99205 and 99212-99215** are the time-based codes used to document "standard" outpatient psychiatric visits. Choose based on time spent and if patient is new vs. established. These CPT codes use the same psych note template, so previous data will be saved from last use.
10	Document Diagnoses Within a Service/Note	Within Note: "Diagnosis" Tab and/or Billing Diagnosis	Enter descriptive text or an ICD-10 code and it will autofilter. You will need to designate one primary diagnosis for the service and place it as the #1 spot of order.
11	Problem List Within Notes	Within Note: "MDM" Tab	CalMHSA will be developing a different one in the future. When you enter a "Problem" in MDM, it does not save to "Client Clinical Problems," which clinicians will be using. You will need to enter at least 1 problem to complete your note.
12	Order Labs	Client Quick Orders or Within Psych Note: "MDM" Tab	
13	Order Outpatient Medications	Medication Management (Rx) (Client) and/or Within Psych Note, MDM tab: Medications "SmartCare RX"	If prescribing controlled substances, download Identrust's HID mobile app and have a staff signature on file (Your Profile --> My preferences). Rx is also where you can sign any queued medication orders. Save as a quick link for easy access.
14	Calculate Time for Visit	Within Psych Note, "MDM" Tab: Activities Completed	Can enter different time than was scheduled under "Service" tab. This is the official time that will be used for billing purposes.
15	Wrap up a Visit	"Sign" Button on Upper Right	You will get validation pop-up with direction of where an error is if you cannot sign. After care instructions are pending development.
16	Co-sign Notes	Click on "Co-sign" Within the Assigned Documents Widget on Providers Dashboard	You can also search for "batch signature" to sign multiple documents at once.
17	Assessments: PHQ-9 and GAD-7, AIMS	Search PHQ-9 and GAD-7. For AIMS Assessment, see Tab within Psychiatric Note Titled "AIMS"	Within Client Quick Links --> Assessment/Screening Tools to find full list of other available tools
18	Reconcile Medications Within Programs/Systems	No SmartCare Functionality	This is in development for medications ordered within an internal system. For external medication: Medication Management (Rx) --> "Add medications"
19	Record Allergies	Medication Management (Rx) (Client) --> Allergies/ Intolerance/Failed Trials	This will autopopulate your note if done prior. Refresh to load into your note.

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| 9 | Start a E&M Psych Note | Services/Notes [Client], Staff Calendar and/or Appointment for Today widget on Provider's Dashboard. In Service tab, change "Scheduled" to "Show." | **Commonly Used Procedures:** **90792-Assessment MD:** Used for formal psychiatric evaluation, including integrated biopsychosocial and medical assessment
99202-99205-Medication Support New Client: Used to document E/M medication support services provided to new patients and/or > 3 years since last visit
99212-99215-Medication Support Existing Client: Used to document E/M medication support services provided to established patients, if visits within 3 years.
99202-99205 and 99212-99215 are the time-based codes used to document "standard" outpatient psychiatric visits. Choose based on time spent and if patient is new vs. established. These CPT codes use the same psych note template, so previous data will be saved from last use. |

WHEN TO USE WHICH PROCEDURE

Updated Name (Old Name)	Procedure Definition. + CPT	Note Type
Assessment MD (Psychiatric Diagnostic Evaluation with Medical Services)	Psychiatric diagnostic evaluation with medical services is an integrated biopsychosocial and medical assessment "Psychiatric Evaluation" services. 90792: 15 minutes.	Psychiatric Note
Medication Support New Client (Office or Other Outpatient Visit of New Patient)	Standard psychiatry services for new patients. 99202: 15-29 minutes, 99203: 30-44 minutes, 99204: 45-59 minutes, 99205: 60-74 minutes	Psychiatric Note
Medication Support Existing Client (Office or Other Outpatient Visit of an Established Patient)	Standard psychiatry services for established patients. 99212: 10-19 minutes, 99213: 20-29 minutes, 99214: 30-39 minutes, 99215: 40-54 minutes	Psychiatric Note
Medication Support Telephone (Telephone Evaluation and Management Service)	Evaluation & Management services provided by telephone. 99441: 5-10 minutes, 99442: 11-20 minutes, 99443: 21-30 minutes.	Psychiatric Note

Remember which roles has access to which procedure is determined CalAIM's reference guides by program (MH, DMC, DMC-ODS) and by allowable role.
 For complete lists, please click here.

OTHER COMMON MD/DO PROCEDURES

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Name (Old Name) --> New Name	Procedure Definition. + CPT	Note Type
Physician Consultation (99451)	Consultative physician inter-professional assessment (telephone/internet or electronic). 5-15 minutes	Progress Note-->Narrative Note
Evaluation and Management --> Consults for New and Established Patients (99242-99245)	The provider sees a patient for an office or other outpatient consultation involving evaluation and management (E/M)These are specific to office or other outpatient consultations. Generally provided at request of another physician. These are NOT your standard E/M visits.	Psychiatric Note
Consult (Nonbillable) --> Consults to External Providers (Nonbillable)	Consults with physical health care providers, primary care providers or other relevant healthcare providers.	Narrative Note
Review of Hospital Records (90085)	Review of records for psychiatric evaluation without direct patient contact. This may be accomplished at the request of an agency or peer review organization. 15 minutes. *It appears that DHCS' stance is that in order for this code to be used, it needs to influence the diagnosis decision-making. If it does not impact the diagnosis, then use other codes and/or Brief Contact Note (Nonbillable) / Client Non Billable Srvc Must Document*	Narrative Note
Medication Training and Support (H0034)	Medication education, training and support, monitoring/discussing/reviewing side effects. Per 15 minutes. H0034 If meeting with a collateral source specifically to discuss medications being taken by the individual this service could be utilized.	Progress Note --> Narrative Note
Medication Injection (96372)	Utilized to document psychiatric medication intramuscular injections. 15 minutes	Narrative Note (pending template development)
TCM/ICC (T1017)	TCM/ICC Services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development. Each 15 minutes. This is also the code utilized to capture Intensive Care Coordination (ICC) services.	Progress Note
Crisis Intervention/Mobile Crisis (H2011)	A service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral and therapy. Clinical providers who are providing crisis intervention should consider whether Psychotherapy for Crisis would be a more appropriate code for the service rendered. Per 15 minutes	Progress Note
Medical Team Conference, Participation by Physician. Pt and/or Family not present (99367)	Medical team conference with interdisciplinary team of health care professionals. Participation by physician. Patient and or family not present. 30 minutes or more	Progress Note---Narrative Note
Care Management Services for Behavioral Health Conditions by Physician (99484)	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: *Initial assessment or follow-up monitoring, including the use of applicable validated rating scales, *Behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, *Facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and *Continuity of care with a designated member of the care team.	Progress Note---Narrative Note
Brief Contact Note (Non-billable)	Utilized to document non-billable interactions with patient, care providers and/or any patient care activities.	Narrative Note
Client Non Billable Srvc Must Document (Non-billable)	Any other non-billable service that must be documented and is not better accounted for by other available non-billable procedure codes.	Narrative Note

PSYCH NOTE: DIAGNOSIS

Order is important because 1st diagnosis is payable diagnosis for the service.

Can shift order here.

Create favorites for common diagnoses

Before starting your MDM, check for billing diagnosis and if empty or missing, then go to Notes Tab and then Diagnosis Tab.

Once deleted, in order to find an old diagnosis, go to "Documents, Client" and look at through old psych notes and/or can go also search for old "Diagnosis Document" documents. Psych Note's that have new/modified diagnoses will push to a new Diagnosis Document but will not necessarily make a "saved" diagnosis document so will need to look in both location types of documents

DIAGNOSIS

Outpatient Prescriber Workflow
Sheet 2

	Thing You Want to Do	What is It Called?	✱ Pro Tip
9	Start a E&M Psych Note	Services/Notes (Client), Staff Calendar and/or "Appointments for Today" Widget on Provider's Dashboard	Switch the Service tab from "Scheduled" to "Show" Formal 1st assessment : 90792 - Assessment MD. 1st visit after initial assessment: 99202-99205 - Medication Support New Client Subsequent visits: 99212-99215 - Medication Support Existing Client
10	Document Diagnoses Within a Service/Note	Within Note: "Diagnosis" Tab and/or Billing Diagnosis	Enter descriptive text or an ICD-10 code and it will autofilter. You will need to designate one primary diagnosis for the service and place it as the #1 spot of order.
11	Problem List Within Notes	Within Note: "MDM" Tab	CalMHSA will be developing a different one in the future. When you enter a "Problem" in MDM, it does not save to "Client Clinical Problems," which clinicians will be using. You will need to enter at least 1 problem to complete your note.
12	Order Labs	Client Quick Orders or Within Psych Note: "MDM" Tab	
13	Order Outpatient Medications	Medication Management (Rx) (Client) and/or Within Psych Note, MDM tab: Medications "SmartCare RX"	If prescribing controlled substances, download Identrust's HID mobile app and have a staff signature on file (Your Profile --> My preferences). Rx is also where you can sign any queued medication orders. Save as a quick link for easy access.
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15	Wrap up a Visit	"Sign" Button on Upper Right	You will get validation pop-up with direction of where an error is if you cannot sign. After care instructions are pending development.
16	Co-sign Notes	Click on "Co-sign" Within the Assigned Documents Widget on Providers Dashboard	You can also search for "batch signature" to sign multiple documents at once.
17	Assessments: PHQ-9 and GAD-7, AIMS	Search PHQ-9 and GAD-7. For AIMS Assessment, see Tab within Psychiatric Note Titled "AIMS"	Within Client Quick Links --> Assessment/Screening Tools to find full list of other available tools
18	Reconcile Medications Within Programs/Systems	No SmartCare Functionality	This is in development for medications ordered within an internal system. For external medication: Medication Management (Rx) --> "Add medications"
19	Record Allergies	Medication Management (Rx) (Client) --> Allergies/ Intolerance/Failed Trials	This will autopopulate your note if done prior. Refresh to load into your note.

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PYSCH NOTE: PROBLEMS

Please note that the Problem List is under development, but for now you need to enter at minimum 1 problem. If you already put in your diagnosis, then it will autopopulate when you click "problem..."

This will NOT populate the "Client Clinical Problems" that are used by clinicians and/or other providers on their progress note template.

CLIENT CLINICAL PROBLEMS VS DIAGNOSIS

Can search for Client Clinical Problems or it is found within Progress Note (frequently used by clinicians)

The Diagnosis will be found in Billing Diagnosis as part of the Progress Note Template. This was populated either by the Diagnosis Document and/or within the Psych Note Templates for psychiatrists. Order is important because 1st diagnosis is payable diagnosis for the service. Can shift order here.

This comes from Diagnosis Document and/or within the Psych Note Templates for psychiatrists and will auto-populate the "Billing Diagnosis"

If trying to find an old diagnosis, search for "Documents (Client)" and look at through old psych notes and/or can go also search for old "Diagnosis Document" documents.

ORDERING MEDICATIONS

Medication Management Rx

	Thing You Want to Do	What is it Called? Where Can You Find it?	✷ Pro Tip
1	Send Medications to a Preferred Pharmacy	Preferred Pharmacy	Can select most common site and save for future use as a dropdown when you order a specific medication
2	Record Allergies	Allergies/Intolerance/Failed Trials	Recommended to put allergies here because it will autopopulate notes and be shared with other users. If the allergy is in a similar drug class as a medication you are trying to order, you will not be able to prescribe -- switch the allergy to "intolerance" and/or "failed trial."
3	Review Active Medications	Medication List	
4	Review Past Medications	Medication History	Use the right-hand side darker blue button (rather than the lighter blue one).
5	Review Consent	Consent History	Use the right-hand side darker blue button.
6	Order New Medications	New Order	Use the right-hand side darker blue button.
7	Add External Medications	Add Medication	Can add the source of the prescription, who is the prescriber
8	Change an Existing Order	Select Checkbox of Existing Medication and Choose "Change Order"	
9	Refill an Existing Order	Select Checkbox of Existing Medication and Choose "Re-Order"	Cannot do this if controlled substance and will need a new order
10	Patient Medication Consent	Select Checkbox of Medication and Choose "Patient Consent"	This will pull up a document that both prescriber and client can sign. Can select and sign multiple consent all at once.
11	Sign Verbal or Queued Outpatient Medication Orders	Queued/Verbal Orders Widget in Providers Dashboard --> Rx	This will automatically connect you to the orders pending your review.
12	Review New/Changed Medications	After clicking "Prescribe" button, a review screen will appear. If you approve, then choose "prescribe" a second time.	Make sure you check the checkbox under "ready to sign."
13	Approve Controlled Substances	On review screen, after clicking "ready to sign" and "Prescribe," you will be prompted on phone's HID app	Swipe "Approve" green button
14	Review Prescription Status	Click on a hyperlink of a medication name --> Script History -- Check "Status"	Prescribers can view a history of multiple clients in Start Page > Outbound Prescriptions. If nurses are set up as prescriber proxy they can also see prescription status (and refill request). Establishing nurses as "prescriber" does not mean they can prescribe without doctor approval; medication orders will still go through verbal or queued order process.
15	Discontinue Existing Medication	Medication List; click the "X" at left	This will then save in medication history with end date recorded and a pop-up will allow you to record the reason.

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RX Please advise: Medication Management Rx opens in separate webpage and if you change to a 2nd patient in SmartCare, the original Rx will continue to be exist and be editable with the 1st patient.

New medication: Use this to document external medications

New orders: To prescribe

Medication History Use this one

Preferred Pharmacy: Can add up to three favorites

Change or Re-order existing medications

Patient Consents: checkbox each medications, then click consent button

Patient Summary

Shrek, Donk 40), DOB/AGE: 5/17/1998 (25), Sex: M, Height: 70 In, Weight: 200 lb

Patient Search.... | Consent History | Medication History | New Order | Add Medication

Preferred Pharmacy...

Patient Overview | Reconciliation | Eligibility | Medication History

Name: Shrek, Donkey
Height: 70 In Weight: 200 lb

DOB/Age: 05/17/1998 (25)

Primary Insurance Plan:

Pharmacy: AllianceRx (Cystic Fibrosis Services) Walgreens Prime
Careplus CVS/Pharmacy
FREEDOM/QA TEST

Diagnosis: F32.A - Depression, unspecified
F90.9 - Unspecified attention-deficit/hyperactivity disorder

Last Medication Visit:

Next Medication Visit:

Allergies/Intolerances/Failed Trials

Show All

Show: ○ All ● Active Only
☐ ✕ 💬 ℹ NSAIDS (Non-Steroidal Anti-Inflammatory Drug) (Intolerances) 05/23/2023

☐ No Known Allergies

Add Allergy...

Print List... | Change Order | Re-order | Complete Order | Patient Consent | General Medication Consent ▼ | Run Report | Real-Time Med History | ☐ Patient has no prescribed medications

Medication List

					Medication		Date Initiated	Instruction	Rx Start	Rx End	Interactions	Prescribed By		Pharmacy	Comments	Added By
☐	✕	℞		ℹ	Ritalin	✓	05/23/2023	20mg, Tab, Oral 1 each Daily 30.00	05/23/2023	06/21/2023		Staff, Psychiatrist MD Medical Doctor		AllianceRx (Cystic Fibros		Staff, Psychiatrist
								20mg, Tab, Oral 1 each Daily 30.00	06/22/2023	07/21/2023				AllianceRx (Cystic Fibros		
To take before work																
☐	✕	℞	∮	ℹ	Sertraline	⚠	05/23/2023	25mg, Tab, Oral 1 each Daily 14.00	05/23/2023	06/05/2023	3	Staff, Psychiatrist MD Medical Doctor		Printed	💬	Staff, Psychiatrist
								25mg, Tab, Oral 2 each Daily 28.00	06/06/2023	07/03/2023				Printed		
	✕	☐		ℹ	Naprosyn		05/23/2023	500mg, Tab, Oral 1 each Twice a day 60.00	05/23/2023	06/21/2023	3 ■ I	Clinic				Staff, Psychiatrist
Order Queued for Prescriber Approval																
☐	✕	℞	A	ℹ	Zoloft	⚠	05/22/2023	25mg, Tab, Oral 1 each Daily 30.00	05/22/2023	06/20/2023	■	Staff, Nurse NP Nurse Practitioner		Printed		Staff, Nurse

**Patient Consents: Can sign one consent for each medication. It will only have 1 dose amount but is acceptable
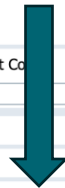We are reviewing with SmartCare about adding dose ranges.

23

RX : KEY FEATURES

CalMHSA
California Mental Health Services Authority

You can save templates for future, faster use

New Medication Order

Shrek, Donkey (1340), DOB/AGE: 5/17/1998 (25), Sex: M, Height: 70 In, Weight: 200 lb

[Prescribe] [Queue Order] [✕]

Order

- ● Send Directly to Pharmacy
- ○ PrintScript ☐ Print Drug Information ☐ Print Chart Co
- Pharmacy: AllianceRx (Cystic Fibrosis Services) Walgreens Prime - Pittsburgh, I 🔍
- Printer: <Manual Selection>

- Prescriber: Staff, Psychiatrist MD Medical Do
- DEA #: 543456789090
- Order Date: 05/24/2023
- Prescribing Location: Telehealth
- ☐ Verbal Order Read Back

Medication ☑ Permit Changes By Other Users

Patient instruction go here →

- Drug: Ritalin ⓘ
- Dx/Purpose:
- Active Coverage:
- ☐ Dispense as Written
- Save as Template ○
- Instruction Text:
- Desired Outcome:
- Comment:
- ☐ Include On Prescription ⓘ

Titrate Steps →

[Titrate...] Recommended Adult Min/Max Daily Dose Strength: 2.5 mg - 60 mg

	Strength		Dose	Unit	Directions	Rx Start		Days	Dispense Qty	Potency Unit	Additional Orders ⓘ	Sample	Stock	Rx End
✕	20mg, Tab, Oral	ƒ	2	each	Daily	05/24/2023		30	60	Tablet	1			06/22/2023
✕		ƒ												

[More Steps] [Insert] [Clear]

Medication List | **Formulary**

Note that "unit" does not refer to total dose but typical # tablet

Additional orders allows you to post-date controlled substances

Of note any post-date prescriptions WILL NOT show up when you refresh in your notes because it has not yet been "sent" to the pharmacy

RX : NOTES TO PHARMACY

To send a note to pharmacy: First click on checkbox on "Include on Prescription" then it will switch the Comment box to "Notes to Pharmacy" Type your message to pharmacist (VIDEO @ 5:28)
We working to fix this to be more clear.

RX : CONFIRM WHAT YOU ARE SENDING TO PHARMACY

You can confirm what is being sent to the pharmacy

EPCS: HID MOBILE APP

EPCS Token: Prescriber's Tasks

The purpose of this document is to help guide the prescriber through the process of setting up their EPCS Token which is needed for prescribing controlled substances.

This is a three-step process that will require the prescriber to:
1) Apply for a certificate which requires you to have an iPhone or Android
2) Verification which you will need to wait for 24-48h
3) Install certificates on a computer which helps authorize user with IdenTrust. Consideration should be given as to which computer should be used for this step. Backing up of these certificates is important.

Ready to Sign	Medication	Directions
☐	Adderall XR 10 mg capsule, extended release	1.00 (each) Morning
☐	Adderall XR 10 mg capsule, extended release	1.00 (each) Morning

By completing the two-factor authentication protocol at this time, you are legally signing the prescriptions(s) and authoriz

Must click the checkboxes to finalize order
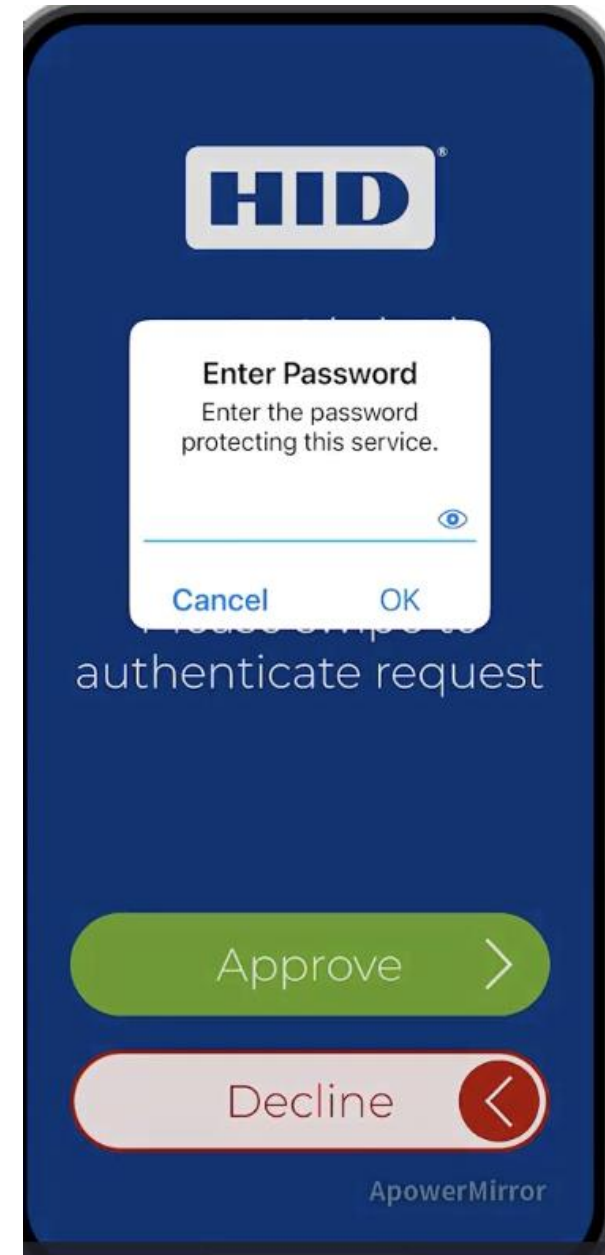
RX: VERBAL OR QUEUED ORDERS

Verbal/Queued Orders

Verbal	2
Queued	1

From the provider's dashboard, can click to queued orders to get to Rx

Can either approve vs change order

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Order Approval for Staff, Psychiatrist MD Medical Doctor

Orders

Approve All Order

Patient Name	Created By	Order Date	Rx Start Date	Rx End Date	Interactions
Test, Patient (1032)	nurse	05/22/2023	05/22/2023	06/20/2023	

Password   Sign   Close

Order Details

Patient: Test, Patient   DOB/Age: 11/09/1988 (34)   Prescribing Location: Office
Height: 70 In Weight: 200 lb
○ Print ● Fax ○ Electronic Pharmacy : Test Pharmacy

Prescription

Adjust Dosage/Schedule   Void   Approve Order

Prescription

Monday, May 22, 2023

CalMHSASmartcareTrain | 09-21-2022

Office

123 Main st
Emeryville, CA 92817

Tel: (789) 098-7898 Fax: (789) 098-7809

RX: TITRATION

Can save templates or use other provider's templates

Can Titrate by add steps

Add Medication: to add external medications

Note that if you chose "allergy" and the medication is in the similar class, you will not be able to order the medication

If you choose " intolerance" or "failed trial", then you can override.

MISC ITEMS

Outpatient Prescriber Workflow, continued

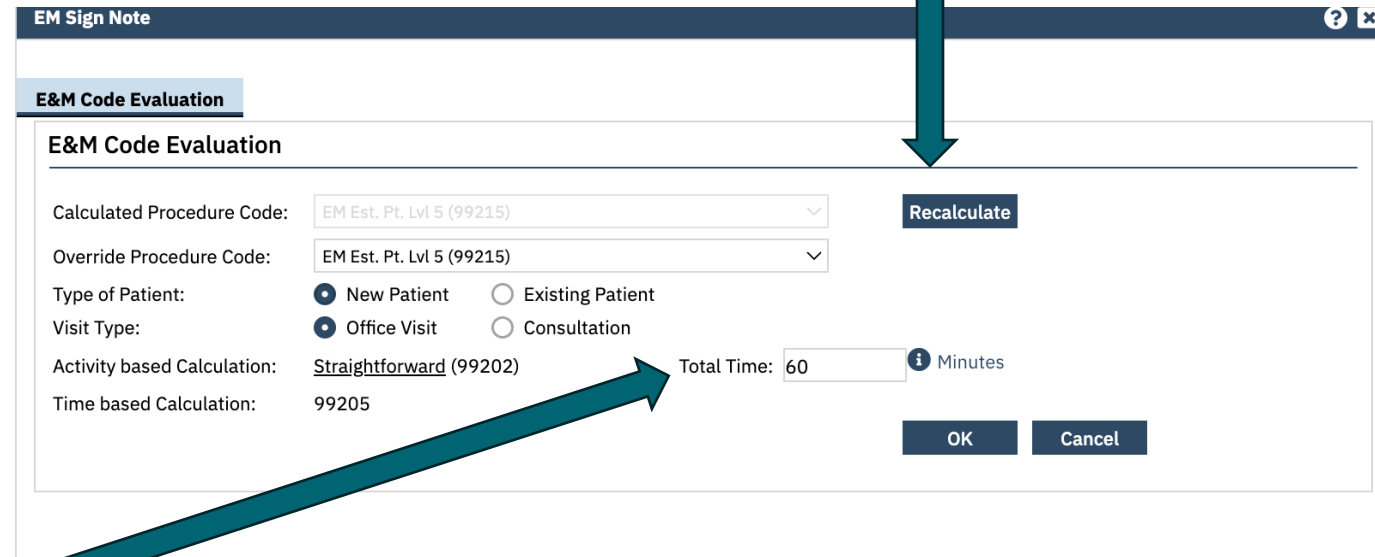|	Thing You Want to Do	What is It Called?	⚜ Pro Tip
9	Start a E&M Psych Note	Services/Notes [Client], Staff Calendar and/or Appointment for Today widget on Provider's Dashboard. In Service tab, change "Scheduled" to "Show."	**Commonly Used Procedures:** **90792-Assessment MD:** Used for formal psychiatric evaluation, including integrated biopsychosocial and medical assessment. **99202-99205-Medication Support New Client:** Used to document E/M medication support services provided to new patients and/or > 3 years since last visit. **99212-99215-Medication Support Existing Client:** Used to document E/M medication support services provided to established patients, if visits within 3 years. **99202-99205 and 99212-99215** are the time-based codes used to document "standard" outpatient psychiatric visits. Choose based on time spent and if patient is new vs. established. These CPT codes use the same psych note template, so previous data will be saved from last use.
10	Document Diagnoses Within a Service/Note	Within Note: "Diagnosis" Tab and/or Billing Diagnosis	Enter descriptive text or an ICD-10 code and it will autofilter. You will need to designate one primary diagnosis for the service and place it as the #1 spot of order.
11	Problem List Within Notes	Within Note: "MDM" Tab	CalMHSA will be developing a different one in the future. When you enter a "Problem" in MDM, it does not save to "Client Clinical Problems" which clinicians will be using. You will need to enter at least 1 problem to complete your note.
12	Order Labs	Client Quick Orders or Within Psych Note: "MDM" Tab	
13	Order Outpatient Medications	Medication Management (Rx) (Client) and/or Within Psych Note, MDM tab: Medications "SmartCare RX"	If prescribing controlled substances, download Identrust's HID mobile app and have a staff signature on file (Your Profile --> My preferences). Rx is also where you can sign any queued medication orders. Save as a quick link for easy access.
14	Calculate Time for Visit	Within Psych Note, "MDM" Tab: Activities Completed	Can enter different time than was scheduled under "Service" tab. This is the official time that will be used for billing purposes.
15	Wrap up a Visit	"Sign" Button on Upper Right	You will get validation pop-up with direction of where an error is if you cannot sign. After care instructions are pending development.
16	Co-sign Notes	Click on "Co-sign" Within the Assigned Documents Widget on Providers Dashboard	You can also search for "batch signature" to sign multiple documents at once.
17	Assessments: PHQ-9 and GAD-7, AIMS	Search PHQ-9 and GAD-7. For AIMS Assessment, see Tab within Psychiatric Note Titled "AIMS"	Within Client Quick Links --> Assessment/Screening Tools to find full list of other available tools
18	Reconcile Medications Within Programs/Systems	No SmartCare Functionality	This is in development for medications ordered within an internal system. For external medication: Medication Management (Rx) --> "Add medications"
19	Record Allergies	Medication Management (Rx) (Client) --> Allergies/ Intolerance/Failed Trials	This will autopopulate your note if done prior. Refresh to load into your note.

FIXING TIME SPENT

To recalculate the procedure code

EM Sign Note

E&M Code Evaluation

E&M Code Evaluation

Calculated Procedure Code:	EM Est. Pt. Lvl 5 (99215)
Override Procedure Code:	EM Est. Pt. Lvl 5 (99215)

Recalculate

Type of Patient: ● New Patient   ○ Existing Patient
Visit Type: ● Office Visit   ○ Consultation
Activity based Calculation: Straightforward (99202)   Total Time: 60   ⓘ Minutes
Time based Calculation: 99205

OK   Cancel

General   Exam   Medical Decision Making   AIMS   Diagnosis

Total time spent on encounter   60   Minutes

If you change the time here it will not impact the "service" tab's face-to-face time but it will update at the E&M code evaluation for billing.

OPTION #1: TO ASSIGN "CO-SIGNED" NOTES: PROXY; ATTENDING AS PRIMARY

Staff Details

General | Roles/ Permissions | Client Access Overrides | Demographic/ Professional | **Proc/ Prog/ Loc/ Proxy/ Supervisor** | Productivity | Staff Prefere

Licenses / Degrees | Credentialing | Care Management | Contracted Rates | Time Sheet | Highly Qualified Teacher | Reporting | Custom Fields

✗ ☐   Crisis Stabilizati...

✗ ☐   Inpatient PHF

Procedures

Procedure this staff can deliver.   [Add Procedure(s)...]

Procedure Name

No data to display

Proxy

List of staff for whom this person can author a clinical document.   [Add Staff...]

Staff Name

No data to display

Supervisees

List of Supervisees of this staff.   [Add Staff...]

If attendings will be doctor for billing, admin can set up residents/NPs to be proxy for the doctor. Resident "Save" the note, instead of Sign.

The attending can go into the note and edit as if they are the primary doctor. This would give the most direct editing ability for the attending.

OPTION #2A:
TO ASSIGN CO-NOTES: RESIDENT/NP WILL BILL
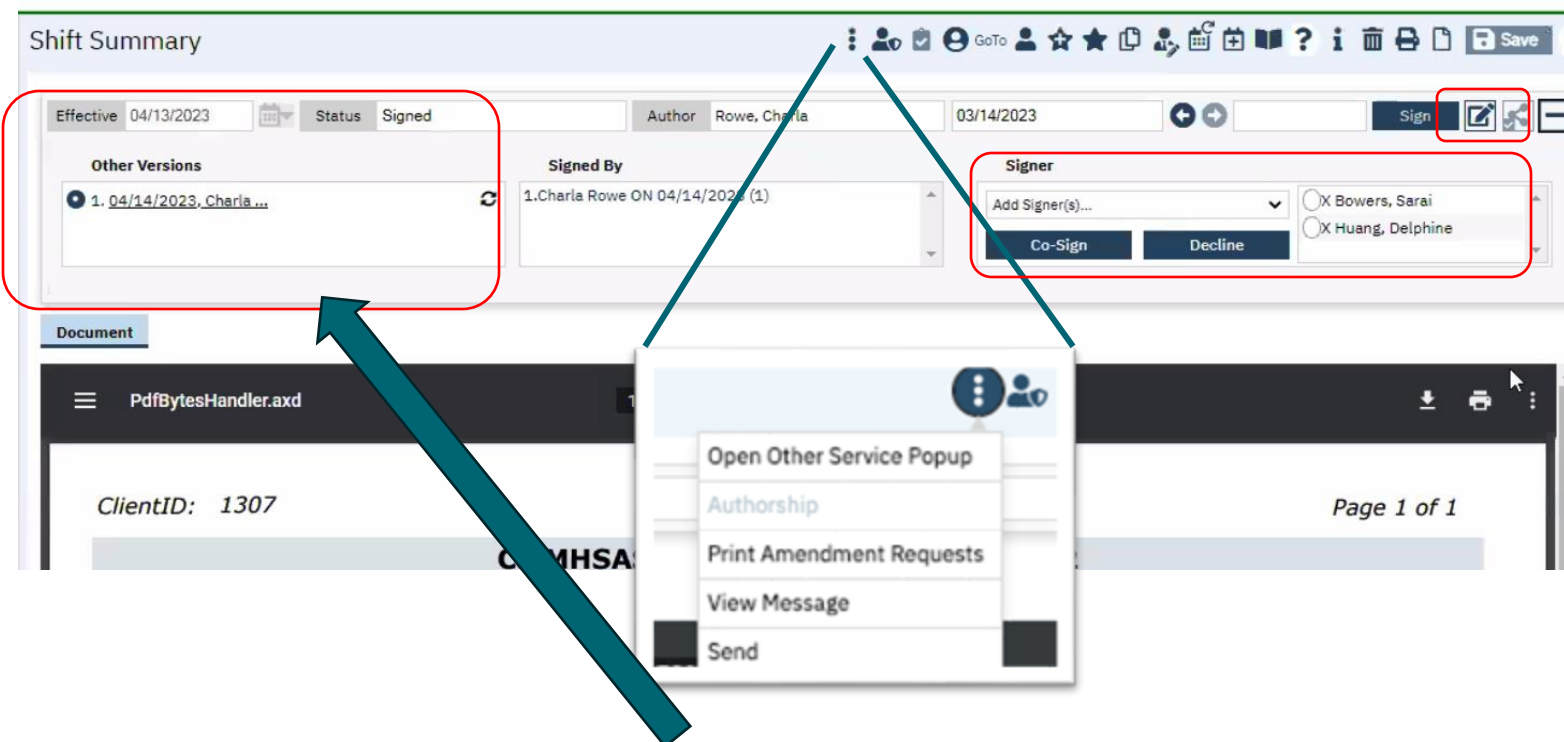
Original owner can edit the note.

To assign a co-signer

If there are edits after resident signs note, from the pdf view, can send messages with this note referenced. Any changes will be documented a "version"; however, latest version will show up in "Documents" [Client]

"Create Note" Template: Much easier to build as a short term solution

Can associate certain notes and specific types of screens to an another document

Once, we develop a non-billable note, then this could be potentially used as Attestation Note that can be added to the primary note

SIGNING COSIGN NOTES

if there are a bunch of notes, then you can batch sign
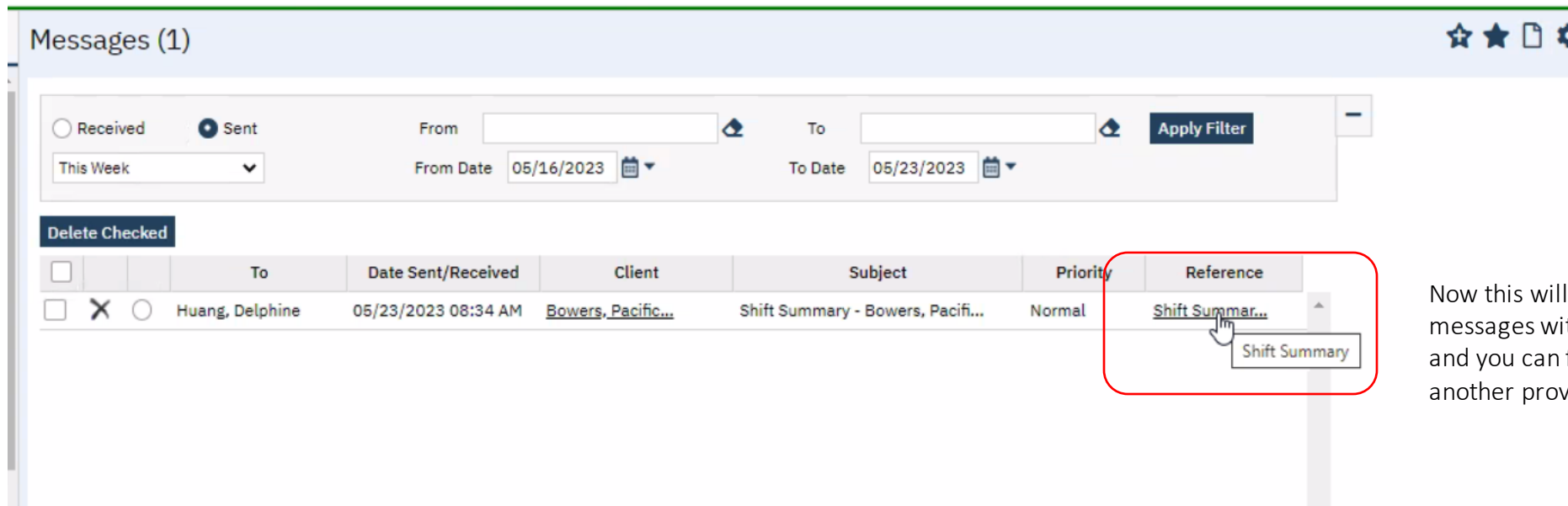
In provider dashboard you can select to co-sign

Then in documents, click on staff to sign.

ATTACHING DOCUMENTS TO MESSAGE
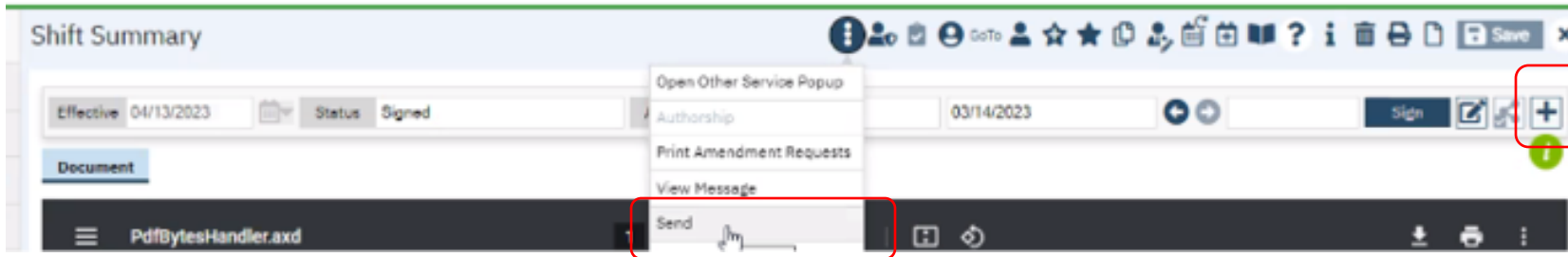
Click + for a signed document

drop down to "Send"

Now this will open up in messages with attachment, and you can forward to another provider.

DO NOT USE ~~MEDICATION RECONCILIATION~~

The current medication reconciliation will delete any Rx if it is not checked off.

This will delete any prescriptions including other prescribers.

We will be removing this screen and will develop a med reconciliation that will remove that functionality.

For now, we recommend you go to Rx, and from there you can decide whether you will remove a particular medication and/or change the existing of which you would become the new owner of that prescription.

REFILL REQUEST?

REFILL REQUEST:

If you get refill requests in your current EHR, we can redirect that when we go live.

Admin/IT will need to notify CalMHSA for set up post go-live.

SUPPLEMENT REFERENCES

Outpatient prescriber resources:

- CalMHSA Prescriber website

- 05/23/23 video: Train the Trainer: Outpatient Prescriber: recording link ; Passcode: rSW^Kpu7 . Deck was sent out post–presentation, please ask your county point person.