DOCUMENT NAME AND DATE OF DOCUMENT	Naming Convention for Description in SmartCare: (Type of Document - Name of Document- Date)	COMMENTS
DOCOMENT NAME AND DATE OF DOCOMENT	Naming convention to bescription in smartcare. (Type of botalinent - Name of botalinent - bate)	COMMENTS
Access and System of Care Document Types		
ccess Referral	Access- Mental Health Service Request Form	
etailed Authorization for Out of County Clients	Access- Detailed Auth for OOC	
lospital Appointment Letters	Access- Hospital Appointment Letters	
Inable to Contact Letters	Access- Unable to Contact Letters	
resumptive Eligibility Letters (AB 1299)	Access- PT Eligibility (AB1299)	
ervice Authorization Requests (SARs)	Access- SAR (Type of SAR)	
Ms	Assessments- 3M (Date) (Remove if this works in SmartCare)	
alWorks Assessments	Assessments- CalWorks	
linical Assessment Tools	Assessment- Clinical Assessment Tools (Name of Document)	
listorical Core Assessments	Assessment-Core Assessment (Date)	
P-CANS	Assessment- IP-CANS (Date) Used for documents prior to 7/1/23.	
ETS	Assessments- KETs (Date) (Remove if this works in SmartCare)	
evel of Intensity Screening Tool (LIST)	Assessments-LIST (Date)	
AF	Assessments- PAFs (Date) (Remove if this works in SmartCare)	
QI Assessment for STRTPs	Assessments-QI Assessment STRTP (Date)	
trengths Assessments and Personal Empowerment Plans	Assessments- SA (Date); Assessments- PEP (Date)	
acramento County ECM Comprehensive Assessment Form	Assessments- Sacramento County ECM Comprehensive Assessment Form (Date)	
pplications for SSI / Medi-Cal	Benefit Acquisition- SSI Applications/Medi-Cal	
AD SSI forms	Benefit Acquisition- MD SSI Forms	
hysician's/Medical Officer's Statement, Patient's Capacity to Manage Benefits	Benefit Acquisition- Physician's/Medical Officer's Statement, Patient's Capacity	Patient's Capacity to Manage Benefits
equested Information for SSI	Benefit Acquisition- Requested Info for SSI	
FT Action Plans	CFT Info-CFT Action Plans	
FT Minutes	CFT Info- CFT Minutes	
DMs	CFT Info- TDMs	
lient Voter form	Client Correspondence- Voter Form	
atient Notes and Letters	Client Correspondence- Pt. Notes and Letters	
ehavioral Contract	Plans- Behavioral Contract	Once signed by nations this will be scanned
lient Plan (if signature was obtained later, if Avatar was offline, etc.)	Plans- Historical Client Plan (with signature)	Once signed by patient, this will be scanned
ischarge Plans	Plans-Discharge Plans/Summaries Paperwork	
·		
risis Residential Weekly Updates  patient Program Schedule	Plans- Crisis Residential Weekly Updates Plans- Inpatient Program Schedule	
Patient Program Schedule  U Team Discharge Instructions for Minors	Plans- ISU Team Discharge Instructions for Minors	-
lental Health Wellness Plan	Plans- Mental Health Wellness Plan	
	Plans- Historical MHSA Client Housing Plan	
MSA Client Housing Plan		
afety Plans	Plans- Safety Plans	
ccess Forms, Faxes and Correspondence	Collateral Documents- Access Forms, Faxes and Correspondence	
pproval of Prescription Drug Coverage	Collateral Documents- Approval of Prescription Drug Coverage	
ssessments/Evaluations from State Hospitals	Collateral Documents- Assessments/Evaluations from State Hospitals	
WOL Report	Collateral Documents- AWOL Report	
RP Extension Requests (past 30 days)	Collateral Documents - CRP Extension Requests (past 30 days)	
roup sign off document	Collateral Documents- Group Attendence Sheet (Name of Group/Date/Time)	
eave of Absence	Collateral Documents- Leave of Absence	
OCUS' Completed by other agencies	Collateral Documents- Leave of Absence  Collateral Documents- Historical LOCUS' Completed by other agencies	
OCUS Hospital Packets at time of linkage	Collateral Documents- Historical LOCUS Hospital Packets at time of linkage	

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SCANNED DOCUMENT MANAGEMENT			
DOCUMENT NAME AND DATE OF DOCUMENT	Naming Convention for Description in SmartCare: (Type of Document - Name of Document- Date)	COMMENTS	
Progress Notes and discharge summaries from other agencies (Not Hospitals)	Collateral Documents- Progress Notes, D/C summaries from other agencies  Collateral Documents- Quarterly Report to CPS	Does not include inpatient/hospital documents	
Quarterly Report to CPS	: / !		
Service Requests/FAST Referral and collateral documents	Collateral Documents- Historical Service Requests/FAST Referral and collateral documents		
5150	Court/ Legal- 5150		
1570 Form for Commitment to State Hospital	Court/ Legal- 1570 Form for Commitment to State Hospital		
5150 Involuntary Patient Advisement	Court/ Legal- 5150 Involuntary Patient Advisement		
5250 – Notice of Additional 14-day Certification	Court/ Legal- 5250 – Notice of Additional 14-day Certification		
5250 Certification Review Hearing – Record and Decision (yellow sheet)	Court/ Legal- 5250 Certification Review Hearing – Record and Decision (yellow sheet)		
5270 Certification Review Hearing – Record and Decision (yellow sheet)	Court/ Legal- 5270 Certification Review Hearing – Record and Decision (yellow sheet)		
5270 Notice of Additional 30-day Certification	Court/ Legal-5270 Notice of Additional 30-day Certification		
Advance Medical Directive	Court/ Legal- Advance Medical Directive		
Novalite Wedical Directife	courty began statement of receive	Will be named 1570 for NSH (Napa State Hospital),	
Affidavit of Identity for U.S. Citizen or National	Court/ Legal- Affidavit of Identity for U.S. Citizen or National	PSH (Patton State Hospital), etc.	
Clinician's Affidavit for Suicidal Patient	Court/ Legal- Amadati of Identity for 0.5. Citizen of National  Court/ Legal- Clinician's Affidavit for Suicidal Patient	F3H (Fatton State Hospital), etc.	
Cililidan's Amuavic for Suicidal Patient	Courty Legal- Clinician's Annuavit for Succidal Patient		
Conservatorship papers in chronological order (TCON Referral from MHTC) (TCON Granted from court)	Court/ Legal- Conservatorship papers (MHTC) (TCON Granted from court)	In chronological order. TCON Referral from MHTC.	
Court Document Appointing guardianship of a minor	Court/ Legal- Court Document Appointing guardianship of a minor		
Court Orders	Court/Legal-Court Order		
Court-Related Documention that is attached to a Service Request	Court/Legal-Court Related Document (Name of Document)		
Family Court Documents (Custody, Visitation, Etc.)	Court/ Legal- Family Court Documents (Custody, Visitation, Etc.)		
Guardianship Documents	Court/ Legal- Guardianship Documents		
Mental Health Court Documents	Court/ Legal- Mental Health Court Documents		
Mental Health Facilities Report of Firearms Prohibition – DOJ form	Court/ Legal- Mental Health Facilities Report of Firearms Prohibition – DOJ form		
Notice of Adverse Benefit Determination (NOABD)	Court/ Legal- NOABD (Type) Date		
Notice of Certification Hearing (to Patient - 5250,5270,etc.)	Court/ Legal- Notice of Certification Hearing (to Patient - 5250,5270,etc.)		
Notice of Intent to Request Conservatorship (NOI)	Court/ Legal- Notice of Intent to Request Conservatorship (NOI)		
Order for Post certification Treatment of Imminently Dangerous Person - Hearing Results	Court/ Legal- Notice of Interface resistance and Imminently Dangerous Person - Results		
Patient Notification of Firearms Prohibition and Right to Hearing	Court/ Legal- Order for Post Certification Freatment of imministry bangerous Person - Nesures  Court/ Legal- Patient Notification of Firearms Prohibition and Right to Hearing		
Petition for Post certification Treatment of a Dangerous Person	Court/ Legal- Petition for Post certification Treatment of a Dangerous Person		
Physician's Affidavit for a Dangerous Patient	Court/ Legal- President of Post certification freedings to a Dangerous Person  Court/ Legal- Physician's Affidavit for a Dangerous Patient		
Physician's Affidavit for Suicidal Patient	Court/ Legal- Physician's Affidavit for Suicidal Patient		
Proof of Service -Physician's Affidavit for a Dangerous Patient	Court/ Legal- Priysician's Affidavit for a Dangerous Patient		
Request For Hearing For Relief From Firearms Prohibition	Court/ Legal-Request For Hearing For Relief From Firearms Prohibition		
Subpoenas Tarasoff	Court/ Legal- Subpoenas Court/ Legal-Tarasoff		
Voluntary Consent for Treatment/List of Patients Rights	Court/ Legal- Voluntary Consent for Treatment/List of Patients Rights		
1370 (Restoration of Competency-Misdemeanor)	Court/Legal Sensitive- 1370 (Restoration of Competency-Misdemeanor)		
Commitment Order for 1370	Court/Legal Sensitive- Commitment Order for 1370		
Conservator Request for transport form	Court/Legal Sensitive- Conservator Request for transport form		
CPS Reports (Juris, Dispo, Status Review, Etc.)	Court/Legal Sensitive- CPS Reports (Juris, Dispo, Status Review, Etc.)		
ECT	Court/Legal Sensitive- ECT		
Health and Education Passport (HEP)	Court/Legal Sensitive- Health and Education Passport (HEP)		
Law Enforement Reports (patient or staff files report on another patient) Do not put names of both in one chart!!!Use white out!	Court/Legal Sensitive- Treatin and Education rassport (TEF)  Court/Legal Sensitive- Law Enforcement Reports (Patient/staff report on another patient)		
M.D. Letter to Court re: 1370s	Court/Legal Sensitive- Law Enforcement Reports (Fatienty staff report of another patient)		
Public Guardian's Letter of High Risk to Provider	Court/Legal Sensitive - Public Guardian's Letter of High Risk to Provider		
Riese - (Medical Capacity Hearing)	Court/Legal Sensitive- Public Guardian's Letter of Figure 1888 to Provider  Court/Legal Sensitive- Riese - (Medical Capacity Hearing)		
Sex Offender Address Update (to Sheriff or other LE)	Court/Legal Sensitive- Riese - (Wedical Capacity Realing)  Court/Legal Sensitive- Sex Offender Address Update (to Sheriff or other LE)		
See offender readings operate (to sherin or other EL)	County to purious acts of the international position of other training of the	ISU intake gets copy from Facility Liaison. ISU can	
Superior Court -Index Search System Results	Court/Legal Sensitive- Superior Court -Index Search System Results	scan upon admit of 1370.	
Writs	Court/Legal Sensitive- Superior Court - Index Search System Results  Court/Legal Sensitive- Writs	scan upon aunin or 1370.	
***************************************	court regulationalities with		

DOCUMENT NAME AND DATE OF DOCUMENT	Naming Convention for Description in SmartCare: (Type of Document - Name of Document- Date)	COMMENTS
04 Plans	Education/Employment- 504 Plans	
vatar Vocational Assessment	Education/Employment- Vocational Assessment	
Phavior Support Plans	Education/Employment- Behavior Support Plans	
OR Psychiatric Summary (signed by a licensed staff)	Education/Employment- DOR Psychiatric Summary (signed by a licensed staff)	
OR/Crossroads Papers	Education/Employment- DOR/Crossroads Papers	
C Prescription Referral Form	Education/Employment- EC Prescription Referral Form	
Release of Information	Education/Employment- EC Release of Information	
P (Individualized Education Plan)	Education/Employment- IEP (Individualized Education Plan)	
chool Records (Report Cards, etc.)	Education/Employment- School Records (Report Cards, etc.)	
STS	Education/Employment-SSTs	
greement to Pay (ATP) – white copy (Historical Document Replaced with FIF in 2016)	Financial Eligibility- Agreement to Pay (ATP) (Historical Document Replaced with FIF in 2016)	
orrespondence from Social Security (i.e. change of payor/payee)	Financial Eligibility- Correspondence from Social Security (i.e. change of payor/payee)	
surance Face sheet	Financial Eligibility- Insurance Face sheet	
ledical Screen from the Meds System	Financial Eligibility- Medical Screen from the Meds System	
A Contact Sheet	Financial Eligibility- VA Contact Sheet	
dvanced Beneficiary Notice (ABN)	Financial Eligibility- Advanced Beneficiary Notice (ABN)	
MDAP	Financials- UMDAP	
nancial Information Form (FIF)	Financials- Financial Information Form (FIF)	
lynnylladgament of Dancist	UDAA Askanyladramant of Pagaint	
knowledgement of Receipt	HIPAA Accounting Of Disclosures	
counting Of Disclosures	HIPAA Accounting Of Disclosures	
lient Request for Access to Health Record and M.D. Approval form	HIPAA- Client Request for Access to Health Record and M.D. Approval form	
otice of Privacy Practices	HIPAA - Notice of Privacy Paticies	
rivacy Policies by Year equest to Amend Records and Approved or Denied Response Forms	HIPAA- Privacy Policies by Year HIPAA- Request to Amend Records and Approved or Denied Response Forms	
equest to Amena Records and Approved or Demed Response Forms	niraa- kequest to amend kecords and approved or befried kesponse rorms	
		Please label the Clinical Introductory Note and t
Il Historical Documents Prior to Avatar	Historical Chart Documents- Historical Documents prior to SmartCare	Initial Psychiatric Assessment
lient Merge Notification	Historical Chart Documents- Client Merge Notification (Avatar)	
nronic Homelessness Verification Form	Homeless Doc-Chronic Homeless Verification Form (Date)	
isability Certification	Homeless Doc-Disability Certification (Date)	
roof of Income (No Income, Public Assistance, SSI Award Letter, Employment)	Homeless Doc-Proof of Income Paperwork (Date)	
ent Assistance Calculator	Homeless Doc- Rent Assistance Calculator (Date)	
ervice Animal/Companion Animal Certification	Homeless Doc-Service Animal Document (Date)	
nird Party Homeless Verification	Homeless Doc-3rd Party Homeless Verficiation (Date)	
ospital Discharge Paperwork (including Psychiatric hospitals)	Hosptial Discharge Paperwork (Date)	
lentification card	ID/Insurance Cards-ID Card (Date)	
nsurance Card (e.g., Medi-Cal, Medi-Care, Insurance card photocopies)	ID/Insurance Cards-Insurance Card and photocopies (Date)	
liscellaneous card (i.e., UCDMC card)	ID/Insurance Cards-(Name of Card) (Date)	
Italian Daniela Daniela	Installation Comment of the Markins Department (Date)	
ledical Records Requests	Incoming Correspondence-Medical Requests Request (Date)	
oncurrent Review Documents	Inpatient- Concurrent Review Docs	
patient UR Tool		
patient uk 1001 AR	Inpatient- UR Tool Inpatient-TAR	
W1	inpatient-ran	
mbulance packet	Intake Paperwork-Ambulance packet (Date)	
J Nurse to Nurse Patient Final Arrival Screening	Intake Paperwork-Ambulance packet (Date)  Intake Paperwork-ISU Nurse Arrival Packet/Screening (Date)	
A INDISE TO INDISE FAUELL FILID ALLIVAL SCIENTING	initake rapei work-iso inuise Arrivai racket/screening (Date)	

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DOCUMENT NAME AND DATE OF DOCUMENT	Naming Convention for Description in SmartCare: (Type of Document - Name of Document- Date)	COMMENTS
Reception Patient Worksheet	Intake Paperwork-Reception Patient Worksheet (Date)	
Referral Packets - clients accepted	Intake Paperwork-Referral Packets (Date)	ISU: Should be included in Intake packet
TFC Referral Form & Screening Tool	Intake Paperwork-TFC Referrel & Screening Tool Document (Date)	TFC Referral Form & Screening Tool into TFC Episode
VA contact sheet	Intake Paperwork-VA Contact Sheet (Date)	(Admitted MHTC, Crestwood Intake Scans)
EKG Results	Labs-EKG Results (Date)	
Laboratory Results	Lab Results (Date)	
PPD Results letter	Labs-PPD Results (Date)	
Pregnancy Tests	Labs-Pregancy Test Results (Date)	
TB test results	Labs-TB Test Results (Date)	
X-Ray Results	Labs-X-Ray Results (Date)	
A nuly nesults	Laus A Ray Results (Bute)	
CURES	Medication Consent-Cures	
Informed Consent for Treatment with Psychotropic Drugs	Medication Consent-Informed Consent-Psychotropic Drugs (Date)	
JV220 Documents	Medication Consent-JV220 Documents (Date)	
Client Prescription Refill Request	Medication Service Note-Prescripion Refill (Date)	
Medical Practitioner (MD, PA, etc) notes	Medication Service NoteMedical Notes	
Prescriptions	Medication Service NotePerscriptions (Date)	
Psychiatric Referrals	Medication Service Note-Psychatiric Referrals (Date)	
1 Systematic Helefitals	inculation of the Toyana in Note that Dates	
Client Merge Notification	MHTC Alert-Client Merge Noticiation	MHTC Only
Missing Persons Form	MHTC AlertMissing Persons Form (Date)	MHTC Only
Provider Behavioral Plans/ISU MD Letter to ERs	MHTC Alert-Provider Behavioral Plans & ISU MD Letter (Date)	MHTC Only
Red Alert Sheets	MHTC Alert-Red Alert Sheets	MHTC Only
Tarasoff Forms	MHTC Alert-Tarasoff Documents (Date)	MHTC Only
Termination of Conservatorship (if client is not inpatient at the time)	MHTC Alert-Termination of Conservatorship (Date)	MHTC Only
Interview Summary from Crisis Residential	MHTC CR-Interview Summary of Crisis Residential (Date)	
,		
Denial of Rights Documentation Record- 15 min. Pink sheet	MHTC Denial-Deniel Rights Packet (Date)	MHTC - (pink sheet)
Seclusion or Restraint Patient Debriefing	MHTC Denial-Seclusion or Restraint Patient Debriefing (Date)	
MHTC Accounting of Disclosures	MHTC HIPAA-MHTC Accounting of Disclosures (Date)	MHTC Only
With the recounting of the recounts	International Control of Proceedings of Proceedings (Parce)	WITTE GIIIY
		Title type of MAR separately (TX,PRN/Standing) and
MARs (Treatment/Standing and PRN)	MHTC-MARS (Date)	put date range
		Scan all MD orders as one document and title with
All Physician Orders	MHTC-Physican Orders (Date)	date range
All Hysician Orders	intre i nystesi orders (oste)	uate range
Law Enforcement / MCST FAST Form	MHTC-Law Enforcement/MCST FAST Form (Date)	
MHTC Referral Packets - clients NOT accepted	MHTC-Referral Packets (Date)	
		15 2011
AUTC Colors	AUTO Subanana	If no ROI be sure to record release of records to
MHTC Subpoenas	MHTC-Subpoenas	County Council on Accounting of Disclosures
Consent for HIV Testing	Non-Medication Consent-Consent for HIV Testing (Date)	
Consent to Photograph	Non-Medication Consent-Consent to Photography (Date)	
Consent to treat (MERT)	Non-Medication Consent-Consent to Treat (MERT) (Date)	
Consent to Treat (Other)	Non-Medication Consent-Consent to Treat (other) (Date)	
Individual Consent	Non-Medication Consent-Individual Consent (Date)	
Informed Consent to Treat	Non-Medication Consent-Informed Consent to Treatment (Date)	

DOCUMENT NAME AND DATE OF DOCUMENT	SCANNED DOCUMENT MANAGEMENT  Naming Convention for Description in SmartCare: (Type of Document - Name of Document- Date)	COMMENTS	
JCE 366	Non-Medication Consent-JCE 366 (Date)		
Minor Consent Form	Non-Medication Consent-Minor Consent (Date)		
Telehealth Consent	Non-Medication Consent-Telehalth Consent (Date)		
Telepsychiatry Consent	Non-Medication Consent-Telepsychiatry Consent (Date)		
Therapy Consent	Non-Medication Consent-Therapy Consent (Date)		
		AUTO	
Billing/Response letters to billers	Outgoing Correspondence-Billing/Response Letters (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)	Outgoing Correspondence-Letter from MHTC MD (Date)		
Med lists sent to PCP or another provider	Outgoing Correspondence-Med lists sent to PCP (Date)		
Property Reports / signed	Patient Property-Property Reports		
Property Request Forms	Patient Property-Property Requests		
		Providers with their own EHR will upload documentation supporting medical necessity for children/youth presumptively transferred to Sacramento	
Client Plans	Providers with their own EHR-Client Plans (Date)		
Core Assessments	Providers with their own EHR-Core Assessment (Date)		
Initial Psychiatric Assessments	Providers with their own EHR-Initial Psychiatric Assessments (Date)		
Medication Service Plans	Providers with their own EHR-Medication Service Plans (Date)		
TBS Adjunct Client Plan	Providers with their own EHR-TBS Adjunct Client Plan (Date)		
Intensive Services Referral (LOCUS)	Referrals for Other Services-Intensive Services (LOCUS)		
MHTC Medical Consultation Request and documentation back from ED or outpatient appointment	Referrals for Other Services-MHTC Medical Consultation Request (Date)	Stamp individual RX as scanned and place in hard chart on unit	
RX from other agencies (i.e. RX from Med Clearance)	Referrals for Other Services-Rx-other agencies (Date)		
DHCS Transition of Care Tool	Referrals for Other Services-Transition of Care Tool (Date)		
Access Team or SOC ROI	ROI-Access Team/SOC (Date)		
Any ROL	ROI-Name of ROI Entity (Date)		
Family Notification	ROI-Family Notification (Date)		
MDT ROI	ROI-MDT		
ICU Debicut T. Is any larie and Unable Overtions in	Conserve COU Deticat Tabana desir and Unath Countings in (Data)		
ISU Patient Tuberculosis and Heath Questionnaire	Screening-ISU Patient Tuberculosis and Heath Questionnaire (Date)		
Sleep Log	Sleep Log		
System of Care Authorization	SOC- Authorization for Services		
SOC Referral	SOC- SUPT Service Request Form		
CIWA (Alcohol Assessment by M.D.)	SUPT -CIWA/COWS (Date)		
Medical clearance or Physician letters	SUPT- Physicals from MDs		
	Tourisation / Frida De comments Discharged		
Photographs (i.e. injuries, etc.)	Termination/Exit Documents-Photographs		
Psychiatric Tests	Testing/Evaluation-Psychiatric Test (Date)		
Psychological Assessment Summary	Testing/Evaluation-Psychological Assessment Summary (Date)		
Psychological Tests	Testing/Evaluation-Psychological Test (Date)		