



SmartCareMCO Enrollment Event Best Practices

This document is intended to assist provider staff users in employing best practice methods when completing Enrollment Form Events in SmartCareMCO. Please keep in mind that areas described within this document may only be accessible to those assigned the Provider Enrollment role.

1. Social Security Numbers (SSN) are required.

- It is required to collect this information from any client receiving services. Only when presented with one of the following scenarios may the value, "999-99-9999" be entered as a client's SSN:
 - Client is in severe crisis during enrollment and cannot report this information. (The client's SSN should still be collected from the client as soon as possible once the client is no longer in crisis.)
 - Client belongs to a recognized special population, such as Amish/Mennonite, and does not have an SSN.
 - Some Boards may allow the value, "999-99-9999" be entered as a client's SSN in pre-arranged situations, such as when enrolling certain school-based clients. This must be arranged with PartnerSolutions and the participating Board in advance.

2. "X" or close a client's Enrollment Event after EACH Event.

- Think of the "X" button as a "Send" button. It is essential to close each Enrollment Event before beginning a new one or before logging out of the system. This ensures that Admin/Board enrollment staff can sign the document. If this step is skipped, Admin/Board enrollment staff must forcibly take over authorship of the document, which affects workflow and will delay the completion of your submitted enrollments.



The "X" button is located in the top, right-hand corner under your name.

3. Effective Date VS Requested Date

- *Effective Date* is the date which a client began receiving services at your agency payable in SmartCareMCO. In other words, this is the date which you can begin billing for a client in the system.

This is where the Effective Date must be entered. Enter the date which the client was enrolled with your agency. This field affects billing. It is recommended to enter "12:00AM" as the Time, but this value does not affect billing.

- *Requested Date* is the date which an enrollment was created/requested. This date does not affect billing.

This is where you may enter the Requested Date which the enrollment was created. This field is not required.

- Occasionally, staff may confuse these dates. If the date entered within the Effective Date field is incorrect, this can affect billing.

4. Properly capitalize the client's name.

- Ensure that a client's First Name and Last Name are not only spelled correctly, but that the proper capitalization is used. A client's name should not be listed in all lowercase or ALL CAPS. (We do recognize that when clients were originally migrated from MACSIS or are migrated from other systems, such as GOSH, names are oftentimes capitalized. We correct these errors when encountered.)

- The following name examples are **INCORRECTLY** capitalized:

*First Name <input type="text" value="david"/>	Middle Name <input type="text"/>	*Last Name <input type="text" value="smith"/>
*First Name <input type="text" value="DAVID"/>	Middle Name <input type="text"/>	*Last Name <input type="text" value="SMITH"/>

- The following name example is **CORRECTLY** capitalized:

*First Name <input type="text" value="David"/>	Middle Name <input type="text"/>	*Last Name <input type="text" value="Smith"/>
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- **Please Note:** Only PartnerSolutions staff can correct a client’s name within SmartCareMCO. It is recommended to open a ticket via the PartnerSolutions Helpdesk Ticket System if a client’s name needs updated in the system (i.e., misspelling, marriage, divorce, legal name change, etc.).

5. Utilize the Suffix dropdown rather than entering a client’s suffix within the Last Name field.

- A client’s suffix (i.e., Jr., Sr., II, III, etc.) should be entered using the Suffix dropdown in the system. This is important, especially in cases where a client may be receiving services with another participating PartnerSolutions provider agency and needs to be enrolled in SmartCareMCO with that additional agency. When initially searching for a client in the system, the client’s First Name, Last Name, Date of Birth (DOB), and Social Security Number (SSN) must match an existing client exactly. Improperly entering a client’s suffix may make it difficult for another agency to match clients in SmartCareMCO when enrolling, which can lead to duplicate clients being created in the system.

- The following suffix example is **INCORRECTLY** entered:

*First Name Middle Name *Last Name Suffix

- The following suffix example is **CORRECTLY** entered:

*First Name Middle Name *Last Name Suffix

6. Properly capitalize the client’s address.

- A client’s address (Address 1, Address 2, and City) must be entered in the system with proper capitalization. A client’s address should not be listed in all lowercase or ALL CAPS.

- The following address examples are **INCORRECTLY** capitalized:

Residency and Contact Information

*Address 1 Address 2
 *City *State *ZIP *County of Residence

Residency and Contact Information

*Address 1 Address 2
 *City *State *ZIP *County of Residence

- The following address example is **CORRECTLY** capitalized:

Residency and Contact Information

*Address 1 Address 2
 *City *State *ZIP *County of Residence

7. Ensure the appropriate street type is included and entered in entirety within the client’s address.

- When entering a client’s street address, ensure that the street type (i.e., Avenue, Boulevard, Circle, Street, Road, etc.) is included and entered in entirety. Do not abbreviate the client’s street type.
- The following street address example is **INCORRECTLY** entered:

*Address 1

- The following street address example is **CORRECTLY** entered:

*Address 1

8. If the client has an Apartment, Building, Lot, Suite, etc., this value should be entered within Address 2 rather than Address 1.

- The Address 1 field is designated for the client’s physical street address, while the Address 2 field is designated for secondary address information, such as an Apartment Number. The Address 2 type may be abbreviated (i.e., Apt, Bldg, Ste, etc.)
- The following street address example is **INCORRECTLY** entered:

*Address 1 Address 2

- The following street address example is **CORRECTLY** entered:

*Address 1 Address 2

9. Ensure the client’s address is in your county.

- A client must be a resident of your county to receive Board funding. Out-of-county residents will require additional information as well as Board approval. Boards typically approve out-of-county clients sparingly and in rare cases, such as jail or crisis clients.
- Each Board has specific rules in place for these scenarios. Contact your Board directly if you have any questions regarding serving an out-of-county client.
- If you are unsure if a client’s address resides within your county, this USPS Lookup Tool can help: <https://tools.usps.com/zip-code-lookup.htm?byaddress>.

10. Ensure that the Verifications questions are answered appropriately.

- Verification questions ensure that your agency is providing the appropriate information to clients receiving services and that all other Federal and State guidelines are being followed by your agency. If you are unable to answer required questions as designated, the client cannot be enrolled in the system and will not receive funding.
- Verification questions must be answered as follows:
 - Question 1 – (Only **YES** is accepted)
 - Question 2 – (Only **YES** is accepted)
 - Question 3 – (Only **YES** or **No** is accepted; N/A is not accepted)
 - Question 4 – Any answer is accepted
 - Question 5 – Any answer is accepted
 - Question 6 – Any answer is accepted
 - Question 7 – Any answer is accepted

Client	Verifications	Attachments	
Verifications			
Form	Forms Given to Client or Guardian		
*Disclosure of enrollment?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
*All applicable authorizations for billing as required by Federal and State laws have been received?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
*In crisis at enrollment?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
Client is potentially SPMI/SED	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
Residency verification form signed?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
Proof of household income?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
Proof of identity?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable

- Please Note: If the client is in severe crisis at the time of enrollment, Question 1 and Question 2 can be answered “No,” but Question 3 must be answered “Yes” signifying that the client was in crisis at the time of enrollment. It is understood that this information will be updated once the client is no longer in crisis if services continue.