

BEHAVIORAL HEALTH OS

See how the work connects.

A visual product guide to 48 implemented workflows, four connected journeys and the work around care.

■ Built and demonstrated using synthetic data

First contact

Inquiry, identity, coverage



Visits & admission

Readiness, placement, consent



Care support

Clinical work for human review



Revenue & continuity

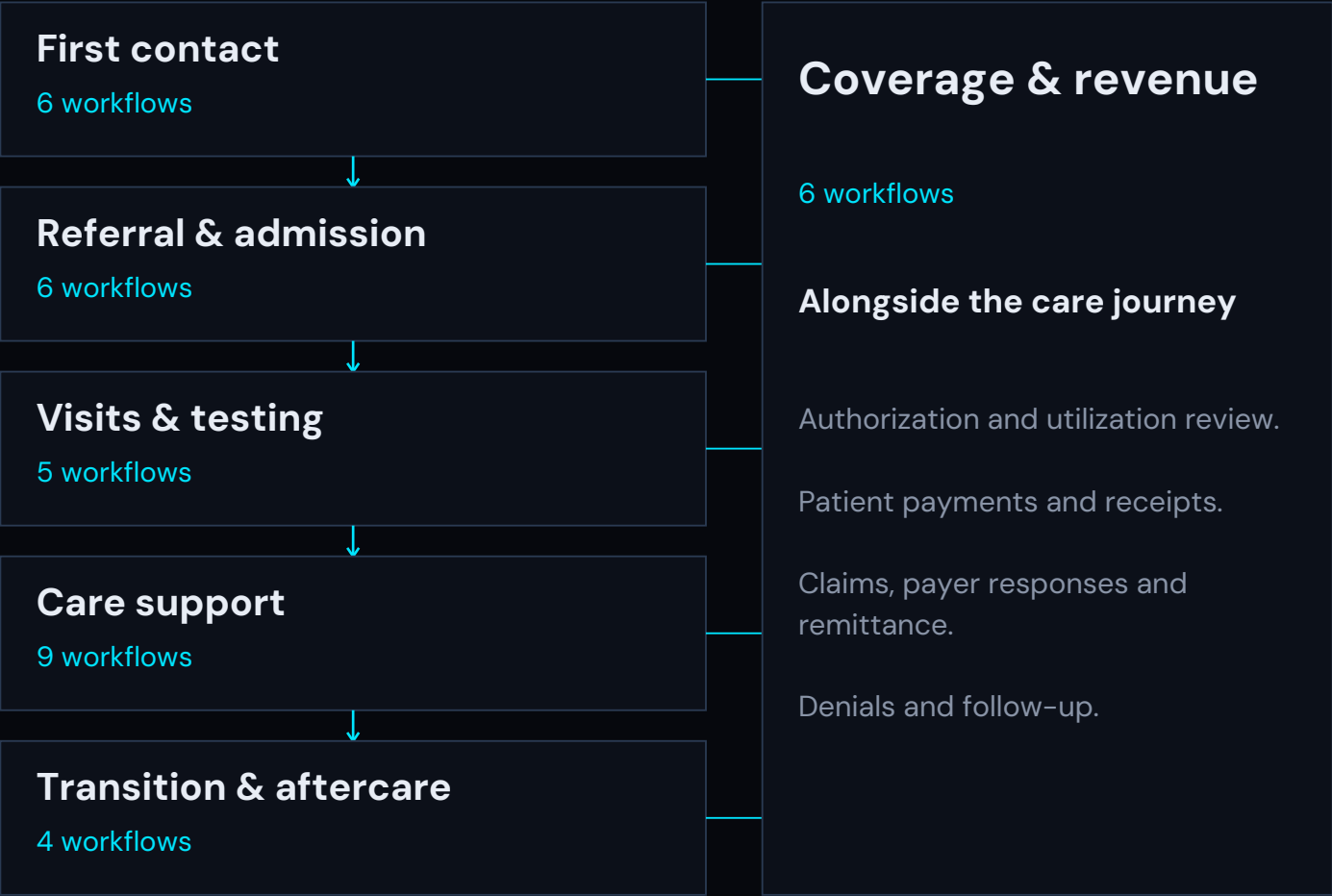
Reconciliation and aftercare

Practice integrations, professional review and operator acceptance are still open. This guide describes the built coordination layer, not a live practice deployment.

Read the journeys on pages 3–6, the complete workflow reference on pages 7–24, and the foundation and rollout on pages 25–26.

THE WHOLE PRACTICE, CONNECTED

The EHR and other practice systems remain the source of native records. Behavioral Health OS coordinates the next task, decision and evidence between them.



Across every stage

People & oversight Keep workforce evidence, reporting and operating priorities current.	4 workflows
Safety & privacy Route urgent concerns to humans and check current disclosure permission.	5 workflows
Communication Prepare approved messages, document delivery and public content.	3 workflows

Follow the stages relevant to the practice. Referral/admission and facility capabilities apply only to confirmed services. Coverage and revenue coordinate work across the care journey.

OUTPATIENT CARE

From first inquiry to a reviewed visit, payment and follow-up.

■ Connected synthetic demonstration

1

Inquiry received

The practice gets a traceable inquiry and routes it using published service information.

2

Coverage & intake

Staff verifies insurance and the required form packet.

3

Visit prepared

The appointment is confirmed and telehealth prerequisites are reviewed where relevant.

4

Clinical work reviewed

The clinician owns the note, plan, lab and medication decisions.

5

Payment & follow-up

Approved billing, missed-visit recovery and handoffs stay linked to their evidence.

6

Day-end reconciliation

Leaders receive source-dated operating results and unresolved work.

People own the decision

Clinician signature and decisions remain with licensed staff. Payer and patient-money actions remain with authorized staff.

Separate path: paid QbCheck testing

Verified payment creates one fulfillment task. Actual assignment and completion receipts lead to clinician review. This path does not require an appointment.

REFERRAL THROUGH AFTERCARE

A treatment-center demonstration connecting admission, care, revenue and continuity.

■ Connected synthetic demonstration



People own the decision

This is a synthetic facility example. A practice receives only the programs and services it confirms; the map does not assert a client operates a treatment center.

CONSENT CHANGES & DISCLOSURE

Current permission follows the work, including items that were already waiting to send.

■ Connected synthetic demonstration

- 1 Permission changes**
Record the new, narrowed, revoked or expired authorization.
- 2 Pending work rechecked**
Recheck the current recipient, purpose and permission before disclosure.
- 3 Restricted delivery held**
Stop a document or supporter update that no longer has permission.
- 4 History preserved**
Keep prior delivery records; route downstream and unknown–outcome work to the privacy owner.
- 5 Exception reviewed**
Privacy staff owns protected–note, legal and emergency exceptions.

People own the decision

Withdrawal changes future disclosure decisions. It does not erase delivery history or automatically make a legal exception.

CRISIS SIGNAL & FAILED TRANSFER

An urgent signal interrupts routine handling and stays owned until a trained human acknowledges it.

■ Connected synthetic demonstration

1

Signal detected

A routine call contains a possible safety concern.

2

Routine work stops

Create a critical event and use the approved human routing policy.

3

Transfer attempted

Record the approved transfer attempt and actual result.

4

Failure escalated

A failed voice path creates an owned critical exception and separate approved staff alert.

5

Human acknowledges

A trained responder acknowledges responsibility; the original attempt and timing remain visible.

People own the decision

The system routes and records the concern. A trained human determines the response; a mock transfer does not prove real delivery or rescue.

FIRST CONTACT

Capture the inquiry, resolve identity and prepare the right next step.

Workflow reference | 1-3 of 6 in this area

01 Capture an inquiry

Starts with

A call, form, email, text, referral or staff entry arrives.

→ System handles

Create or link the inquiry using its source and identity evidence.

→ Visible outcome

One traceable inquiry and the correct next task.

Staff decides: Staff resolves uncertain matches and shared contact details.

If held: An uncertain duplicate stays open instead of merging two people.

03 Route to a service

Starts with

Someone asks about a service, location or program.

→ System handles

Match published availability and routing rules to the appropriate staff queue.

→ Visible outcome

A routed inquiry with the information used to route it.

Staff decides: Clinicians or admissions staff decide clinical fit and level of care.

If held: Unknown or unavailable services return to staff without promising acceptance.

04 Explain accepted plans

Starts with

Someone asks whether the practice accepts a payer or plan.

→ System handles

Use the dated, approved plan list and qualified wording.

→ Visible outcome

A source-backed response and a next step for verification.

Staff decides: Staff owns the plan list; coverage and benefits still need verification.

If held: An old list or ambiguous payer name is held for clarification.

FIRST CONTACT

Capture the inquiry, resolve identity and prepare the right next step.

Workflow reference | 4–6 of 6 in this area

05 Prepare coverage verification

Starts with

Authorized insurance information is received.

→ System handles

Collect the necessary coverage details and create verification work.

→ Visible outcome

A verification task linked to the correct person and source.

Staff decides: Staff verifies identity and whether the information is complete.

If held: Missing authorization, invalid details or unsafe attachments stop processing.

06 Review eligibility & benefits

Starts with

An authorized coverage check is requested.

→ System handles

Normalize the returned benefits and route them for staff review.

→ Visible outcome

A dated benefit result with review work and unresolved questions.

Staff decides: Staff interprets exclusions, carve-outs, authorization and patient estimates.

If held: Timeouts, inactive coverage and ambiguous benefits remain visible.

07 Recover a missed connection

Starts with

A transfer fails, a caller leaves or a callback is needed.

→ System handles

Track the original contact and create the permitted transfer or callback work.

→ Visible outcome

One owned follow-up obligation with its original context.

Staff decides: Staff approves outreach under current consent and contact rules.

If held: Quiet hours, opt-outs and unknown delivery prevent duplicate outreach.

REFERRAL & ADMISSION

Bring referral evidence, capacity and human decisions together.

Workflow reference | 1-3 of 6 in this area

08 Track referral relationships

Starts with

A referral source or new referring organization appears.

→ System handles

Link the organization, relationship owner and referral source evidence.

→ Visible outcome

A referral trail connected to the relationship pipeline.

Staff decides: Staff approves relationship ownership and external follow-up.

If held: Duplicate organizations or conflicting ownership require resolution.

09 Collect admission records

Starts with

A referral needs medical records before review.

→ System handles

Track authorized requests, receipt and missing documents.

→ Visible outcome

A record-completeness queue ready for the reviewer.

Staff decides: Clinical or admissions staff decides whether the records are adequate.

If held: Wrong-person records, missing release or corrupted files stay held.

10 Prepare an admission decision

Starts with

The required pre-admission information is ready.

→ System handles

Assemble the case and route it to clinical and admissions review.

→ Visible outcome

A recorded human decision with its supporting evidence.

Staff decides: People decide acceptance, exclusion, necessity and level of care.

If held: Missing facts or high-acuity concerns return to the responsible reviewer.

REFERRAL & ADMISSION

Bring referral evidence, capacity and human decisions together.

Workflow reference | 4–6 of 6 in this area

11 Coordinate placement & waitlist

Starts with

A candidate has been accepted by the admissions team.

→ System handles

Match current program capacity and track a placement or waitlist obligation.

→ Visible outcome

A staff-confirmed placement or an owned waitlist task.

Staff decides: Staff confirms the bed, program and placement exceptions.

If held: Stale capacity or competing reservations cannot silently overbook.

12 Complete admission & consent

Starts with

A human-approved admission is ready to proceed.

→ System handles

Track notices, signatures, consent, releases and episode enrollment.

→ Visible outcome

A documented enrollment with required evidence and open items.

Staff decides: Staff verifies identity, consent, signing authority and capacity.

If held: Withdrawn consent, missing guardian authority or duplicate episodes stop completion.

28 Coordinate a program transfer

Starts with

Clinical and admissions staff approves a transition.

→ System handles

Track the new episode/program mapping and continuity obligations.

→ Visible outcome

A documented transition with care and capacity handoffs.

Staff decides: The clinical and admissions team approves the transition.

If held: Stale beds, duplicate charts or incomplete consent and medication handoffs stay open.

VISITS & TESTING

Coordinate appointments, readiness, follow-through and paid testing.

Workflow reference | 1-3 of 5 in this area

13 Coordinate appointments

Starts with

A service is requested or ordered.

→ System handles

Hold and confirm available appointment time and permitted reminders.

→ Visible outcome

A confirmed appointment linked to the appropriate resource.

Staff decides: Staff resolves clinical and resource conflicts.

If held: Time-zone changes, competing bookings or cancellations require reconciliation.

14 Follow up on intake forms

Starts with

An appointment or admission needs its form packet.

→ System handles

Track the correct packet, portal invitation, completion and permitted reminders.

→ Visible outcome

A completed packet or an owned overdue/incomplete task.

Staff decides: Staff reviews incomplete or concerning answers.

If held: The wrong packet, revoked consent or missed deadline prevents silent completion.

15 Recover a no-show

Starts with

A cancellation or no-show status is received.

→ System handles

Create permitted follow-up and rebooking work using the current visit status.

→ Visible outcome

A recovery task with the original visit and status history.

Staff decides: Staff handles repeated absences, fees and clinical concerns.

If held: Corrected visit status or contact restrictions stops inappropriate outreach.

VISITS & TESTING

Coordinate appointments, readiness, follow-through and paid testing.

Workflow reference | 4-5 of 5 in this area

16 Prepare for telehealth

Starts with

A telehealth appointment is approaching.

→ System handles

Check readiness tasks for consent, identity, technology, location and provider eligibility.

→ Visible outcome

A readiness checklist with any unresolved prerequisite.

Staff decides: The clinician or practice decides whether the visit can proceed.

If held: Missing emergency location, failed identity or state mismatch stays open.

45 Fulfill a paid QbCheck order

Starts with

A verified QbCheck-only payment event arrives.

→ System handles

Create one fulfillment obligation, reconcile assignment and completion receipts.

→ Visible outcome

A paid-order trail through assignment, completion and clinical review.

Staff decides: Staff resolves payment/identity issues; clinicians own instructions and interpretation.

If held: Unknown assignment, duplicate payment or mismatched receipts stay owned.

CARE SUPPORT

Prepare clinical work and track completeness for licensed staff.

Workflow reference | 1-3 of 9 in this area

17 Prepare a session-note draft

Starts with

Approved source material from a session is available.

→ System handles

Organize a draft and identify documentation gaps from that source.

→ Visible outcome

A traceable draft ready for clinician review.

Staff decides: A licensed clinician reviews, edits, signs and owns the note.

If held: Wrong-chart facts, conflicting sources or unsupported statements stop the draft.

18 Map facts to a note template

Starts with

Clinician-approved facts need a payer or practice format.

→ System handles

Map those facts into the current version of the required template.

→ Visible outcome

A versioned draft with the original facts preserved.

Staff decides: The clinician checks accuracy, completeness and medical necessity.

If held: Missing fields, an outdated template or unsupported facts stay flagged.

19 Track care-plan deadlines

Starts with

An admission, date or care event creates a deadline.

→ System handles

Create treatment-plan and reassessment tasks with due dates and completion evidence.

→ Visible outcome

An owned deadline queue showing overdue or unsigned work.

Staff decides: Clinicians author and approve plans and reassessments.

If held: Missing signatures, transfers or changed requirements require review.

CARE SUPPORT

Prepare clinical work and track completeness for licensed staff.

Workflow reference | 4–6 of 9 in this area

20 Coordinate outcome measures

Starts with

A configured questionnaire or measure is due.

→ System handles

Assign the authorized instrument and route its source-reported score.

→ Visible outcome

A completed measure or missing-response task for clinical review.

Staff decides: The clinician interprets scores and their care implications.

If held: Concerning answers, missing responses or invalid instrument rights are escalated.

21 Route lab work & results

Starts with

A clinician orders a lab or a result arrives.

→ System handles

Track the authorized order path, result matching and required review.

→ Visible outcome

A matched result with review or critical-alert ownership.

Staff decides: The clinician orders, interprets, acknowledges and acts on results.

If held: Wrong-person, cancelled, duplicate or critical results require resolution.

22 Route medication requests

Starts with

A refill, reconciliation or prescription task arrives.

→ System handles

Route the request and supporting information to an authorized prescriber.

→ Visible outcome

A prescriber-owned task with its source and status.

Staff decides: The prescriber chooses treatment and signs; the system does not prescribe.

If held: Unsigned orders, role restrictions or conflict signals remain blocked.

CARE SUPPORT

Prepare clinical work and track completeness for licensed staff.

Workflow reference | 7-9 of 9 in this area

24 Track group-session completeness

Starts with

A group session requires attendance and individual notes.

→ System handles

Track participant attendance and each documentation obligation.

→ Visible outcome

A session-completeness record with remaining notes or signatures.

Staff decides: The facilitator verifies attendance and signs the documentation.

If held: Absent participants, copied facts or billing mismatches require correction.

25 Route medication-pass exceptions

Starts with

A facility reports a missed, late, refused or unavailable dose.

→ System handles

Create the configured escalation with the medication event evidence.

→ Visible outcome

An exception owned by the appropriate clinical staff.

Staff decides: Nursing, pharmacy or the prescriber decides the clinical action.

If held: Count discrepancies, downtime or identity concerns remain unresolved until reviewed.

38 Prepare requested medical forms

Starts with

An authorized employer, leave, disability or insurer form is requested.

→ System handles

Fill a draft using approved records and keep the source trail.

→ Visible outcome

A sourced form draft ready for clinician review.

Staff decides: The clinician attests, signs and authorizes delivery.

If held: Unsupported medical statements, wrong versions or missing authorization stop release.

TRANSITION & AFTERCARE

Keep the next handoff visible after a transfer or discharge.

Workflow reference | 1-3 of 4 in this area

29 Prepare discharge completeness

Starts with

A clinician decides to discharge or an unplanned discharge occurs.

→ System handles

Track documents, medication tasks, follow-up and episode closure items.

→ Visible outcome

A discharge-completeness record showing what is still outstanding.

Staff decides: The clinician approves and signs the discharge plan and summary.

If held: Missing follow-up, unsigned summaries or an unplanned exit requires review.

30 Close the aftercare handoff

Starts with

An approved discharge plan requires a referral or follow-up visit.

→ System handles

Track permitted referrals, appointments and receiving-party confirmation.

→ Visible outcome

A confirmed handoff or an owned failed-handoff task.

Staff decides: Clinical or practice staff approves destinations and disclosures.

If held: No availability, missing release or unconfirmed receipt stays unresolved.

31 Coordinate alumni engagement

Starts with

An eligible discharge has valid engagement consent.

→ System handles

Place the person into the approved alumni follow-up cadence.

→ Visible outcome

A consent-based engagement record and scheduled work.

Staff decides: Staff approves the program and communication.

If held: Opt-outs, minors, quiet hours or withdrawn consent stop the cadence.

TRANSITION & AFTERCARE

Keep the next handoff visible after a transfer or discharge.

Workflow reference | 4-4 of 4 in this area

32 Escalate a concerning check-in

Starts with

A follow-up response crosses a configured routing threshold.

→ System handles

Pause routine engagement and route the concern with its original evidence.

→ Visible outcome

A human-owned follow-up or urgent escalation.

Staff decides: A human assesses and responds; the system does not diagnose relapse or risk.
If held: Failed contact or crisis language escalates without automated reassurance.

COVERAGE & REVENUE

Follow approvals, claims, payments and exceptions through reconciliation.

Workflow reference | 1-3 of 6 in this area

23 Track prior authorization

Starts with

A service, medication or admission needs payer approval.

→ System handles

Organize supporting evidence, units, deadlines and payer status.

→ Visible outcome

An owned authorization or utilization-review task.

Staff decides: Clinical or review staff attests necessity and submits final content.

If held: Expiring approval, denials or missing evidence stays visible.

33 Reconcile patient payments

Starts with

A verified copay or self-pay amount needs collection or reconciliation.

→ System handles

Prepare an approved invoice/payment path and match the returned receipt.

→ Visible outcome

An invoice/payment record with exceptions and balance history.

Staff decides: Staff approves amounts, refunds, write-offs and patient communication.

If held: Wrong-person payments, partial receipts or duplicate events require reconciliation.

34 Check a claim before submission

Starts with

A signed encounter and charge set is ready for billing.

→ System handles

Validate claim prerequisites and assemble preflight findings.

→ Visible outcome

A billing review record with required corrections.

Staff decides: The coder or biller approves codes, modifiers and claim content.

If held: Unsigned notes, missing authorization or duplicate claims stop submission readiness.

COVERAGE & REVENUE

Follow approvals, claims, payments and exceptions through reconciliation.

Workflow reference | 4-6 of 6 in this area

35 Track claim responses

Starts with

A payer or clearinghouse returns acknowledgement or status.

→ System handles

Match the response to the original claim and update its status.

→ Visible outcome

A dated claim state with rejection or ambiguity tasks.

Staff decides: The biller resolves rejected or uncertain responses.

If held: Unmatched, stale or out-of-order responses stay in the exception queue.

36 Prepare remittance reconciliation

Starts with

An electronic payment/remittance record arrives.

→ System handles

Normalize the remittance, match claims and propose posting.

→ Visible outcome

A reconciliation proposal with control totals and unmatched items.

Staff decides: The biller approves exceptions, adjustments and write-offs.

If held: Recoupments, split claims, duplicates or unmatched payments require review.

37 Organize denial & collection work

Starts with

A claim is denied, underpaid or overdue.

→ System handles

Create owned correction, appeal or follow-up tasks with deadlines.

→ Visible outcome

A work queue linked to payer evidence and the original balance.

Staff decides: The biller chooses the correction, appeal or write-off.

If held: Filing deadlines, conflicting status or missing sources remain flagged.

PEOPLE & OVERSIGHT

Keep workforce evidence, reporting and operating priorities current.

Workflow reference | 1-3 of 4 in this area

39 Track clinician credentials

Starts with

A license, credential or enrollment is nearing expiry or changes.

→ System handles

Create verification and renewal work with scheduling restrictions where configured.

→ Visible outcome

A current credential evidence queue with overdue items.

Staff decides: Credentialing or HR verifies the source and decides employment action.

If held: Wrong-person, stale or multi-state evidence needs human resolution.

40 Track training & supervision

Starts with

A role or program requires staff training or competency evidence.

→ System handles

Assign evidence tasks and route overdue or expired requirements.

→ Visible outcome

A role-based training and supervision record.

Staff decides: The supervisor verifies competency and approves waivers.

If held: Role changes, leave or expired training requires review.

41 Organize compliance evidence

Starts with

A reporting date, control or accreditation event requires evidence.

→ System handles

Create evidence tasks with an owner and readiness status.

→ Visible outcome

A source-backed readiness queue with missing items visible.

Staff decides: The compliance owner or counsel validates requirements and submissions.

If held: Old rules, missing owners or content-rights restrictions stay open.

PEOPLE & OVERSIGHT

Keep workforce evidence, reporting and operating priorities current.

Workflow reference | 4-4 of 4 in this area

44

Produce operating summaries

Starts with

The configured daily or weekly reporting time arrives.

→ System handles

Calculate source-dated operating metrics and identify exceptions.

→ Visible outcome

A daily digest or weekly scorecard with freshness and gaps shown.

Staff decides: Leaders interpret the results and choose actions.

If held: Stale data, missing sources or double counts cannot become confident totals.

SAFETY & PRIVACY

Route urgent concerns to humans and check current disclosure permission.

Workflow reference | 1-3 of 5 in this area

02 Escalate crisis language

Starts with

An interaction contains a possible immediate safety concern.

→ System handles

Stop routine handling, create a critical event and attempt the approved human transfer.

→ Visible outcome

An owned escalation with transfer and acknowledgement evidence.

Staff decides: A trained responder assesses the situation and determines the response.

If held: Failed transfer, silence or disconnect remains an urgent owned exception.

26 Coordinate a safety incident

Starts with

Staff reports an incident or a safety signal appears.

→ System handles

Create critical incident work, timers and the approved escalation ladder.

→ Visible outcome

An owned incident with notification and acknowledgement history.

Staff decides: Trained staff assesses, responds and determines reporting obligations.

If held: Failed delivery or overdue acknowledgement escalates instead of closing the case.

27 Prepare an authorized supporter update

Starts with

A family member or supporter requests information.

→ System handles

Check identity, relationship, current release scope and necessary content.

→ Visible outcome

A scoped update prepared for an approved recipient.

Staff decides: Staff approves the exact recipient and message.

If held: An expired release or protected-note restriction blocks disclosure.

SAFETY & PRIVACY

Route urgent concerns to humans and check current disclosure permission.

Workflow reference | 4-5 of 5 in this area

42 Apply consent changes

Starts with

Permission is created, narrowed, withdrawn or expires.

→ System handles

Update future disclosure decisions and route downstream obligations.

→ Visible outcome

Current permission controls alongside preserved disclosure history.

Staff decides: Privacy staff resolves ambiguity and legal or emergency exceptions.

If held: Pending sends recheck permission; protected disclosures remain held.

43 Review voice-workflow quality

Starts with

Voice configuration, prompts, policy or providers change.

→ System handles

Run synthetic policy checks and route reviewed-call evaluation findings.

→ Visible outcome

A dated quality record with failures and release-review work.

Staff decides: Privacy, clinical and operations owners approve production promotion.

If held: Crisis misses, unsafe advice or recording/transfer failures stop promotion.

COMMUNICATION

Prepare approved messages, document delivery and public content.

Workflow reference | 1-3 of 3 in this area

46 Triage a nonclinical inbox

Starts with

An authorized mailbox receives a message.

→ System handles

Classify routine work, prepare a draft or hand clinical/safety content to staff.

→ Visible outcome

An approved message trail or an owned staff escalation.

Staff decides: A human approves the exact message and recipient before sending.

If held: Wrong threads, opt-outs, changed approval or unknown send results block retries.

47 Confirm secure document delivery

Starts with

An approved document needs an authorized destination.

→ System handles

Track the exact version, permission, dispatch attempt and provider receipt.

→ Visible outcome

A confirmed delivery or an owned delivery exception.

Staff decides: Staff approves document, recipient and purpose; privacy staff handles exceptions.

If held: Partial, failed or unknown delivery is reconciled before another attempt.

48 Prepare public content

Starts with

An owner requests a nonpatient public update.

→ System handles

Track the sources, draft, exact-version approval and publication readback.

→ Visible outcome

An approved publication record or a visible unresolved publish attempt.

Staff decides: The owner approves the channel and content; clinicians approve clinical claims.

If held: Patient details, unsupported claims or changed drafts prevent publication.

WHAT HOLDS THE WORK TOGETHER

The shared foundation keeps the task, authority and evidence connected across workflows.

Operator control center

Work queues, approvals, exceptions, source freshness and domain status.

Shared work queue

Named owners, due dates, next actions and exceptions across the practice. The original task remains visible until its actual outcome is resolved.

Source & receipt trail

Link each state change to the evidence, exact version and destination receipt. An unknown write is reconciled against its original attempt before retry.

Approval & consent checks

Recheck current approval, recipient, purpose and permission at the action boundary. Changed or expired authority cannot be reused to complete an action.

Scoped access

Separate organization, location, program and role responsibilities. Operators see and act within their configured scope.

Persistent operation

Durable jobs, bounded retries, heartbeat monitoring and restart-safe state. Work survives a service interruption without creating duplicate obligations.

Backup & recovery

Encrypted full-state backup, restore and verifiable audit history. Recovery includes queues, configuration, keys, consent and approval state.

Installation & handoff

Versioned inactive package, integrity checks, migrations, rollback and runbooks. Real-account configuration and independent operator acceptance remain separate.

BUILT FOUNDATION. ROLLOUT AHEAD.

The core workflow implementation is built. Full practice readiness still requires actual account evidence and named human acceptance.

■ Built and demonstrated

All 48 workflows and four connected synthetic journeys; operator control center; durable state, source and approval checks; monitoring, encrypted recovery, installation and rollback tools; runbooks and exception handoffs.

■ Connect the actual practice

Confirm current systems, account editions, programs and owners. Verify real entitled operations with request, receipt and destination readback. Accept any native/manual procedure and complete the practice configuration and handoff.

■ People verify the fit

Named privacy/legal, licensed clinical, security and revenue-cycle reviewers record their decisions. A second operator installs, runs the four journeys and performs incident/recovery exercises. Owner and practice decisions and final findings remain open.

What is needed next

The practice account administrator, named review owners and a second hands-on operator. The second operator can be Mike or a practice staff member; a separate paid testing company is not required.

Review findings can require further changes. Patient-data operation, actual vendor delivery and clinical-policy approval are separate from synthetic implementation proof. Final release closure remains open.