

EHR Implementation Checklist for Behavioral Health

Give every task an owner, a date, and the evidence you will keep for audits and accreditation surveys. Nine phases, from vendor selection through your 90-day review.

ORGANIZATION

PROJECT OWNER

KICKOFF DATE

TARGET GO-LIVE

How to use this checklist

1 Assign owners

Put a name next to every phase before kickoff. One person holds final decision rights.

2 Collect evidence

File the artifact in the evidence column as each task closes. It doubles as audit proof.

3 Review weekly

Walk the open items in your governance meeting until the 90-day audit is signed off.

Typical timelines

Planning estimates. Confirm yours during vendor scoping.

4 to 8 weeks

Small single-site

8 to 20 weeks

IOP / PHP program

12 to 24 weeks

Residential center

6+ months

Multi-site organization

The nine phases

1 Pre-selection

2 Planning

3 Data migration

4 Configuration

5 Billing and RCM

6 UAT and testing

7 Training

8 Go-live

9 30/60/90 audits

1

Pre-selection and vendor fit

TARGET DATE

Owner: Project manager, clinical lead

TASK

EVIDENCE TO KEEP

- ☐ Build a requirements matrix mapping behavioral health workflows (intake, treatment plans, group notes, ROI, Part 2 consent, level-of-care billing) to features
- ☐ Score every vendor demo against the matrix
- ☐ Send a security questionnaire; confirm certifications and where proof is published
- ☐ Write vendor-exit and data-portability terms into the contract

Completed matrix

Scored demo notes

Questionnaire responses

Signed contract clause

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Planning and governance

TARGET DATE

Owner: Project manager, compliance officer

TASK

EVIDENCE TO KEEP

- ☐ Form a steering committee and name one empowered project owner
- ☐ Document a RACI for every checklist row
- ☐ Map CARF, Joint Commission, and state licensing requirements to configuration tasks
- ☐ Start clearinghouse and payer enrollment now
- ☐ Run clinical and billing workstreams in parallel

Governance charter

RACI chart

Requirements map

Enrollment confirmations

Signed meeting minutes

3

Data migration and mapping

TARGET DATE

Owner: IT lead, clinical lead

TASK

EVIDENCE TO KEEP

- ☐ Build a field-level data-map CSV for each source table
- ☐ Prioritize active clients, open authorizations, current prescriptions, and 12 to 24 months of encounters
- ☐ Run test loads; reconcile record counts fully against the source
- ☐ Spot-check a sample of clinical notes and get clinician sign-off
- ☐ Keep original extracts and a rollback plan

Data-map CSV

Migration scope sign-off

Reconciliation report

Signed sample review

Archived extracts

4

Configuration and workflow mapping

TARGET DATE

Owner: Clinical lead, super-users

TASK

EVIDENCE TO KEEP

- ☐ Map workflows with clinicians, then freeze core flows
- ☐ Configure intake, treatment plans, and individual and group notes
- ☐ Set up IOP/PHP scheduling, MAT documentation, and level-of-care fields
- ☐ Build HIPAA and Part 2 signature and consent flows into templates
- ☐ Request and plan lab, pharmacy, and clearinghouse interfaces

Workflow maps

Template screenshots

Config sign-off

Consent flow screenshots

Interface specs

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Billing and RCM configuration

TARGET DATE

Owner: RCM lead

TASK

EVIDENCE TO KEEP

- ☐ Configure payer rules, CPT codes and modifiers, and claim scrubbing
- ☐ Capture verification of benefits (VOB) at intake
- ☐ Build denial workflows
- ☐ Send test claims through the clearinghouse

Payer rule export

VOB test results

Workflow documentation

Test claim and ERA files

6

UAT and testing

TARGET DATE

Owner: Project manager, IT lead, RCM lead

TASK

EVIDENCE TO KEEP

- ☐ Intake to scheduling to note to superbill to claim and ERA
- ☐ Group therapy note with roster and per-participant entries
- ☐ Part 2: consent scope, SUD counseling notes, disclosure records
- ☐ Consent revocation, guardianship, and restricted-note edge cases
- ☐ MAT and e-prescribing workflows (EPCS, PDMP)
- ☐ FHIR/API cases for every integration, replayed after config changes
- ☐ Set a pass bar for critical journeys (many teams use 95% or more)

UAT log

UAT log

UAT log

UAT log

UAT log

Defect tracker export

Signed UAT acceptance

7 Training and super-users

Owner: Clinical lead, project manager

TARGET DATE

TASK

EVIDENCE TO KEEP

- ☐ Deliver role-based curricula for each team
- ☐ Name at least one super-user per department and per shift
- ☐ Check completion, confidence, and time to proficiency before go-live

Training roster

Super-user schedule

Readiness scores

8 Go-live day and contingency

Owner: Project manager, IT lead, clinical lead

TARGET DATE

TASK

EVIDENCE TO KEEP

- ☐ Staff a war room with clinical, IT, RCM, and compliance leads
- ☐ Confirm vendor support hours in writing
- ☐ Lighten schedules during go-live week
- ☐ Print downtime forms: intake, progress note, medication log, manual consent, sign-off roster
- ☐ Keep read access to the legacy system for 24 to 72 hours
- ☐ Run parallel claims where possible; follow the escalation path

War-room roster

Support confirmation

Adjusted schedule

Downtime packet

Access confirmation

Go-live log, incident register

9 Post-go-live audits at 30, 60, and 90 days

Owner: RCM lead, compliance officer, PM

TARGET DATE

TASK

EVIDENCE TO KEEP

- ☐ Set baselines in week one; assign a data owner per metric
- ☐ Track note timeliness, first-pass claims, denials, A/R days, adoption, and consent coverage
- ☐ Compare each metric against your pre-go-live baseline
- ☐ Close gaps with targeted training or configuration fixes

Baseline report

KPI exports

30/60/90 audit reports

Fix sprint log

COMPLIANCE

42 CFR Part 2 configuration checks

The updated 42 CFR Part 2 rule has been enforceable since February 16, 2026. Segmenting Part 2 records is not required, but you still need to know which records are Part 2, enforce consent scope, and protect SUD counseling notes.

PART 2 CHANGE	WHAT TO CONFIGURE	UAT TEST
☐ Single TPO consent	Consent type with scope, date, and revocation	Disclose under TPO, revoke, retest
☐ SUD counseling notes	Separate note type with restricted roles	Confirm exclusion from TPO disclosures
☐ Breach notification	Part 2 path in the incident workflow	Tabletop a Part 2 breach
☐ Patient notice	Updated notice in the intake packet	Confirm signed and stored
☐ Accounting of disclosures	Disclosure log by client	Export a log for one test client
☐ Legal-proceeding limits	Flag records needing a court order or specific consent	Subpoena requests route to compliance

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