OPUS

BUYER'S CHECKLIST

The 2027 Behavioral Health *EHR Buyer's Checklist*

54 questions to test whether your EHR is ready for behavioral health care in 2027

For leaders of SUD treatment, outpatient mental health, CCBHC and residential programs

38

questions every behavioral health organization should ask

16

program-specific questions for SUD, outpatient, CCBHC and residential

5

areas: compliance, revenue, clinical, AI and patient experience, security

1

score that shows you where to focus first

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INTRODUCTION

Planning for 2027 *is happening now*

Budgets are being set. EHR contracts are coming up for renewal, and many behavioral health leaders are asking the same question:

> *"Is our EHR keeping up with how care is delivered today?"*

Demand keeps climbing. Behavioral health visits grew 62.6% from 2018 to 2024, and in 2025 the U.S. had enough mental health professionals to cover just 27.3% of the need (Trilliant Health, 2026). Organizations are feeling it: in a recent National Council member survey, more than half had waitlists, 36% had cut staff, and a third spent at least 100 staff hours a month on Medicaid eligibility paperwork.

62.6%
growth in behavioral health visits, 2018 to 2024

27.3%
of the need for mental health professionals covered in 2025

36%
of National Council members surveyed had cut staff

100+
staff hours a month on Medicaid eligibility paperwork, for a third

A modern behavioral health EHR should take work off your team's plate, not add to it. This checklist gives you 54 yes-or-no questions to test yours.

PART A · 38 QUESTIONS

Every behavioral health *organization*

- Compliance and privacy
- Revenue cycle
- Clinical care and measurement-based care
- AI, telehealth, and the patient experience
- Security, data, and flexibility

PART B · 16 QUESTIONS

A short section for your *program type*

- SUD treatment
- Outpatient mental health
- CCBHCs
- Residential care

How to use it

Work through the questions with someone from clinical, billing, and compliance. Each will spot different gaps. Count your yes answers as you go, then check your score at the end.

PART A

Every behavioral health *organization*

38 questions
5 sections

SECTION 1 OF 5

Compliance *and privacy*

Behavioral health records carry extra privacy weight. Your EHR should make the right access easy and show you who opened each patient's record, and when.

CHECK EACH YES		7 QUESTIONS
☐	1	Are releases of information tracked in the chart, with the recipient, status (active, expired, or revoked), and expiration date?
☐	2	Can you restrict which roles can read each note type, such as psychotherapy notes?
☐	3	Can you pull an access log showing which patients' records each user viewed, and when?
☐	4	Is there an audit log of who viewed or created each record that your compliance team can filter and export without the vendor?
☐	5	Can you set role-based access down to each chart section and form, and limit staff to their own caseload?
☐	6	When a patient requests a copy of their record, can staff share the chart externally straight from the EHR?
☐	7	Can patients sign the privacy notice acknowledgment in the portal, with the signed copy saved to their chart?

Your yes count for this section ☐ / 7

SECTION 2 OF 5

Revenue *cycle*

Denials, eligibility changes, and fee schedule updates create billing work every month. These questions check how much of that work your EHR automates and how much stays manual.

CHECK EACH YES		9 QUESTIONS
☐	8	Does it track approved units, dates, and codes on each authorization?
☐	9	Does it capture the payer's specific denial reason and route it straight into an appeal workflow?
☐	10	Can staff run real-time eligibility checks, Medicaid included, from the appointment, plus recurring scheduled checks?
☐	11	Can you build forms and reports that pull diagnosis, functional impairment, and treatment into a Medicaid "medically frail" exemption letter?
☐	12	Is it set up for Medicare behavioral health billing: MFTs and mental health counselors, general supervision, IOP, crisis psychotherapy codes, and digital mental health treatment codes?
☐	13	Can your billers load the 2027 fee schedule and code changes themselves before Jan 1?
☐	14	Does it create clean 837P/837I claims (CMS-1500/UB-04) with built-in scrubbing, and post 835 payments automatically?
☐	15	Are there built-in dashboards for days in A/R, clean-claim rate, and denials by payer and reason?
☐	16	Can you set fee schedules and billing rules by payer, provider, procedure, and location?

Your yes count for this section ☐ / 9

SECTION 3 OF 5

Clinical care *and measurement-based care*

Clinicians should spend their time on care, not paperwork. Look for tools that measure progress, follow current standards, and cut documentation time.

CHECK EACH YES		11 QUESTIONS
☐	17	Does your EHR include validated tools (PHQ-9, GAD-7, C-SSRS, AUDIT, DAST) that score themselves and repeat on a schedule?
☐	18	Can patients complete measures before the visit on a portal, phone, or tablet, with scores dropping into the note?
☐	19	Are score trends shown next to the treatment plan during the session?
☐	20	Can you roll up outcomes by program, clinician, and payer?
☐	21	Does it support the ASAM Criteria 4th Edition (new levels 1.7 and 2.7, the new Dimension 6), natively or through ASAM CONTINUUM?
☐	22	Is every note linked to the treatment plan and the objectives it addresses?
☐	23	Is there a co-sign queue where supervisors see and sign their supervisees' pending notes?
☐	24	Are there note templates by modality (CBT, DBT, MAT, groups), and can a group session be documented patient by patient in one guided flow?
☐	25	Can you document co-occurring diagnoses, trauma screening, and family or collateral contacts, with consent controls on who sees what?
☐	26	Can you set rules that flag patients overdue for a required measure or follow-up, with every gap on one dashboard?
☐	27	Is e-prescribing of controlled substances (EPCS) built in, with PDMP access for each prescriber?

Your yes count for this section ☐ / 11

SECTION 4 OF 5

AI, telehealth, *and the patient experience*

This section covers work that happens outside the session itself: AI-drafted notes, video visits, and the forms, bookings, and assessments patients complete on their own. Each one the EHR handles is data your staff don't have to re-enter by hand.

CHECK EACH YES — 6 QUESTIONS

- ☐ 28 Do AI-drafted notes stay editable until a clinician reviews and signs them?
- ☐ 29 Can you turn AI features on or off for your organization?
- ☐ 30 Is video built into scheduling, with the telehealth place of service carried to the note and the claim?
- ☐ 31 Can patients complete intake online before the first visit, with answers flowing straight into the chart?
- ☐ 32 Are there automated text and email appointment reminders, and can staff message patients through a secure portal?
- ☐ 33 Can patients book online, e-sign intake forms, and complete assessments between visits that flow into the chart?

Your yes count for this section ☐ / 6

SECTION 5 OF 5

Security, data, *and flexibility*

Your EHR holds your most sensitive data and runs your daily workflows. Make sure it protects both, and that you can change it without waiting on the vendor.

CHECK EACH YES		5 QUESTIONS
☐	34	Is multi-factor authentication required for every user, including admins, remote staff and vendor support accounts?
☐	35	Is data encrypted at rest and in transit?
☐	36	Does your contract include a written uptime guarantee?
☐	37	Do you own your data, with a full export when you leave?
☐	38	Can your team set up behavioral health workflows (levels of care, programs, forms, reports) without paying for vendor development?

Your yes count for this section ____ / 5

PART A TALLY

Add up your *yes answers*

Part A total ____ / 38

Compliance and privacy	Revenue cycle	Clinical care	AI, telehealth, patient experience	Security, data, flexibility
____ / 7	____ / 9	____ / 11	____ / 6	____ / 5

PART B

For your *program type*

16 questions
4 program types

Answer the section that matches your program. If you run more than one type, answer each that applies.

SUD and *addiction treatment*

5 QUESTIONS

- [ ] 39 Is each methadone dose recorded in the eMAR, with a connection to your dispensing machines?
- [ ] 40 Does it track house-stock medication inventory, like methadone, separately from client-supplied meds, with low-inventory alerts?
- [ ] 41 Can you set rules that track OTP timelines, such as the full exam and psychosocial assessment within 14 days and interim treatment up to 180 days?
- [ ] 42 Can staff place lab orders, such as drug screens, from the EHR and track each order's status?
- [ ] 43 Are CIWA and COWS checks scheduled for each client, with overdue or missed checks flagged for nursing?

Outpatient *mental health*

3 QUESTIONS

- [ ] 44 Can your billers set rules that check a clinician's credential against the payer's requirements before a claim goes out?
- [ ] 45 Can it schedule across locations, clinicians, and rooms, mixing telehealth and in-person visits?
- [ ] 46 Can parents and guardians of minors get their own portal access?

CCBHCs

3 QUESTIONS

- [ ] 47 Can billing follow your state's payment method (daily PPS-1/3 or monthly PPS-2/4), including crisis rates?
- [ ] 48 Can you report the share of encounters your clinic delivers directly, versus through partners?
- [ ] 49 Can it share data and track referrals with care-coordination partners (FQHCs, hospitals, 988, VA, schools, justice)?

Residential *and inpatient*

5 QUESTIONS

- [ ] 50 Is there real-time bed and census management (admissions, transfers, discharges, passes)?
- [ ] 51 Is there an eMAR with barcode scanning, a pharmacy connection, and controlled-substance counts?
- [ ] 52 Does it support 24/7 shift documentation, safety rounds and observation levels, and shift handoffs?
- [ ] 53 Does it track level-of-care reviews and concurrent authorizations against payer due dates?
- [ ] 54 For eating disorder programs: can it chart vitals and weight trends, plus meal completion and calories against a daily goal?

YOUR SCORE

How did your *EHR score?*

Count your yes answers in Part A (out of 38).

Part A total _____ / 38

- **32–38** — Your EHR is built for 2027. Keep pushing your vendor on the few gaps.
- **24–31** — You have a solid core with real gaps. List the no answers and ask your vendor for dates.
- **23 or fewer** — Your EHR is likely costing your team time and revenue. It's worth seeing what else is out there.

Then check your Part B section. More than one no there usually points to the workflows where your staff work around the EHR every day.

NEXT STEPS

What to do *next*

1

Share this checklist with your clinical, billing, and compliance leads and compare answers.

2

Take your no answers to your current vendor and ask when each will be fixed.

3

Before your next renewal, compare your EHR against at least one EHR built for behavioral health.

WHY OPUS

Thinking about switching? *Opus has you covered*

If your score has you thinking about switching, Opus covers these areas in one EHR built for behavioral health and addiction treatment:

AI notes clinicians control

Genie AI™ Scribe drafts each session note in your own templates. Each note stays editable until the clinician reviews and signs it.

Compliance checks every day

Genie AI™ checks required services across detox, residential, PHP, and IOP. Your team can add its own rules, such as credential-to-payer checks and OTP timelines.

Measurement-based care built in

Send outcome measures to patients by link and track progress next to the treatment plan.

ASAM 4th Edition ready

Opus integrates with ASAM CONTINUUM for level-of-care assessments.

Revenue cycle in one place

Claim scrubbing, denial reasons routed into appeals, and A/R and denial dashboards, with billing services if you want them.

Residential-ready

Integrated eMAR, bed board, and shift documentation.

Built to change with you

Set up programs, levels of care, forms, and reports yourself.

We'll walk through your no answers with you and show how Opus handles each one, including *moving your data over.*

Book a walkthrough

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