

SWITCHING GUIDE · COLLABORATIVE CARE CLINICS

Switching from AIMS to Asendar

For Collaborative Care clinics moving from the AIMS Caseload Tracker to Asendar. It gives you the words, what moves over and how, a first-day checklist, how minutes turn into the monthly billing packet, what is different by design, and an AIMS coverage summary. The step-by-step manual is the [Asendar Collaborative Care User Guide](#), which follows the AIMS guide section by section.

Asendar™ · October 2026 · For clinic owners, administrators and care managers

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AIMS words, Asendar words

In AIMS	In Asendar	Where
Reminders page	Today	Top of the caseload, your home page after sign-in
Caseload List page, and every column on it	Caseload list: each column is on the patient's card or under More	Caseload in the menu
Active, New, Inactive caseload lists	Filters Active, New, Inactive, Whole caseload	Caseload
Report for	Report for (Provider, Care manager, Primary care provider, Clinic)	Caseload
Sort by a column	The sort list (any column) and Reverse	Caseload
Clinical Dashboard	Collaborative Care tab: Treatment summary and symptom graph	Patient chart
Treatment History page	Contacts and minutes	Collaborative Care tab
New Contact	Log time	Menu, chart, + time on a card, Log contact in Today
Initial CoCM Screening	Screening	Log time, Activity
Initial Assessment	Initial assessment	Log time, Activity
Follow Up	Follow-up	Log time, Activity
Psychiatric Consultation	Psych consult , or Record review , by the consultant the request names or an Owner or Clinic Admin	Log time, or the Psychiatric consultant review card
Care Team Collaboration	Care team collaboration	Log time, Activity
Contact Attempt	Contact attempt	Log time, Activity

In AIMS	In Asendar	Where
Session type	How (Phone, In clinic, Video, Portal or text, Group, Other location, No patient contact)	Log time
Duration	Minutes (chips, or a timer)	Log time
Scale scores (PHQ-9, GAD-7, PCL-5)	Scores in Log time , or + score on the Scores card. A patient can also complete their own PHQ-9, GAD-7 or PCL-5 in Asendar, assigned from the chart's Assessments tab or started by the patient, and it counts the same	Log time; Collaborative Care tab; Assessments tab
Yellow flag and Notes for Psychiatric Consultant	Flag for psych consult , the Consultant it goes to, and Notes for consultant	Log time, or the Collaborative Care tab
Flagged patients, for the consultant	Flagged for me	Caseload
Red safety flag	Safety risk	Caseload card, Flags card
Blue custom flag	Your clinic's own label	Caseload card, Flags card
Relapse Prevention Plan	Relapse prevention plan	Collaborative Care tab
Status E, T, RPP, D	The same letters	Caseload card
Minutes This Month	The minutes ring	Caseload card, Collaborative Care tab
Deactivate, with a reason	Deactivate enrollment , with a Reason	Collaborative Care tab, or More on the card
Re-enroll (New Episode)	Re-activate enrollment (starts the next episode)	Collaborative Care tab
MRN	MRN , checked against your clinic's MRN format	Enroll in registry
Provider assignments (CM, PC, PCP)	Care team : Care Manager, Psychiatric Consultant, Primary Care Provider	Collaborative Care tab

In AIMS	In Asendar	Where
PCP without a login	A directory PCP (name, NPI, practice)	Care team, Assign
Clinic assignments	Clinics (one primary)	Profile tab
Caseload Manager (bulk transfers)	Caseload Manager	Manage caseload on the caseload
Update a contact	Amend , with a reason	The contact's three-dot menu
Delete a contact	Void , with a reason (the original stays on record)	The contact's three-dot menu
Export as Text	Copy and PDF	Each contact; Copy PCP summary for EHR
Caseload Statistics	Caseload statistics , including Contacts with a scale, In relapse prevention plan and Flagged for psychiatric consult, grouped by Care Manager, Psychiatric Consultant, PCP, clinic or provider	Medicaid Clinic Report
CoCM Quality Metrics	Medicaid Clinic Report and Panel Outcomes Report	Caseload
Completed Episode Statistics	Completed episodes : length, contacts, PHQ-9 at discharge, discharge reasons	Medicaid Clinic Report
Depression Remission or Response	Depression response and remission (HEDIS DRR-E, 4 to 8 months)	Medicaid Clinic Report
Monthly Time Tracker	Time, Tracker	Time on the caseload
(no AIMS equivalent)	Monthly billing packet	Billing packet on the caseload
Exporting Data, Data Manager	Data exports , run by an Owner or Clinic Admin	Caseload
Organization settings	Business Settings , Business tab	Menu
Care Manager account	Facilitator, labelled Behavioral Health Care Manager	Employees
Psychiatric Consultant account	Prescriber, labelled Psychiatric Consultant	Employees

In AIMS	In Asendar	Where
Primary Care Provider account	Prescriber or Medical Observer, labelled Primary Care Provider ; or a directory PCP with no login	Employees, or Care team, Assign
Site Manager	Clinic Admin, labelled Site Manager	Employees
Account Administrator	Owner	Employees
Data Manager account	Support Facilitator, labelled Data Manager ; exports are run by an Owner or Clinic Admin	Employees
Consultant, Data Manager or Account Administrator without PHI	Not offered: every login sees PHI. De-identified data leaves through the de-identified export	Data exports
Care team collaborator (MA, RN, social worker)	Needs no login: the care manager logs the time as Care team collaboration	Log time
Reset a user's password	Send password reset email	Employees, Employee Details
Logout	Sign Out	Bottom of the menu

Asendar

Collaborative Care caseload

Who is due, who is flagged, and the minutes the practice bills.

Flagged for me

Time

Manage caseload

Import from AIMS

Back to patients

Enrollments

14

6 inactive

Due or overdue

3

Needs a contact now

Flagged

3

Consult, safety or clinic flag

Practice minutes this month

140

6 contacts

Today (3)

Dante Notreal

F/U 5d overdue

Last attempt -

Log contact

Felix Mockup

F/U due today

Last attempt -

Log contact

Gloria Specimen

I/A due today

Last attempt -

Log contact

Caseload list

Every AIMS column is on the card or under More, derived from the contacts and scores already in the record.

Billing packet

Export CSV (PHI)

Export CSV (no PHI)

Search name or ID

Due and overdue (3)

New (1)

Active (8)

Flagged (3)

Safety (1)

RPP (1)

Not improving (2)

Inactive (6)

Home after sign-in: the caseload, with Today (the AIMS Reminders page) at the top.

The AIMS guide, section by section

The [Asendar Collaborative Care User Guide](#) keeps the AIMS Caseload Tracker User Guide's order, so you can read the two side by side.

AIMS User Guide section	Asendar user guide section
Introduction	1. Introduction
Logging In (web browser requirements, account security, preferences, business continuity)	2. Signing in
Types of Accounts, Understanding Roles	3. Account types and roles
Basic Navigation Tips	4. Navigation
Enrolling and Deactivating Patients	5. Enrolling and deactivating patients
Recording Patient Contacts	6. Recording patient contacts
Patient Summary Pages (Treatment History, Clinical Dashboard)	7. Patient summary and clinical dashboard
Population and Caseload Reports	8. Reports
Managing Provider Assignments	9. Provider assignments
Managing Clinic Assignments, Bulk Patient Transfers	10. Clinic assignments and bulk transfers
Organization Setup and Configuration	11. Clinic setup
Managing User and Provider Accounts	12. User accounts
Deleting Patient Data	13. Deleting patient data
Exporting Data	14. Exporting data

What moves over, and how

The AIMS import

The clinic's Owner, a Clinic Admin or a care manager brings the AIMS caseload across from the AIMS Treatment History exports: the **Patient**, **Episode** and **Contact Note** tables (.csv) and each one's

codebook (.txt). On the caseload, select **Import from AIMS**.

1. **Upload** the exports and choose the clinic they go into. The files are read on your computer, and nothing from them is stored except what the import creates.

Asendar

Import from AIMS

Move your AIMS Caseload Tracker patients into Asendar. Nothing is written until you have seen every row in the dry run.

← Back to caseload

1
Upload

2
Map columns

3
Map codes

4
Dry run

5
Commit

Upload the AIMS exports

From AIMS, Tools, Exports, download the Treatment History exports: Patient, Episode and Contact Note (.csv), and each one's codebook (.txt). The files are read on this device.

Import into

Riverside Collaborative Care Demo Clinic

Patient export (.csv)

Choose File Patient.csv

⌚ Patient.csv: 21 rows, 10 columns, utf-8, comma separated

Episode export (.csv)

Choose File Episode.csv

⌚ Episode.csv: 22 rows, 15 columns, utf-8, comma separated

Contact Note export (.csv) (optional)

Choose File ContactNote.csv

⌚ ContactNote.csv: 147 rows, 13 columns, utf-8, comma separated

Next: map columns

Upload the AIMS exports.

2. **Map the columns** and **map the codes**. Asendar preselects a column only when its header matches exactly, and decodes coded values from the codebooks. You confirm each one. An unmapped contact type or status is reported as an error for its rows, never guessed; an unmapped discharge reason is recorded as Other, with the AIMS words kept as the note.

Asendar

Import from AIMS

Move your AIMS Caseload Tracker patients into Asendar. Nothing is written until you have seen every row in the dry run.

← Back to caseload

1 Upload 2 Map columns 3 Map codes 4 Dry run 5 Commit

Patient

Choose the column each field comes from. Examples are the first rows of Patient.csv.

Date format
MM/DD/YYYY (for example 03/14/2025)

idPatient (join key) *
idPatient
e.g. 5001, 5002, 5003

Patient ID (displayed)
PatientID
e.g. AIMS-101, AIMS-102, AIMS-103

MRN
MRN
e.g. RCC-20001, RCC-20002, RCC-20003

First name
FirstName
e.g. Alpha, Bravo, Charlie

Map the columns: each Asendar field and the AIMS column it comes from.

Asendar

Care team collaboration

5 Contact Attempt (6 rows)
Contact attempt

6 Relapse Prevention (2 rows)
Relapse prevention

7 Scheduling Note (1 rows)
Skip these contacts

Location

Contact Note column "Location"

1 In Clinic (66 rows)
In clinic

2 Telephone (65 rows)
Phone

5 No Patient Contact (16 rows)
No patient contact

Back Next: dry run

Map the codes, decoded from the codebooks.

- Dry run.** Asendar checks every row against your clinic's records and writes nothing. Every row gets a result: new, matches an existing patient, already imported, held, skipped, or an error with

its reason.

4. **Import.** Only after the dry run reads right. Each patient is written whole or not at all, and running the same files again writes nothing twice.

Asendar

Import from AIMS

Move your AIMS Caseload Tracker patients into Asendar. Nothing is written until you have seen every row in the dry run.

← Back to caseload

1 Upload

2 Map columns

3 Map codes

4 Dry run

5 Commit

Dry run

What the import would do to Riverside Collaborative Care Demo Clinic, row by row. Nothing has been written.

Patients would be new
20

Patients matched to an existing record
0

Patients already imported
0

Patient rows with errors
0

Patients held for an Owner or Clinic Administrator
1

Contacts would be added
145

Contacts already imported
0

Scores
252

Contact rows with errors
0

Minutes to be added to the ledger, by month

2025-03	40	2025-04	25	2025-10	165	2025-11	595
2025-12	730	2026-01	1015	2026-02	775	2026-03	535
2026-04	260	2026-05	95				

Unmatched providers

No one at this clinic has these names, so no one is assigned from them and no login is created. Add them as staff and import again to match them.

The dry run: every row's result, before anything is written.

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Asendar

Minutes to be added to the ledger, by month

2025-03	40	2025-04	25	2025-10	165	2025-11	595
2025-12	730	2026-01	1015	2026-02	775	2026-03	535
2026-04	260	2026-05	95				

Unmatched providers

No one at this clinic has these names, so no one is assigned from them and no login is created. Add them as staff and import again to match them.

Consultant, Pat; Manager, Carey; Unmatched, Dana

Held: 1 patient matches someone you cannot open

Nothing is imported for them. An Owner or Clinic Administrator who can open them can run this same import again; everyone already imported is left as it is, and these come in.

idPatient 5021 (row 22)

All rows (190)

Errors (0)

Held (3)

Warnings (166)

Skipped (1)

Patient row 2 · idPatient 5001

New

MRN RCC-20001 is recorded for this clinic.

Unmatched provider: care manager "Manager, Carey" is not on this clinic's staff. No login is created.

Unmatched provider: psychiatric consultant "Consultant, Pat" is not on this clinic's staff. No login is created.

The patient is assigned to you, the person importing, until a care manager is chosen.

Patient row 3 · idPatient 5002

New

MRN RCC-20002 is recorded for this clinic.

Unmatched provider: care manager "Manager, Carey" is not on this clinic's staff. No login is created.

Unmatched provider: psychiatric consultant "Consultant, Pat" is not on this clinic's staff. No login is created.

The patient is assigned to you, the person importing, until a care manager is chosen.

Patient row 4 · idPatient 5003

New

MRN RCC-20003 is recorded for this clinic.

Unmatched provider: care manager "Manager, Carey" is not on this clinic's staff. No login is created.

A held row: the file matches a patient this care manager cannot open, so it is left for an Owner or Clinic Admin.

Asendar

Import from AIMS

Move your AIMS Caseload Tracker patients into Asendar. Nothing is written until you have seen every row in the dry run.

← Back to caseload

1 Upload

2 Map columns

3 Map codes

4 Dry run

5 Commit

Import finished

20 of 20 patients written to Riverside Collaborative Care Demo Clinic.

Patients new

20

Patients matched to an existing record

0

Patients already imported

0

Patient rows with errors

0

Patients held for an Owner or Clinic Administrator

1

Contacts added

145

Contacts already imported

0

Scores

252

Contact rows with errors

0

Minutes added to the ledger, by month

2025-03	40	2025-04	25	2025-10	165	2025-11	595
2025-12	730	2026-01	1015	2026-02	775	2026-03	535
2026-04	260	2026-05	95				

Unmatched providers

No one at this clinic has these names, so no one is assigned from them and no login is created. Add them as staff and import again to

The import finished.

What lands where:

Switching from AIMS to Asendar™

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- **Patients:** name, date of birth, and the **MRN** in the clinic's MRN field, checked against your clinic's MRN format. An MRN that breaks the format, or that another patient at the clinic holds, refuses that patient with the reason.
- **Episodes:** each AIMS episode becomes its own Asendar episode of care, with its dates and discharge reason, numbered oldest first. The latest one decides whether the patient is active, in relapse prevention or deactivated. A relapse prevention plan is opened with placeholder text for the care manager to complete.
- **Contacts:** every contact, with its type, how it was delivered, its minutes and its date. Scores land as ordinary scores dated to their contact, marked as imported from AIMS. A scale your clinic has switched off is not imported (the dry run warns).
- **Care team:** a new enrollment gets the AIMS care manager as its Care Manager (or the person importing, when the name does not match) and the AIMS psychiatric consultant.
- **Providers:** matched to your staff by name. An unmatched name is listed; no login is created.
- **A row that matches a patient the importer cannot open** (for example one carried by another care manager) is **held**: nothing is written for it, and it is never created a second time. An Owner or Clinic Admin resolves held rows by running the same import.

Imported patients get no email. The months before your switch were billed from AIMS: their minutes now show in Asendar's time tracker and billing packet as a record, but do not bill those months again.

One patient at a time

To carry over a single patient, open their **Collaborative Care** tab and, on the **Moving from AIMS** card, select **Enter AIMS history**. Copy in the AIMS enrollment date, the initial assessment date and baseline scores, the latest follow-up date and scores, and the latest psychiatric consultation, then **Save AIMS history**. Each date is recorded as a contact with 0 minutes, because those months were billed from AIMS, and each score is marked as imported from AIMS. The follow-up clock and the outcome measures then carry on from the AIMS history instead of starting again.

Day-one checklist

Owner or Clinic Admin

- ☐ Sign in. You land on the caseload.
- ☐ **Business Settings, Business** tab: set **Caseload flags** (red safety flag, your blue flag and its label).
- ☐ Same tab, **Collaborative Care options**: GAD-7, PCL-5, minutes tracking, the race and ethnicity question, and your **MRN format**.
- ☐ Same tab: check **Idle sign-out** (30 minutes by default).
- ☐ **Employees: Invite Employee** for each person. Care managers get **FACILITATOR**, psychiatric consultants **PRESCRIBER**, site managers **CLINIC ADMIN**.

- ☐ **Edit** each person and set their care team role label (Behavioral Health Care Manager, Psychiatric Consultant, Primary Care Provider, Site Manager or Data Manager).
- ☐ Bring the caseload across with **Import from AIMS** (above). Run the dry run first and read every held row and error.
- ☐ On each patient, check the **Care team**: a Care Manager, the Psychiatric Consultant and the PCP. Add login-less PCPs to the directory. A patient with no Psychiatric Consultant cannot be flagged for a consult.

Care manager

- ☐ Sign in. **Today** is your morning list.
- ☐ Open a patient and log one real contact with **Log time**. Check it appears under **Contacts and minutes**.
- ☐ On your phone, find the round clock button at the bottom left. That is Log time.

Psychiatric consultant

- ☐ Sign in and open **Flagged for me**.
- ☐ Open a flagged patient, read the notes, enter the **Recommendation, Minutes** and **Review date**, and select **Record review**. Only you, as the consultant the request names, or an Owner or Clinic Admin can record it.

Biller

- ☐ Open **Billing packet**, pick last month, and read every **Do not bill** and every missing evidence line before you key the claim.

Billing

Collaborative Care is billed as one claim per patient per month, by the treating physician or advanced practice provider, through your payer's own claims system (for Medicaid, your state Medicaid program). Asendar transmits nothing. The packet is what the claim is keyed from and the record you produce on audit.

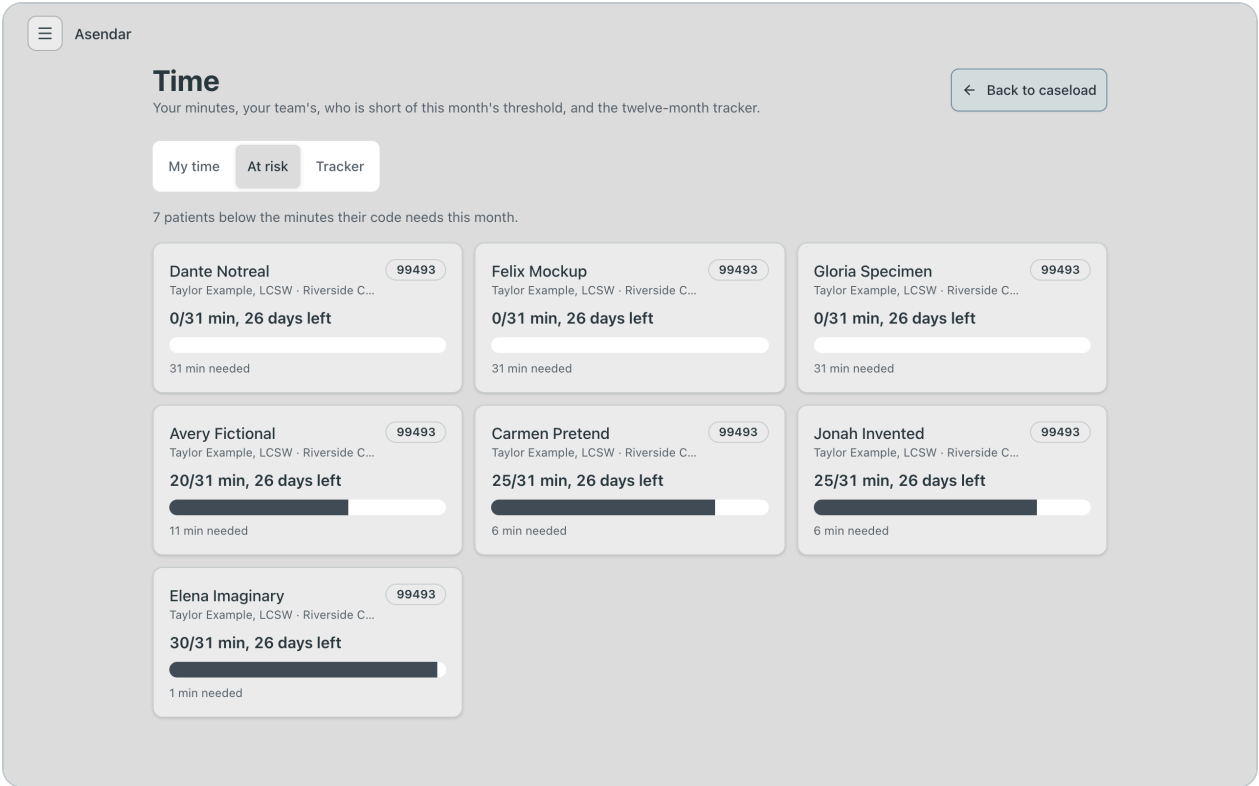
1. Log the minutes

Every contact goes through **Log time**: the activity, how it was delivered, the minutes, the date and who delivered it. Consultant review minutes are added when the review is recorded. A **Psych consult** contact logged by anyone but the consultant the request names, or an Owner or Clinic Admin, counts its minutes

but leaves the consult open. Care team collaboration and contact attempts count too. A contact can be up to 120 minutes.

2. Watch the ring

The minutes ring on each card and on the Collaborative Care tab shows the month's minutes and how many more reach the next code. On the Collaborative Care tab it also says what the month already supports, read the way the packet reads it: **So far October supports 99493**, or **Nothing billable in October yet** with the 16-minute G2214 floor and the base code's floor. **Time, At risk** lists every active patient short of the minutes their code needs this month, with the days left.



Time, At risk.

3. Run the monthly packet

1. On the caseload, select **Billing packet**.
2. Choose the **Month**.
3. Read the **Caseload roll-up**: each patient's minutes, **Code(s) supported** and **Evidence**.
4. Read each patient's card for the code decision in plain words and the evidence line by line.
5. Download **CSV** for your billing system and **PDF packet** for the record. The CSV's last column, **Consult reviews recorded by**, names who recorded each review that month and in what role.

Asendar

Caseload roll-up

14 enrolled · 7 with a billable month · 7 supporting no code · 14 with missing required evidence · 280 minutes total

99493: 3 units across 3 patients G2214: 4 units across 4 patients

Patient	Minutes	Code(s) supported	Evidence
Nadia Fabricated subsequent	0	Do not bill	4 missing
Omar Simulated subsequent	0	Do not bill	4 missing
Paula Nonexistent subsequent	0	Do not bill	4 missing
Tomas Illustrative subsequent	0	Do not bill	4 missing
Hector Facsimile subsequent	15	Do not bill	2 missing
Avery Fictional subsequent	40	99493 x1	2 missing
Blake Makeup subsequent	30	G2214 x1	1 missing
Iris Hypothetical subsequent	5	Do not bill	3 missing
Carmen Pretend subsequent	30	G2214 x1	1 missing
Dante Notreal subsequent	45	99493 x1	1 missing

The monthly billing packet.

Asendar

Weekly psychiatric consultant caseload review Consultant review recorded in 0 of 5 enrolled weeks.

Avery Fictional

Riverside Collaborative Care Demo Clinic · enrolled 2026-04-22 · Medicaid

99493 x1 40 minutes logged meets the 31-minute threshold for a subsequent month.

Validated rating scale, initial measurement A validated instrument was administered at or before the start of this month.

Validated rating scale, ongoing measurement No scored validated instrument this month. Measurement-based care is the substance of CoCM; a month without one is hard to substantiate.

Individualized treatment plan, created or revised No treatment plan change this month. Expected over the course of care rather than every month, but a long run without one is an audit question.

Registry tracking 1 dated registry contact recorded this month.

Brief intervention delivered 1 contact delivered a brief intervention.

Weekly psychiatric consultant caseload review Consultant review recorded in 0 of 5 enrolled weeks.

Blake Makeup

Riverside Collaborative Care Demo Clinic · enrolled 2026-05-10 · Medicaid

G2214 x1 30 minutes meets the 16-minute threshold for G2214 but not the 31 minutes 99493 requires. G2214 may not be billed in the same month as 99492, 99493 or 99494, and is not here.

Validated rating scale, initial measurement A validated instrument was administered at or before the start of this month.

Validated rating scale, ongoing measurement PHQ9 16, PCL5 35 administered this month.

Individualized treatment plan, created or revised No treatment plan change this month. Expected over the course of care rather than every month, but a long run without one is an audit question.

Registry tracking 1 dated registry contact recorded this month.

Brief intervention delivered 1 contact delivered a brief intervention.

Weekly psychiatric consultant caseload review Consultant review recorded in 0 of 5 enrolled weeks.

One patient's month: the code decision and the evidence, line by line.

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Blake Madeup

Riverside Collaborative Care Demo Clinic · enrolled 2026-05-10 · Medicaid

99493 x1 60 minutes logged meets the 31-minute threshold for a subsequent month.

- ✓ **Validated rating scale, initial measurement** A validated instrument was administered at or before the start of this month.
- ✓ **Validated rating scale, ongoing measurement** PHQ9 16, GAD7 14 administered this month.
- ✗ **Individualized treatment plan, created or revised** No treatment plan change this month. Expected over the course of care rather than every month, but a long run without one is an audit question.
- ✓ **Registry tracking** 3 dated registry contacts recorded this month.
- ✓ **Brief intervention delivered** 1 contact delivered a brief intervention.
- ✗ **Weekly psychiatric consultant caseload review** Consultant review recorded in 1 of 5 enrolled weeks. Recorded by: 2026-10-06 Dr. Jordan Synthetic (Psychiatric Consultant).

A month with a recorded review: the evidence names who recorded it and in what role.

The codes

Minutes are behavioral health care manager minutes in the calendar month, on the clinic's own clock.

Month	Base code	First 99494	Each further 99494
Initial month (the patient's first billable month)	99492 from 36 minutes	at 86 minutes	every 30 minutes after that (116, 146)
Any later month	99493 from 31 minutes	at 76 minutes	every 30 minutes after that (106, 136)

- 99494 is capped at **4 units** a month.
- **G2214** applies from 16 minutes when the base code is not reached, and **is never billed in the same month as 99492, 99493 or 99494**. Asendar enforces this.
- Under 16 minutes the month shows **Do not bill**, with the reason. Every enrolled patient appears, so no month is silently dropped.
- "Initial month" is the patient's first billable month, not the first month on the screen, so 99492 is not billed twice.
- A patient carried at two clinics in a month is billed once, by the primary clinic.

The audit evidence

For each patient-month the packet checks a validated rating scale at or before the month (initial) and inside the month (ongoing), the treatment plan created or revised (expected over the course of care, not every month), registry tracking, a brief intervention delivered, and the weekly psychiatric consultant caseload review. The review line names each review's date, who recorded it and their role (**Psychiatric**

Consultant, Owner or Clinic Administrator), on the page, in the PDF packet and in the CSV. Minutes and evidence are shown separately: a month can meet the minutes and still be one you should not bill.

No dollar figures, by design

The packet reports codes, units, minutes and evidence, never rates. Rates come from your payer's published fee schedule. The header names what the claim needs that Asendar does not hold: the billing and rendering provider NPI, the Medicaid provider number and the taxonomy code.

What is different by design

- **The record belongs to the individual.** Asendar is built on one health record that belongs to the patient and travels with them. The patient's own details (name, date of birth, health profile) come from their account and show read-only to the clinic, and a patient can withdraw a provider's access.
- **Nothing is deleted.** A contact logged in error is voided with a reason and stays on record. A clinic deactivates a patient with a reason rather than deleting them. A full deletion request goes to support@asendar.com, which handles it under the data retention policy.
- **Every login sees PHI.** There are no no-PHI accounts. De-identified data leaves through the de-identified export.
- **Exports are run by an Owner or Clinic Admin.** The **Data Manager** label names the person who works with the data, but it does not grant the export.
- **Several people per role.** A patient can have more than one Care Manager, Psychiatric Consultant or PCP, and the reports count the patient under each.
- **A consult names its consultant.** Each consult request names one of the patient's Psychiatric Consultants, and only that consultant, or the clinic's Owner or Clinic Admin, records the review. The packet then shows who recorded it and in what role.
- **Patients can complete their own scores.** A patient can take the PHQ-9, GAD-7 or PCL-5 in their own account, assigned by their care team or started by the patient. The score lands on the Scores card marked **Completed by the patient** and counts in the caseload, the reports and the billing evidence like any other ([User Guide, section 6](#)).
- **Turning a scale off never rewrites the past.** Scores already recorded on a scale the clinic switches off still count in every report.
- **The billing packet** is new: AIMS has no equivalent.
- **No downtime mode.** Keep a paper log and back-enter with the real date ([User Guide, section 2](#)).

AIMS coverage at a glance

We checked Asendar against every section of the AIMS Caseload Tracker User Guide and every scene of the AIMS Caseload Tracker demo video.

	AIMS guide topics (57)	AIMS demo scenes (18)
Covered: a clinic does the same job in Asendar today	50	18
Partial: Asendar has it, with a gap named below	3	0
Missing	0	0
Not applicable: guide content, or a deliberate difference	4	0

The gaps, in plain words:

- **No no-PHI account types.** AIMS offers Consultant, Data Manager and Account Administrator accounts without PHI, and an aggregate viewer. Asendar does not: every login sees PHI, and de-identified data leaves through the de-identified export.
- **Most of the AIMS role matrix is not enforced per role.** Who records a psychiatric case review is enforced: only the consultant the request names, or an Owner or Clinic Admin. The rest is not: anyone who can open a patient's chart can enroll and deactivate, log contacts and scores, and flag a consult.
- **A clinic cannot add a location itself.** Asendar sets clinics up at onboarding; email support@asendar.com to add one.

The pediatric scales some AIMS clinics use (SCARED, SMFQ and Vanderbilt) are not in Asendar yet. The Not applicable topics are the guide's introduction, browser requirements, business continuity (Asendar has no downtime mode; back-entering with the real date is the procedure) and deleting patient data (deactivate with a reason instead; full deletion requests go to support).

Who to call

Asendar support: support@asendar.com.

Asendar™ · Collaborative Care · Screens shown are from a synthetic demo clinic. No real patients appear in this guide.