SMARTCARE

Then & Now: EHR Transition Guidance

With the implementation of SmartCare and the sunsetting of current legacy electronic health records (EHRs), Cerner and SanWITS, BHS has developed this "Then & Now" document to support the transition and give guidance on how things may be different. The grid below will inform users how to navigate some of the new options available in SmartCare while also ensuring current regulations and requirements are met.

TOPIC	PROCESS IN LEGACY SYSTEM (THEN)	SMARTCARE FUNCTIONALITY	SMARTCARE DETERMINATION (NOW)
Consents	MH: Programs were able to use LE created consent or the County options available. SUD: Programs were responsible for developing their own consents.	SmartCare has several consents available for use: - Coordinated Care Consent (Client) - Consent for Email Communication (Client) - Consent for Telehealth (Client) - Consent to Treat (Client) - Consent for Text Communication (Client)	**Must use**: Coordinated Care Consent allows for the sharing of information between all programs, including 42CFR Part 2 programs and mental health programs. All other consents are **optional** and should programs choose to use their own, they can scan it into the system as needed.
Evidenced Based Practice (EBP) Tracking	MH: EBPs are set up at program set up and providers don't need to choose. SUD: providers choose each service/encounter.	MH: EBPs are chosen per session. SUD: Set up at the program level, not an option to choose on each service.	Must follow functionality within the system. For SUD: MIS will assign the EBP when creating the program setup. For MH: Programs will be asked to determine the EBP which best fits their service line provision.
Authorization Process	MH: Authorizations sent in via fax or Optum form. SUD: Provider initiates authorization in SanWITS; submits documentation to Optum for review and approval of authorization; Optum completes authorization approval in SanWITS.	MH & SUD: Authorizations are available to be requested via SmartCare, then Optum can receive and approve via the EHR.	Due to updates to the SmartCare system and the current building of a robust Care Coordination process which will include the authorization process, the system is under development and the avenue of using SmartCare is not available at the moment. Authorizations will be sent to Optum via fax/paper process, Optum will enter into SmartCare.
"Sister" Program Documents	MH: Program documents are held at the program level, not client level. Meaning that each program is asked to create their own set of assessments, outcomes, etc. SUD: N/A	Outcomes and Assessments are considered "client level data", meaning one record should be maintained and timelines should be relevant to that one document.	Follow client level documentation rules provided by CalMHSA. No requirement for these types of assessments to be done at admission.

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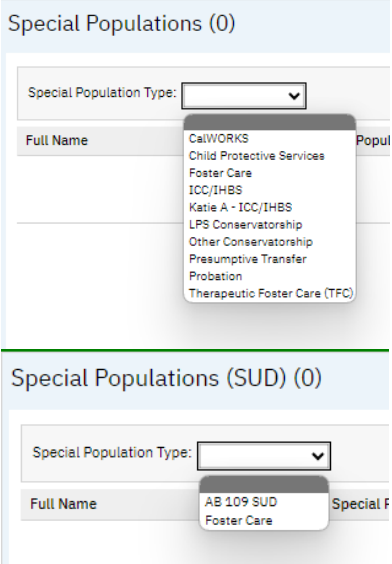| TOPIC	PROCESS IN LEGACY SYSTEM (THEN)	SMARTCARE FUNCTIONALITY	SMARTCARE DETERMINATION (NOW)
Insurance Information	MH: Providers enter MC and OHC into Cerner. SUD: Providers enter MC and OHC into SanWITS.	CalMHSA highly suggests limiting access to these screens to the County billing teams due to the other functionality and room for error.	MC screens are not provider level; these are system level so thus eliminating the ability for providers to make changes here, which means they will need to fill out a form (created by MHBU & SUD BU) and send in for BU to enter into SmartCare (Guidance released 7/18/2024).
Requested Status	MH & SUD: N/A	SmartCare allows for the tracking of a "waitlist" via the Requested Status of enrollment on the Inquiry Screen. This can be monitored through the Inquiry List Page to show clients who are waiting for appointments and who have not yet been scheduled. Requested status does allow for certain services to be billed and for some documents to be completed i.e., BHQIP, TADT.	Currently, a Care Coordination Process is being developed which will allow for a more robust referral and tracking system, but this function may be applicable to programs who do not need to complete a full enrollment in their programs, such as walk-ins.
Walk-In Clinics	MH: Currently have units/subunits set up to delineate this service. SUD: no dedicated walk-in clinics.	Available Inquiry Type in the drop down menu Contact Type choose walk-in to pull data.	Via the Inquiry Process, providers can choose the walk-in value from the Inquiry Type table and track in the system.
CANS/PSC	MH: Entered into mHOMS by providers. SUD: N/A	CANS & PSC are available in the SmartCare system.	As of 9/1 all CANS/PSC documents dated 9/1 and after will be entered into SmartCare. Continue to enter CANS/PSC into mHOMS for all entries dated prior to 9/1.
UCRM & SUDURM	MH: Forms were created in CCBH and downtime forms then made into form fill by QA. SUD: Forms were not built in SanWITS; QA maintained the SUDURM forms that were used for the client record.	SmartCare already has forms to be used by both MH & SUD built into the system. This system comes "prebuilt", meaning no San Diego specific forms are being built. Adding forms is done via a "vote" with all other Counties who use SmartCare involved.	Uses of forms in the system will be required where applicable. There are still some LE specific consents which may be used. Programs who maintain their own EHR will not be expected to fully utilize the SmartCare product. Many forms are being sunset. Crosswalks of both the UCRM & SUDURM are being made available and will be maintained on the Optum website.
ASAM	MH: N/A SUD: Programs using SanWITS to enter all ASAM info into the system;	ASAM version is different than what providers are used to. There is no way to enter just the determinations found during completion of the ASAM. The	Because there is no option to enter just results, programs that do NOT enter complete documentation into SmartCare will be requested to export their determination findings

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	programs with their own EHR are not entering all ASAM data, they are only entering ASAM results required for monthly state reporting.	documentation must be completed in its entirety.	and submit them to the County. A P&P regarding this will be sent out shortly.
Staff email addresses	Staff working at multiple facilities have different accounts they access for each which means multiple emails for each facility/legal entity.	Multiple accounts are not needed in SmartCare; the system works with name based logins + number verification.	Providers will have one email as source of truth.
Pregnancy HD Modifier	MH: N/A SUD: SanWITS is set-up with a pregnancy indicator that adds the HD modifier to the claim.	This modifier is ONLY added with use of a z code on the Problem List.	Providers will need to ensure that the correct problem list code **z34.90** is entered or the HD modifier will not attach to the claim.
NOABDs	MH: providers document on a tracking log and submit to QA for analyst to aggregate quarterly. SUD: providers enter into SanWITS as a misc. note; there is a report that can be run on demand but we know not all providers are reporting NOABD's; some are reporting NOABD data with QSR's.	SmartCare has NOABD's built into the system; providers can generate NOABD's there; this will allow for us to create a report for monitoring and pulling into PowerBI.	NOABDs are going to be **ON HOLD** for go-live and will roll out once templates can be updated by County and testing can be done with the Grievance & Appeal process available in this system. Providers will need to complete a tracking log and submit to QA quarterly.
Use of Scheduler	MH: some programs use this feature in CCBH. SUD: N/A	SmartCare has a robust scheduling system which allows for ease of charting and tracking purposes for managers.	The use of Scheduler will not be required but strongly suggested. It is recognized the feature is not applicable to crisis, 24-hr, residential, and inpatient services.

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Special Populations	MH: uses a similar method via Client Categories Maintenance. SUD: entered via Special Populations		Special Populations will be used for reporting purposes by the County and programs. Please train your staff to use the appropriate Special Population Type, when applicable. Special Populations can be identified throughout a client's enrollment.
Timely Access Data Tool (TADT) - Currently ASJ	MH/SUD - Providers submit monthly updates via SOC application for staff and program requirements needed for 27/4 and TADT reporting.	TADT forms are directly responded to within the System.	MH complete: - MH Non-Psychiatric SMHS Timeliness Record - MH Psychiatric SMHS Timeliness Record SUD complete: - DMC Outpatient Timeliness Record - DMC Opioid Timeliness Record
Entering Services without a Progress Note	Services in both CCBH and SanWITS are able to be entered without an associated note being completed and attached to that service.	SmartCare has multiple different methods for entering services without progress notes required.	This process is currently being evaluated and a more formal communication regarding entering services without a progress note will be released.