

SUDPOH Summary of Changes – November 2024

SECTION	REVISION	WHAT HAS CHANGED (Section page number in parenthesis)
Cover Page	N/A	
Table of Contents/Appendix	N/A	
Section A: Organized Delivery System	N/A	
Section B: Providing DMC Services	Updated and Removed Information	<ul style="list-style-type: none"> • Removed and updated the first sentence under section “Recovery Services” [B.13] • Removed “See RS work posted on the Optum Site under the toolbox as this has been removed from the toolbox” under “Recovery Services” [B.14]
Section C: Prevention Services & Specialty Programs	N/A	
Section D: Practice Guidelines	N/A	
Section E: Access to Service	Updated and Added Information	<ul style="list-style-type: none"> • Updated and added information in initial authorization process including: enrolling or requesting client in SmartCare Client Programs and communicating client’s Medi-Cal eligibility to Optum when calling in calling in an initial authorization. There is an update to the Optum process when receiving the SUD Residential Authorization form, they will check SmartCare Client Programs [E.14] • Updated under Continuing Authorization, that prior to faxing the authorization request to Optum, the SUD Provider will update SmartCare Client Programs if request is for a different level of care. Updated/added information under the extension authorization request, that prior to faxing authorization request to Optum, the SUD Provider will update SmartCare Client Programs if request is for a different level of care [E.15] • Updated under residential level of care changes, that the SUD provider will update SmartCare Client Programs level of care. Under Discharge there is an update, when medical necessity is no longer met for residential treatment during an authorized stay, the SUD Provider shall recommend a change in level of care and transfer or discharge the client. The SUD Provider will submit to Optum via fax the discharge summary, this used to be the discharge plan and discharge summary only for unplanned discharge, within thirty (30) days of the last face-to-face with the client (please see “Timelines” under “Discharge Summary” further in this section for more information) [E.16]

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Section F: Compliance/ Confidentiality	Updated Information	<ul style="list-style-type: none"> • Updated Agency and Compliance (ACO) with Business Assurance and Compliance (BAC) [F.9]
Section G: Beneficiary Rights	N/A	
Section H: Cultural Competence	N/A	
Section I: Quality Assurance	Updated Information	<ul style="list-style-type: none"> • Updated Agency and Compliance (ACO) with Business Assurance and Compliance (BAC) under section “Program Reporting of Fraud, Waste and Abuse” [I.12]
Section J: Management Information Systems (MIS)	Updated Information	<ul style="list-style-type: none"> • Updated MIS and SmartcCare support emails aligned with SmartCare under trainings and SmartCare resources [J.2 and J.3]
Section K: Data Requirements	Updated and Removed Information	<ul style="list-style-type: none"> • K.1 <ul style="list-style-type: none"> ○ Removed SanWITS language and changed to SmartCare ○ Removed SanWITS Data Entry Standards ○ Update email address for Desk Support • K.2 <ul style="list-style-type: none"> ○ Changed SanWITS to “electronic health record” ○ Updated Billing to capture changes to reporting in SanWITS versus SmartCare ○ Updated SanWITS billing errors language ○ Removed: Having one system to collect both data sets ensures that DMC claims will always be accompanied by a CalOMS data set. The SmartCare system went live on 09/01/2024, and DMC services starting from 09/01/2024 must be entered by programs in SmartCare ○ Added: The billing guides, tip sheets, and training plans are currently in progress, and an email announcement will be sent to all programs as soon as they become available. SUD Billing Unit can be contacted directly for any SUD-specific billing questions or rules. ○ Added to the DMC Billing Resources: Optum Website (visit tabs: 1. Billing and 2. SmartCare) ○ Added: All DMC Billing up to 08/31/2024 shall be captured in and released to the County Clearinghouse and Contract Management (for Residential Bed Day batches) through SanWITS • K.3 <ul style="list-style-type: none"> ○ Language was changed to state that it was no longer a requirement to report to CORS or DHCS when program had reached a certain capacity of 90%. ○ Removed SanWITS Support Desk email ○ Updated SanWITS language to SmartCare

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		<ul style="list-style-type: none"> • K.4 <ul style="list-style-type: none"> ○ Added the following emails/contacts to: <ul style="list-style-type: none"> ▪ MIS is no longer monitoring BHS_EHRProject.HHSA@sdcounty.ca.gov ▪ For any system-related issues, please reach out to CalMHSA ▪ For trouble accessing the system, please send your email to SUDEHRSupport.HHSA@sdcounty.ca.gov ▪ For questions related to documentation, guidelines, or policy, please send your email to QIMatters.HHSA@sdcounty.ca.gov ▪ If you would like to request a program or system change, or for deletions, please send your email to MHEHRSupport.HHSA@sdcounty.ca.gov ▪ Note: The SmartCare ARF can be found on regpack and should be submitted to SUDEHRSupport.HHSA@sdcounty.ca.gov
Section L: Training	Updated, Added, and Removed Information	<ul style="list-style-type: none"> • Replaced "SanWITS User Trainings" with "SmartCare Trainings" [L.1] • Included additional information related to required SmartCare Trainings and resources per Behavioral Health Services (BHS) – Information Notice from November 5, 2024 [L.2] • Removed information related to SanWITS Trainings [L.2] • Included updates on billing training information for SanWITS and SmartCare per the Billing Unit [L.2]
Section M: Staff Qualifications & Requirements	N/A	
Section N: Facility Licensing, Certification, & Other Requirements	N/A	
Section O: Provider Contracting	N/A	
Section P: Funding Source Requirements	Updated, Added, and Removed Information	<ul style="list-style-type: none"> • Under section "Other Fiscal Instructions," updated language from "Fee-For-Service (FFS) Net Negotiated Rate (NNR)" to "Rate-Based;" language update from "claim" to "expenditures," language update from "FFSNRR" to "rates," added language "amendment," and removed language for "discretionary variance" [P.6]

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		<ul style="list-style-type: none"> • Under section “Budget,” updated language from “FFSNR” to “Rate-Based.” Under section “Invoice,” removed “cost” [P.6] • Under section “Units of Service,” updated language from “FFSNR” to “Rate-Based”. Under section “Ancillary Claims,” updated language from “FFS” to “Rate-Based”. Under section “Accounting System,” removed language “property” and “assets;” added language “revenues.” Under section “Budget and Fiscal Instructions for Hybrid Contract,” updated language from “FFSNR” to “Rate-Based” [P.7]
Section Q: Quick Reference	N/A	
Appendix	N/A	
All Sections	N/A	