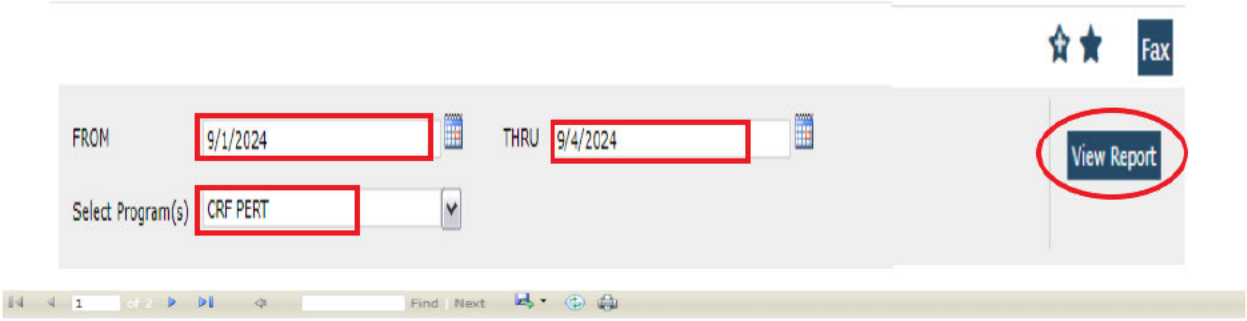
GUIDELINES ON COMPLETING THE SMARTCARE CLIENT PLAN REQUEST FORM

SmartCare Client Plan Request form should be completed for:

- Clients that do not have an active coverage plan (any plans) in SmartCare
- New clients in our SOC (System of Care) and in SmartCare
- Existing clients in our SOC whose coverage has changed or expired
- Clients identified in CalMHSA Service Error Report (My Office) with "**Financial information has not been completed for this client**" error. This means that the system was unable to find an "Active" coverage plan for the client in SmartCare.
    - Search for CalMHSA Service Error Report (My Office)
    - FROM & THRU – enter the beginning/ending DOS you want to run the report for.
    - Select Program(s) – this is a multiple select field in case you need to run the report for more than one program.
    - Click View Report to run the report.



Service Error Report From 09/01/2024 Through 09/04/2024

CRF PERT

Error Message (5)- Billing diagnosis required for completing the service.

Service ID	Client ID	Date of Service	Units	Procedure	Staff ID	Staff Name	Location
12319	[redacted]	09-03-2024	18	Self-help/peer services	1025629	[redacted]	Telehealth - Telephone Audio Only Not in Client Home
12358		09-03-2024	6	Self-help/peer services	1025629		Home
12393		09-03-2024	18	Self-help/peer services	1025629		Home
12443		09-03-2024	17	Self-help/peer services	1025629		Home
12418		09-03-2024	4	Self-help/peer services	1025629		Telehealth - Telephone Audio Only Not in Client Home

Errors: 5

Error Message (12)- Financial information has not been completed for this client.

Service ID	Client ID	Date of Service	Units	Procedure	Staff ID	Staff Name	Location
5023	[redacted]	09-01-2024	89	Crisis Intervention Services	1022772	[redacted]	Other Place of Service
5201		09-02-2024	55	Crisis Intervention Services	1020696		Other Place of Service
6982		09-02-2024	139	Crisis Intervention Services	1007392		Other Place of Service
10848		09-03-2024	40	Crisis Intervention Services	1017461		School
12291		09-03-2024	43	Crisis Intervention Services	1018575		Home
11447		09-03-2024	88	Crisis Intervention Services	1010617		Other Place of Service
12537		09-03-2024	58	Crisis Intervention Services	1016009		Other Place of Service
12490		09-03-2024	83	Crisis Intervention Services	1022772		Other Place of Service
12277		09-03-2024	51	Crisis Intervention Services	1010617		Other Place of Service
11714		09-03-2024	11	Targeted Case Management	1010617		Other Place of Service
12544		09-03-2024	22	Targeted Case Management	1016009		Other Place of Service
12306		09-03-2024	9	Targeted Case Management	1010617		Other Place of Service

Errors: 12

How to complete the SmartCare Client Plan Request Form

- Client Name & ID# - Please provide client's name and id in SmartCare
- Program Name
- Client's DOB (to verify) – in cases where there is more than one client in SmartCare that have the same first and last name.
- Submitted By – person completing/submitting the form
- Date – date request was emailed/Efax to BHS Billing Unit
- New Client Plan – if client does not have an existing coverage plan in SmartCare
- Update Existing Client Plan – change in client's existing coverage plan or expiration of existing plan
- Primary Health Plan – click on **Choose an item** and plan list will display. Click on which plan you are requesting for the client. Choose Other if plan is not on the list.
    - Medi-Cal MH – choose this plan for MH Clients Only
    - Medi-Cal DMC – choose this plan for SUD Clients Only
    - County (MC) MH Administration – choose this plan for UNFUNDED MH Clients Only
    - County Billable SUD - choose this plan for for UNFUNDED SUD Clients Only
- Secondary Health Plan – complete if adding another plan; otherwise leave blank
- Tertiary Health Plan – complete if adding another plan; otherwise leave blank
- Assignment/Release of Information obtained? – please follow your internal policies and procedures with regards to management of client's medical records. You DO NOT need to email/Efax the signed AOB to BHS BU.
- Coverage Plan (If Not on the List)
- Coverage Plan Mailing Address (If known)
- Subscriber's Name (Lastname, Firstname)
- Subscriber's Address
- Subscriber's Sex
- Subscriber's SSN
- Subscriber's DOB

Please direct any questions or assistance with the new form/process to the designated BHS/Fiscal Billing Units.

For MH Clients:
Email and E-Fax: MHBillingUnit.HHSA@sdcounty.ca.gov
Billing Main Line: 619-338-2612

For SUD Clients:
Email and E-Fax: ADSBillingUnit.HHSA@sdcounty.ca.gov
Billing Main Line: 619-338-2584

Updated: 09/10/2024