



Accessing the COSD Authorizations Report in SmartCare – ACT/FACT Bundled Authorizations:

1. Select COSD Authorization Report (My Office) from search bar on Dashboard:

SmartCare

Search: COSD Auth

CoSD Authorizations Report (My Office)

OSHPD Reporting Summary

Records in Past: Days

Total Records: 1962

2. On Report Screen, enter the following data points:

- Authorization date from
- Authorization date to
- Program Code (Name)
- Leave Authorization Status as “All Statuses”

Report View - Work - Microsoft Edge

https://sdmhsctt.smartcarenet.com/SanDiegoCntySmartcareQA/ShowReport.aspx?ReportId=gU6Dolr5WN4%3D&ReportServerId=RUNPkrll

Authorization Date From: [Calendar Icon]

Authorization Date To: [Calendar Icon]

Authorization Status: All Statuses

Program Code: [Dropdown Arrow]



3. Export report to excel:

Authorization Date From: 3/1/2026 Authorization Date To: 5/5/2026
Authorization Status: All Statuses Program Code: SDCC INTENSIVE DIH PROGRAM, SI

CoSD Authorizations Report

Auth Doc Id	Client Id	Client Name	Coverage Plan	Auth Status	Auth #	From
22202	2003...		Medi-Cal MH	Approved		03/01/2026

Export options: Word, Excel, PowerPoint, PDF, TIFF file, MHTML (web archive), CSV (comma delimited), XML file with report data, Data Feed

4. Excel view:

CoSD Authorizations Report

Auth Doc Id	Client Id	Client Name	Coverage Plan	Auth Code	Auth Status	Auth #	From	To	Requested	Approved	Used	Service Id	Service Status	Procedure	DOS	Clinician	Program
27519	2003xxxxx	Client One	Medi-Cal MH	Day Treatment Intensive	Approved		03/12/2025	04/10/2026	20	20	2	4768205	Complete	Day Treatment Intensive, Full Day	12/16/2025		SDCC PARTIAL HOSPITAL PROGRAM
23995	2002xxxxx	Client Two	Medi-Cal MH	Day Treatment Intensive	Approved		01/06/2026	03/30/2026	36	36	21	5008159	Complete	Day Treatment Intensive, Half Day	01/07/2026		SDCC INTENSIVE DIH PROGRAM
26765	2003xxxxx	Client Three	Medi-Cal MH	Day Treatment Intensive	Approved		02/27/2026	03/26/2026	20	20	15	5618136	Complete	Day Treatment Intensive, Full Day	03/02/2026		SDCC PARTIAL HOSPITAL PROGRAM
22635	2003xxxxx	Client Four	Medi-Cal MH	Day Treatment Intensive	Approved		12/05/2025	02/26/2026	36	36	21	4712250	Complete	Day Treatment Intensive, Half Day	12/08/2025		SDCC INTENSIVE DIH PROGRAM

5. Review Report: please ensure you are reviewing the **Bold** items below as these data points will assist to identify the most common **Missing Authorization Service Errors**:

- Client ID
- **Client Name** (if client does not appear on report, there is no auth for client for your program)
- **Coverage Plan** (Medi-Cal MH)
- **Auth Code** (will be "ACT/FACT Bundle")
- **Auth Status**
- **Dates of Auth coverage**



- Requested units (days, months, etc)
- Approved units (days, months, etc)
- Units used at time of report
- Service ID
- Service Status
- Procedure (ACT/FACT Bundle or unbundled service code)
- **Date of Service** (DOS)
- Clinician
- Program