Up To The Minute!

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

SUD PROVIDER EDITION | JULY 2026

General Updates

Critical Incident Report (CIR) and ROF Form Updates Effective 07/01/2026

- Section 1: Program Type - Added "Fee-For-Service Provider" as provider type.
- All sections: Updated language to align with DHCS language requirements.
  - Updated "client" to "member".
  - Updated "Non-BHS Client" to "Non-BHS Plan Member" – same definition still applies.

CIR Form ONLY (also effective 07/01/2026)

- New Section for Section 6 NOTIFICATIONS **(MEMBER DEATH ONLY)**.
  - Includes information and instructions for required reporting of deaths of members to:
    - HIMS Department
      - Submit a BHS 025 Form with date of member death in the comments. Please follow instructions at the top of the form.
      - Retain a copy of the email or fax as documentation of compliance.
    - County MEDS Coordinator
      - Send an email to 37Crdnt.HHSA@sdcounty.ca.gov with information below:
        - Member Name
        - Social Security Number
        - Date of Birth
        - Date of Death
      - Retain a copy of the email as documentation of compliance.

Payment Recovery Form (PRF) Revision – Effective 07/01/2026

- Updated to include "Timeliness of Reporting" for ensuring disallowances or overpayments are reported within 60 days of being identified.

Upcoming Events

SmartCare User Group Meeting

- Date: Tuesday, July 21, 2026
- Time: 10:00am - 11:00am

Click to Join the Meeting

SUD Quality Improvement Partners (QIP) Meeting

- Date: Thursday, July 23, 2026
- Time: 10:00am - 11:30am

Click to Join the Meeting

Skill Building Workshop (Outpatient Services)

- Date: Tuesday, July 14, 2026
- Time: 1:00pm – 2:30pm

Click here to Register

Skill Building Workshop (Residential Services)

- Date: Tuesday, July 21, 2026
- Time: 1:00pm – 2:30pm

Click here to Register

Save the Date! DMC-ODS Annual Training

- Date Thursday, August 20, 2026
- Time: 10:00am – 12:00pm

General Updates Continued…

- The tool is automated and will calculate days lapsed and if the report was timely or not.
- Includes a space for providers to include a reason for late reporting. Not required if the report is timely.
- If the reason is blank and the report is not timely, QA will follow up and request a late reason.
- The PRF will be available on the Optum site on 07/01/2026.

Upcoming Events Cont...

- Location: This live session will be held virtually
- Intended audience: SOC Program leadership, Program QI/Compliance staff, front line staff

Coming Soon!

DOCUMENTATION AND TRAVEL TIME FIELDS TO BECOME MANDATORY FOR NOTE COMPLETION!

CalMHSA will be updating the service indicator fields in service notes to be mandatory for travel and documentation time. CalMHSA is currently working on the update to service notes for these new requirements and an effective date is pending, however programs are encouraged to begin ensuring all staff are entering their travel and documentation time accurately when completing their services.

Once this update is completed, providers will not be able to sign their completed documentation if these fields are left blank. This information is important as it is used to inform future payment rates and captures productivity. Documentation time will also be used to track/monitor documentation improvements and progress following the implementation of Eleos AI Transcription as well as inform ongoing Eleos AI Transcription process improvement efforts.

Problem List & Special Population - Homelessness and Housing Tracking

Providers will be responsible for monitoring and tracking client homelessness status when receiving housing supports/resources within the Problem List & as a Special Population as this is a requirement for ISL (Individual Service Level) tracking required under BHSA. *(ICM Programs, HFW, SBCM, IPS, any BHSA funded programs)*

Problem List:

- Identified problems should be attached to every service note.
- There are no limitations as to who can access these codes.

Programs should be using the following Z Codes as applicable:

- *Z59.00-* Homelessness documented, shelter status unknown
  - Used when homelessness is confirmed but details about sheltered vs. unsheltered are unavailable.
- *Z59.01-* Currently homeless, living in a shelter or transitional housing program
  - Applies to emergency shelters, transitional housing or similar programs. Do NOT use for tents or abandoned buildings.
- *Z59.02-* Currently homeless, living outdoors (street, encampment, vehicle, abandoned building)
  - Use for unsheltered environments including encampments, cars or makeshift outdoor structures.
- *Z59.811- Housed but at imminent risk of homelessness (within 30 days)*
  - Use when client reports risk of losing housing soon (e.g., eviction notice, lease ending without alternative).

General Updates Continued…

- *Z59.812- Housed but was homeless in the past 12 months*
  - Use when client has recent homelessness history and is currently housed.
- *Z59.819- Housed but housing situation unstable (details unclear)*
  - Use when housing instability exists but specifics are unknown.

Special Populations:

- Special populations can be backdated to the start of when the client began experiencing homelessness. If the client cannot recall, the clinician should use their best clinical judgment to help client estimate.
- Clients can have multiple special populations at the same time. For example: a client can have both "*Homeless- Chronic*" and "*Homeless- Living in an Encampment*" during the same time period.

Programs should be assigning the following Special Population Indicators to clients as applicable:

- *Homeless- Chronic*
- *Homeless- Living in an Encampment*

Coming Soon: SmartCare Site-Level Office Hours

SmartCare is implementing new functionality to support site-level Office Hours by day of week. Historically, SmartCare could only accommodate a single set of Office Hours rather than a full weekly schedule.

Maintaining accurate Site-Level Office Hours helps ensure the Provider Directory reflects when your site is available to serve clients and Medi-Cal members, making it easier for individuals seeking care to identify when services are available. Accurate Office Hours also support the County's Network Adequacy reporting to DHCS.

As part of implementation, Optum will contact Program Managers directly to obtain or validate Office Hours information for provider sites.

Site-Level Office Hours are the hours a site is available to provide services to clients/Medi-Cal members. They do not necessarily include administrative time, opening or closing activities, or other times when direct services are not available.

Additional information and implementation guidance is forthcoming.

DHCS Network Adequacy 2025 Secret Shopper Program – Reinforcing Client Navigation

DHCS selected the San Diego Behavioral Health Plan (BHP) for its 2025 Behavioral Health Secret Shopper pilot to evaluate provider directory accuracy and client access to behavioral health services. The pilot highlighted opportunities to strengthen client navigation when appointments cannot be scheduled and to improve Provider Directory information.

Member Navigation Reminders. When an appointment cannot be scheduled:

- Help clients take the next step through an appropriate referral or warm handoff.
- Connect clients to another appropriate provider, program, or the Access and Crisis Line (ACL), as appropriate.
- Follow existing OPOH/SUDPOH requirements related to client navigation, referrals, and timely access.

General Updates Continued…

Provider Directory Reminders. To help ensure clients have accurate staff and program information, remember that SmartCare is the system of record for the information displayed in the Provider Directory.

- Staff should routinely review their information. If staff-level information is incorrect in the Provider Directory, contact the Optum Help Desk at sdhelpdesk@optum.com or 1-800-834-3792.
- Program Managers should complete the required monthly SOC Application attestation to confirm staff and program information remains accurate and current. If program-level information is incorrect, contact your COR. COR Teams work with HPO to update SmartCare.

Proper Billing for Contingency Management (CM) Services

Quality Assurance has identified instances of programs billing for Contingency Management (CM) services without being enrolled in the Contingency Management pilot.
Please review the following requirements:

- Only programs formally enrolled in and contracted for the Contingency Management pilot are authorized to bill for CM services.
- Do not confuse Contingency Management billing (H0050) with Case Management or Care Coordination (T1017, 90882).
- Programs should run internal billing reports to ensure Contingency Management codes are not being billed in error.
- Any Contingency Management services billed in error will require a PRF submission.
- Programs should establish an internal QA process to review service codes before submission to prevent incorrect billing.

Reminder: Eleos Expression of Interest Form

This is a reminder that Behavioral Health Services (BHS) is preparing for the upcoming rollout of Eleos, AI-enabled ambient listening tool. As we move toward implementation, it is essential that programs planning to use Eleos complete and submit the Eleos Expression of Interest form.

This information is critical for planning implementation timelines, training capacity, onboarding support, and technical coordination.

Please ensure your program completes and submits the Eleos Expression of Interest form by **07/17/26**.

The Expression of Interest form link was sent to all contracted provider legal entities on 06/09/26. Please reach out to your legal entity if you did not receive a communication regarding Eleos.

Link for Smartsheet: **Smartsheet Link to Eleos Interest Form**

Please include the document below in the Smartsheet to list program staff who would use Eleos.

Eleos Interest List - Program.xlsx

If you have any questions, please contact the BHS EHR team:
BHS_EHRSupport.HHSA@sdcounty.ca.gov

General Updates Continued…

Update: SUDPOH June 2026

- The SUDPOH was updated for June 2026.
- This edition along with the Summary of Changes are now posted on the Optum site.
  - SUDPOH - updated June 2026.pdf
  - SUDPOH Summary of Changes - updated June 2026.pdf
- The next edition of the SUDPOH is planned for release in July 2026.

Management Information Systems (MIS)

System Access

System Access can be reached at BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov.

- LMS required trainings (SmartCare Training) should be completed before submitting an ARF to avoid it from being rejected.
- Program name must be listed on the ARF to gain access to program client data.
- Existing taxonomies should not be removed from the staff NPI registry to avoid claims from being denied. New taxonomy should be added.
- ARF processing can take up to 3-5 business days.

Reminders to avoid an ARF from being rejected:

- All clinical staff must provide the needed information under the "Clinical Staff" section of the ARF.
- All clinical staff are required to provide their NPI and taxonomy to have an account in SmartCare.
- Staff name and taxonomy must match the information listed on the staff NPPES Registry.
- Both user and approver signature is required on the ARF.
- Modification being requested must be listed on the comments box of the ARF.
- ARF dated ***5-20-26*** must be used. Any other ARF form will be rejected.

System Admin

Program Integrity (PI) & Reporting is managed by Dolores Madrid-Arroyo.

- Contact: Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.
- Requests to error out services and/or notes need be submitted through the “My Reported Errors” screen. Follow-up emails can be directed to BHS-DataScience.HHSA@sdcounty.ca.gov.

Optum Website Updates

SmartCare Tab:

SMH & DMC-ODS Health Plan Page > SmartCare > Town Hall & User Group PowerPoints

- COSD SmartCare User Group Slides 05.26.26 – ***New***
- COSD SmartCare User Group Slides 06.23.26 – ***New***

SMH & DMC-ODS Health Plan Page > SmartCare > Workflows and Documentation

- “Requested” Status Guidance – ***New***

Optum Website Updates Continued…

Beneficiary Tab:
SMH & DMC-ODS Health Plan Page > Beneficiary

- Updated current Smartsheet link for Beneficiary Material Orders - ***Updated***

Incident Reporting Tab:
SMH & DMC-ODS Health Plan Page > Incident Reporting > Critical Incidents

- Critical Incident Report (CIR) Form – ***Updated***
- Critical Incident Report (CIR) FAQ/Tip Sheet – ***Updated***
- Report of Findings (ROF) Form – ***Updated***

UTTM Tab:
SMH & DMC-ODS Health Plan Page > UTTM > DMC-ODS > Current FY

- SUD UTTM - YTD FY25-26 - June 2026 – ***Replaced***

Training Tab:
SMH & DMC-ODS Health Plan Page > Training > MH & DMC-ODS

- New Contractor Orientation Resources – ***Updated***

Billing Tab:
SMH & DMC-ODS Health Plan Page > Billing > MH & DMC-ODS

- Billing Unit Payment Recovery Form – ***Updated***

OPOH/SUDPOH Tab:
SMH & DMC-ODS Health Plan Page > OPOH/SUDPOH > DMC-ODS (SUDPOH) > By Section

- SUDPOH Section A - updated June 2026 – ***Updated***
- SUDPOH Section B - updated June 2026 – ***Updated***
- SUDPOH Section G - updated June 2026 – ***Updated***
- SUDPOH Section I - updated June 2026 – ***Updated***
- SUDPOH Section J - updated June 2026 – ***Updated***
- SUDPOH Section K - updated June 2026 – ***Updated***
- SUDPOH Section L - updated June 2026 – ***Updated***
- SUDPOH Section P - updated June 2026 – ***Updated***
- SUDPOH Section Q - updated June 2026 – ***Updated***

SMH & DMC-ODS Health Plan Page > OPOH/SUDPOH > DMC-ODS (SUDPOH) > Full Handbook & Summary of Changes

- SUDPOH – Updated June 2026 – ***Replaced***
- SUDPOH Summary of Changes – Updated June 2026 – ***Replaced***

Monitoring Tab:
SMH & DMC-ODS Health Plan Page > Monitoring > DMC-ODS

- DMC-ODS Medication Monitoring Submission Form (fillable) – ***Updated***

IHCP Tab:
SMH & DMC-ODS Health Plan Page > IHCP > IHCP Resources

- SDCBHS OON Claims Process for NA Health Facilities Tip Sheet – ***New***

System of Care Application Updates

System of Care (SOC) Application

- Reminder for required monthly attestation in the SOC application and completion or update of Cultural Competency section.
  - See SOC Tips and Resources for more information.
  - Contact Optum for assistance in updating SOC fields.

Billing Reminders/Announcements

Client With Dual Coverage (OHC/Medicare as COB 1 and Medi-Cal COB 2)

Non-NTP Programs must bill OHC, such as commercial insurance or Medicare Part C.

Please note these exemptions:

a) OHC has a code A ("pay and chase" policy) type of coverage. Medi-Cal billing is directly available, though the code type may vary monthly.
b) Medicare Part C has an equivalent Fee for Service certification approved for direct billing to Medi-Cal.
c) The procedure code is noted in the DMC-ODS Billing Manual as eligible or allowed for direct Medi-Cal billing.

NTP Programs are required to bill Medicare Part B or Medicare Part C first if a client is Medi-Medi.

Acceptable Proof of OHC/Medicare Part C Billing

The SUD Billing Unit accepts the following insurance documents to proceed to bill the unpaid balance to Medi-Cal (payer of last resort):

a) Evidence of Coverage (EOC)
   - Indicates that the SUD services are "non-covered" by the plan.
b) Explanation of Benefits (EOB)
   - If EOC is not available or SUD is a covered service, the program must bill OHC/Medicare Part C to obtain a denial or payment.
c) Proof of Billing (POB)
   - If it is past 90 days from the date of billing, the OHC and the EOB, or an appropriate explanation is not obtained. Please send the POB to ADSBillingUnit.HHSA@sdcounty.ca.gov so we can determine if billing Medi-Cal is necessary while waiting for your program to obtain the OHC response.

Medi-Cal Share of Cost (SOC)

SUD programs are still required to collect the monthly Medi-Cal SOC and complete the Financial Responsibility and Medi-Cal SOC form. If your client has a share of cost, please complete and submit the Monthly Financial Responsibility and Payment Tracking forms to ADSBillingUnit.HHSA@sdcounty.ca.gov.

Please contact us if you have any questions.

Retroactive Medi-Cal and Client With Special Aid Code Only (Without Primary Aid Code)

- For clients with retroactive Medi-Cal coverage, manual entry into the SmartCare system for the Medi-Cal DMC plan is currently required. The program must submit the completed Client Insurance Plan Request form, clearly indicate the correct "retroactive" Medi-Cal effective date, and submit it to ADSBillingUnit.HHSA@sdcounty.ca.gov.

Billing Reminders/Announcements Continued…

- For Medi-Cal eligible clients with special aid code only and no primary aid code, manual entry of the Medi-Cal DMC plan is currently required. The program must submit the completed Client Insurance Plan Request form requesting to add the Medi-Cal DMC plan due to the availability of special aid code only.

Data Science

No updates this month.

Population Health

Clinical SUD PIP: Improve Follow-Up After Emergency Department Visit for Substance Use (FUA)

- Continue matching process of Health Plan client data with BHS, followed by follow-up data review.
- The IHI Collaborative met to discuss future PDSA cycles and prepare for presentation at the upcoming in-person learning sessions.

Non-Clinical SUD PIP: Increase the Percentage of Members With a Substance Use Disorder (SUD) Diagnosis Who Receive at Least One Peer Support Service

- Attended monthly Peer Council meeting to provide updates on the PIP status.
- The informational brochure created for this PIP is now approved for disbursement. Pilot programs are being contacted.

QI Matters Frequently Asked Questions

No updates this month.

Recent Communications

07/01/2026
Next Step for Eleos Implementation: Organizational AI Policy Confirmation

Resources

Behavioral Health Information Notices (BHINs)

- Behavioral Health Information Notices (BHINs) – DHCS notifies County BH Plans and providers of P&P changes via BHIN's as well as draft BHIN's for public input. Feedback can be sent directly to DHCS or BHS-HPA.HHSA@sdcounty.ca.gov.

Medi-Cal Transformation

- Medi-Cal Transformation (aka CalAIM) – info also available at the Optum CalAIM Webpage for BHS Providers for updates on Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant BHINs from DHCS. For general questions on local implementation of Medi-Cal Transformation, email: BHS-HPA.HHSA@sdcounty.ca.gov.

DHCS Licensing & Certification Guide:

- DHCS has released a Licensing and Certification Reference Guide for each MH and SUD facility type with mandatory and voluntary elements that are determined by County. You can access the resource linked here: 10.31 Licensing and Certification Infographic.pdf.

Email Contacts

- ARFs and Access questions? - Contact: BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov
- EHR questions? - Contact: BHS_EHRSupport.HHSA@sdcounty.ca.gov
- Billing questions? - Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- CalAIM Q&As? - Contact: BHS-HPA.HHSA@sdcounty.ca.gov
- SUD Documentation Standards/SUDPOH/SUDURM questions? - Contact: QIMatters.HHSA@sdcounty.ca.gov

All BHS communications are distributed through GovDelivery.

Review the GovDelivery flyer for information on how to subscribe to receive our emails.

Is this information filtering down to your clinical and administrative staff?

Please share UTTM with your staff and keep them *Up to the Minute!*

Send all other questions to QIMatters.HHSA@sdcounty.ca.gov.