SUD Provider Edition – July 2025

Up To The Minute!

TRAINING & EVENTS (QA)

SmartCare User Group Meeting – July 2025 Session

- **Wednesday, July 16, 2025, from 9:00 a.m. to 10:00 a.m.**
- Link: **Join the meeting now**

SUD Quality Improvement Partners (QIP) Meeting

- **Thursday, July 24, 2025, from 10:00 a.m. to 11:30 a.m.**

NEW: Skill Building Workshops in August 2025

- Outpatient Quality of Care
  - **Monday, August 18, 2025, from 1:00 p.m. to 2:30 p.m.**
- Residential Quality of Care
  - **Monday, August 25, 2025, from 1:00 p.m. to 2:30 p.m.**

Save the Date: Annual DMC-ODS Training

The seventh annual DMC-ODS Training will take the place of the August SUD Quality Improvement Partners (SUD QIP) meeting. The presentation will review data from the seventh year of DMC-ODS implementation, areas for quality improvement in the new Fiscal Year, and DMC-ODS and CalAIM requirements. Intended audience is Program Management and Quality Improvement/Assurance Staff.

- Date: **Thursday, August 28, 2025, from 10:00 a.m. - 12 p.m.**
- Where: via Microsoft Teams – Registration is required.
- Registration link and information forthcoming!

UPDATES & REMINDERS (QA)

Update: SUDPOH

- The SUDPOH was updated for July 2025.
- This edition along with the Summary of Changes are now posted on the Optum site.
- The next edition of the SUDPOH is planned for release in August 2025.

Reminder: Quality Assurance Program Review (QAPR)

- The new fiscal year is upon us and the record review season will begin this month
- Keep a look out for communications from your QA Specialist to schedule your program's Quality Assurance Program Review (QAPR).

Enhanced Community Health Workers

A new benefit for Medi-Cal members—Enhanced Community Health Workers (E-CHWs)—has been added to the FY 2025–26 fee schedules and BHS Invoice/Budget documents. Additional guidance on this role, including requirements and implementation details, will be shared with providers soon.

Perinatal Services in NTPs

A process has been developed to address payment for perinatal services in NTPs. All perinatal services are determined on the backend via an HD modifier. Currently, the only source from which this modifier can be pulled is the SmartCare Client Clinical Problem List.

To correctly trigger the HD modifier, the following code must be entered in the Problem List: **SNOMED Code:** 248985009 – Presentation of pregnancy (finding). This is linked to **ICD-10 Code:** Z34.90 – Encounter for supervision of normal pregnancy, unspecified. This is currently the only way SmartCare can recognize a program as perinatal certified and apply the HD modifier accordingly.

An email was distributed to NTP Providers on this topic on June 27, 2025. A tip sheet will be available soon and posted to Optum.

Program's Potential use of Artificial Intelligence (AI)

Artificial Intelligence (AI) has growing potential in SUD treatment programs, and we recognize some programs may already be using it to enhance services and efficiency. While QA will not review AI-specific Policies & Procedures (P&Ps) this year, programs are strongly encouraged to develop a P&P addressing AI use.

- State legislation to be aware of in relation to AI:
  - AB 3030 – Clients must be informed when AI is used and how to reach an actual person.
  - AB 489 – AI cannot present itself as a licensed professional, especially in promotional materials or in conversations.

Reminder: Telehealth Consents

As a reminder, as per SUDPOH E.8 and BHIN 23-018, prior to initial delivery of covered services via telehealth, providers are required to obtain verbal or written consent for the use of telehealth as an acceptable mode of delivering services, and must explain the following to beneficiaries:

- The beneficiary has a right to access covered services in person.
- Use of telehealth is voluntary and consent for the use of telehealth can be withdrawn at any time without affecting the beneficiary's ability to access Medi-Cal covered services in the future.
- Non-medical transportation benefits are available for in-person visits.
- Any potential limitations or risks related to receiving covered services through telehealth as compared to an in-person visit, if applicable.

BHIN Highlights: See all of the 2025 Behavioral Health Information Notices at 2025-BH-Information-Notices (DHCS).

- BHIN 25-008: Narcotic Treatment Programs Regulation Changes
- BHIN 25-019: Transgender, Gender Diverse, or Intersex Cultural Competency Training Program Requirements. These requirements are being further reviewed by BHS. Additional information to follow.

Billing Add-On Codes

Please note that add-on codes may only be billed once the minimum time requirement for the primary CPT code has been met.

POPULATION HEALTH – NETWORK QUALITY & PLANNING

1. **Peer Support Services**

   Increase the percentage of members with a substance use disorder (SUD) diagnosis who receive at least one Peer Support Service by 5%.

   UCSD Health Services Research Center (HSRC), in collaboration with BHS, identified the pre-baseline data for the PIP design report. They also submitted a draft for the PIP design to BHS for review. Next steps include assembling a PIP workgroup and finalizing the PIP design report for final submission in July.

2. **Follow-up after Emergency Department Visit for Substance Use (FUA)**

   Increase the percentage of adult, Medi-Cal eligible clients from pilot Emergency Departments (EDs) who receive services from the DMC-ODS within 7 and 30 days after an ED visit for Substance Use.

   The UCSD team submitted a draft for the PIP design submission to BHS for review. UCSD received the CalMHSA HEDIS rates for MY 2023 and MY 2024 to include as pre-baseline data for the PIP design report. The UCSD PIP team continues to attend the Healthy San Diego Behavioral Health Quality Improvement Workgroup with the goal of learning and sharing what each Health Plan is doing for the State-mandated PIP topics and interventions. Next steps include working on identifying possible interventions.

For more information on the PIP process go to HSAG PIP

If you have further questions, please contact bhspophealth.hhsa@sdcounty.ca.gov

RESOURCES & SUPPORT (QA)

Recent Communications

- **06/26/2025** – DMC-ODS Providers: Member Handbook Update effective July 1, 2025
- *Bring questions to the next QIP meeting.*

Resources

- **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.

- **System of Care (SOC) Application** – Reminder for required monthly attestation in the SOC application. See SOC Tips & Resources Optum page for more information.
- **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.

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
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov

Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them ***Up to the Minute!***
Send all personnel contact updates to **QIMatters.hhsa@sdcounty.ca.gov**

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Up To The Minute!

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- Date: **Thursday, August 28, 2025, from 10:00 a.m. to 12 p.m.**
- Where: via Microsoft Teams – Registration is required.
- Register here: QI DMC-ODS Annual Training Registration

SUD Quality Improvement Partners (QIP) Meeting

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Reminder: Quality Assurance Program Review (QAPR)

- The new fiscal year is upon us, and the record review season has begun.
- Keep a look out for communications from your QA Specialist to schedule your program's Quality Assurance Program Review (QAPR) this month.

Enhanced Community Health Workers

As of April 11, 2025, Medi-Cal Behavioral Health Plans may choose to cover Enhanced Community Health Worker (E-CHW) Services to support individuals with significant behavioral health needs. E-CHWs provide preventive services such as health education, care navigation, and advocacy. To learn

more about eligibility, service scope, training requirements, documentation, billing, and coordination with other programs like ECM, please review the full communication on Optum, as well as a grid highlighting the differences between E-CHWs and Peer Support Specialists ECHW vs. PSS Comparison Grid- rev8.1.25.pdf.

Workflow Change: Perinatal Services in NTPs

A process has been developed to address payment for perinatal services in NTPs. All perinatal services are determined on the backend via an HD modifier. Currently, the only source from which this modifier can be pulled is the SmartCare Client Clinical Problem List.

To correctly trigger the HD modifier, the following code must be entered in the Problem List: **SNOMED Code:** 248985009 – Presentation of pregnancy (finding). This is linked to **ICD-10 Code:** Z34.90 – Encounter for supervision of normal pregnancy, unspecified. This is currently the only way SmartCare can recognize a program as perinatal certified and apply the HD modifier accordingly.

An email was distributed to NTP Providers on this topic on June 27, 2025. A tip sheet is now available on Optum, under SmartCare, Billing, Perinatal Billing Workflow Change.

Important Update: New Workflow for Payment Recovery Forms

There has been a change in the workflow for submitting Payment Recovery Forms (PRFs) when disallowances are identified. Programs should continue to complete a PRF when a service has been paid but is later determined to be non-billable. Effective immediately, **instead of sending the PRF directly to the Billing Unit, please submit it to the QIMatters email**. The assigned QI Specialist for your program will review the disallowances and provide support if needed. If no support is required, the Specialist will forward the PRF to the Billing Unit on your program's behalf. If there's potential for the service to be billed appropriately, the Specialist will work with your team to help secure all available funding.

Additionally, please use the new PRF form on Optum under the Billing tab. A tip sheet on how to use the form is on the second tab of the PRF form SMH & DMC-ODS Payment Recovery Form - final 7-28-25.xlsx.

Children's Health Insurance Program (CHIP) Coverage

Effective July 1, 2025, each Medi-Cal behavioral health delivery system must include information in the Provider Directory referencing whether the provider is accepting new Children's Health Insurance Program (CHIP) members. In California, CHIP is fully integrated into Medi-Cal and provides coverage for children under 19 and qualifying pregnant individuals. CHIP populations receive specialty mental health services from their county's MHP, and substance use disorder services from their county's DMC or DMC-ODS plan. If your program accepts Medi-Cal and provides services to any of the identified qualifying members, you also accept CHIP. Additional guidance will be forthcoming regarding program status for Provider Directory information.

Provider Certification Update on Optum

There is a new tab on the Optum page for "Provider Certification".

- There is a link to the SUD Licensing and Certification Toolkit, which includes information for both DMC and AOD certification since both are required.

SmartCare Update: Notification of Change on the Group Service Details screen

As part of the latest SmartCare release, the **Group Service Detail screen** has been updated to improve usability and reduce clutter. Previously, all group-related information—including group details, staff, clients, and service data—was displayed on a single scrolling page. This new update introduces a two-tab format that separates key areas for better organization:

- "Group Details" Tab: Displays Group and Staff information with improved text field visibility and a new info icon in the Group Comment section.
- "Services" Tab: Shows a renamed "List of Clients" section with better visibility of client data and service details, now arranged side by side to reduce scrolling.

These changes enhance clarity and efficiency without impacting the underlying functionality of the system.

Privacy & Confidentiality Training (*Update to the May UTTM message)*

Business Assurance and Compliance recently updated the Privacy & Confidentiality slide deck which is now posted on the Optum site, as linked here: DMC-ODS Required Trainings. This slide deck alone does not meet the annual confidentiality training requirement but may be used to supplement provider training.

BHIN Highlights: See all of the 2025 Behavioral Health Information Notices at 2025-BH-Information-Notices (DHCS).

- BHIN 25-019: Transgender, Gender Diverse, or Intersex Cultural Competency Training Program Requirements. These requirements are being further reviewed by BHS. Additional information to follow.
- BHIN 25-025: DMC-ODS Treatment Perception Survey: Guidance to DMC-ODS partners on when client satisfaction survey data is due. Paper survey forms must be submitted to UCLA no later than Friday, November 21, 2025.
- BHIN 25-028: BH-CONNECT: Enhanced Community Health Worker Services: Providing guidance regarding coverage of Enhanced Community Health Worker Services available under Medi-Cal as part of BH-CONNECT.

Management Information Systems (MIS)

System Administration and Access – Managed by Cheryl Lansang

Contact: Cheryl.lansang@sdcounty.ca.gov or 619-578-4111

ARF Update

- License should be renewed prior to expiration date. Once renewed, an email must be sent to bhs_ehraccessrequest.hhsa@sdcounty.ca.gov to have the staff's SmartCare account updated. ARF submission is not required.
- An ARF must be submitted for all staff who change licenses.
- If license has changed, taxonomy should be added to the NPI registry, but previous taxonomy should not be removed to avoid billing issues.

Program Integrity (PI) - Managed by Dolores Madrid-Arroyo.
Contact: Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.

Program Integrity Items:
At discharge, the client must not be deactivated from SmartCare. Deactivating a client makes them non-searchable and can potentially cause duplicate client entries.
SUD:

- Residential Programs must admit/discharge clients from the Residential (My Office) screen. The exception to this rule only applies to non-BHS clients.
- Adult Residential and Group Therapy billing procedures should not be used as these procedures are used for MH only.

State Reporting

- CalOMs
  - Please enter the CalOMs Discharge into SmartCare as soon as the client is no longer receiving services to avoid late submissions to the State.
- ASAM
  - ASAM submissions are for active Medi-Cal clients only.
  - ASAM is due on the 5th of each month. All data for the previous month must be submitted timely to: BHS_EHRSupport.HHSA@sdcounty.ca.gov

QI MATTERS FAQ

- **Q: If a contractor has a client that AWOLs, are they required to hold the bed for 10 days, even if they know the client isn't coming back?**
  - **A:** There is no requirement around holding a bed when a client AWOLS. The requirement is that for termination of services (i.e. discharge), an NOABD needs to be issued to the client. The notice must be issued 10 days prior to the action (before they may discharge the client (42 CFR § 431.211). A client may AWOL one day and decide they want to come back prior to the 10 days before the program is able to discharge, thus necessitating the bed hold.

- **Q: Contractors are concerned because if they only have a few beds (say 4 beds), and 2 clients AWOL, they can't fill the bed for 10 days and they only have 50% of their beds full.**
    - **A:** The regulations are to ensure the rights of the beneficiary. It is important for providers to be aware that there are exceptions to the 10 days rule in section 42 CFR § 431.213, the client would need to provide a "clear written statement signed by a beneficiary" that the client would no longer wish for services to be received. A pre-printed form signed by the client would also not earn the exemption, as it must be written by the client.
- **Q: In a withdrawal management environment, which is typically 5-15 days, clients will awol and then come back in a week. Are the bed hold rules different for withdrawal management?**
    - **A:** The regulations are the same for Withdrawal Management and Residential.
- **Q: Are AWOLs needed to be reported as a Non-Critical Incident Report?**
    - **A:** Yes.
- **Q: In the SUDPOH, it is indicated that residential providers can hold beds for up to 7 days for qualifying reasons (i.e. psychiatric hospitalization) and that anything beyond 7 days requires COR approval. DHCS allows bed holds for up to 10 days before an NOABD is issued; why doesn't our local policy align with the state?**
    - **A:** These are two different scenarios.. To define:
        - A bed hold process was established to support clients who needed to leave the facility (*for psychiatric hospitalization as an example*) but would be coming back to the program. There were no SUD residential rules re: bed hold days, so we locally aligned with the Medi-Cal Long Term Care 7-day bed hold guideline.
        - The NOABD termination is a client right and requires the beneficiary be notified at least ten (10) days before the date of the action (termination) (*except in some permitted circumstances*). This allows for a client to appeal the decision as part of their right. This could be distinguished as a notification hold v. a bed hold and is the reason that timelines do not align.

SUD BILLING REMINDERS/ANNOUNCEMENTS

- Please utilize the ODS-DMC Service Table for billing guidance to prevent any lockout or same-day billing issues, which procedures require Medicare COB, overridable lockouts, and more. Add-on services cannot be billed without the primary service.
- Please review and clear your program's CoSD Service Error report from September 2024 to the present. The older months should be given priority in order to meet the DHCS billing deadline without the Delay Reason Code required. We recommend that you run/use the CoSD Authorizations Report when working on the service error 'Authorization is required'.
- For the service error 'financial information is missing', it means that the client does not have an active or available plan (coverage) for the specified service date. Please verify the client's Medi-

Cal eligibility and OHC coverage, and also run the CoSD Client Insurance and Date Span report. This report can also help you determine the coverage plan and payer order that the client has in SmartCare.

- The new or updated Payment Recovery Form (PRF) with instructions are available on the Optum website - SMH & DMC Health Plans -Billing tab.

POPULATION HEALTH – NETWORK QUALITY & PLANNING

SUD Primary Prevention Contractors - **Naloxone and Fentanyl Test Strips (FTS) Distribution**

- Please contact the Behavioral Health Services Harm Reduction Team at harmreduction.hhsa@sdcounty.ca.gov for your naloxone and test strip allocations or interest in becoming a partner.
- Reminder to submit the MS form for every Naloxone and FTS distribution. Monthly report distributions MS form due by the 5th of the following month.
  - CoSD Naloxone Distribution MS Form 2025
  - CoSD Naloxone Distribution Form 2025.pdf
- Other great resources, and more: About Naloxone BHS webpage

If you have further questions, please contact bhspophealth.hhsa@sdcounty.ca.gov

RESOURCES & SUPPORT (QA)

Recent Communications/Tip Sheets

- 07/30/2025 – Email to the System of Care: Enhanced Community Health Worker (E-CHWs)
- What is the difference between ECHWs and Peer Support services? Check out the "ECHW v. PSS Comparison Grid (On Optum, under "SUD Toolbox")
- **Attention NTPs and Perinatal Programs:** Workflow Change for Perinatal Billing (On Optum, under SmartCare, Billing)

Resources

- **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.
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- Outpatient Quality of Care
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- Residential Quality of Care
  - **Tuesday, October 14, 2025, from 1:00 p.m. to 2:30 p.m.**

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42CRF Part 2: Federal Delegation of Authority to Office of Civil Rights

The federal HHS Secretary issued a formal Delegation of Authority for enforcement of 42CFR Part 2 to the federal Office of Civil Rights (OCR). This is the latest step in a process initiated by the CARES Act in 2020 to align the Part 2 substance-use disorder privacy rule more closely with HIPAA. As part of those changes, the CARES Act revised the enforcement scheme so that the civil and criminal penalties applicable to HIPAA are also applicable to Part 2 violations (previously, Part 2 was purely enforceable through criminal authorities). HHS finalized the rule implementing the CARES Act changes in February of last year. That rule clarified—consistent with the CARES Act—that violations of Part 2 would be subject to the same penalties as violations of HIPAA. Now HHS has further implemented the change by delegating enforcement authority to OCR, which is the same entity that enforces HIPAA. They have also delegated Part 2 implementation and interpretation authority more broadly to OCR. The federal regulatory body enforcing Part 2 is now an agency with a specialized expertise in privacy and a broader toolkit of enforcement tools, including civil penalties in addition to criminal penalties. It is suggested that Legal Entities review their Part 2 compliance programs and make sure they are up to date with the substantial changes that have been made by the CARES Act.

Places of Service Definitions

- This is the most updated information from DHCS and can also be found in one of the tabs of the DMC-ODS Service Table. SmartCare already includes these places of service codes.
- Providers should select the place of service that matches the service they are delivering. Definitions are provided to guide providers in choosing the correct place of service.
- Places of Service Table is located under the Billing tab.
- **Places of Service Table**

Alcohol or Other Drug (AOD) Counselor Educational Requirements

- Updates to AOD Counselor education requirements based on BHIN 25-29, states new law (AB 2473) establishing core competency education requirements for registered and certified counselors and increase the number of educational hours for registered counselors, updates to registered counselor terminology, and updates to requirements for first-year registered counselors that register on or after July 1, 2025. This requirement takes effect January 1, 2026
- Registered counselors that have completed fewer than 315 hours of AOD education in total must provide written documentation to their certifying organization that they completed 50 hours of AOD education to qualify for registration renewal.
- An individual who registers as a counselor for the first time on or after July 1, 2025, must complete a minimum of 80 hours of education, including education in specified core competency education topics within 6 months of registration.
- Counselors that register between July 1, 2025 and December 31, 2025, become subject to the six-month timeframe on January 1, 2026.
    - Therefore, individuals who register between July 1, 2025, and December 31, 2025, shall complete the 80 hours of education including core competency education topics by July 1, 2026.
    - For individuals who register on or after January 1, 2026, the six-month window takes effect immediately. Individuals shall be eligible to complete any education deficiencies before their one-year registration expires.
- A **free,** asynchronous online course sponsored by DHCS will be made available by the University of California San Diego in early 2026 and will be available through June 30, 2028. **Counselors and providers do not need to pay for training.**

Reminder: Grievance and Appeal Process

County of San Diego Behavioral Health Services is committed to honoring the rights of all clients and provide access to a fair, impartial, effective process through which the client can seek resolution of a grievance or adverse benefit determination by the BHP. All county operated and contracted providers are required to participate fully in the Member Grievance and Appeal Process. Providers must comply with all aspects of the process, including the distribution and display of the appropriate beneficiary protection materials, including posters, brochures, and grievance/appeal forms. While the process may

differ for non-Medi-Cal members, anyone eligible to receive services at any county run or contracted facility is able to use this process and all sites must display the appropriate materials.

Update: SUD Residential Clinical Documentation and Authorization Request Timelines Quick Guide

- Reflects SmartCare and DHCS standards.
- Located in the SUD Resources tab- Toolbox
- SUD Quick Guide - SUD Residential Clinical Documentation and Authorization 08.2025.pdf

Care Coordination Tip Sheet

- Detailed definition of care coordination, information on lockout situations, service table codes, and links to additional resources.
- Located in the SUD Resources tab- Toolbox
- Care Coordination Tip Sheet 8-12-25.pdf

Recovery Services Tip Sheet

- Summary of recovery services, procedure codes, modifiers, other same day services, and links to additional resources.
- Located in the SUD Resources tab- Toolbox
- Recovery Services Tip Sheet 8-12-25.pdf

Update: NOABD Tip Sheet

- NOABD tip sheet has been updated to include information from BHIN 25-014
- Delivery System NOABD is now required for SUD clients when a client is referred to a managed care plan (MCP) or other services when eligibility criteria for DMC-ODS services is not met.
- Located in the NOABD tab- Tip Sheet
- NOABD_Table_Rev August 2025 (1).pdf

Update: Behavioral Health Member Quick Guide

- Behavioral Health Member Quick Guide now available in Russian.
- Located in the Beneficiary tab – Handbooks- Behavioral Health Member Quick Guide
- Quick_Guide_BHS_Services_in_San_Diego_Russian_02-2025.pdf

DHCS Medi-Cal Rx

- Previously posted Medi-Cal Rx files are now available on Optum.
- Located in the Communications tab
- Available in either link Home Page and Bulletins & News

SUDURM Updates

- Safety Plan now available in Russian
  - Located in UCRM/SUDURM tab-MH & DMC-ODS- Safety Plan
  - **Safety Plan-Russian.pdf**
- Release of Information is now available in Russian
  - Located in UCRM/SUDURM tab-MH & DMC-ODS- ROI
  - **Release of Information-Russian.pdf**

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- BHIN 25-028: BH-CONNECT: Enhanced Community Health Worker Services: Providing guidance regarding coverage of Enhanced Community Health Worker Services available under Medi-Cal as part of BH-CONNECT.
- BHIN 25-029: Assembly Bill (AB) 2473 Alcohol or Other Drug (AOD) Counselor Educational Requirements: A new law (AB 2473) now requires drug and alcohol counselors to complete more training hours and show they understand key core topics as part of their education.

Annual DMC-ODS Training:

- The 2025 Annual DMC-ODS Training Webinar and PDF are available on Optum. Note: Transcript will be available soon.
- Submit questions regarding the training content to **QI Matters**

Management Information Systems (MIS)

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Contact: Cheryl.lansang@sdcounty.ca.gov or 619-578-4111

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SUD:

- Residential Programs must admit/discharge clients from the Residential (My Office) screen. The exception to this rule only applies to non-BHS clients.
- Adult Residential and Group Therapy billing procedures should not be used as these procedures are used for MH only.

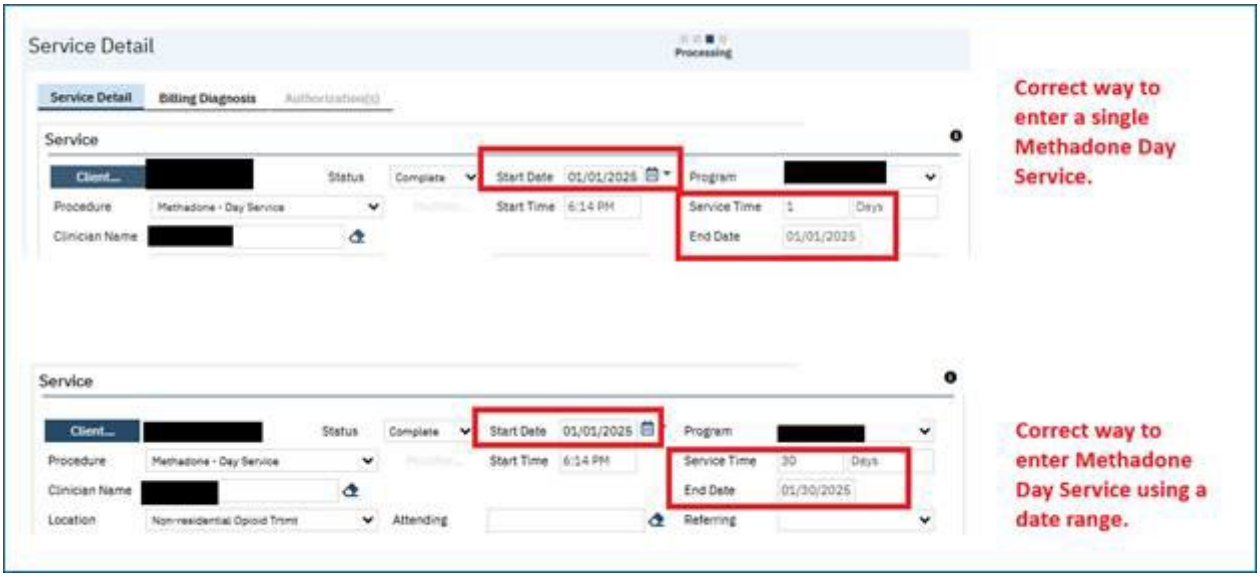
State Reporting

- CalOMs
  - Please enter the CalOMs Discharge into SmartCare as soon as the client is no longer receiving services to avoid late submissions to the State.
- ASAM
  - ASAM submissions are for active Medi-Cal clients only.
  - ASAM is due on the 5th of each month. All data for the previous month must be submitted timely to: BHS_EHRSupport.HHSA@sdcounty.ca.gov

SUD BILLING REMINDERS/ANNOUNCEMENTS

- The latest DMC-ODS Billing Manual (version 3.0) and the ODS-DMC Service Table are available on the San Diego Optum website under the DMC Billing tab.
  - **DMC-ODS Billing Manual SFY2025-26 version 3.0**
  - **DMC-ODS Service Table 25-26 v. 06/2025**
- **Lockout Codes**. Currently, the SUD Billing Unit has noticed an increase in charge error 'This code creates a lockout situation' when attempting to batch charges/claims for Medi-Cal billing. It means that the SmartCare's automated charge validation has detected two procedure codes are being billed but they are locked out against each other. Examples: G0396 billed with another G0396 on the same day, G0396 billed with G0397, G0397 billed with another G0397, G0396 or G0397 billed with H0050 (Contingency Management). Please be sure to consult the "Outpatient Overridable Lockouts with Appropriate Modifiers" column and "Modifiers" tab in the **DMC-ODS-Service-Table-25-26.** In some cases, the SUD Billing Unit will contact you to mark a service as an error or voided depending on the status of the charge or claim.

- **Methadone Day Service (H0020).** Methadone Day Service is now categorized as a 'Day' service instead of a unit-driven procedure code in SmartCare to ensure consistency with DHCS. NTP providers now have the option to:
  - Enter or bill for one day of Methadone service by entering one day as the duration or service time, OR
  - Enter multiple days, and the date range fields will also be calculated based on the number of days entered in the service time field.



- **Clients with dual coverage:** Non-NTP programs are required to bill OHC (Commercial Insurance or Medicare Part C). The NTPs are required to bill the Medicare Part B or Medicare Part C first if a client is Medi-Medi. SUD Billing Unit accepts any of the following documents from the primary insurance to enable us to bill the unpaid balance to Medi-Cal (secondary insurance or payer of last resort).
  - Evidence of Coverage (EOC) indicating that the SUD service is “not covered”. This document may be easier to obtain from the client than billing the insurance.
  - Explanation of Benefits (EOB) or claim denial from the OHC/primary plan after billing the insurance. The EOB must contain denial or non-coverage of the SUD services.
  - Note: In case you receive partial or full payment for services on the primary plan, kindly send a copy of the EOB to the SUD Billing Unit. If partial payment is received, the unpaid balance will be billed to Medi-Cal by the SUD Billing Unit.
  - If you bill OHC/Medicare and have not received any response or proper EOB after 90 days of the billing date, please submit any acceptable documentation proving that your program has billed the OHC and received no response. Some of the acceptable forms of proof that all sources of payment have been exhausted are as follows: email

confirmation from the insurance company, a copy of the claim form with the mailing stamp date, a reference number from a follow-up call, and others. If you receive payment or response from the primary insurance company after Medi-Cal is billed, please contact the adsbillingunit.hhsa@sdcounty.ca.gov right away to determine if the Medi-Cal payment needs to be voided.

RESOURCES & SUPPORT (QA)

Resources

- **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.
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SUD Provider Edition – October 2025

Up To The Minute!

TRAINING & EVENTS (QA)

SmartCare User Group Meeting – September 2025 Session

- **Monday, October 20, 2025, from 2:00 p.m. to 3:00 p.m.**
- Link: **Join the meeting now**

SUD Quality Improvement Partners (QIP) Meeting

- **Thursday, October 23, 2025, from 10:00 a.m. to 11:30 a.m.**

NEW: Skill Building Workshops in October 2025

- Outpatient Quality of Care
  - **Tuesday, October 7, 2025, from 1:00 p.m. to 2:30 p.m.**
- Residential Quality of Care
  - **Wednesday, October 15, 2025, from 1:00 p.m. to 2:30 p.m.**

UPDATES & REMINDERS (QA)

Update: SUDPOH

- The SUDPOH was updated for October 2025.
- This edition along with the Summary of Changes are now posted on the Optum site.
- The next edition of the SUDPOH is planned for release in November 2025.

GovDelivery

- QA is transitioning all communications to the GovDelivery platform.
- Already receiving our emails? No action is needed—your email will be automatically transferred to the new platform.
- Need to sign up to receive emails? Click below to subscribe to topics applicable to you:
  - **Specialty Mental Health Services**
  - **Drug Medi-Cal Organized Delivery System**
  - **SmartCare**

Update: Recovery Services Tip Sheet

- Includes recently updated DMC-ODS Billing Manual and DMC-ODS Service Table links
- Summary of recovery services, procedure codes, modifiers, other same day services, and links to additional resources.
- Located in the SUD Resources tab- Toolbox
- **Recovery Services Tip Sheet 9-30-25**

Annual Addiction Medicine Tip Sheet

- Includes CME and CEU information for Medical Directors and LPHA's
- Located in the SUD Training tab on Optum
- **Annual Addiction Medicine Tip Sheet 09-04-2025.pdf**

ICD-10 Annual CMS Updates Coming Oct. 1

Every year, the Centers for Medicare & Medicaid Services (CMS) releases updates to the ICD-10 code list. All clients who have an ICD-10 code record that will become invalid on 10/1 will need to have that record updated.

- This updated list will be seen on all screens and documents where ICD-10 codes are used, including the Diagnosis Document, the Problem List (Client Clinical Problems), and Services (Billing Diagnosis tab).
- Services will not able to be completed by the overnight billing process if the service in question includes an invalid ICD-10 code on the Billing Diagnosis tab as of 10/1.
- For diagnosis documents and services, this will require the clinician to update the diagnosis document for their programs.
    - When updating the diagnosis document, the document must have an effective date of 10/1 or later, otherwise the new code will not show up on the search list.
- For problem list records, this will require a user to update the problem list.
    - This can easily be done in the Progress Note by end-dating the old ICD-10 code and adding the new ICD-10 code with a start date of 10/1.

Notable ICD-10 Code Changes for FY 2026:

CalMHSA has reviewed the ICD-10 code changes that impact behavioral healthcare providers. No F codes were impacted. Some Z codes were impacted, but only one within the Z55-Z65 range.

- Z59.86 Financial Insecurity is not a header category; clinician must choose a more specific option:
    - Z59.861 Financial insecurity, difficulty paying for utilities
    - Z59.868 Other Specified financial insecurity
    - Z59.869 Financial Insecurity, unspecified

Questions - Solution:

- **Scenario:** *Joe Clinician is trying to update his diagnosis documents for Peggy Client in preparation for the 10/1 switch. He creates a new diagnosis document on 9/15 and tries to search for the new code. The effective date of the document defaults to today, so he can't find the new code in the search.*
    - When updating the diagnosis document, the document must have an effective date of 10/1 or later, otherwise the new code will not show up on the search list.
- **Scenario**: *Maria Clinician wants to wait until after the 10/1 switch to update the diagnosis document for Sean Client, because she doesn't want to future-date documents, even for administrative reasons. She ends up sick on 10/1 and isn't able to update the diagnosis document until 10/5. However, Tiffany Treatment-Team saw Sean Client on 10/2 and 10/3. Beth Billing is telling Tiffany that her notes can't be billed because there's an invalid diagnosis.*
    - If the clinician waits until after 10/1, there will be an invalid diagnosis until the clinician makes the change. This could lead to multiple services with invalid billing diagnosis codes that keep the services from being claimed.
- **Solution**: The solution to both of these scenarios is ensuring that the diagnosis document has an effective date of 10/1. Whether this is created before 10/1 and is future-dated or is created after 10/1 and is back-dated, the diagnosis document's effective date should be 10/1 to ensure that all services dated 10/1 and later have only valid ICD-10 codes.
    - There is also a Comments field in the diagnosis document. This field can be used to explain the diagnosis change and any difference between the document date and the signature date.

- **Resources**:
  - More information about code changes can be found on the CMS website.
  - **How to Determine Which Clients Have ICD-10 Records that Need to be Updated - 2023 CalMHSA**
  - **ICD-10 Annual Updates: What You Need to Know - 2023 CalMHSA**
  - **Notable ICD-10 Code Changes for FY 2026 - 2023 CalMHSA**
    - Effective October 1, 2025, through September 30, 2025
  - **Notable ICD-10 Code Changes for FY 2025 - 2023 CalMHSA**
    - Effective October 1, 2024, through September 30, 2025

CalMHSA Resources for Peer Support Specialists

CalMHSA is pleased to announce two new **complimentary resources** for Medi-Cal Peer Support Specialists:

- **Documentation Best Practices Guide**
  - Funded by DHCS and developed by CalMHSA.
  - Supports Peer Support Specialists in understanding legal, ethical, and professional documentation requirements.
  - Applies to both mental health and substance use disorder services in county behavioral health systems.
  - **Documentation Best Practices for Peer Support Specialists**
- **Ethics & Boundaries LMS Course**
  - Funded by DHCS and developed by CalMHSA.
  - Provides training on ethics and boundaries in peer support practice.
  - Meets continuing education requirements for certification renewal.
  - **Ethics and Boundaries Training**

Reminder: Client Eligibility & County Billable

- Existing policies for COSD target populations for client eligibility have not changed.
- Programs are expected to continue to assist clients with obtaining Medi-Cal.
- Programs shall use existing policies and judgement to determine potential county billable for clients.
- Workflow changes:
  - BHS eliminated the step for programs to obtain prior approval from COR teams for county billable.
  - County billable services will sit in a suspense state pending potential retroactive billing while program continues to assist clients with obtaining MC.
  - Programs are expected to monitor the suspense report.
  - After 60 days, programs shall discuss suspended services with COR teams to confirm due diligence for ongoing assistance with clients pending MC eligibility.

Update: SUDURM

- Form 203b Client Rights and Complaints has been updated to include the DHCS SUD complaints email.
- This updated form is currently being uploaded to Optum and will be available soon.

BHIN Highlights: See all of the 2025 Behavioral Health Information Notices at 2025-BH-Information-Notices (DHCS).

- BHIN 25-029: Assembly Bill (AB) 2473 Alcohol or Other Drug (AOD) Counselor Educational Requirements: A new law (AB 2473) now requires drug and alcohol counselors to complete more training hours and show they understand key core topics as part of their education.

Management Information Systems (MIS)

System Administration and Access – Managed by Cheryl Lansang
Contact: Cheryl.lansang@sdcounty.ca.gov or 619-578-4111

ARF Update

- Type of Clinical Trainee **must** be provided on the comment section of the ARF
- When submitting a termination ARF, all claims must be entered into the system if applicable
- If clinician does not require login access to SmartCare, and is only for billing services, mark "Rendering Staff (No Login)" on the ARF to prevent inactivity termination.

System Administration & Development is managed by Dolores Madrid-Arroyo.
Contact: **Dolores.Madrid@sdcounty.ca.gov** or call (619) 559-6453.

Contact MIS Support Desk BHS_EHRSupport.HHSA@sdcounty.ca.gov

- Requests to delete or reopen client enrollments
- Requests to delete Special Populations
- Requests to delete documents and services entered in the Wrong Client
- Request to delete documents In Progress or for CALOMS.
- Residential bed day errors
- NEW - Any services in Pending status that will not move to Show must be reported to MIS for deletion of record.

For all other data entry errors needing corrections, for example: wrong time, date, MOD, etc. continue to submit tickets through SmartCare My Reported Errors screen

CalOMS

- Please be sure to enter one CalOMS Admission and one CalOMS Discharge document per client. If multiple documents are created for the same Level of Care for the same client, the State will reject the records.
- On the CalOMS Admission, the Primary Drug field cannot be entered as "None" or "Unknown." A primary drug must be entered, or the State will reject the record.
- A CalOMS Admission and Discharge must have the same FSN (Form Serial Number). If the FSN does not match, the State will reject the record. When completing a client's discharge, please confirm the FSN corresponds with the FSN on the client's admission. If not, please reach out to BHS_EHRSupport.HHSA@sdcounty.ca.gov to resolve the issue.

RESOURCES & SUPPORT (QA)

Resources

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SUD Provider Edition – November 2025

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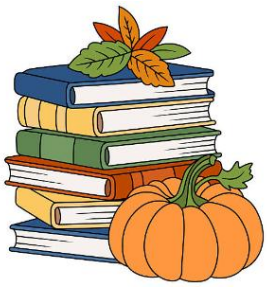
TRAINING & EVENTS (QA)



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- Link: **Join the meeting now**

SUD Quality Improvement Partners (QIP) Meeting

- **Thursday, November 20, 2025, from 10:00 a.m. to 11:30 a.m.**

NEW: Skill Building Workshops in February 2026- Stay Tuned!

Enhanced Care Management and Community Supports Onsite Resource Fair

- Nov 22 | 10-12pm: Mira Mesa Senior Center, Mira Mesa
- Dec 9 | 6-7:30pm: Virtual Session, Zoom link provided
- Event flyer in various languages: **English & Spanish** |**Arabic** | **Chinese** | **Korean** | **Dari** | **Farsi** | **Filipino** | **Tagalog** | **Vietnamese**
- The first 100 people to register and attend an in-person event will receive a $50 gift card! Must be 18 years or older to redeem.
- A free meal and childcare will also be provided at every in-person event!

UPDATES & REMINDERS (QA)

Update: SUDPOH

- The SUDPOH was updated for November 2025.
- This edition along with the Summary of Changes are now posted on the Optum site.
- The next edition of the SUDPOH is planned for release in December 2025.

Reminder: Updated Client Grievance & Appeal Forms

- Client Grievance & Appeal Forms have been updated to include additional information.
- The forms are available in all threshold languages and have been posted on **Optum** under the Beneficiary tab.
- Programs must make this updated form available to clients moving forward.
- As a reminder: This form must be made readily available to clients and in an area where they can independently obtain the form.

***Coming Soon! * New Caregiver (Collateral) Procedure Codes & Modes of Delivery**

The EHR Project Team will be releasing a memo to provide an update and explanation of the new Caregiver Services (Collateral services) procedure codes and required Mode of Delivery modifiers that may be used by providers when providing a caregiver/collateral service. Caregiver Services procedure codes will be available to SMH and DMC-ODS outpatient providers for claiming purposes and will allow providers to more accurately

document and track when providing caregiver/collateral services to a client's identified significant support individual(s) or family member(s). A Memo is planned for release within the next week, and the new procedure codes will be available in SmartCare as of 12/1/25. Stay Tuned!

New Training Requirement

- DHCS issued BHIN 23-056 and 23-057 establishing new statewide expectations for how County Behavioral Health Plans and Managed Care Plans coordinate care and inform Medi-Cal members.
- These requirements include education resources for Medi-Cal members and annual training for program staff.
- Education resources for Medi-Cal members are available on the **Optum Beneficiary & Families page** included in the annual Member Handbook Notification of Changes.
    - Programs shall make the resources available to clients with the Member Handbook.
- The initial training must be complete by 12/15/2025 by all program staff. Details are forthcoming that will include training materials, how to attest to the completion of the training for your program, info for updating training plans to include this annual requirement.
- After the completion of the initial training, the ongoing annual training will be included in the annual QA SMH Forum and QA DMC-ODS Training beginning next fiscal year.

Updates: Medication Monitoring

- Updated versions of the Mcfloop form, Submission Form, and Screening Tool will be added to Optum soon for use in Q2, on the Monitoring tab, DMC-ODS.
- An attestation question about all prescribers included in the quarterly sample has been added to the DMC-ODS Medication Monitoring Submission Form.
- Programs are asked to use the most recently updated forms. Older versions will not be accepted.

SOC Application and Provider Directory Update

- The System of Care (SOC) Application is now integrated with SmartCare, allowing program and staff information to pull directly from SmartCare.
- As a reminder, Program Managers and staff are expected to complete monthly attestations in the SOC Application.
- The SOC Application-Smartcare integration enhances the **Medi-Cal Behavioral Health Provider Directory**.
- PMs and staff are highly encouraged to review their listings in the Provider Directory regularly to ensure all program and staff information is accurate.
- For any updates or corrections, please contact the **sdhelpdesk@optum.com** or **1-800-834-3792**.

Update: ASAM 4

- ASAM 4 is forthcoming, which will affect how levels of care are defined and classified across the DMC-ODS continuum.
- Per CBHDA, it may take the state several years to work with federal government on the necessary approvals and amendments before implementation can begin. As a result, projected timelines have been extended.

Up To The Minute!

BHIN Highlights: See all of the 2025 Behavioral Health Information Notices at 2025-BH-Information-Notices (DHCS)

- BHIN 25-034: Medication-Assisted Treatment (MAT) also referred to as Medications for Opioid Use Disorder (MOUD) Treatment for Incarcerated Patients: The purpose of this BHIN is to provide treatment options and requirements for incarcerated patients diagnosed with an opioid use disorder (OUD).
- BHIN 25-036: Traditional Health Care Practices Benefit Implementation – Supersedes **BHIN 25-007**. Provides updated guidance on the delivery of Traditional Health Care Practices in residential and inpatient settings under DMC-ODS.

Management Information Systems (MIS)

System Access – Managed by Cheryl Lansang
Contact: Cheryl.lansang@sdcounty.ca.gov or 619-578-4111

SmartCare Access Request Update

- A combined new ARF dated 10-17-25 for SmartCare and CCBH has been uploaded to Optum website and must be used going forward. Usage of old ARF can result in ARF being rejected
- The new ARF includes all clinical trainee types. The appropriate type should be selected
- A licensed supervisor is required for all clinical trainees and must be provided on the ARF
- A report named COSD Staff License and Expiration Dates report (My Office) is now available for programs to review staff license information and monitor license expiration date
- Notify MIS access team when license has been renewed to update your user account. No ARF is required
- Termination ARFs must be submitted for any staff who no longer needs access to the system even if they are still with the program
- To avoid delays, the modification/change on the user account should be listed on the ARF's comment box
- When updating a taxonomy, do not remove your historical taxonomies. All previous taxonomies used must stay on your NPI registry to prevent billing denials

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For all other data entry errors needing corrections, for example: wrong time, date, MOD (COLL & PCIT only), etc. continue to submit tickets through SmartCare My Reported Errors screen

CalOMS

- Please remember to sign documents when making corrections. They must be signed to prevent state rejection of record.
- Before signing, please confirm the CalOMS admission and discharge dates correspond with the client's enrollment dates. These dates must match.
- A CalOMS Admission and Discharge must have the same FSN (Form Serial Number). If the FSN does not match, DO NOT create a new document. Reach out to MIS at BHS_EHRSupport.HHSA@sdcounty.ca.gov to resolve the issue.

SUD BILLING REMINDERS/ANNOUNCEMENTS

Updated DMC-ODS Service Tables

- DHCS has provided an updated DMC-ODS Service Table (version 10/2025) for FY 24/25 and FY 25/26.
- The DMC-ODS Service Table consists of service code, modifiers, lockouts, allowable place of service, and more.
- DMC-ODS Service Table SFY 24-25_version 10.2025.xlsx
- DMC-ODS Service Table SFY 25-26_version 10.2025.xlsx

DMC-ODS Only

NAME	FILE	REVISED DATE	INSTRUCTIONS
DMC-ODS Service Table SFY 24-25 (Revised 10/2025)	DMC-ODS Service Table SFY 24-25_version 10.2025.xlsx	10/2025	N/A
DMC-ODS Service Table SFY 25-26 (Revised 10/2025)	DMC-ODS Service Table SFY 25-26_version 10.2025.xlsx	10/2025	N/A
DMC-ODS Billing Manual SFY2025-26 version 3.0	DMC-ODS Billing Manual SFY2025-26.pdf	7/2025	N/A
List of Changes 3.0 DMC Billing Manual	List of Changes 3.0 DMC Billing Manual (002).docx	N/A	N/A
DHCS DMC-ODS Aid Codes	SDMC Aid Code Chart_v.02.2023	5/2/2023	N/A
DHCS 100186 or Claim Submission Certification Form	DHCS_100186_Form.pdf	6/2014	DHCS_100186_Instructions.pdf
Places of Service Table	Places of Service Table 9-5-25.pdf	N/A	N/A

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- The next edition of the SUDPOH is planned for release in January 2026.

Integrated Handbook Update

- DHCS released BHIN **25-042** on 11/26/2025 with the new handbook templates
- QA is working on the Summary of Changes that will go out to providers by 01/01/2026
- The new handbook will be effective 02/01/2026

New Resource Available: Guide to Medi-Cal Behavioral Health

- A new link has been added to the Optum **Beneficiary & Families** for DHCS' **Guide to Medi-Cal Behavioral Health: What's Covered and How to Get Care**.
- This page includes DHCS' new brochure titled "**Your Guide to Medi-Cal Behavioral Health Services: What's Covered and How to Get Care**," which is available in both English and Spanish.
- Also included on the page are materials detailing types of support available, how clients can access care, and whom to call if they need help or have questions.

CIR Reminders:

- Report of Findings Reminders:
  - CIR ROFs are due 30 days from date program became aware of incident, not date CIR was submitted.
  - Programs are entitled to extension pending CME reports. Please let the QA specialist know if your program would like to extend the ROF due date while pending a CME report.
  - Please see tip sheet: **Report of Findings FAQ and tip sheet**
- Holiday and Weekend Reporting
  - Programs shall follow procedures outlined in the OPOH/SUDPOH for reporting a Critical Incident on Weekends and Holidays:
    1. For a Critical Incident, submit the notification to QI Matters as soon as possible from awareness of the incident occurrence.

2. Each LE will identify key Senior Level staff (1-3) that are designated as the main contact person(s) for their programs needing to report Critical incidents on weekends and holidays.
    a. Submit information for contact person(s) by completing this form this form by **12/31/2025**.
3. Each LE's designated staff will report the Critical Incident by calling and/or leaving a message with all required information including their call back number to the County Designated Staff. Each LE will be provided with the contact phone numbers of their County Designated Staff.
4. Refer to OPOH or SUDPOH for complete information on reporting.

Reminder: Financial Status Evaluation

- During the treatment intake process, programs shall conduct a financial assessment of all clients and collect information about participants' personal health insurance coverage, if any.
- If potential third-party payers are identified, programs shall develop procedures to bill the third-party payer. Programs that provide Drug Medi-Cal (DMC) services shall be responsible for verifying the Medi-Cal eligibility of each client for each month of services prior to billing for DMC services for that client. Medi-Cal eligibility verification should be performed prior to rendering service, in accordance with and as described in the Department of Health Care Services DMC Provider Billing Manual. Options for verifying the eligibility of Medi-Cal member are described in the DMC-ODS Billing Manual on Optum under the Billing tab.

GovDelivery

- QA has transitioned all communications to the GovDelivery platform.
- **Already receiving our emails? No action is needed**—your email was automatically transferred to the new platform.
- **Need to sign up to receive emails or having trouble receiving emails?** Please subscribe to topics applicable to you below:
    - Specialty Mental Health Services
    - Drug Medi-Cal Organized Delivery System
    - SmartCare

SOC Application and Provider Directory Update

- The System of Care (SOC) Application is now integrated with SmartCare. Program and staff information to pulled directly from SmartCare.
- As a reminder, Program Managers and staff are expected to complete monthly attestations in the SOC Application.
- The SOC Application-Smartcare integration enhances the Medi-Cal Behavioral Health Provider Directory.
- PMs and staff are highly encouraged to review their listings in the Provider Directory regularly to ensure all program and staff information is accurate.
- For any updates or corrections, please contact the sdhelpdesk@optum.com or **1-800-834-3792**.

Up To The Minute!

UPDATE – Caregiver/Collateral Procedure Codes Delayed

The addition of new Caregiver/Collateral procedure codes was shared at the November SmartCare User Group and via a BHS Memo sent on 11/17/25 indicating that the procedure codes would be available for use as of 12/1/25 – however, due to errors with the rates provided by DHCS, there has been a delay in the set-up of these procedure codes in SmartCare. The EHR Team is currently with CalMHSA to ensure the correct set up of these codes and testing prior to release, availability in the PROD environment will be delayed. It is anticipated that these procedure codes will be available no later than the week of December 22nd, 2025. We apologize for any inconvenience; programs should continue to document and claim services provided to caregivers and collateral contacts following current claiming processes.

REMINDER- Clinical Problems and Diagnoses in SmartCare

- Providers must not edit, remove, or delete clinical problems, diagnoses, or any documentation entered by another program.
- If there are questions or concerns about a diagnosis, clinical problem, or other documentation provided by a different program, staff should contact that program directly for consultation and clarification.
- Recent reports indicate that some providers may be altering information entered by other programs, and this behavior requires immediate reinforcement and correction.
- Any suspected incidents should be reported to QA, including details about the client and the program involved, so QA can follow up with the appropriate provider.
- Maintaining the integrity of each program's documentation is essential for compliance, audit readiness, and client safety.

Reminder: Medication Monitoring for Programs Prescribing Medication

- Medication Monitoring for the period of Oct-Dec (Q2) will be due by January 15, 2026.
- The required forms are posted on the Optum site under the "Monitoring" tab in the "DMC-ODS" section. Please ensure you are using the most up-to-date forms that are posted on Optum.
- Ensure all the fields are completed on the submission form before submitting to QI Matters.
- For programs with nothing to report for the quarter, you must complete the required forms to submit indicating the status for the quarter. Emails without the forms will not be accepted.

NOABD Monitoring

- NOABD Monitoring for the period of Oct-Dec (Q2) will be due by January 15, 2026.
- While NOABD functionality is being developed in SmartCare, generating and tracking of NOABD's are on hold in SmartCare. In the interim, programs shall:
    - Utilize the NOABD templates on the SMH & DMC-ODS Health Plans page on Optum under the NOABD tab.
    - Manually track NOABD information and submit to QA for monitoring
- See the NOABD Procedure and blank NOABD log template posted on the Optum site under the NOABD tab
- **IMPORTANT PRIVACY REMINDER**: Due to PHI being included, please encrypt NOABD logs when sending
    - Please note that programs/legal entities on the County Transport Layer Security (TLS) secure email list have automatic encryption in place

- If you are unsure if your program/legal entity is on the TLS list with automatic encryption, please encrypt as a precaution

- Reminder: NOABD Logs for Quarter (update quarter number of submission here) are due to QI Matters by (update submission date here - day 15 of the month following end of quarter)
- If your program has not sent in NOABD logs for any of the previous Quarters, please do so as soon as possible to ensure compliance

REMINDER: Withdrawal Management: Vital Checks

- As a reminder, per AOD certification standards and DHCS BHIN-25-003, the observation log and detoxification vital signs log are required documents for Withdrawal Management providers.
- If you are not using these documents, please start.
- The forms/instructions are currently available in SUDURM on the Optum website.
- The vital signs document will be available in SmartCare at a later date. Please see link below for instructions from CalMHSA

Vitals Checks in Withdrawal Management (BHIN 25-003) - 2023 CalMHSA

BHIN Highlights: See all of the 2025 Behavioral Health Information Notices at 2025-BH-Information-Notices (DHCS)

- BHIN 25-042: **Supersedes BHIN 24-034 effective February 1, 2026.** 2026 Integrated Behavioral Health Member Handbook Requirements and Templates. Requirements related to the integrated member handbook templates for the 2026 calendar year. The integrated member handbook templates with enclosures:
  - Enclosure 1: Mental Health Plan and Drug Medi-Cal Member Handbook Template
  - Enclosure 2: Mental Health Plan and Drug Medi-Cal Organized Delivery Systems Member Handbook Template
  - Enclosure 3: Notice of Availability of Language Assistance Services and Auxiliary Aids and Services
  - Enclosure 4: Nondiscrimination Notice

Management Information Systems (MIS)

System Access – Managed by Cheryl Lansang
Contact: Cheryl.lansang@sdcounty.ca.gov

- ARF dated 10-17-25 must be used for access request. Submission of older ARFs will be rejected starting Dec. 1, 2025
- When submitting an ARF, include the staff name and type of ARF request on the subject line. For example: Jane do, Termination
- For new user, name change and reactivation requests, a completed ARF, Summary of Policies and Electronic Signature Agreement must be signed and submitted

System Administration & Development - Managed by Dolores Madrid-Arroyo
Contact: Dolores.Madrid@sdcounty.ca.gov

CalOMS

- Reminder to enter 99902 on the admission for the question below if the client's Medi-Cal is in SD County

If the client's treatment services are being delivered on behalf of another county, what is the code of the county for which the services are being performed?	None or not applicable

- A CalOMS Admission and Discharge must have the same FSN (Form Serial Number). If the FSN does not match, DO NOT create a new document. Reach out to MIS at BHS_EHRSupport.HHSA@sdcounty.ca.gov to resolve the issue.

SUD BILLING REMINDERS/ANNOUNCEMENTS

Billing requirements for clients with dual coverage (OHC: Commercial or Medicare Part C or Part B)

- While we have 12 months to bill Medi-Cal from the date of service, we need any Medicare or insurance documentation to be submitted to adsbillingunit.hhsa@sdcounty.ca.gov as soon as you obtain it from the insurance company or your Clearing Houses. Any delay in submitting these billing requirements may have an impact on your invoicing.
- An acceptable OHC Commercial or Medicare document or denial is an Explanation of Benefits (EOB) with the denial code 'SUD is not a covered service or not authorized'. If the denial differs from this, please contact or submit it to the ADS Billing Unit for further review, and we will assess whether it can be accepted or not.
- The 'after 90-day OHC rule' (from the date of the OHC billing), please submit the Proof of Billing (POB) to the ADS Billing Unit immediately. Please remember that the after 90-day rule only applies to service dates that are not close or have exceeded the 12-month timely claiming.
- The SmartCare electronic health record (EHR) allows us to enter and manage different client insurance plans, including OHC commercial insurance and Medicare. This system is designed to coordinate benefits with various health coverage plans, and not just Medi-Cal. That's why the County billing team (ADS BU for SUD) requires the OHC EOC, EOB or proof of billing. SmartCare cannot be utilized to bill OHC commercial or

Medicare directly. Providers are still required to bill these OHC plans directly through a clearing house, paper claims, or other billing systems outside of SmartCare.

- OHC billing training is not within the scope of the SUD billing unit. Programs should contact the insurance company directly if they have questions about procedure codes, contract obligations, or denials. The SUD BU can assist with reviewing denials if providers are unable to interpret or translate them.
- Please ensure that the services are entered into SmartCare promptly if OHC EOBs need to be posted against them and unpaid balances need to be billed to Medi-Cal.

HD modifier requirement for Perinatal-certified programs.

- The August UTTM includes the Workflow Change for Perinatal Services in NTPs. The Billing Unit has received some errors or denials for claims with HD modifier because the program is not "perinatal-certified". Please review the **Perinatal Billing Workflow Change.pdf** and contact your COR and SUD QA if you have any questions related to the clinical client problem list or any information not addressed by the workflow.

ODS-DMC Service Table.

- The 10/2025 version of the ODS-DMC Service Table for FY 24-25 and FY 25-26 are now available and have been published on the Optum BHS Resources under the DMC Billing tab.

Email Communications.

- It's important to factor in the amount of time it takes to address system or service errors, clear Share of Cost in SmartCare and the Medi-Cal Provider Portal, claim denials, and other related billing tasks. We kindly request that you respond to the emails from **adsbillingunit.hhsa@sdcounty.ca.gov** and submit the necessary OHC and SOC paperwork as soon as possible. Please encrypt any emails containing Protected Health Information (PHI) or Personally Identifiable Information (PII) if you do not have TLS-enabled mail servers.

POPULATION HEALTH

Peer Support Services

- Increase the percentage of members with a substance use disorder (SUD) diagnosis who receive at least one Peer Support Service by 5%.
    - The San Diego County Behavioral Health Services (SDCBHS) team and the UCSD Health Services Research Center (HSRC), team are currently finalizing interventions to address this PIP goal. The interventions are to begin January 1, 2026.

Follow-up after Emergency Department Visit for Substance Use (FUA)

- Increase the percentage of adult, Medi-Cal eligible clients from pilot Emergency Departments (EDs) who receive services from the DMC-ODS within 7 and 30 days after an ED visit for Substance Use.
    - The SDCBHS and UCSD teams are currently finalizing interventions for this PIP, with the understanding that the intervention will commence on January 1, 2026.

For more information on the PIP process go to HSAG PIP

If you have further questions, please contact bhspophealth.hhsa@sdcounty.ca.gov

RESOURCES & SUPPORT (QA)

Resources

- 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.
- System of Care (SOC) Application – Reminder for required monthly attestation in the SOC application. See SOC Tips & Resources Optum page for more information.
- 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.

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
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov

Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them ***Up to the Minute!***

Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov

SUD Provider Edition – January 2026

Up To The Minute!

TRAINING & EVENTS (QA)

SmartCare User Group Meeting – January 2026 Session

- Monday, January 26, 2026, from 10:00a.m.-11:00a.m.
- Meeting communication was sent through GovDelivery
- If you would like to attend and have not signed up for GovDelivery please see the following link: **GovDelivery platform.**

SUD Quality Improvement Partners (QIP) Meeting

- Thursday, January 22, 2026, from 10:00 a.m. to 11:30 a.m.
- If you would like to attend and have not signed up for GovDelivery please see the following link: **GovDelivery platform.**

Skill Building Workshops in February 2026

- Skill Building Workshop (Outpatient Services)
  - February 18, 2026, from 1:00PM to 2:30PM
- Skill Building Workshop (Residential Services)
  - February 25, 2026, from 1:00PM to 2:30PM

UPDATES & REMINDERS (QA)

Update: SUDPOH

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

Behavioral Health Member Handbook Update – Email Sent on 12/26/2025

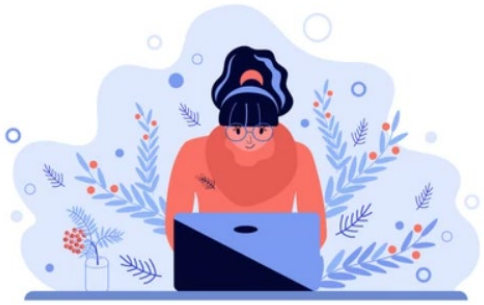
- In compliance with **BHIN 25-042**, the County of San Diego Behavioral Health Member Handbook has been updated to align with the DHCS policies released between September 2024 through December 2025.
- The updated member handbook will be effective on **February 1, 2026**.
- Programs shall use the **2026-01-01-BHS Information Notice-Beneficiary Handbook Changes** (available on our Optum **Beneficiary & Families page**) to notify clients of these changes (see **attestation** for acceptable notification options).
- Programs shall attest to notifying clients by **01/31/2026** by submitting an attestation at the following link: **https://forms.office.com/g/9xc8twM9fD**

Reminder: Timely Access Data Tool (TADT)

• Programs are reminded to enter the Timely Access Data into SmartCare, as this helps ensure compliance with timeliness standards for service delivery.

• Timeliness data is reported via the CoSD TADT Report (My Office) in SmartCare.
• We are aware that there are two options for reporting data for DMC-ODS providers– Outpatient and Opioid Reports. **Residential programs are to use the Outpatient option for reporting.**
• Find how to input information at: https://2023.calmhsa.org/- *Substance Use Documentation* tab - Under *Timely Access/Timeliness (TADT)*
    o https://2023.calmhsa.org/how-to-complete-the-dmc-outpatient-timeliness-record/
    o https://2023.calmhsa.org/how-to-complete-the-dmc-opioid-timeliness-record/
• Staff who have been assigned the SD Reports role in SmartCare can access the CoSD TADT Report.
• The instructions on how to pull timeliness data are also available on the CalMHSA website at: How to Pull Timeliness Data - 2023 CalMHSA
• You can find more information on timely access and this tool in BH Information Notice 24-020 (dhcs.ca.gov)

Management Information Systems (MIS)



System Access – Managed by Cheryl Lansang
Contact: Cheryl.lansang@sdcounty.ca.gov

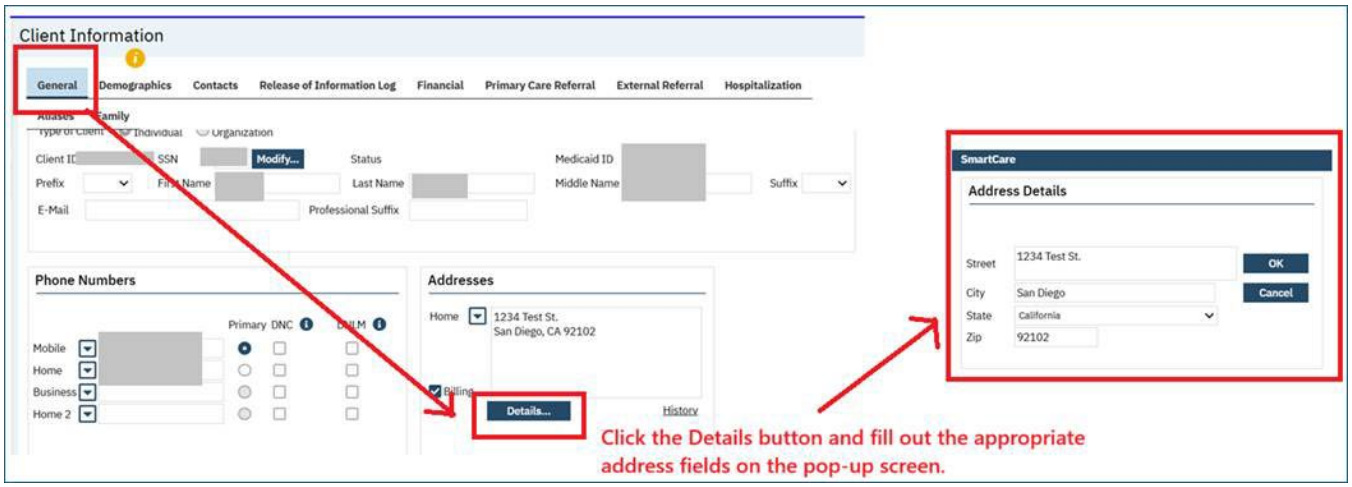
- A revised ARF is coming soon and will be posted on the Optum website
- Modification/change request on the user account should be listed on the ARF's comment box to avoid delay in processing
- LMS required training must be completed before an ARF is submitted and access can be granted
- Completion of Residential/CSU training Online Registration Software for SmartCare User Training is also required to have access to residential screens
- Taxonomies should not be removed from the staff NPI registry to prevent billing denials. A new taxonomy can always be added.

Up To The Minute!

SUD BILLING REMINDERS/ANNOUNCEMENTS

Client Address and Demographics

Programs are required to complete the client's address and other necessary information on the **Client Information** screen. If the necessary fields are not filled out properly, a charge error can occur, and the County billing team may not be able to batch, and bill claims to Medi-Cal. To avoid or fix the issue, go to the Client Information screen, and click on the General tab. Then, click the Details button to enter the address. On the Demographics tab, the client's ethnicity, gender identity, sexual orientation, and race should also be completed; otherwise, the red asterisk will appear, and you will not be able to click save and move to the next step.



Lockout services

Programs should use the DMC-ODS Billing Manual and the Service Table for billing guidance to prevent any lockout or same-day billing errors or denials. The charge error 'This code creates a lockout situation' appears when the County SUD Billing Unit attempts to batch charges/claims for Medi-Cal billing. It means that SmartCare's automated charge validation has detected two procedure codes that are being billed, but they are locked out against each other. Examples: G0396 billed with another G0396 on the same day, G0396 billed with G0397, G0397 billed with another G0397, G0396 or G0397 billed with H0050 (Contingency Management). Some lockout codes are not overridable, so the SUD Billing Unit will attempt to fix the charge error and bill the procedure with a higher rate to Medi-Cal. In the event that the lockout code can be overridden (based on the Service Table, column K), our team will manually conduct the override process in SmartCare, add the correct modifier, and bill both services to Medi-Cal. If you have any questions or are unsure about which procedure to use, please contact the SUD **qimatters.hhsa@sdcounty.ca.gov**.

CoSD Reports

Make sure to regularly review your program's CoSD Charges/Claims report, including any 9999 issues. When checking if the charge has been assigned to the correct payer, also check the reports on CoSD Client Insurance and Time Span to see the available coverage, effective date, and COB or payer order.

Out-of-County (OOC) clients

If the client has OOC Medi-Cal, charges will be automatically assigned to 9999. Once the client's Medi-Cal eligibility is confirmed to be County code 37 or San Diego, the system will automatically cascade or transfer the balance to Medi-Cal DMC.

- In cases where the charge is stuck at 9999 but the client is already Medi-Cal San Diego, please contact the ADS Billing Unit for assistance.
- If the OOC client has the intent to reside in San Diego but the transfer has not been completed yet, your program can submit the Client Plan Request form for Medi-Cal DMC to the ADS Billing Unit so we can manually add the Medi-Cal DMC plan and also manually transfer the balance to Medi-Cal for billing.
- The claims may still be denied by the State if the residence county is still showing as out of county. Programs should continue to assist OOC clients with the transition process. Once San Diego is listed as the client's county of residence on the Medi-Cal eligibility response/report, the ADS Billing Unit will replace the denied claims and bill the state.
- **Note:** Please see page 46 section 5.2.4, 'County of Residency/County of Responsibility' for additional information.

OHC (Commercial and Medicare Part C)

- **Non-OTP Programs:** Please note the procedures or procedure codes that can be billed directly to Medi-Cal for dually covered "non-Medicare" clients (those with OHC Commercial or OHC Medicare Part C as their primary plan). See page 61 of the DMC-ODS Billing Manual SFY 2025-26 section 5.2.30 Other Health Care Coverage – Non-Medicare: **Service that can be billed directly to Medi-Cal**.

Services that can be billed directly to Medi-Cal

The Medi-Cal state plan covers some Drug Medi-Cal services that a member's Other Health Coverage does not cover. The member's OHC must be billed first when it covers the service. The following services may be billed directly to Medi-Cal:

1. Recovery Services (H008, H009, H2015. H2017, H2035)
2. Treatment Planning (H2014, H2021, H2017)
3. Mobile Crisis (H2011 with Place of Service 15)
4. Transportation Staff Time (T2007)
5. Transportation Mileage (A0140)
6. Contingency Management (H0050 with modifier HF)
7. Peer Support Services (H0025 or H0038)
8. Case Management (T1017)
9. Prenatal care, at-risk assessment (H1000)
10. Natural Helper Services (T1016)
11. Traditional Healer Services (H0051)

- CalMHSA has added a rule in SmartCare to directly transfer the charge to Medi-Cal for procedure codes identified as billable directly to Medi-Cal for clients with Medicare Part C plans.
- Testing for the OHC Commercial plans setup is ongoing. If the procedure code is listed as eligible for direct billing to Medi-Cal, it is important for programs to contact the ADS Billing Unit for guidance until the automatic setup is complete.
- **Note:** For procedure codes not listed as billable directly to Medi-Cal, but the Medicare Part C plan has the Fee for Service Equivalent Certification, then the services can also be directly billed to Medi-Cal. The SUD billing team sends email communications to programs regarding which Medicare Part C plans are certified per calendar year. As of this date, we do not have approved FFS-certified Medicare C plans for CY 2026.

RESOURCES & SUPPORT (QA)

Resources

- **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.**
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- Billing questions? Contact: **ADSBillingUnit.HHSA@sdcounty.ca.gov**
- CalAIM Q&As? Contact: **bhs-hpa.hhsa@sdcounty.ca.gov**
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Up To The Minute!

SUD PROVIDER EDITION | FEBRUARY 2026

General Updates

SmartCare Update: CalMHSA LMS Training Dashboard – User IDs Replace Usernames

As of 1/21/2026 LMS User IDs are displayed rather than Usernames.

- A unique User ID will be assigned to individual staff when they register for an LMS account and will be used for all subsequent trainings.
- Current users with an LMS account have had a unique User ID assigned by default.
- Program staff should keep this User ID for their records as it will be used by your county or supervisor to track training completion.
- Users should log into their CalMHSA LMS account and follow provided instructions to find their User ID.
- This change was implemented to ensure appropriate visibility into participant training data while maintaining data privacy and governance standards.

How To Find Your User ID in CalMHSA LMS Training Dashboard

- Log in to the CalMHSA LMS Platform.
- Navigate to your profile or account settings.
- Click on a course you have completed.
- Look at the URL for that course and locate the "**id=**" the number that follows is your UserID.
- Example: https://moodle.calmhsalearns.org/user/viewid=999999&course=26

Resource for Medi-Cal Members

An additional educational resource is available on the Beneficiary & Families Optum website for Medi-Cal members explaining how to access medically necessary services.

It is available in all threshold languages.

New Critical Incident Report Form Category- "Death (Non-BHS client)"

Please note there will be a new category on the CIR Form for reporting deaths for non-BHS clients: "Death (Non-BHS client)" as non-BHS client deaths do not result in a CME report.

COSD Authorization Report in SmartCare

- The COSD Authorization Report is available to all program staff in SmartCare.
- COSD Authorizations Report was reviewed in the August SmartCare Users Group and additional information may be found in the SC User Group Slide deck linked here.

Upcoming Events

SUD Quality Improvement Partners (QIP) Meeting

- Date: Thursday, February 26, 2026
- Time: 10:00am - 11:00am

Click to Join the Meeting

SmartCare User Group Meeting

- Date: Tuesday, February 24, 2026
- Time: 10:00am - 11:00am

Click to Join the Meeting

Skill Building Workshop (Outpatient Services)

- Date: Thursday, February 18, 2026
- Time: 1:00pm - 2:30pm

Click here to Register

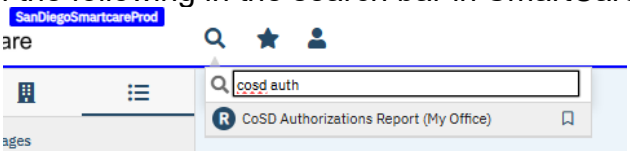
Skill Building Workshop (Residential Services)

- Date: Thursday, February 25, 2026
- Time: 1:00pm - 2:30pm

Click here to Register

General Updates Continued…

- The COSD Authorization Report will display authorization data including client's authorization id, code, status, start and end dates, used, approved, requested, and authorization #.
- Residential programs should be running this report as it shows all residential authorizations in SmartCare.
- Information about clearing any authorization errors can be found on page 4 of the Clearing CoSD Service Error Report (My Office).
- If for some reason a staff member does not have access, please contact: BHS_EHRSupport.HHSA@sdcounty.ca.gov.
- If you are having challenges finding a client to verify authorization, contact: sdhelpdesk@optum.com.
- To find the report, search the following in the search bar in SmartCare:



Group Progress Note Screen/Opening Group Progress Notes

Starting January 16, 2026, providers can no longer open a Group Progress Note directly from the search icon or the QuickLink feature in SmartCare.

- Group Progress Notes must now be accessed through the provider's calendar or the Managing Groups screen.
- This change was implemented to ensure proper workflow and prevent issues caused by skipping required steps.
- User roles and permissions remain the same; only the method of accessing the note has changed.
- How to Create a New Group - 2023 CalMHSA
- How to Schedule Groups - 2023 CalMHSA
- How to Write a Group Progress Note - 2023 CalMHSA

Update: SUDURM Observation log Instructions

The most updated AOD certification standards has new guidelines. The instructions have been updated to reflect this information.

- During the first seventy-two (72) hours following admission of a resident for detoxification services, staff shall perform a:
  - Physical check at least once every thirty (30) minutes; and (2) Vital signs check including blood pressure, pulse oximetry, heart rate, and respiratory rate, at least once every six (6) hours.
  - Staff shall document the physical check and vital signs check at the time performed. The failure to document shall be deemed by the Department as a missed physical check and/or missed vital signs check.
- https://www.dhcs.ca.gov/provgovpart/Documents/Certification-for-Alcohol-and-Other-Drug-Program.pdf.
- An updated 401a Instruction QM Observation Log is in the process of being uploaded to Optum, available under the SUDURM tab.

General Updates Continued…

Medi-Cal Rules for TB Testing

BHS has determined that while TB Screening is a requirement for SUD Residential programs, the current County of San Diego DMC-ODS testing timelines exceed those stated in the per Title 9 CCR licensing requirements.

- It was also identified that while the program is required to document the TB Screening and timelines, providers can utilize any form they deem appropriate for this documentation.
- As a result, the TB Screening Questionnaire in the SUDURM has been updated with the Title 9 CCR licensing timelines and has been indicated as "optional" if the programs choose to document this information separately. The required timelines for reference are:
    - Title 9 CCR § 10567 — Resident Health Screening for licensed residential alcoholism or drug abuse recovery or treatment facilities:
    - Every resident (client) must be tested for tuberculosis under licensed medical supervision. This must occur within 6 months prior to admission or within 30 days after admission to the facility.
- Exceptions:
    - Residents with a documented history of TB infection or a positive prior test do not need to be retested if a physician verifies ongoing care and monitoring for TB.
- Programs must continue to use the DHCS Client Health Questionnaire and Initial Screening Questions form.
- Language was updated in the SUDPOH, Section N.8.

Safety Plans in SmartCare

As a reminder, if a program chooses to utilize one of the Safety Plans in SmartCare, there are two different options available:

- Safety Plan (Client)
- Safety/Crisis Plan
- *Note: the Safety/Crisis Plan has a 'Next Review' section at the bottom of the form to set recurring notifications to update the Safety Plan every "x" number of days as selected by the provider. SmartCare has an identified glitch with this plan that even when the client discharges the Safety Plan continues to prompt the clinician to review it at the regularly scheduled intervals selected by the provider. QA recommends that programs utilize "Safety Plan (Client)" to avoid this issue.
- Also of note, the explanation sheet has been updated to included links to the CalMHSA site to provide additional resources for completion of the Safety Plan.
- Link: MY SAFETY PLAN

Update: Medication Monitoring for Q3

Updates have been made to the DMC-ODS QA Medication Monitoring Submission Form and the DMC-ODS Med Monitoring Tip Sheet.

- Updates to the submission form include a check box to indicate no medications were distributed for the quarter being reviewed, a reminder to encrypt emails if program does not have TLS, and to submit all completed DMC-ODS Medication Monitoring tools.

General Updates Continued…

- The updated submission form can be found on the Optum website in the Monitoring tab: DMC-ODS Medication Monitoring Submission Form (fillable) - Rev. 1-28-26.pdf

AB 2473 ASCEND Program

- **CCAPP Now Accepts ASCEND Coursework**
  - The California Consortium of Addiction Programs and Professionals (CCAPP) has confirmed that coursework completed through the **ASCEND Program** counts toward updated SUD counselor education requirements.
- **What is ASCEND?**
  - ASCEND is a free, self-paced, online curriculum sponsored by DHCS and offered through **UC San Diego Extended Studies** from January 2026 through June 30, 2028.
- **Certifying Organization Acceptance:**
  - **Accepted**: CCAPP and CADTP.
  - **Not Accepted**: CAADE (at this time)
- **Education Requirements Under AB 2473**
  - First-year registered counselors: **80 hours within 6 months of registration** (or by July 1, 2026, for those registered July–Dec 2025)
  - Initial certification: **315 total hours**
  - Hours must be through DHCS-approved certifying organizations and **do not expire**.
- **Resources & Questions**
  - DHCS FAQ on BHIN 25-029 (attached) provides details on timing, exemptions, and ASCEND use.
  - Contact: **Chloe Shin** (cshin@cbhda.org) or **Abby Alvarez** (aalvarez@cbhda.org) with questions.

Management Information Systems (MIS)

System Access

- Complete all LMS required training before submitting an ARF to be granted access.
- When updating a taxonomy, do not remove your historical taxonomies. All previous taxonomies used must stay on your NPI registry to prevent billing denials.
- A termination ARF should be submitted if staff no longer works at your program or does not need access to SmartCare.
- When submitting an ARF, include the staff name and type of ARF request on the subject line.
  - For example: Jane Do, Termination
- Submission of ARF and completion of LMS training is now required to attend any of the Optum trainings.

System Admin

- All requests to mark services in error, must be submitted through the “My Reported Errors” screen. Inquiries on these tickets can be done through the Data Science team at BHS-DataScience.HHSA@sdcounty.ca.gov.

Management Information Systems (MIS) Continued…

CalOMS

1. Before signing a CalOMS document make sure the correct FSN and Admission Date show correctly on the document.
2. CalOMS document and Program Assignment (Program Enrollment) dates MUST match.
3. "Client unable to answer" is only allowed for detox clients or developmentally disabled clients. If Client Declined to State, enter 99900; If Unknown or Not Sure/Don't Know enter 99901; Not Applicable enter 99902.
4. The State (vs SmartCare) doesn't accept slash, parenthesis, hyphens, apostrophes, periods, or spaces. (/ () - ' .)
5. For question "If the Client's treatment services are being delivered on behalf of another county, what is the code of the country for which the services are being performed?" IF client has Medi-Cal in SD please enter None/NA.
6. Updating a Social Security Number (SSN) when an SSN is missing:
    - If you know the client's SSN update the client's SSN under Client Information (Client) > General tab > SSN (Modify) > SAVE. If a document exists and the SSN is missing from the document, the document must be revised and the "Refresh CalOMS Admission" or "Refresh CalOMS Information" button must be clicked so the SSN populates on the document, Save and Sign.
    - If the SSN is not available, please enter one of the acceptable values (NNNNNNNNN, 99900, 99902, 99904) under Client Information > Custom Fields tab > Pseudo SSN – If a document exists and the SSN is missing from the document, the document must be revised and the "Refresh CalOMS Admission" or "Refresh CalOMS Information" button must be clicked so the SSN populates on the document, Save and Sign.

Residential and Outpatient:

- On Medication prescribed question, enter "None". NTP is the only one required to report meds on their CalOMS.
- For all SUD Program's reference, please review the CalOMS Tx Data Collection Guide on the link below:
    - https://www.optumsandiego.com/content/dam/san-diego/documents/dmc-ods/manuals/CalOMS_Tx_Data_Collection_Guide_Aug 2024_V.3.pdf

Optum Website Updates

No Updates this month.

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

BHS Billing Unit Office Hours

- BHS BU wishes to invite you to our first BILLING OFFICE HOURS Event on Thursday, Feb 19th from 1pm – 2pm PST. This forum will be used to address your programs' billing questions and concerns starting with This forum will be used to address your programs' billing questions and concerns starting with the "CoSD Charges and Claims Report". The plan is to make this a recurring event on the 3rd Thursday of each month. Discussion regarding the frequency of this meeting/event may be held during the first call.
  Join the meeting now

County of San Diego has received the Medicare Advantage Fee-For-Service Equivalent Coverage Certification Calendar Year 2026 for Molina Health Care of CA - Medicare Part C

- Services for clients who have Molina Healthcare Medicare Part C as their primary COB 1 plan can be directly billed to Medi-Cal for calendar year 2026, beginning on service date 01/01/2026. Make sure that the services are in SmartCare to enable my team to bill Medi-Cal. The ADS Billing Unit will continue to update the SUD programs as we obtain additional FFS equivalent certification for CY 2026.

Client Insurance Plan Request Form

- When completing and submitting the client insurance form to the ADS Billing Unit, please indicate the actual name of the insurance plan. Please DO NOT indicate or select 'Other'. The client's coverage screen in SmartCare cannot be successfully updated by the BHS Billing Unit when 'Other' is selected.
- If the client has retroactive Medi-Cal coverage, the program must submit the completed Medi-Cal DMC Client Plan Request form to the ADS Billing Unit. The retroactive effective date should be indicated in the top right corner of the insurance plan form.

CoSD Reports on SmartCare

- CoSD Charges/Claims Report: Contains the charge status, the plan where charges are assigned (e.g., Medi-Cal, OHC, Medicare, or 9999).
- CoSD Authorization (for Residential programs only): Bed Day Authorization status, effective date, Plan, and authorization code.
- CoSD Client Insurance and Time Span: Contains the client's coverage plan, effective date, and Coordination of Benefits (COB) or payer order.

Billing Reminders/Announcements Continued…

- CoSD Service Error: Contains services with errors that require attention from the program to fix. Services in error remain in show status and cannot be processed by the SUD Billing Unit until the service status is 'complete'.

Data Science

Submitting SmartCare Report Requests

- This process map for submitting report requests within SmartCare is now housed on the Optum website here. The link to the form to submit report requests is here on the Optum website. (Navigate to the SMH & DMC-ODS Health Plans page > SmartCare tab > Data and Reporting section). Please note this process is for requesting reports **within SmartCare itself**, not for reports produced with SmartCare data by Data Science staff. If you have any questions please reach out to Data Science.

BHSA Reporting

- BHSA requires that counties track specific populations of homeless individuals. Namely those that are "living in an encampment" and those who are experiencing "chronic" homelessness. CalMHSA added two new special populations in SmartCare to assist with this BHSA tracking requirement:
  - Homeless – Chronic
  - Homeless – Living in an Encampment
- For more information, see: BHSA Homeless Tracking - 2023 CalMHSA

Population Health

Clinical PIP: Follow-Up After Emergency Department Visit for Mental Illness (FUM)

- 2026 First Year PIP Intervention Plan:
  - Pilot with a program to begin tracking contact
  - Create a data collection method
  - Use tracking data to create a weekly/monthly dashboard
  - Provide support for CORs

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

- 2026 First Year PIP Intervention Plan:
  - Assemble PIP workgroup
  - Develop educational materials

QI Matters Frequently Asked Questions

No updates this month.

Recent Communications

1/09/2026

BHS Info Notice: Updated Process for Requesting Client Charts and ROI's with CCBH System Retirement

- Process for Requesting Client Charts

01/29/2026

BHS Communication: Updated Behavioral Health Member Handbook Effective February 1, 2026

- Email sent with updated English handbook effective 02/01/2026.
- The updated handbook in all threshold languages and large print versions are in the process of being posted on Optum and will be available on the SMH & DMC-ODS Health Plans page under the "Beneficiary" tab, as well as on Optum's Beneficiary & Families page.

Reminder – Programs shall attest to notifying members by submitting an attestation at the following link: https://forms.office.com/g/9xc8twM9fD by 01/31/2026 - **please submit as soon as possible if you have not done so already.**

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: MHBillingUnit.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.

Click here 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.

Up To The Minute!

SUD PROVIDER EDITION | MARCH 2026

General Updates

ASCMI Form Release – CCC Deactivation

DHCS has created the Authorization to Share Confidential Member Information (ASCMI) Form.

The ASCMI Form is a standardized consent to share information form that providers will use to obtain an individual's consent to share certain sensitive physical health, behavioral health, housing, and social services information across providers outside of the electronic health record.

- The ASCMI Non-AB 133 Form will "Go Live" on **4/1/26** in SmartCare for use by County of San Diego behavioral health providers. Providers should **not** use the ASCMI form before this date.
- The ASCMI will replace the Coordinated Care Consent (CCC) form to share information within SmartCare and "drop or raise" the CDAG wall.
- The CCC will be deactivated as of **3/31/26**.

A formal communication will be released by the EHR Project Team with additional information and guidance specific to County of San Diego BHP the week of 3/23/2026.

Details on how to use the form, FAQs, and additional information can be found at ASCMI – CalAIM.

Client Flags – Useful Tips and Reminders

Client flags may be used to identify specific client information for tracking or reporting purposes (i.e., conservatorship, CARE Act, minor consent, etc) or to track/alert timelines for assessments, consent expirations, etc.

- ***Programs should not modify, end, or deactivate flags created by other programs without prior consultation with the other program.***
- Multiple resources and explanation guides are available on the CalMHSA page:
  - Overview of flags, their purpose, tracking protocols and field descriptions – Click Here
  - How to create a flag – Click Here
  - Client Flags (Clients) List Page – Click Here
  - Alerting Treatment Team with Flags – Click Here
  - Modify a Flag – Click Here
  - Delete a Flag – Click Here
  - Mark Flag as Complete – Click Here
  - Deactivate a Flag – Click Here
  - Create a Tracking Protocol – Click Here

Upcoming Events

SUD Quality Improvement Partners (QIP) Meeting

- Date: Thursday, March 26, 2026
- Time: 10:00am - 11:00am

Click to Join the Meeting

SmartCare User Group Meeting

- Date: Monday, March 23, 2026
- Time: 10:00am - 11:00am

Click to Join the Meeting

Skill Building Workshop (Outpatient Services)

- Date: TBD
- Time: TBD

Coming Soon!

Skill Building Workshop (Residential Services)

- Date: TBD
- Time: TBD

Coming Soon!

General Updates Continued…

Medi-Cal Peer Support Specialist Certification Fee Waiver

CalMHSA is offering a limited Fee Waiver Program to support individuals pursuing Certified Medi-Cal Peer Support Specialist (CMPSS) certification as part of its commitment to strengthening the behavioral health workforce. Fee waivers are available for individuals applying for the CMPSS. Fee waivers are subject to availability.

See more information on how to apply here. Please email any questions to PeerCertification@CalMHSA.org.

New Credential Type: *Certified Peer Support Specialist – Forensic*

New credential type for Certified Peer Support Specialists who have completed additional training and certification in the Justice Involved/Forensic area of specialization. (BHIN 25-010)

PSS who are currently certified in the Justice Involved/Forensic area of specialization should submit a modified ARF along with proof of specialization to BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov.

San Diego is required to identify and track PSS with the forensic specialization as part of DHCS' BH Connect initiative.

Problem Resolution Process Poster & Brochure

- Formerly known as "Grievance and Appeal Poster" & "Grievance and Appeal Brochure".
- Updates include information on timeframes for processing grievances, appeals, and state fair hearings, as well as additional information on how to file.
- English versions are currently available on the Optum website on the Beneficiary tab and the additional threshold languages will be posted soon.

New on Beneficiary & Families Page: Additional Member's Rights Resources

New section on Beneficiary & Families page to refer members to regarding their rights.

In this section, members will find:

- Problem Resolution Process information (Grievance, Appeal, State Fair Hearing)
- Grievance and Appeal forms – to request assistance with filing a grievance or appeal
- Notice of Privacy Practices
- Advance Directive brochure
- Open Payments Notice

This section serves as an ***additional*** source for members - it does not replace the requirement for programs to have these items readily available and/or posted at your programs.

Credentialing Requirement for Enhanced Community Health Workers (e-CHWs)

In alignment with DHCS BHIN 25-028, e-CHWs are now recognized as a new provider type authorized to deliver and bill Medi-Cal for BHS services. If your organization employs any e-CHWs, please notify your assigned Optum credentialing representative. To ensure compliance with state and county requirements, Optum Credentialing will begin requesting attestation forms for all e-CHWs affiliated with BHS programs which must be completed and submitted. For questions or support, please contact your Optum credentialing representative or email BHSCredentialing@optum.com.

General Updates Continued…

HHSA Notice of Privacy Practices (NPP) Update

HHSA updated its Notice of Privacy Practices (NPP) for improved clarity and to meet new federal requirements, including 42 CFR Part 2 for SUD confidentiality.

- The NPP explains how HHSA collects, uses, and protects client health information and outlines client rights over their records.
- Key changes include clearer rules for SUD information, stronger confidentiality protections, and an opt-out option for fundraising communications.
- Updated language aligns 42 CFR Part 2 with HIPAA, expands patient rights, and allows a single consent for treatment, payment, and operations.
- If programs choose to use the HHSA NPP, they must replace the HHSA logo and contact information with their own and should also review the contents of the HHSA NPP to ensure it meets all applicable privacy requirements.
- Programs should update their Legal entity NP to ensure compliance with the updates.
- Staff should continue using the most current NPP in each client's preferred language. It must be posted in a clear, prominent location and a copy must be provided to clients no later than the first day of service.
- The effective date is February 16, 2026.
- Staff may contact the Business Assurance and Compliance (BAC) team: Compliance.HHSA@sdcounty.ca.gov.

BHIN Highlights: See all the 2026 Behavioral Health Information Notices at 2026-BHINs (DHCS)

- **BHIN 26-004**: Substance Use Disorder (SUD) Recovery or Treatment Facilities' Licensure and Certification Fee Increase Beginning Fiscal Year (FY) 2026-2027: Notification by DHCS of licensing and certification fee increase for residential and outpatient SUD facilities commencing on July 1, 2026.

- **BHIN 26-006**: Admission Agreements and "Return to Use" Plans for Substance Use Disorder Recovery or Treatment Facilities: Updates to requirements for admission agreements and "return to use "plans. **Reminder: Programs will need to update policies and admission agreements.**

- **BHIN 26-007:** Reporting Requirements for Substance Use Disorder Recovery or Treatment Facilities: Updates to reporting requirements regarding the death of a resident.

Licensing and Certification Portal (LCP) - Now Available for SUD License and/or Certification Renewal, Initial, and Level of Care Designation Applications

DHCS expanded the LCP to include additional application types. SUD providers can now submit initial applications for new and existing programs, along with LOC Designation applications directly in the LCP. With this expansion, providers can submit applications, track progress, and communicate with DHCS through the portal.

Update: Perinatal Practice Guidelines

The most up-to-date version of the *Perinatal Practice Guidelines (November 2025)* are being uploaded to Optum and should be available soon under the Manuals tab.

General Updates Continued…

Update: SUDPOH

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

Reminder: NOABD Monitoring

While NOABD functionality is being developed in SmartCare, generating and tracking of NOABD's are on hold in SmartCare. In the interim, programs shall:

- Utilize the NOABD templates on the SMH & DMC-ODS Health Plans page on Optum under the NOABD tab.
- Manually track NOABD information and submit to QA for monitoring.

See the NOABD Procedure and blank NOABD log template posted on the Optum site under the NOABD tab.

IMPORTANT PRIVACY REMINDER: Due to PHI being included, please encrypt NOABD logs when sending.

- Please note that programs/legal entities on the County Transport Layer Security (TLS) secure email list have automatic encryption in place.
- If you are unsure if your program/legal entity is on the TLS list with automatic encryption, please encrypt as a precaution.

Reminder: NOABD Logs for **Quarter 3** are due to QI Matters by **April 15, 2026**.

If your program has not sent in NOABD logs for any of the previous Quarters, please do so as soon as possible to ensure compliance.

Reminder: Medication Monitoring for Programs Prescribing Medication

Medication Monitoring for the period of **Oct-Dec (Q3)** will be due by **April 15, 2026**.

The required forms are posted on the Optum site under the Monitoring tab in the *DMC-ODS* section. Please ensure you are using the most up-to-date forms that are posted on Optum.

Ensure all the fields are completed on the submission form before submitting to QI Matters.

IMPORTANT PRIVACY REMINDER: Due to PHI being included, please encrypt Medication Monitoring when sending.

- Please note that programs/legal entities on the County Transport Layer Security (TLS) secure email list have automatic encryption in place.
- If you are unsure if your program/legal entity is on the TLS list with automatic encryption, please encrypt as a precaution.

For programs with nothing to report for the quarter, you must complete the required forms to submit indicating the status for the quarter. Emails without the forms will not be accepted.

Management Information Systems (MIS)

System Access

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

- MIS access team must be notified when license has been renewed to update your user account. No ARF is required.
- Existing taxonomies should not be removed from the staff NPI registry to avoid claims from being denied. New taxonomy should be added.
- LMS required trainings should be completed before submitting an ARF to avoid it being 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.

Residential and Outpatient:

- Please remove clients from bed in a timely manner. Doing so prevents issues with any new client bed assignment.
- All actions for an enrollment/episode (Admission, Transfers, Bed Changes, LOC Changes, Leaves, Billing Code), MUST be completed through the Residential screen.

Optum Website Updates

Incident Reporting Tab:

- CIR and NCIR webinar uploaded in the *Critical Incidents* section of Incident Reporting Tab.
- ROF and RCA webinar uploaded in the *Critical Incidents* section of Incident Reporting Tab.
- CIR and NCIR webinar also uploaded in the *Non-Critical Incidents* section of Incident Reporting Tab.

SmartCare Tab:

- SmartCare Home Medication Entry/Reconciliation Workflow Guide V1.0 uploaded to *Workflows and Documentation* section of SmartCare tab.
- New SmartCare User Role for Adding Home Medications Prescribed Elsewhere & Prescriber Notification: New Process for "Home Medications Prescribed Elsewhere" Entry and Reconciliation Requirements - BHS Info Notices uploaded to *Info Notices* section of SmartCare tab.

Beneficiary Tab:

- Updated version of Integrated MHP and DMC-ODS Member Handbook uploaded in all threshold languages to *Behavioral Health Member Handbook* section of SmartCare tab.

NOABD Tab:

- NOABD Your Rights - English uploaded to *NOABD Your Rights* section of NOABD tab (all other threshold languages currently pending).

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

Medicare Advantage with Fee-For-Service Equivalent Coverage Certification for Calendar Year 2026

1. Molina Health Care of CA - Medicare Part C
2. Community Health Group-Medicare Part C

Services for non-NTP clients with dual coverage (Molina Medicare Part C or CHG Medicare Part C) as the primary plan can be billed directly to Medi-Cal.

Clients with Dual Coverage:

Non-NTP programs are required to bill OHC (Commercial Insurance or Medicare Part C). The NTPs are required to bill the Medicare Part B or Medicare Part C first if a client is Medi-Medi. Please submit one or any of the OHC documents to the ADS Billing Unit:

A. Evidence of Coverage (EOC) indicating that the SUD service is "not covered". This document may be easier to obtain from the client than billing the insurance.
B. Explanation of Benefits (EOB) or claim denial from the OHC/primary plan after billing the insurance. The EOB must contain denial or non-coverage of the SUD services.

Note: In case you receive partial or full payment for services on the primary plan, please send a copy of the EOB to the SUD Billing Unit. If partial payment is received, the SUD Billing Unit will process and bill the unpaid balance to Medi-Cal.

C. After 90 days of billing, the OHC has not received any response from the insurance company. Please submit any acceptable **proof of billing (POB)** to the ADSBillingUnit.HHSA@sdcounty.ca.gov as soon as possible:
   1) Email confirmation from the insurance company.
   2) Copy of the claim form with the mailing stamp date or copy of certified mail.
   3) Reference number obtained from a phone conversation with the insurance company.

Client Insurance Plan Request Form

SUD programs are requested to use the following naming convention when submitting their Client Insurance Plan Request form for proper tracking:

- **Program Name Initials-SmartCare Client ID-Type of Coverage**

Example: MITE WRC-12345678-Medi-Cal DMC or Vista Hill ParentCare-2000012X-Blue Cross

Data Science

No updates this month.

Population Health

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

2026 First Year PIP Intervention Plan:

- Exploring current transition to care tool, San Diego Relay and enrolling members in enhanced care management
- Continue to finalize steps for the interventions

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

2026 First Year PIP Intervention Plan:

- Informational brochure draft to be submitted
- Attend and present at next monthly Peer Council meeting
- Analyze peer service data in SmartCare

QI Matters Frequently Asked Questions

No updates this month.

Recent Communications

No updates this month.

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: MHBillingUnit.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

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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.

Up To The Minute!

SUD PROVIDER EDITION | APRIL 2026

General Updates

Member's Rights: Requests for Materials in Alternative Formats
Clients reserve the right to request written information in other formats (large print, braille, audio or other accessible electronic formats).

- Requests for alternative formats may be made directly to programs.
- Programs are expected to address and assist clients with these requests.
- If materials requested are not already available on the Optum website, programs shall contact QI Matters with the following information:
  - Client name and contact information (address, phone number, email address).
  - Preferred method of delivery [mail, email (if applicable), pick up at program].
- QA will coordinate directly with the program once materials are ready.

For additional information on these rights and for items that are readily available in alternative format, programs may refer clients to the Optum Beneficiary & Families page.

This information will be included in the upcoming SUDPOH revision.

Reporting of Beneficiary Deaths
All beneficiary deaths must be reported promptly and in accordance with County requirements.

- Notify both the HIMS department and the County MEDS Coordinator when a beneficiary passes.
  - Submit a BHS 025 Form with date of client death in the comments - BHS 025 Form and Instructions.pdf
- Send an email to 37Crdnt.HHSA@sdcounty.ca.gov including:
  - Beneficiary Name
  - Social Security Number
  - Date of Birth
  - Date of Death
- Retain a copy of the sent email(s) as documentation of compliance.
  - Death reporting is monitored by QA as part of the Medi-Cal recertification process.

Upcoming Events

SmartCare User Group Meeting

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

Click to Join the Meeting

SUD Quality Improvement Partners (QIP) Meeting

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

Click to Join the Meeting

Skill Building Workshop (Outpatient Services)

- Date: TBD
- Time: TBD

Coming Soon!

Skill Building Workshop (Residential Services)

- Date: TBD
- Time: TBD

Coming Soon!

General Updates Continued…

Reminder: ASCMI Effective 4/1/2026

Effective April 1, 2026 the CCC is no longer available in SmartCare. Our system will use the **ASCMI Non-AB 133** version, which applies to all clients regardless of Medi-Cal status and supports information sharing across agencies.

All new clients should complete an ASCMI after 3/31/2026, even if they choose not to share information. The form is valid for one year, must not be edited after signing (a new form is required for any changes), and governs consent for sharing sensitive information, including 42 CFR Part 2 data. If the ASCMI expires or is revoked, sharing permissions (CDAG) will automatically be restricted.

Providers should ensure ASCMIs are completed accurately in SmartCare using **program-level information (NPI/TIN, address, and phone)** and utilize translated DHCS PDF versions as needed, uploading them into SmartCare alongside the electronic form.

DHCS requires only one identifier – NPI *or* TIN – to be entered, Providers are directed to enter the **Program NPI number when completing the Care Partner information.

Resource Materials:

- How to Complete the ASCMI - 2023 CalMHSA
- How to Document an ASCMI Done on Paper or PDF - 2023 CalMHSA
- SmartCare Team Information Notice:
  - 3-23-26 Transition to Authorization to Share Confidential Member Information (ASCMI) Form - Deactivation of the Coordinated Care Consent Form
- Authorization to Share Confidential Member Information FAQs

Update: Behavioral Health Member Quick Guide

The BH Member Quick Guide has been updated to include additional information from the 2026 Member Handbook update.

The updated versions will soon be posted on the Optum website on the SMH & DMC-ODS Health Plans page (under the Beneficiary tab) and the Beneficiary & Families page.

As a reminder, programs may submit requests for printed copies on the Beneficiary Materials Order Form (please keep in mind fulfillment of orders may take longer due to printing of newly updated items).

Medi-Cal Rx and PAVE Enrollment

Medi-Cal will begin only reimbursing prescriptions submitted by prescribers (such as doctors, nurse practitioners, or physician assistants) enrolled as a Medi-Cal provider. Enforcement of this requirement will begin soon, and more specific information will be released by DHCS once available.

To mitigate potential disruptions in Medi-Cal member care once enforcement begins, prescribers are required to ensure completion of Medi-Cal enrollment with their individual (Type 1) National Provider Identifier (NPI) as soon as possible per this recent DHCS communication: Medi-Cal Rx Provider Enrollment Flyer.

Additional information and guidance regarding PAVE enrollment are available on the DHCS website:

- PAVE - Provider Application and Validation for Enrollment
- PAVE 101 Training Slides

General Updates Continued…

Reminder: Admission Agreements and "Return to Use" Plans BHIN 26-006

DHCS has posted a new Final Notice regarding Admission Agreements and "Return to Use" Plans for Substance Use Disorder (SUD) Recovery or Treatment Facilities (BHIN 26-006).

AB 1037 went into effect on January 1, 2026, and amended several sections of the Health and Safety Code. The purpose of this BHIN is to notify SUD facilities of updates to requirements for admission agreements and "return to use" plans.

SUD QA Specialists are reaching out to programs with more information via email. Please update your Admission Agreement and Policies & Procedures and submit a copy to your SUD QA Specialist by COB April 24, 2026.

Reminder: Unannounced Site Visits

Programs are reminded to please immediately contact SUD QA and your COR when you have an unannounced visit from DHCS, CMS, Office of the Inspector General, or the Comptroller General.

Please refer to SUDPOH, page I.2 for additional information.

Reminder: Cultural Competency Training

A reminder that all programs should be reviewing, updating, and attesting monthly to Cultural Competency (CC) training completion in the SOC Application.

Update: SUDPOH

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

Management Information Systems (MIS)

System Access

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

- 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.

Management Information Systems (MIS) Continued…

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

Incident Reporting Tab:

- Critical Incident (CIR) Form 3-10-2026
  - *SMH & DMC-ODS Health Plans Page > Incident Reporting > Critical Incidents > Critical Incident Report (CIR) Form - 03-2026.docx*
- Critical Incident Reporting (CIR) FAQ Tip Sheet Revised 3-25-2026
  - *SMH & DMC-ODS Health Plans Page > Incident Reporting > Critical Incidents > Critical Incident Reporting (CIR) FAQ Tip Sheet (3-25-26).pdf*
- Report of Findings (ROF) Form 3-2026
  - *SMH & DMC-ODS Health Plans Page > Incident Reporting > Critical Incidents > Report of Findings (ROF) Form 03-2026.docx*
- Report of Findings (ROF) FAQ Tip Sheet 3-25-26
  - *SMH & DMC-ODS Health Plans Page> Incident Reporting > Critical Incidents > Report of Findings (ROF) FAQ Tip Sheet (03-25-26).pdf*

UCRM/SUDURM Tab:

- HHSA Release of Information Forms (English / Spanish)
  - *SMH & DMC-ODS Health Plan Page > UCRM/SUDURM > MH & DMC-ODS > ROI > HHSA Release of Information (English) ; HHSA Release of Information (Spanish)*
- Authorization to Share Confidential Member Information (ASCMI) Downtime Form
  - *SMH & DMC-ODS Health Plans Page > UCRM / SUDURM > MH & DMC-ODS > Authorization to Share Confidential Member Information (ASCMI) Downtime Form > DHCS ASCMI Paper Form*

Beneficiary Tab:

- Translated Threshold Language Brochures: Problem Resolution Process
  - *SMH & DMC-ODS Health Plans Page > Beneficiary > Problem Resolution Process (Grievance, Appeal, State Fair Hearing) > Problem Resolution Process Brochure (Arabic, Chinese, Persian, Korean, Somali, Spanish, Tagalog, Vietnamese, Russian)*
- Translated Threshold Language Posters: Problem Resolution Process
  - *SMH & DMC-ODS Health Plans Page > Beneficiary > Problem Resolution Process (Grievance, Appeal, State Fair Hearing) > Problem Resolution Process Posters (Arabic, Chinese, Persian, Korean, Somali, Spanish, Tagalog, Vietnamese, Russian)*

Optum Website Updates Continued…

Manuals Tab

- Perinatal Practice Guidelines: November 2025
  - *SMH & DMC-ODS Health Plans Page > Manuals > DMC-ODS > Perinatal Practice Guidelines 2025*

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

Billing Office Hours

This month's Billing Office Hours will be held **April 16, 2026** from 1:00pm - 2:30pm.

Register here if interested in attending.

Data Science

Bulk Error Resolution

Providers are reminded that since the resolution of the bulk error backlog, the Data Science's Data Quality team is now using a ticket system to track and resolve submitted errors individually, and the Bulk Reported Error process has sunset.

If providers still find the need to submit bulk errors of 100 or more, they should reach out to the Data Science inbox at: BHS-DataScience.HHSA@sdcounty.ca.gov and be sure to include the Service ID that is being requested to error out.

Population Health

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

- In-person Behavioral Health collaborative workshops were held recently.
- BHS is working with Blue Shield and Kaiser on a data sharing process.
- UCSD and BHS met with the SD Relay Director and program manager.

Population Health Continued…

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

- UCSD and BHS collaborated to help create a Peer Support informational brochure and shared the draft with the BHS Communications and Engagement team for input.
- UCSD, with BHS input, developed an informational brochure highlighting Peer Support Services and shared with the Peer Support Council for input.

QI Matters Frequently Asked Questions

No updates this month.

Recent Communications

3/23/2026

BHS Info Notice: ASCMI Information Notice

- *SMH & DMC-ODS Health Plans Page > SmartCare > Info Notices > 3-23-36 BHS Info Notice: Transition to ASCMI- Deactivation of the Coordinated Care Consent Form*

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.

Resources Continued…

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: MHBillingUnit.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.

Click here 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.

Up To The Minute!

SUD PROVIDER EDITION | MAY 2026

General Updates

Eleos AI Documentation Platform – Upcoming Rollout

The County of San Diego Behavioral Health Services (BHS) is preparing for a systemwide rollout of Eleos, an AI-supported ambient listening tool designed to enhance documentation efficiency, improve quality, support compliance, and reduce administrative burden for providers. Eleos integrates with SmartCare and generates AI-assisted session summaries, along with real-time "Live Quality Assist" feedback to support documentation accuracy, completeness, and alignment with client care plans.

While DHCS approval is still pending, BHS is moving forward with implementation planning to ensure readiness for launch. Reported benefits from current users include improved documentation quality, increased client engagement, reduced no-shows, decreased burnout, and increased capacity for direct service delivery.

Providers will be required to develop internal Policies and Procedures (P&Ps) for the use of AI tools, consistent with County Board Policy A-140, including requirements related to human oversight, privacy protections, and compliance standards. Training, technical assistance, and additional rollout details will be provided in the coming weeks.

The official BHS Communication that went out to providers will be published and available on Optum.

Update: Grievance & Appeal Process

The advocacy agencies CCHEA and JFS will now oversee all aspects of the Grievance & Appeal process, including issuing streamlined outcome determination letters to programs and members and managing any required plans of correction. Any issues identified during this process will be reviewed in partnership with the County QA Grievance & Appeal Unit.

Reminder: Grievance & Appeal Records Requests

A reminder that requests for information for members should be provided to CCHEA and JFS within 3 business days as indicated in Section G of the SUDPOH. It is important for advocacy agencies to get this information in a timely manner.

Upcoming Events

SmartCare User Group Meeting

- Date: Tuesday, May 26, 2026
- Time: 10:00am - 11:00am

Click to Join the Meeting

SUD Quality Improvement Partners (QIP) Meeting

- Date: Thursday, May 28, 2026
- Time: 10:00am - 11:30am

Click to Join the Meeting

Skill Building Workshop (Outpatient Services)

- Date: Thursday, May 14, 2026
- Time: 1:00pm – 2:30pm

Click here to Register

Skill Building Workshop (Residential Services)

- Date: Thursday, May 21, 2026
- Time: 1:00pm – 2:30pm

Click here to Register

General Updates Continued…

Reminder: Eligibility Requirements for Accessing SUD Services

There has been an increase in providers denying referrals if individuals do not have active Medi-Cal, even if they meet the low-income requirement.

- Providers shall not deny services while Medi-Cal is pending; clients shall be served regardless of active status.
- Individuals within 138%–200% FPL (federal poverty level) without insurance remain eligible for services under low-income criteria.
- Providers shall accept individuals in the order they apply, without restricting access based on funding source or Medi-Cal status.
- Programs are required to maintain nondiscriminatory eligibility and admission practices, ensuring equal access for all eligible individuals.
- Providers shall assist clients in applying for or maintaining Medi-Cal rather than delaying or denying services.
- Refer to SUDOH Section E, pgs. E.11 - E.12.

Update: DMC-ODS Billing Manual

The Drug Medi-Cal Organized Delivery System (DMC-ODS) Billing Manual for SFY 2026-2027 (version 4.0) is now available on the Optum website - DMC-ODS Billing tab.

Update: Client Rights Form

The Client Rights form has been updated in the SUDURM tab on Optum: Client Rights_DHCS_January 2026.pdf.

Programs who had site visits from DHCS were being marked out of compliance. This updated form has additional language provided by DHCS which was missing in the previous version.

Update: SUDPOH

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

Management Information Systems (MIS)

System Access

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

- NPI, taxonomy and license information are required on the ARF for all clinical staff. ARFs with missing information will be rejected.
- When submitting an ARF, include staff name and type of ARF request on the subject line.
  - For example: *Jane Do, Termination*
- A termination ARF should be submitted for staff who are no longer at your program or no longer need access to SmartCare
- ARFs must be signed by the user and program manager/director to get access to the system.

Management Information Systems (MIS) Continued…

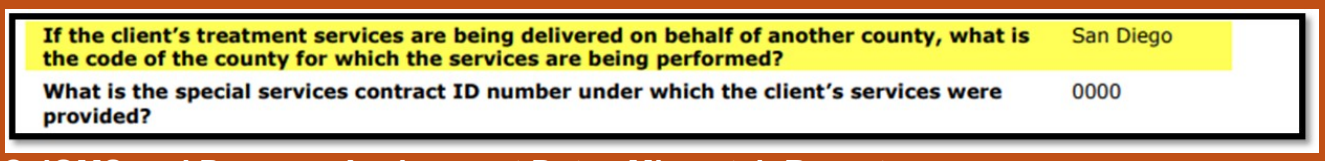
System Admin

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.

New Reports for Providers Have Been Released

1. **CoSD CalOMS 331/342 Error Report**
   - Report to identify Admission documents requiring the question below to be updated to "None, not Applicable".



If the client's treatment services are being delivered on behalf of another county, what is the code of the county for which the services are being performed?	San Diego
What is the special services contract ID number under which the client's services were provided?	0000

2. **CoSD CalOMS and Program Assignment Dates Mismatch Report**
   - Report to identify CalOMS documents with an effective date that does not match the Program enrollment.

Reminder on CalOMS Common Errors

1. "Client unable to answer (99904)" is only allowed for detox clients or developmentally disabled clients. If Client Declined to State, enter 99900; If Unknown or Not Sure/Don't Know enter 99901; Not Applicable enter 99902.
2. Residential/Outpatient programs should be selecting **1 – None** to the question: "What medication is prescribed as part of treatment?" If the client is receiving prescribed medication as part of the treatment only NTP can report it on their CalOMS submission.

Optum Website Updates

SmartCare Tab:

- SmartCare User Group Meeting Slides – April 21, 2026 - ***New***
  - *SMH & DMC-ODS Health Plans Page > SmartCare > Town Hall and User Group PowerPoints > SmartCare User Group April 21 2026.pdf*

Beneficiary Tab:

- All Integrated Member Handbooks (English & 9 Threshold Languages) - ***Updated***
  - Updated first page with more information on where to obtain Integrated Member Handbook.
  - Updated to include an edit in the last section about County specific information.
    - *SMH & DMC-ODS Health Plans Page > Beneficiary > Behavioral Health Member Handbook > (English, Arabic, Chinese, Korean, Persian, Russian, Somali, Spanish, Tagalog, Vietnamese)*
- All Behavioral Health Member Quick Guides (English & 9 Threshold Languages) - ***Updated***
  - *SMH & DMC-ODS Health Plans Page > Beneficiary > Behavioral Health Member Quick Guide > (English, Arabic, Chinese, Korean, Persian, Russian, Somali, Spanish, Tagalog, Vietnamese)*

Optum Website Updates Continued…

UCRM/SUDURM Tab:

- Coordinated Care Consent Form - ***Removed***
  - Form has been removed from SUDURM as it is being sunset.

OPOH/SUDPOH Tab:

- SUDPOH & Summary of Changes - ***Updated***
  - SUDPOH Section C, previously "Prevention Services & Specialty Populations", renamed *Section C: BH-CONNECT*.
  - SUDPOH Section L, previously "Training", renamed *Section L: Behavioral Health Services Act.*
  - Summary of Changes file updated.
    - *SMH & DMC-ODS Health Plans Page > OPOH/SUDPOH*

SUD Resources Tab:

- Recovery Services Tip Sheet - ***Revised***
  - *SMH & DMC-ODS Health Plans Page > SUD Resources > Toolbox > Recovery Services Tip Sheet 4.30.26.pdf*.

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

Published 9999 Tip Sheet

Available in the SmartCare Tab – Billing:

- *SMH & DMC-ODS Health Plan Page > SmartCare > Billing > 9999 Tip Sheet*

Data Science

Special Population Flags Added to SmartCare

There are two new Special Population Flags related to homelessness now available in SmartCare:

- Homeless – Living in an Encampment
- Homeless – Chronically Homeless

Programs are encouraged to apply these flags when appropriate for clients. These flags may also be entered retroactively. For example, if a client meets the criteria for Chronic Homelessness and reports that their homelessness began on December 7, 2021, the start date entered should reflect 12/07/2021.

Population Health

No updates this month.

QI Matters Frequently Asked Questions

No updates this month.

Recent Communications

No updates this month.

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

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Resources Continued…

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- EHR questions? - Contact: BHS_EHRSupport.HHSA@sdcounty.ca.gov
- Billing questions? - Contact: MHBillingUnit.HHSA@sdcounty.ca.gov
- CalAIM Q&As? - Contact: BHS-HPA.HHSA@sdcounty.ca.gov
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Up To The Minute!

SUD PROVIDER EDITION | JUNE 2026

General Updates

SmartCare Client Flags - Documentation Reminder

Please ensure that SmartCare Client Flags contain only general information. As flags can be viewed across different levels of care and programs, detailed clinical information should not be included in the flag itself. Any additional context, clinical details, or program-specific information should be documented within the assessment or other appropriate areas of the client's chart, in accordance with clinical documentation standards.

As a reminder, staff should only manage flags that belong to their own program. Please do not end or remove flags that have been created by another program, as these may continue to be relevant to the client's care in other services.

Credentialing Completion Date Required for All New ARFs (Effective July 1, 2026)

All SmartCare Access Request Forms (ARFs) must now include staff credentialing completion date beginning 7/1/2026, when applicable.

- This applies to both Optum-credentialed providers and Credentialing Delegate entities.
- Credentialing must be completed for required staff designations before SmartCare access is requested.
- ARFs submitted without a credentialing completion date will be returned.
- Providers should initiate credentialing during onboarding and ensure completion prior to ARF submission.
- This change supports compliance requirements outlined in BHIN 18-019 and 42 CFR §438.214, aligns onboarding and EHR access workflows, and reduces operational and financial risk.
- Optum credentialing timeframes for complete applications may be processed in as little as 2–4 weeks. Ensure all elements are included to reduce delays.

Questions regarding SmartCare access and ARFs may be directed to BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov
Questions regarding Optum credentialing may be directed to BHSCredentialing@optum.com.

Upcoming Events

SmartCare User Group Meeting

- Date: Tuesday, June 23, 2026
- Time: 10:00am - 11:00am

Click to Join the Meeting

SUD Quality Improvement Partners (QIP) Meeting

- Date: Thursday, June 25, 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

General Updates Continued…

CalAIM Assessment Name Change Effective 6/1/26 (*SMHS ONLY*)

The CalAIM Assessment has been renamed to "Mental Health Assessment" in SmartCare.

- This change is intended to better reflect its use for SMHS and reduce confusion for new users/
- Previously completed CalAIM Assessments in SmartCare will continue to reflect "CalAIM Assessment" on the PDF version.
- CalMHSA will be updating their Knowledge Base Articles, LMS Courses, and training resources to reflect this change.

Reminder: Medication Monitoring

Medication Monitoring for the period of **April - June (Q4)** will be due by **July 15, 2026**.

The required forms are posted on the Optum site under the "Monitoring" tab in the *DMC-ODS* section. Please ensure you are using the most up-to-date forms that are posted on Optum.

Ensure all the fields are completed on the submission form before submitting to QI Matters.

IMPORTANT PRIVACY REMINDER: Due to PHI being included, please encrypt Medication Monitoring when sending.

- Please note that programs/legal entities on the County Transport Layer Security (TLS) secure email list have automatic encryption in place.
- If you are unsure if your program/legal entity is on the TLS list with automatic encryption, please encrypt as a precaution.

For programs with nothing to report for the quarter, you must complete the required forms to submit indicating the status for the quarter. Emails without the forms will not be accepted.

Reminder: NOABD Monitoring

While NOABD functionality is being developed in SmartCare, generating and tracking of NOABD's are on hold in SmartCare. In the interim, programs shall:

- Utilize the NOABD templates on the SMH & DMC-ODS Health Plans page on Optum under the "NOABD" tab.
- Manually track NOABD information and submit to QA for monitoring.

See the NOABD Procedure and blank NOABD log template posted on the Optum site under the "NOABD" tab.

IMPORTANT PRIVACY REMINDER: Due to PHI being included, please encrypt NOABD logs when sending.

- Please note that programs/legal entities on the County Transport Layer Security (TLS) secure email list have automatic encryption in place.
- If you are unsure if your program/legal entity is on the TLS list with automatic encryption, please encrypt as a precaution.

Reminder: NOABD Logs for **Quarter 4** are due to QI Matters by **July 15, 2026**.

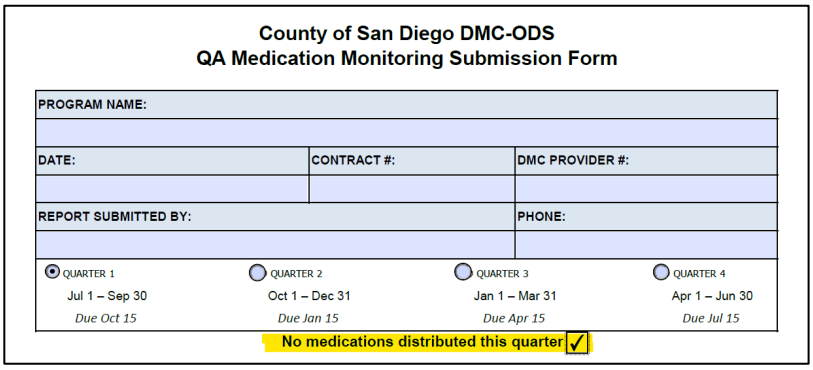
If your program has not sent in NOABD logs for any of the previous Quarters, please do so as soon as possible to ensure compliance.

General Updates Continued…

Update: Medication Monitoring

QA Medication Monitoring Submission Form:

The "No Medications distributed this quarter" option is no longer "Yes/No". It is now a checkbox which you would only check if this applies to your program for the quarter.



County of San Diego DMC-ODS
QA Medication Monitoring Submission Form

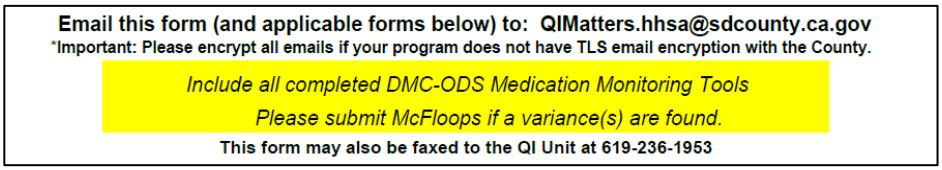
PROGRAM NAME:		
DATE:	CONTRACT #:	DMC PROVIDER #:
REPORT SUBMITTED BY:		PHONE:

QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
Jul 1 – Sep 30	Oct 1 – Dec 31	Jan 1 – Mar 31	Apr 1 – Jun 30
Due Oct 15	*Due Jan 15*	*Due Apr 15*	*Due Jul 15*

No medications distributed this quarter ☑

The updated form is in the process of being uploaded to up Optum and will be available for use for Q4 Medication Monitoring submission. Please use this updated version of the form.

There is an additional update. Previously, SUD QA has indicated to not email McFloop forms unless a McFloop has been disapproved. For more accurate data reporting, we will now require programs to submit McFloops if a variance is found.



Email this form (and applicable forms below) to: QIMatters.hhsa@sdcounty.ca.gov
*Important: Please encrypt all emails if your program does not have TLS email encryption with the County.

Include all completed DMC-ODS Medication Monitoring Tools
Please submit McFloops if a variance(s) are found.

This form may also be faxed to the QI Unit at 619-236-1953

CalMHSA Update: Updating SUD Assessment Procedure Code Display Names

Effective June 12, CalMHSA will update the display names of several SUD assessment-related procedure codes in SmartCare to better align with the DMC-ODS Service Table. This is a display-name-only change. Rates, documentation requirements, authorized users, and historical data are not affected.

Updated Display Names:

Code	Current Display Name	New Display Name
H0001	SUD Screening	SUD Assessment
G2011, G3096, G3097	ASAM or other structured SUD assessment	SUD Structured Assessment (not tobacco)
H0049	Alcohol or Drug Screening	SUD Screening

For more information you can reference the CalMHSA Weekly Bulletin link: EHRWeekly Bulletin - 2023 CalMHSA

General Updates Continued…

Update: SUDPOH

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

Management Information Systems (MIS)

System Access

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

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.

CalOMS Documents Reminders

- Standalone and Early Intervention programs do NOT require CalOMS documents.
- NTP programs MUST sign all CalOMS Documents.
- Before signing document ensure the effective date has been revised as needed to match the enrollment dates.

Reports Available – *These Reports Are Available to All SUD Providers to Minimize Errors*

1. **CoSD CalOMS Annual Update Due Date Report – *NEW REPORT***
   - Report will identify annual updates that are upcoming, past due, or created to early.
2. **CoSD CalOMS 331/342 Error Report**
   - Report to identify Admission documents requiring the question below to be updated to "None, not Applicable".

If the client's treatment services are being delivered on behalf of another county, what is the code of the county for which the services are being performed?	San Diego
What is the special services contract ID number under which the client's services were provided?	0000

3. **CoSD CalOMS and Program Assignment Dates Mismatch Report**
   - Report to identify CalOMS documents with an effective date that does not match the Program enrollment.

Optum Website Updates

SmartCare Tab:

- ACT/FACT Program Entering Monthly Bundled & Unbundled Services Workflow Version 1.0 rev 5.18.26 – ***New***
  - *SMH & DMC-ODS Health Plan Page > SmartCare > Workflows and Documentation*

Optum Website Updates Continued…

- Authorization for Services Process in SmartCare Revised 5.18.26 – ***Updated***
  - *SMH & DMC-ODS Health Plan Page > SmartCare > Workflows and Documentation*
- Accessing the COSD Authorizations Report in SmartCare – ***New***
  - *SMH & DMC-ODS Health Plan Page > SmartCare > Workflows and Documentation*
- Systemwide Rollout of Eleos, AI Ambient Listening, and Documentation Platform 5.4.26 – ***New***
  - *SMH & DMC-ODS Health Plan Page > SmartCare > Info Notices*
- EHR Access Request Form for BHS, Optum and Special Program Revised 5.20.26 – ***Revised***
  - *SMH & DMC-ODS Health Plan Page > SmartCare > Access*
- EHR Access Request Form for Treatment Programs Revised 5.20.26 – ***Revised***
  - *SMH & DMC-ODS Health Plan Page > SmartCare > Access*
- SmartCare Group Access Request Form Revised 5.20.26 – ***Revised***
  - *SMH & DMC-ODS Health Plan Page > SmartCare > Access*

Incident Reporting Tab:

- CIR and N-CIR Webinar – ***Updated 5/2026***
  - *SMH & DMC-ODS Health Plan Page > Incident Reporting > Non-Critical Incidents | Critical Incidents*
- Non-Critical Incident FAQ & Tip Sheet – ***Updated 5/2026***
  - *SMH & DMC-ODS Health Plan Page > Incident Reporting > Non-Critical Incidents*

Forms Tab:

- County Logo for Provider Use (Grey Text) - ***Logo Replaced***
  - *SMH & DMC-ODS Health Plan Page > Forms > Additional Resources*
- County Logo for Provider Use (White Text) - ***Logo Replaced***
  - *SMH & DMC-ODS Health Plan Page > Forms > Additional Resources*

UCRM/SUDURM Tab:

- HHSA Release of Information (English) – ***Replacement form to the most current version***
- HHSA Release of Information (Spanish) – ***Replacement form to the most current version***
  - *SMH & DMC-ODS Health Plan Page > UCRM SUDURM > MH&DMC-ODS > ROI Section*

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

Documents Listed Below Are Accessible on the Optum San Diego Site

- Drug Medi-Cal Organized Delivery System (DMC-ODS) Billing Manual for SFY 2026-2027 (version 4.0)
  - *SMH & DMC-ODS Health Plan Page > Billing > DMC-ODS Only*

- DMC List of Changes 4.0
  - For the DMC-ODS Billing Manual SFY 2026 - 2027.
  - *SMH & DMC-ODS Health Plan Page > Billing > DMC-ODS Only*

- DMC-ODS Billing Service Table (Revised 05.2026)
  - *SMH & DMC-ODS Health Plan Page > Billing > DMC-ODS Only*

- DMC CARC & RARC CalAIM (Revised 04/2026)
  - It is the official Medi-Cal billing reference materials from the California Department of Health Care Services (DHCS) that explain Claim Adjustment Reason Codes (CARCs) and Remittance Advice Remark Codes (RARCs). This helps SUD Providers understand claim adjustments and denials.
  - *SMH & DMC-ODS Health Plan Page > Billing > DMC-ODS Only*

- DHCS DMC-ODS Aid Codes
  - Providers must utilize this aid code master chart when manually reviewing or verifying the client's Medi-Cal eligibility. The latest Aid Code master chart is not yet available.
  - *SMH & DMC-ODS Health Plan Page > Billing > DMC-ODS Only*

- 9999 Tip Sheet
  - *SMH & DMC-ODS Health Plan Page > SmartCare > Billing*

Data Science

Sunset of CoSD Reports Manual

The CoSD Reports Manual, previously found within SmartCare, has been sunset. As the amount of reports developed within the EHR has grown and expanded, limitations were identified with regards to capacity which necessitated the sunset. Moving forward, individual report profiles will be hosted on the Optum website.

Reminder: Special Population Flags Added to SmartCare

There are two Special Population Flags related to homelessness that should be used in SmartCare:

- Homeless – Living in an Encampment
- Homeless – Chronically Homeless

Programs are reminded to apply these flags when appropriate for clients. These flags may also be entered retroactively. For example, if a client meets the criteria for Chronic Homelessness and reports that their homelessness began on December 7, 2021, the start date entered should reflect 12/07/2021.

Population Health

Clinical SUD PIP: Improve Follow-Up After Emergency Department Visit for Substance Use (FUA)
Team is working on matching clients/programs with plans to send emails to most recent program client was active in for services. Email notifications will then be sent to these programs with the goal to ensure timely connection and follow-up.

Non-Clinical SUD PIP: Increase the percentage of members with a substance use disorder (SUD) diagnosis who receive at least one Peer Support Service.
Potential pilot programs were identified with high and low peer billing utilization; team is working with the CORs for invitations.

QI Matters Frequently Asked Questions

No updates this month.

Recent Communications

05/04/2026
BHS Info Notice: Systemwide Rollout of Eleos, AI Ambient Listening, and Documentation Platform

- *SMH & DMC-ODS Health Plans Page > SmartCare > Info Notices*

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.

Resources Continued…

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: MHBillingUnit.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.