Up To The Minute!

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

MH PROVIDER EDITION | JULY 2026

General Updates

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

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

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

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

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

- Updated to include “Timeliness of Reporting” for ensuring disallowances or overpayments are reported within 60 days of being identified.
- The tool is automated and will calculate days lapsed and if the report was timely or not.

Upcoming Events

SmartCare User Group Meeting

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

Click to Join the Meeting

MH Quality Improvement Partners (QIP) Meeting

- Date: Wednesday, July 29, 2026
- Time: 1:00pm - 3:00pm

Click to Join the Meeting

Progress Notes Practicum

- Date: TBD
- Time: TBD

Coming Soon!

Audit Leads Practicum

- Date: TBD
- Time: TBD

Coming Soon!

Save the Date! 13th Annual Mental Health Quality Assurance Knowledge Forum

- Date Wednesday, August 26, 2026
- Time: 1:00pm – 3:30pm
- Location: This live session will be held virtually

General Updates Continued…

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

Upcoming Events Cont...

- Intended audience: SOC Program leadership, Program QI/Compliance staff, front line staff

Coming Soon!

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

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

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

Problem List & Special Population - Homelessness and Housing Tracking

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

Problem List:

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

Programs should be using the following Z Codes as applicable:

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

General Updates Continued…

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

Special Populations:

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

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

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

Coming Soon: SmartCare Site-Level Office Hours

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

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

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

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

Additional information and implementation guidance is forthcoming.

DHCS Network Adequacy 2025 Secret Shopper Program – Reinforcing Client Navigation

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

Member Navigation Reminders. When an appointment cannot be scheduled:

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

General Updates Continued…

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

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

LOCUS Implementation – Effective 7/1/2026 For Adult Programs

LOCUS should be completed for all new clients beginning July 1, 2026. For existing clients, LOCUS are to be completed at the next required clinically appropriate assessment or when outcome measures are due. LOCUS follow the same timeline as other measures – upon intake, every 6 months, or upon significant change in clinical presentation or other clinically appropriate review point, and at discharge.
Consistent with DHCS documentation requirements (BHIN 23-068), both licensed and non-licensed providers may contribute to completion of the LOCUS consistent with their scope of practice and job responsibilities.

Trained, non-licensed staff may complete the LOCUS consistent with their scope of work and County documentation requirements. Programs are responsible for ensuring staff complete the required LOCUS training and that appropriate supervision and clinical oversight are maintained.

Providers should be implementing LOCUS effective July 1, 2026, regardless of SmartCare availability. If LOCUS is not yet available within the EHR, providers should complete the assessment using the approved paper or fillable electronic version until SmartCare functionality becomes available MORS is being retired and should not continue solely becomes of delays in EHR implementation.

Per the BHS Info Notice on 6/15/26, all providers, regardless of history of LOCUS training, are to complete the AACP LOCUS Certification Training (5 hours) on the AACP website. Refresher trainings are required every two years.

Each person will need to complete the training individually on their own computer, as this is the only way we can accurately track completion. Additionally, if the training is not completed, access to LOCUS may not be granted.

For more information, please see the "Adult Outcomes Explanation Sheet- LOCUS- Rev. 06.29.26.pdf" on the Optum website > UCRM tab.

EBP High Fidelity WRAP (HFW) Draft BHIN Impact on Children's Level of Care

The Department of Health Care Services (DHCS) April 2026 draft HFW BHIN.pdf clarifies effective July 1, 2026, providers shall not claim Targeted Case Management (TCM) or Intensive Care Coordination (ICC) when High Fidelity Wraparound (HFW) is claimed:

- HFW utilizes a monthly claim so providers working with clients who are also enrolled in a HFW program need to inform their team that TCM and ICC is a lockout.

General Updates Continued…

- When participating in CFT/HFW team meetings, the Comprehensive Multidisciplinary Assessment (H2000 modifier HK) may be claimed with Certified Peers utilizing the Behavioral health Prevention Education service (H0025) or Self-Help/Peer Services (H0038).
- For a breakdown of the claiming guidance, please see Figure 4 of the BHIN: HFW BHIN.pdf.
- Once the BHIN has been finalized, any updates will be communicated to the system of care.

ACT/FACT Prior Authorization

Reminder: ACT/FACT prior authorization requires clients be in "requested" status or the authorization will be returned by to the program by Optum. Please see "Authorization for Services Process in SmartCare rev 5.18.26 FINAL.pdf" on the Optum website > SmartCare tab > Workflows and Documentation tab.

Management Information Systems (MIS)

System Access

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

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

Reminders to avoid an ARF from being rejected:

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

System Admin

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

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

Optum Website Updates

SmartCare Tab:

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

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

Optum Website Updates Continued…

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

- "Requested" Status Guidance – ***New***

Beneficiary Tab:

SMH & DMC-ODS Health Plan Page > Beneficiary

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

Incident Reporting Tab:

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

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

UTTM Tab:

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

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

Training Tab:

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

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

Billing Tab:

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

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

UCRM/SUDURM Tab:

SMH & DMC-ODS Health Plan Page > UCRM/SUDURM > MH Only (UCRM) > Adult / Older Adult UM Form

- Adult Outpatient UM Form – ***Revised***
- Adult Outpatient UM Explanation Sheet – ***Revised***

SMH & DMC-ODS Health Plan Page > UCRM/SUDURM > MH Only (UCRM) > CA Pediatric Symptom Checklist (PSC)

- PSC-35 Explanation Sheet – ***Updated***

SMH & DMC-ODS Health Plan Page > UCRM/SUDURM > MH Only (UCRM) > Mental Health Assessment

- Mental Health Assessment Downtime Form – ***Updated Name***
- Mental Health Assessment Explanation Sheet – ***Updated***

SMH & DMC-ODS Health Plan Page > UCRM/SUDURM > MH Only (UCRM) > Care Plan

- Care Plan Explanation Sheet – ***Updated***

SMH & DMC-ODS Health Plan Page > UCRM/SUDURM > MH Only (UCRM) > Locus Adult Outcomes

- Adult Outcomes Explanation Sheet - LOCUS – ***Replaced***

Optum Website Updates Continued…

SMH & DMC-ODS Health Plan Page > UCRM/SUDURM > MH Only (UCRM) > Transition of Care Tool for Medi-Cal Mental Health Services

- Transition of Care Tool Explanation Sheet – ***Updated***

OPOH/SUDPOH Tab:

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

- Cover Sheet Org Provider Manual – ***Updated***
- Table of Contents OPOH – ***Updated***
- B - Providing Specialty Mental Health Services – ***Updated***
- C - Practice Guidelines – ***Updated***
- D - Compliance and Confidentiality – ***Updated***
- E - Member Rights, Grievance, Appeals – ***Updated***
- F - Accessing Services – ***Updated***
- G - Quality Assurance – ***Updated***
- H - Cultural Competency – ***Updated***
- I - Staff Qualifications – ***Updated***
- J - Facility Requirements – ***Updated***
- K - Management Info System – ***Updated***
- L - Data Requirements – ***Updated***
- N - Mental Health Services Act & BHSA – ***Updated***
- O - Contracting – ***Updated***
- P - Fiscal and Billing – ***Updated***
- Q - Quick Reference – ***Updated***

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

- OPOH - Organizational Providers Operation Handbook – ***Replaced***
- OPOH Summary of Changes - June 2026 – ***Replaced***

MH Resources Tab:

SMH & DMC-ODS Health Plan Page > MH Resources > References

- Billing Corrections Tip Sheet – ***Updated***

Manuals Tab:

SMH & DMC-ODS Health Plan Page > Manuals > MH

- CAPS Inpatient Operations Handbook – ***Updated***
- Inpatient Operations Handbook – ***Updated***

IHCP Tab:

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

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

System of Care Application Updates

System of Care (SOC) Application

Reminder for required monthly attestation in the SOC application and completion or update of Cultural Competency section.

System of Care Application Updates Continued…

- See SOC Tips and Resources for more information.
- Contact Optum for assistance in updating SOC fields.

Billing Reminders/Announcements

No updates this month.

Data Science

No updates this month.

Population Health

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

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

Non-Clinical MH PIP: Improve Timely Access From First Contact From Any Referral Source to First Offered Appointment For Any Specialty Mental Health Service (SMHS)

- The third monthly installment of Access Times PIP reports were distributed to CORs and Programs.
- The Access Times PIP Workgroup met to review the PIP reporting process.

QI Matters Frequently Asked Questions

Q: A clinician can't sign a new PSC because the previous program didn't complete a discharge PSC. What should we do?

A: CANS and PSC are client-level, not program-specific. They continue across programs within the SOC, so a discharge PSC is not required when transitioning between them. Use the existing PSC, and coordinate with the other program (if the client is open to both) to decide who will complete the 6-month reassessment.

See guidance posted on the Optum site > UCRM tab and SmartCare CANS PSC rev 04.22.25.pdf.

QI Matters Frequently Asked Questions Continued…

Q: If a program submits an ARF for an individual, can that individual gain access to SmartCare during the credentialing process? Or does their ARF *NOT* become approved until after credentialing is complete?

A: The DHCS requirement is that staff are credentialed prior to the provision of services. Currently, we do not confirm credentialing dates in connection with EHR access, so at this time, SmartCare access is granted upon request, and we rely on the programs to indicate when a provider is able to bill (which may be a retroactive date).

As it has become known, some providers are not in compliance with the DHCS requirement of having credentialing completed prior to the provision of services (MHSUDS_Information Notice_18-019_Final Rule_Credentialing_ADA). Within a few months we will be adding the credentialing date to the ARF as a management control. SmartCare access will not be granted until a credentialing date is provided and that credentialing date will be used to determine the allowable billing date.

Please contact Optum to address any concern with credentialing timelines. Programs may adjust workflows to begin credentialing ideally upon hiring consideration rather than waiting until onboarding.

Q: If a client doesn't return or a parent declines the PSC, what scores should be entered?

A: For administrative closures, CalMHSA allows programs to use the most recent PSC scores.

Q: Can a provider bill for coordinating with a sibling's therapist if both siblings are served in the same program?

A: Yes, billing is allowed when the coordination is clinically necessary and clearly documented, e.g., when discussing family dynamics and treatment impacts. Providers must document distinct roles and interventions related to treatment plans — not just a check-in.

Refer to the "Billing SMHS for Sibling Sets Guidelines" on the Optum website > MH Resources.

Recent Communications

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

Resources

Behavioral Health Information Notices (BHINs)

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

Resources Continued…

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
- SMHS Documentation Standards/OPOH/UCRM 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.