QA MH - UP TO THE MINUTE
July 2025

Mental Health Services - Up To The Minute

General Updates

Home Medication Entry in SmartCare

- A new non-billable procedure code is available for use in SmartCare to add "home medications" to SmartCare – **Home Medications Note** – as of June 30, 2025
- The Home Medications Note is to be used by programs who do not have an RN or Prescriber with access to CalMHSA Rx
- Procedure code will have a "generic" template attached
- Treating providers should review clinical documents to determine if a Home Medication Note has been completed
    - *Coordination of Care should occur when multiple providers are involved*.
- For those who have access to CalMHSA Rx (RN & Prescribing Staff) – all medications should be entered via the CalMHSA Rx Module
    - Medications are visible to all with clinical access in the Psych/Med Note as well as visible via the Active Medications widget or within CalMHSA Rx

Multi Factor Authentication Updates for Cerner - DUO

DUO is a new multi-factor authentication (MFA) application that external users will utilize in order to maintain security when accessing Cerner applications. Affected user groups: any users that continue to access CCBH, which includes Next Steps and External Pharmacists. User accounts will be created within DUO; however, each user will need to activate their registration via the link provided in their targeted email. Users will then have the opportunity to decide how they would like to complete their multi-factor authentication: application, text, etc.

- The use of Duo will begin on July 14th
    - Additional details will be provided via email to affected user groups.
    - If there are any issues or questions following Go Live, please reach out to the **Cerner Help Desk** at 619-415-1141

New SMH Provider Type: Certified AOD Counselors- SMHS

Providers may notice that within the Specialty Mental Health Fee Schedule, rates are now included for Certified AOD Counselors following SPA 24-0042. There are outstanding issues to be addressed before this credential can be incorporated into SMHS Programs. BHS is currently awaiting guidance from DHCS to move forward with integrating this role into contracts and rate schedules moving forward. A formal communication was released **July 3, 2025**, addressing these issues. In the interim, the County FY25/26 Rate Schedule posted on Optum has been revised to remove the Certified AOD Counselor as a provider type until further direction can be provided. Programs should **hold** on adding Certified AOD Counselors as provider type at this time.

New SMH Provider Type: Enhanced Community Health Workers

A new benefit for Medi-Cal members—Enhanced Community Health Workers (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. Programs should hold on adding or implementing E-CHW staff as a provider type until further guidance has been provided.

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"Unable to Find Matching Rate" Service Errors

Currently, the CoSD Service Error Report is pulling the "unable to find matching rate" error associated with certain staff and procedures due to the FY 25/26 rates not being published in the SmartCare Live environment yet.

On 7/28/25, when the rates are published in SmartCare, the current errors seen in this report, which are associated with this issue, will be resolved. Communication email was distributed on 7/9/28

CPT Crosswalk Location

As mentioned in the June QIP Meeting, QA will no longer be putting out updates to the CPT Crosswalks. The crosswalk can be accessed on the CalMHSA Website at this link: Procedure Code Definitions - 2023 CalMHSA through the "Procedure Codes Definitions" hyperlink at the bottom of the page. This grid is updated periodically via this page, so please ensure that you are accessing this link directly each time you need to reference the definitions. Additionally, information on service codes including minimum/maximum times per unit, allowable disciplines, lockout codes, and other information for each code in the FY25-26 Specialty Mental Health Service Table linked here in the DHCS MedCCC site.

Medi-Cal Provider Portal Implementation Delayed – July Office Hours to be Provided

DHCS is moving the migration date of the Medi-Cal Provider Portal for Specialty Mental Health, Substance Use Disorder Health, Behavioral Health Providers and Non-Provider Users to **July 21, 2025**. Four more Open Office Hour sessions have been added in July to address questions.

- Use link Upcoming Medi-Cal Provider Portal Office Hours for July 2025 to register for July Office Hours.
- Office Hours will be virtual via Microsoft Teams. Pre-enrollment on the Medi-Cal Learning Portal (MLP) is not required to participate in Office Hours.
-

Office Hours	Dates	Microsoft Teams Registration Link
10-11a.m.	July 1, 2025	Medi-Cal Provider Portal Office Hour
10-11a.m	July 8, 2025	Medi-Cal Provider Portal Office Hour
10-11a.m	July 15, 2025	Medi-Cal Provider Portal Office Hour
10-11a.m	July 22, 2025	Medi-Cal Provider Portal Office Hour

QA MH - UP TO THE MINUTE
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DHCS Fee Waivers for Peer Support Specialist Certification Renewals and Specialization Training

CalMHSA, in partnership with DHCS, is offering fee waivers to support the expansion of the Peer Workforce. Opportunities are available through Sept. 15, 2025, or until all fee waivers have been distributed.

- Trainings in Areas of Specialization
  - 1,000 fee waivers available for training in one or more areas of specialization for Certified PSS
  - Register for training with a CalMHSA-approved training agency. CalMHSA will submit information for individuals who are registered for eligible specialized trainings. Waivers are distributed on a first-come, first-served basis.
  - List of training providers offering specialist training is available on the CalMHSA website.
- Certification Renewals
  - 1,000 fee waivers available for Certified PSS currently eligible for renewal and/or individuals whose certification has expired.
  - Individuals request a fee waiver directly through their certification application by clicking the request option on their application.

Questions? PeerCertification@calmhsa.org Website: www.capeercertification.org

Training and Events

*Save the Date! 12th Annual Mental Health Quality Assurance Knowledge Forum *

- Tuesday August 26, 2025, from 9:00 am to 11:30am
- This live session will be held virtually
- Intended audience: SOC Program leadership, Program QI/Compliance staff, front line staff

Quality Improvement Partners (QIP) Meeting

- Wednesday, July 30, 2025, from 1:00 pm to 3:00 pm.

SmartCare User Group Meeting

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

QA Office Hours

July Sessions:

- Tuesday, July 15, 2025, 9:00 am – 10:00 am: **Click here to join the meeting**
- Thursday, July 24, 2025, 3:00 pm – 4:00 pm: **Click here to join the meeting**

Technical Support Hours

Technical Support Hours: Technical Support Hours are virtual sessions where users can “drop in” based on role. These are intended for program staff who know what function they want to perform in SmartCare and would like a refresher on how to do it. Optum staff won't be advising program staff what they should do in the system, nor will they resolve live access issues or elevate system issues. Please visit the Optum website for

the schedule and any updates: SmartCare Training.
Users can drop in by joining this MS Teams Link: Join the meeting

QA Staffing Updates:

Please join us in congratulating Makenna Lilya on her Temporary Assignment to a Higher Class to a Behavioral Health Program Coordinator position managing the Mental Health Quality Assurance Team!

Makenna joined BHS and the Mental Health (MH) Quality Assurance (QA) team in April 2023 as a UR/QI Specialist and was quickly promoted to a UR/QI Supervisor in October 2023. Over this time, Makenna has contributed to the implementation of various DHCS initiatives within BHS, ensuring knowledge of the requirements and regulations to support compliance while working collaboratively to update processes for monitoring the quality of services provided. She has served as the lead supervisor over Critical Incident Reporting and played an integral role in developing streamlined processes and sharing information with the System of Care through the regular Quality Improvement Program (QIP) meetings. Makenna is excited to step into the Behavioral Health Program Coordinator role, building on her commitment to quality and collaboration!

Outside of work, Makenna enjoys spending time with her husband restoring their 1970 VW bus, going to the San Diego Zoo, relaxing on the beach and spending time outdoors. Gallup Strengths**:** Achiever, Strategic, Relator, Activator, Input

Please join us in congratulating Jill Michalski on her new Behavioral Health Program Coordinator role in the Health Plan Operations Unit as an EHR Clinical SME!

Jill started her career with BHS on the Mental Health (MH) Quality Assurance (QA) team as a UR/QI Specialist in 2018. She advanced within the MH QA team, promoting to UR/QI Supervisor in 2021 and then into the Behavioral Health Program Coordinator role in 2023, managing the MH QA Team. During this time, she has been able to use her knowledge to support QA and the BHS System of Care through significant CalAIM/Medi-Cal Transformation requirements including documentation reform, CPT procedure code implementation, payment reform, and the Electronic Health Record transition to SmartCare. Jill has worked to build strong relationships with providers and BHS teams ensuring effective communication, collaboration and alignment to meet County and DHCS requirements and goals, and this foundation will carry forward in her new role!

In her free time outside of work, Jill enjoys cooking elaborate dinners for friends, spending time with her husband and dog, and travel and food adventures. Gallup Strengths: Strategic, Individualization, Adaptability, Intellection, Input

Management and Information Systems (MIS)

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

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

SmartCare Access

- LMS required trainings should be completed **prior** to sending the ARF for access request to avoid having your access request from being rejected
- For password resets and login issues, please use the "Forgot your password" feature in SmartCare, contact CalMHSA help desk from 8am-5pm, M-F or call Optum at **(800) 834-3792** from 4:30am–11pm, 7 days a week, including Weekends & Holidays
- To avoid your claims being rejected, MHRS taxonomy must be updated to the following taxonomy or any taxonomy accepted by the State for MHRS: 2242, 2254, 246Z and 2470
- To avoid your claims from being rejected, Other Qualified Provider taxonomy must be updated to the following taxonomy: 171R, 3726, 373H, 374U and 376J
- Once taxonomy is updated, please email access inbox bhs_ehraccessrequest.hhsa@sdcounty.ca.gov so we can update the taxonomy in your account

Resources

System of Care (SOC) Application

- 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: 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

QI Matters Frequently Asked Questions - July

Q: What should we do if an employee leaves our program before the TADT is closed – is it the expectation that the PM take over all TADTs if someone leaves before the TADTs are closed/completed?

A: A TADT note can be signed by someone else (other than the original author if you pull up the note that is in progress and change the "Author" from the original to the new name. This will allow the new author to complete the timely access record and removes the note from the original author's dashboard as well and is a solution if the original author is not available. The TADT is not a clinical document, it does not have an impact if the original author is changed, so long as the document/data is entered and completed.

Q: How should our program address the situation when a referral changes from one of our program locations to another. For example, a "requested" program assignment is created for "Central Program" and the TADT is associated with "Program Central". However, by the time the intake/enrollment occurs, the referral has been

shifted to "Program South". Should we reach out to the MIS Support Desk to have the requested program assignment and the TADT "moved" in SmartCare from "Program Central" to "Program South"?

A: We would still need both programs to report to the TADT on the referral. The program needs to remember that DHCS does not recognize their separate locations as connected in anyway, so while you (program) see it as the client "moved", the state sees it as the client was referred out to a new program. They are treated as different programs/facilities, so the expectation is that reporting/data is happening for both. So "Program Central" should be documenting the initial contact and a disposition that closes the record indicating no appointment scheduled because the client was referred to another program. Then "Program South" starts a brand-new record for the client and uses the initial contact date for when *they* received the "referral" for this client vs using the date the client contacted the central location.

Optum Website Updates: MHP Provider Documents

SMH and DMC – ODS Health Plans Site

OPOH Tab:

- On 06/04/25 the following were updated:
  - OPOH Section C replaced entire section "Network Adequacy" and "Required Actions on the SOC Application", updated contacted information for ARF submission.
  - OPOH Section D there was an update to the Veteran Verification link.
- On 06/12/25 the following were updated:
  - OPOH Section B removed statement that program service verification includes claims reimbursed by Medi-Cal as this cannot be verified in the new EHR.
  - OPOH Section G added information about update to BBS Notification needed as of 07/01/25, and updated program's responsibility for error correction process.
  - OPOH Section J modified billing process and error correction processes for programs to follow.
- On 06/26/25 the following were updated:
  - OPOH Section N was updated due to changes in CANS discharge information being client level vs program level.
  - The OPOH and Table of Contents were updated 06/26/25 to account for the most recent OPOH changes.

MH Resources Tab:

References Section –

- On 06/17/25 there was an update made to the Billing SMHS for Sibling Sets Guidelines to account for changes in wording/processes per SmartCare.

Recent Communications

- 06/26/2025 – MHP Providers: Member Handbook Effective July 1, 2025
- 06/26/2025 - BHS Memo: SmartCare Update – Home Medication Entry
- 07/03/2025 - BHS Memo: Certified AOD Counselor Provision of Specialty Mental Health Services

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Q4 MH PIPs – Network and Quality Planning/Population Health

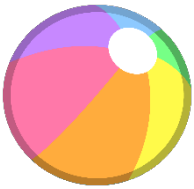
Access Times PIP
Improve timely access from first contact from any referral source to first offered appointment for any specialty mental health service (SMHS).
The University of California at San Diego (UCSD) Child and Adolescent Services Research Center (CASRC) team submitted a draft for the PIP design submission to Behavioral Health Services (BHS) for review. The Spring 2025 Youth Services Survey (YSS) was disseminated in May, which included questions regarding timely access. UCSD gathered responses from the Timely Access Questionnaire for community mental health providers in San Diego County, which will be used as the interventions are developed for this PIP.

Follow-Up After Emergency Department Visit for Mental Illness (FUM)
Increase the percentage of adult, Medi-Cal-eligible beneficiaries from pilot emergency departments (EDs) who connect to Mental Health (MH) services within 7 and 30 days after an ED visit by 5%.
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.

For more information go to HSAG PIP

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

Mental Health Services - Up To The Minute



General Updates

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. Program 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 QI Matters. 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 behalf. If there is potential for the service to be billed appropriately, the QA 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 excel form.

DUO for CCBH- Update to the Support Team

We are excited to report that a new team will be taking over DUO technical support:

Call the Optum Helpdesk at 800-834-3792 if you need assistance with your account. Support is available seven days a week (including holidays) from 0430 to 2300. For account creation, the process remains the same: submit an ARF to the MIS team at BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov.

Remember, DUO is the multi-factor authentication method (MFA) required for accessing historical patient data in CCBH.

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.

Client Enrollment Reminder within SmartCare

Programs should be enrolling clients within SmartCare via the 'Client Programs' screen prior to providing ongoing services. There has been a trend of clients found who are receiving ongoing care while not being 'Enrolled' into a program and under status of 'Requested'. Programs are encouraged

to run their Program Assignment report and ensure that any clients receiving care are in “Enrolled” status.

The CalMHSA instructional link for client enrollment can be found here: How to Add the Client to Your Program - 2023 CalMHSA

SmartCare Changes to Client Information (Client) Screen- “Sex Parameter for Clinical Use”

The Client Information (Client) Screen has been updated to include a new field “Sex Parameter for Clinical Use,” and the “Sex” field has been changed to “Sex Assigned at Birth.”

- Sex Assigned At Birth – this is related to Medi-Cal Billing:
  - Male
  - Female
- Sex Parameter for Clinical Use – not billing related, clinical only:
  - Male
  - Female
  - Non-binary
  - Other
  - Choose not to disclose
  - Unknown

A provider would indicate **"sex parameter for clinical use"** to clarify that they are using a person’s **biological sex** (male or female) — **not** their gender identity — for medical decisions.
Why this matters:

- Many clinical decisions (like lab test reference ranges, medication dosing, and risk assessments) are based on **biological sex differences**.
- For example, males and females may process medications differently or have different normal hormone levels.

When this is especially important:

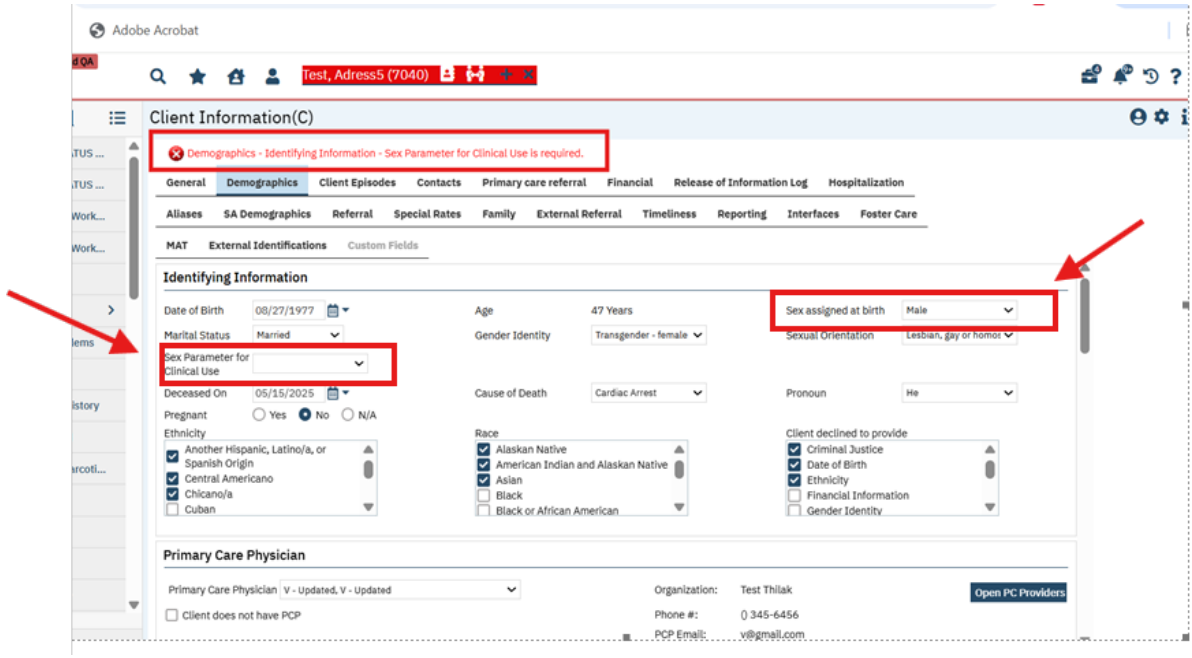
- **For transgender or non-binary patients**, their gender identity might not match their biological sex.
- By marking **“sex parameter for clinical use,”** the provider is noting that clinical care decisions are based on **biology**, even if the person identifies differently.

Example:

If a non-binary patient was assigned female at birth, and hasn’t had hormone therapy or surgery, the provider may still use **female-based medical guidelines**—but also respect the patient’s gender identity in communication and overall care.

- Mental health symptoms are often influenced by both biology and gendered social experience. A non-binary person might not follow typical male or female symptom patterns, so clinicians should:
  - Take an individualized approach
  - Ask about lived experience, social stressors, and identity-related challenges
- Non-binary individuals face **unique mental health risks**, such as:
  - Higher rates of anxiety, depression, and suicidal ideation
  - Discrimination, misgendering, or lack of access to affirming care

It helps ensure accurate, safe medical care while also acknowledging that sex and gender are not always the same.



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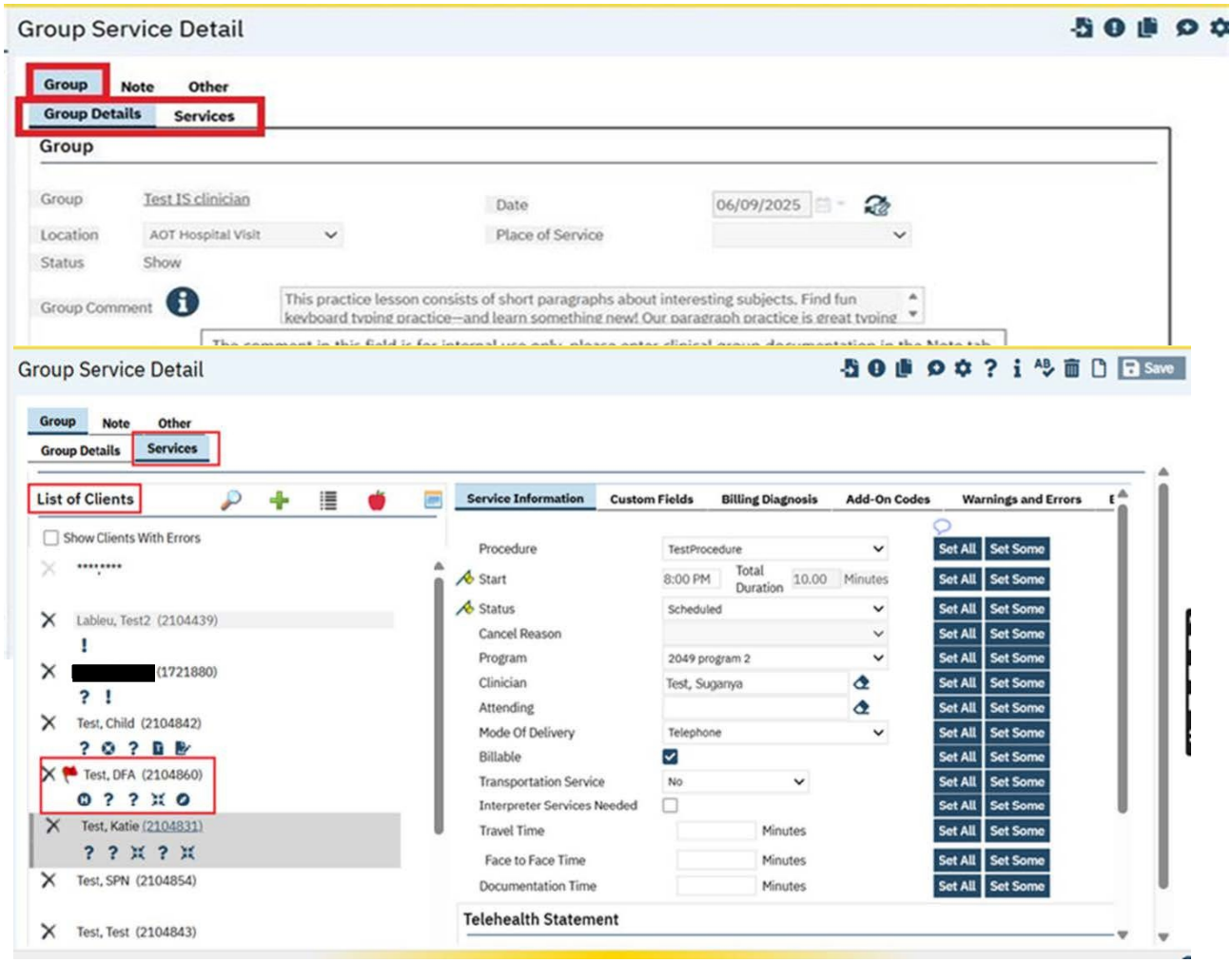
Involuntary ECT Review Committee Physician Appointment Requests – Updated Process and New Form

The process for adding a physician to an Involuntary ECT (Electroconvulsive Treatment) Review Committee has recently been updated as described in the ECT Section of the Inpatient Operations Handbook starting on page 13. Requests are to be submitted to the BHS ECT Lead via email (BHSContactUs.HHSA@sdcounty.ca.gov) and shall include the physician's CV and a completed Involuntary ECT Review Committee Physician Appointment Request form (Appendix G). This new form is also available on the Optum website under SMH & DMC-ODS Health Plans on the MH forms tab.

SmartCare Group Service Details Screen Changes

The Group Service Details screen has been updated to improve the user interface and visibility when completing group service documentation. This change went into effect on 7/28/25.

- Group Details tab has been divided into two sub-tabs
  - Group details – includes group name, location, date, status, place of service, EBP and staff/group facilitator(s)
  - Services – includes client service level information



Training and Events

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SmartCare User Group Meeting

- Thursday, September 22, 2025, from 10:00 am to 11:00 am
  Link: **Join the meeting now**

QA Office Hours

August Session:

- Thursday, August 28, 2025, 3:00 pm – 4:00 pm: **Click here to join the meeting**

Technical Support Hours

Technical Support Hours: Technical Support Hours are virtual sessions where users can “drop in” based on role. These are intended for program staff who know what function they want to perform in SmartCare and would like a refresher on how to do it. Optum staff won't be advising program staff what they should do in the system, nor will they resolve live access issues or elevate system issues. Please visit the Optum website for the schedule and any updates: SmartCare Training.

Users can drop in by joining this MS Teams Link: Join the meeting

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August 2025

Date	Day	Time	Technical Support Hours
18-Aug	Monday	2pm-3pm	Outpatient Admin Clerical Front Desk
19-Aug	Tuesday	2pm-3pm	Outpatient Clinical Direct Services
20-Aug	Wednesday	2pm-3pm	Outpatient Medical Staff
21-Aug	Thursday	2pm-3pm	Admin Billing Only
22-Aug	Friday	2pm-3pm	Reports
25-Aug	Monday	2pm-3pm	Outpatient Admin Clerical Front Desk
26-Aug	Tuesday	2pm-3pm	Outpatient Clinical Direct Services
27-Aug	Wednesday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
28-Aug	Thursday	2pm-3pm	Admin Billing Only
29-Aug	Friday	2pm-3pm	Reports
2-Sep	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
3-Sep	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
4-Sep	Thursday	2pm-3pm	CSU Admin/Clerical
5-Sep	Friday	2pm-3pm	Admin Billing Only
8-Sep	Monday	2pm-3pm	Reports
9-Sep	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
10-Sep	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
11-Sep	Thursday	2pm-3pm	Residential & Crisis Residential Clinical/Nurses/Prescribers
12-Sep	Friday	2pm-3pm	Admin Billing Only
15-Sep	Monday	2pm-3pm	Reports
16-Sep	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
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18-Sep	Thursday	2pm-3pm	CSU Clinical/Nurses/Prescribers
19-Sep	Friday	2pm-3pm	Admin Billing Only

Management and Information Systems (MIS)

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

ARF Update

- The 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) & Reporting is 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.

SmartCare Access

- LMS required trainings should be completed **prior** to sending the ARF for access request to avoid having your access request from being rejected
- For password resets and login issues, please use the "Forgot your password" feature in SmartCare, contact CalMHSA help desk from 8am-5pm, M-F or call Optum at **(800) 834-3792** from 4:30am–11pm, 7 days a week, including Weekends & Holidays
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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

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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
- SMHS Documentation Standards/OPOH/UCRM questions?- Contact: QIMatters.HHSA@sdcounty.ca.gov

QI Matters Frequently Asked Questions - August

Q: Our large program has multiple provider types working with clients (housing specialist, MHRS, therapist, psychiatrist, etc.) Does a Care Plan need to be updated for each role?

A: Providers are expected to indicate their next steps and relevant care planning in documentation. Care Plans should include treatment goals cohesively connected to the diagnosis, mental health functioning, and must be reviewed each time a service note is completed and/or updated as client needs change, issues are resolved, etc. It is recommended that when multiple providers are working with clients, treatment team roles are clarified by associating their specific interventions, so it is evident in documentation who is updating which parts of a Care Plan. Helpful resources for Care Planning documentation are Treatment Plans and Care Planning - 2023 CalMHSA and BHIN 23-068 Documentation Requirements for SMH DMC and DMC-ODS Services.pdf

Q: How would a program bill the service if a set of siblings were the only clients to show up to a group?

A: In this scenario, you could select a family therapy or rehabilitation procedure code, depending on which service applies. You may reference the Billing SMHS for Sibling Sets guidelines on the Optum under the MH Resources – References tab.

Q: Our program is still having confusion between the Critical Incident vs. Non Critical incident reporting processes. What is the best information source?

A: The **OPOH section G.19 – 26** is the most comprehensive guide TABLE OF CONTENTS. Additionally, the Incident Report tab on the Optum site includes templates and tip sheets for easy desktop referencing. SMH & DMC-ODS Health Plans

Optum Website Updates: SMH & DMC-ODS Health Plans

Billing Tab:

- The Billing Unit Payment Recovery Form was updated on 7/28/25 and is now available in the *MH/DMC* section of the Billing tab.

MH Resources Tab:

- An ECHW vs Peer Support Specialist grid was uploaded to the *References* section on 7/31/25. This is a resource for the system of care when determining if programs should implement E-CHW services.

NOABD Tab:

- NOABD Tracking Log updated for use in the new Fiscal Year.

OPOH Tab:

- On 7/3/25, the following were updated:
  - OPOH Section G – Changed name of ESU to new name CYCSU, Checked all links
  - OPOH Section L – Added reference with link to BHIN 25-2020 for guidance on Transition of Care Tools
- On 7/18/25, the following were updated:
  - OPOH Section F - Updated process of ordering G&A brochures and forms, corrected JFS title, removed Member Handbook section entirely, noted duplicate entry of member handbook guidance in other sections of OPOH, checked links.

Provider Certification Tab:

- This new tab was created on 8/1/2025 on Optum.
- Medi-Cal Certification-Recertification Tool added to *SMH* section.

SmartCare Tab:

- The most recent User Group Meeting was posted on 7/17/25.
- Updated guidance posted for Clearing CoSD Service Error Report uploaded on 7/28/25 to *Workflows and Documentation* section.

Monitoring Tab:

- Previous FY QAPR Tool AND Program Compliance Attestation removed.
- FY25-26 Program Attestation uploaded on 7/23/25 to *MH* section.

Recent Communications

- 7/17/2025- BHS Info Notice SmartCare Update – FY25-26 Service Rates, Provider Types, and Procedure Codes
- 7/30/2025- BHS Memo: Enhanced Community Health Worker (E-CHW) Communication to BHS

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

Mental Health Services - Up To The Minute

General Updates

Staff Signature and Credentials in SmartCare

Reminder all progress notes must include typed or legibly printed name, credentials, signature of the service provider/co-signer, and date of signature (*BHIN 23-068*). This is a compliance requirement and will be reviewed during the QAPR process. If you have documents not showing staff credentials, please correct utilizing this CalMHSA guidance- How to Set-Up Your Signature – 2023 CalMHSA or by sending an email to MIS with the affected staff name and program information.

Mode of Delivery (MOD) Errors- Reminders for Correction and Ticket Status

- As a reminder, error correction requests related to 'mode of delivery' are not required and all tickets related to MOD have been placed in "Resolved" status
- The only MOD that requires correction is "Parent Child Interaction Therapy" (PCIT) if incorrectly added as MOD for a service.
    - Additional guidance on PCIT will be forthcoming, this code should only be selected by Programs and Staff who are certified to provide PCIT Services. DHCS is finalizing the BHIN and additional communication to come.

Use of PCIT Mode-of-Delivery

The final BHIN addressing the new EBPs for youth has not yet been released. There are noted discrepancies in the draft BHIN and what DHCS has released in the current FY 25-26 Fee Schedule and Service Table.

- DHCS has not provided rates for the use of Family Therapy service codes with the PCIT modifier.
- PCIT modifier is only able to be utilized by those providers who are certified in PCIT by PCIT International.

We are pending response from DHCS for clarification of this omission of the family therapy codes when they release the final BHIN. QA wants to emphasis that since DHCS has not released the final BHIN with guidance on how programs/providers should claim for the youth EBPs that are being mandated as part of the BH-Connect Initiatives, QA is not able to provide specific guidance or recommendations if providers are using the PCIT modifier prior to final guidance from DHCS. This should be reviewed with your COR and Program Leadership as to any concerns or potential billing/claiming error risks that may result pending DHCS final guidance.

DRAFT-BHIN-25-XXX-Medi-Cal-Coverage-of-PCIT-MST-and-FFT-for-Children-and-Youth.pdf

The options currently available in SmartCare align with DHCS published Fee Schedule and Service Table. The options available are to select the service as Individual Therapy and be able to utilize the PCIT modifier to add the supplement fee to the claim, your documentation of the session would clearly indicate the parent's participation in the session; or you could select Family Therapy however you would not be able to select/add the PCIT modifier in order to claim the supplemental charge (you would not be able to use interactive complexity unfortunately as DHCS has indicated that it is not intended for this use in the draft BHIN).

Grievance and Appeal Reminder

San Diego County 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.

42CRF Part 2: Federal Delegation of Authority to OCR

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.

Updates to CalMHSA Trainings

In partnership with the Department of Health Care Services, CalMHSA is pleased to announce the release of 10 updated clinical documentation training courses (formerly CalAIM trainings) and two trainings for CPT/HCPCS coding. All courses are available on CalMHSA's Learning Management System (LMS).

The following courses are available as standalone courses or bundled for continuing education (CE) credit:

1. Foundations of Documentation and Service Delivery
2. Access to Services
3. Assessments
4. Diagnosis, Problem Lists, and Care Planning
5. Progress Notes
6. Care Coordination
7. Screening Tools for SMHS
8. Transition of Care Tool
9. Discharge Planning
10. Effective Use of Screening Tools
11. Coding for Specialty Mental Health
12. Coding for DMC and DMC-ODS

These updated training courses reflect the most current documentation requirements and expectations to support the work of service providers. To access them, visit our web page for LMS log-in information.

Training and Events

Cultural Responsiveness Academy (CRA) Series Training Schedule

The Cultural Responsiveness Academy (CRA) has released their cultural competency series schedule. These training courses meet the annual 4 hours of cultural competency training. Additionally, the December 10th training titled "Culturally Responsive Behavioral Health Care with Trans and Nonbinary People" meets the BHIN 25-019 Transgender and Gender Inclusive (TGI) training requirement. Registration for training courses will open 4 weeks prior to each training date. A web-based version of the TGI training will be available in January 2026. The first training is scheduled for September 30th and the flyer can be accessed here CRA-BHS - CRCC Class 1 Flyer.pdf . All courses can be referenced here CRA-BHS - Pathways Flyer.pdf

Quality Improvement Partners (QIP) Meeting

- Wednesday, September 24, 2025, from 1:00 pm to 3:00 pm.

QA MH - UP TO THE MINUTE
September 2025

SmartCare User Group Meeting

- Thursday, September 22, 2025, from 10:00 am to 11:00 am
  Link: **Join the meeting now**

QA Office Hours
September Session:

- Thursday, September 25, 2025, 3:00 pm – 4:00 pm: **Click here to join the meeting**

Technical Support Hours

Technical Support Hours: Technical Support Hours are virtual sessions where users can "drop in" based on role. These are intended for program staff who know what function they want to perform in SmartCare and would like a refresher on how to do it. Optum staff won't be advising program staff what they should do in the system, nor will they resolve live access issues or elevate system issues. Please visit the Optum website for the schedule and any updates: SmartCare Training.

Users can drop in by joining this MS Teams Link: Join the meeting

Date	Day	Time	Technical Support Hours
8-Sep	Monday	2pm-3pm	Reports
9-Sep	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
10-Sep	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
11-Sep	Thursday	2pm-3pm	Residential & Crisis Residential Clinical/Medical
12-Sep	Friday	2pm-3pm	Admin Billing Only
15-Sep	Monday	2pm-3pm	Reports
16-Sep	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
17-Sep	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
18-Sep	Thursday	2pm-3pm	CSU Clinical/Medical
19-Sep	Friday	2pm-3pm	Admin Billing Only
22-Sep	Monday	2pm-3pm	Reports
23-Sep	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
24-Sep	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
25-Sep	Thursday	2pm-3pm	Outpatient Medical Staff
26-Sep	Friday	2pm-3pm	Admin Billing Only
29-Sep	Monday	2pm-3pm	Reports
30-Sep	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
1-Oct	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
2-Oct	Thursday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
3-Oct	Friday	2pm-3pm	Admin Billing Only
6-Oct	Monday	2pm-3pm	Reports
7-Oct	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
8-Oct	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
9-Oct	Thursday	2pm-3pm	CSU Admin/Clerical
10-Oct	Friday	2pm-3pm	Admin Billing Only
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Management and Information Systems (MIS)

System Administration and Access – Managed by Cheryl Lansang

QA MH - UP TO THE MINUTE
September 2025

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

ARF Update

- Signing suffix is required when signing documents. Here's how to set-up your signature. https://2023.calmhsa.org/how-to-set-up-your-signature/
- 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 need to login to SmartCare but needs to be in the system for billing, mark "Rendering Staff (No Login)" on the ARF to avoid deactivation of account due to inactivity.

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

SmartCare Access

- LMS required trainings should be completed **prior** to sending the ARF for access request to avoid having your access request from being rejected
- For password resets and login issues, please use the "Forgot your password" feature in SmartCare, contact CalMHSA help desk from 8am-5pm, M-F or call Optum at **(800) 834-3792** from 4:30am–11pm, 7 days a week, including Weekends & Holidays
- To avoid your claims being rejected, MHRS taxonomy must be updated to the following taxonomy or any taxonomy accepted by the State for MHRS: 2242, 2254, 246Z and 2470
- To avoid your claims from being rejected, Other Qualified Provider taxonomy must be updated to the following taxonomy: 171R, 3726, 373H, 374U and 376J
- Once taxonomy is updated, please email access inbox bhs_ehraccessrequest.hhsa@sdcounty.ca.gov so we can update the taxonomy in your account

Resources

System of Care (SOC) Application

- 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: MHBillingUnit.HHSA@sdcounty.ca.gov

QA MH - UP TO THE MINUTE
September 2025

- CalAIM Q&As?- Contact: bhs-hpa.hhsa@sdcounty.ca.gov
- SMHS Documentation Standards/OPOH/UCRM questions?- Contact: QIMatters.HHSA@sdcounty.ca.gov

QI Matters Frequently Asked Questions - September

Q: What happens to the program CSI document when a client is discharged from a program?

A: At discharge from any program, clients should have a CSI Discharge completed to reflect their discharge status. Programs would update the Patient Status Code section for discharge *via Edit.*
How to Complete a CSI Demographic Record - 2023 CalMHSA
SmartCare Workflow for MH-SUD 10.08.24.pdf

Optum Website Updates: SMH & DMC-ODS Health Plans

MH Resources Tab:

- The Transferring Clients Between Different Program Sites document was uploaded to the *References* section on 8/26/25.

OPOH Updates:

Throughout the OPOH, updates are occurring to replace "A/OA and "CYF" acronyms with "Adult/ Older Adult" and "Children, Youth and Families."

- In **Section C**, the "ESU" was replaced with the new name "Children and Youth Crisis Stabilization Unit (CYCSU)," effective 7/1/25.
- In **Section D**, addressed incorrect information re. the number of claimable hours for crisis stabilization in a 24-hour period. Correct information is 23 hours, not 20 hours per SPA attachment 3.1-A (effective 2024).
- In **Sections D and O**, Updated CalMHSA Doc trainings names and requirements for direct care staff.

The table of contents has been updated to reflect all changes to headers and page numbers.

Training Tab:

- The recording and accompanying slides of the MH Annual Forum is available under the "Training Tab."
  - Q&A from the live training is included on the final slide.

SmartCare Tab:

- The most recent User Group Meeting was posted on 8/7/25.

MHP Provider Documents Page – References Page

- Remaining documents archived or migrated to MHP & DMC-ODS Health Plans Page

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Mental Health Services - Up To The Minute

General Updates

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

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

Discharge Reason Selection Reminder

Providers are encouraged to select a *Discharge Reason* from the drop-down menu in SmartCare at client discharge to support accurate data reporting, especially for clients transitioning between levels of care. This field appears on the **Program Assignment Details** page within SmartCare once a client's *Current Status* is set to "Discharged." Completing this step is strongly recommended for all client discharges to enhance system-wide reporting and LOC tracking.

Fire Clearances & Medi-Cal Certification

Programs must maintain **up-to-date fire clearances** to meet Medi-Cal Certification and Recertification Standards. If a fire clearance is expired at the time of certification renewal, **recertification cannot proceed**—potentially impacting your programs' ability to bill for services.

Most programs operate on an annual clearance schedule—please confirm your clearance is current for this year. If your Medi-Cal recertification is scheduled for FY25–26, we strongly encourage you to schedule your fire inspection as soon as possible to avoid delays or disruptions in services.

CSI Standalone Documents – Admission, Annual, and Discharge

A Client Services Information (CSI) record must be completed in SmartCare at admission, annually, and at discharge for each program enrollment.

*When completing the CSI at discharge, always create a **new** CSI document—do not use the "edit" feature.

Helpful resources:

- CSI Standalone User Guide: CSI Standalone Collection Document User Guide.docx
- CSI Demographic Record How-To: How to Complete a CSI Demographic Record - 2023 CalMHSA

Training and Events

Quality Improvement Partners (QIP) Meeting

- Wednesday, October 29, 2025, from 1:00 pm to 3:00 pm.

SmartCare User Group Meeting

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

QA Office Hours

October Session:

- Thursday, October 30, 2025, 3:00 pm – 4:00 pm: **Click here to join the meeting**

Technical Support Hours

Technical Support Hours: Technical Support Hours are virtual sessions where users can “drop in” based on role. These are intended for program staff who know what function they want to perform in SmartCare and would like a refresher on how to do it. Optum staff won't be advising program staff what they should do in the system, nor will they resolve live access issues or elevate system issues. Please visit the Optum website for the schedule and any updates: SmartCare Training.

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30-Oct	Thursday	2pm-3pm	Outpatient Medical Staff
31-Oct	Friday	2pm-3pm	Admin Billing Only
3-Nov	Monday	2pm-3pm	Reports
4-Nov	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
5-Nov	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
6-Nov	Thursday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
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Users can drop in by joining this MS Teams Link: Join the meeting

Management and 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 - 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

SmartCare Access

- LMS required trainings should be completed **prior** to sending the ARF for access request to avoid having your access request from being rejected
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- To avoid your claims being rejected, MHRS taxonomy must be updated to the following taxonomy or any taxonomy accepted by the State for MHRS: 2242, 2254, 246Z and 2470
- To avoid your claims from being rejected, Other Qualified Provider taxonomy must be updated to the following taxonomy: 171R, 3726, 373H, 374U and 376J
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Resources

System of Care (SOC) Application

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- 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: MHBillingUnit.HHSA@sdcounty.ca.gov

QA MH - UP TO THE MINUTE
October 2025

• CalAIM Q&As?- Contact: bhs-hpa.hhsa@sdcounty.ca.gov
• SMHS Documentation Standards/OPOH/UCRM questions?- Contact: QIMatters.HHSA@sdcounty.ca.gov

QI Matters Frequently Asked Questions - October

Q: Does a staff member with MHRS credential require a co-signature on a Discharge summary?

A: No, a co-signature is no longer required. In SmartCare, the Discharge summary will pull forward diagnostic information already in the system.

Q: What if a client already has a diagnosis form in SmartCare at the time of enrollment, entered previously by another program in our Legal Entity - do we need to complete a new form?

A: Yes, it is expected that a diagnosis form is entered by qualified clinical staff for each program. How to Document a Diagnosis for a Client - 2023 CalMHSA If it is determined an existing diagnosis is still applicable, there is a route for pulling forward the diagnosis. How to Pull a Diagnosis Forward from Another Program - 2023 CalMHSA

Optum Website Updates: SMH & DMC-ODS Health Plans

Monitoring Tab:

- New Versions of the Medication Monitor McFloop Form, Screening Tools, and Submission Forms were updated in the *MH* section of Monitoring Tab.
- FY 25-26 QAPR Tool uploaded on 9/10/25 to MH section.

LPS Tab:

- SB929 LPS Report- Designated Facility-Tip Sheet, Other Entity-Tip Sheet and LPS Phase IV- Summary of Changes uploaded in the *Tip Sheet* section of LPS Tab.

Training Tab:

- MH Annual Forum Final Slides FY 25/26 uploaded in the *MH* section of Training Tab.

UCRM Tab:

- Transition of Care Tool for Medi-Cal Mental Health Care Services moved from Forms Tab to *MH* section of UCRM tab.

Recent Communications

- 9/12/25- BHS Memo: SmartCare-Record Requests Past 365 days
  - SMHS & DMC-ODS Health Plan Optum page, under **SmartCare** in *Info Notices*

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Mental Health Services - Up To The Minute

General Updates

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 MCP Training Requirement- Due 12/15/2025 for Program Staff

- 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, and info for updating training plans to include this annual requirement.
- After the completion of the initial training, programs must attest here: BHS Managed Care Plan Initial Training Attestation Form
- The ongoing annual training will be included in the annual QA SMH Annual Forum and QA DMC-ODS Training beginning next fiscal year.

Medi-Cal Informational Resource Events for Members

If you or someone you care for has Medi-Cal, come learn about new services like Enhanced Care Management and Community Supports. You can also sign up for services at the onsite resource fair.

FIND AN EVENT NEAR YOU:

- **Nov 22 | 10-12pm: Mira Mesa Senior Center, Mira Mesa**
- **Dec 9 | 6-7:30pm: Virtual Session, Zoom link provided***

The first 100 people 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!

Here is the link to the flyer in both English and Spanish for posting: MediCal_Events_Eng+Spn_Flyer_2025_YMCASD.pdf

And in other languages: Event flyers: **English & Spanish** | **Arabic** | **Chinese** | **Korean** | **Dari** | **Farsi** | **Filipino** | **Tagalog** | **Vietnamese**

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.

Training and Events

Quality Improvement Partners (QIP) Meeting

- Wednesday, November 26, 2025, from 1:00 pm to 3:00 pm.

SmartCare User Group Meeting

- Tuesday, November 18, 2025, from 2:00 pm to 3:00 pm

Link: **Join the meeting now**

QA Office Hours

November Session:

- Thursday, November 20, 2025, 3:00 pm – 4:00 pm: **Click here to join the meeting**

Technical Support Hours

Technical Support Hours: Technical Support Hours are virtual sessions where users can "drop in" based on role. These are intended for program staff who know what function they want to perform in SmartCare and would like a refresher on how to do it. Optum staff won't be advising program staff what they should do in the system, nor will they resolve live access issues or elevate system issues. Please visit the Optum website for the schedule and any updates: SmartCare Training.

Users can drop in by joining this MS Teams Link: Join the meeting

Date	Day	Time	Technical Support Hours
17-Nov	Monday	2pm-3pm	Reports
18-Nov	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
19-Nov	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
20-Nov	Thursday	2pm-3pm	Residential & Crisis Residential Clinical/Medical
21-Nov	Friday	2pm-3pm	Admin Billing Only
24-Nov	Monday	2pm-3pm	Reports
25-Nov	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
1-Dec	Monday	2pm-3pm	Outpatient Clinical Direct Services
2-Dec	Tuesday	2pm-3pm	CSU Clinical/Medical
3-Dec	Wednesday	2pm-3pm	Admin Billing Only
4-Dec	Thursday	2pm-3pm	Reports
5-Dec	Friday	2pm-3pm	Outpatient Admin Clerical Front Desk
8-Dec	Monday	2pm-3pm	Outpatient Clinical Direct Services
9-Dec	Tuesday	2pm-3pm	Outpatient Medical Staff
10-Dec	Wednesday	2pm-3pm	Admin Billing Only
11-Dec	Thursday	2pm-3pm	Reports
12-Dec	Friday	2pm-3pm	Outpatient Admin Clerical Front Desk

Management and Information Systems (MIS)

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

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.

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

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.
- Residential bed day errors
- 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 (COLL & PCIT only), etc continue to submit tickets through SmartCare My Reported Errors screen

SmartCare Access

- LMS required trainings should be completed **prior** to sending the ARF for access request to avoid having your access request from being rejected
- For password resets and login issues, please use the "Forgot your password" feature in SmartCare, contact CalMHSA help desk from 8am-5pm, M-F or call Optum at **(800) 834-3792** from 4:30am–11pm, 7 days a week, including Weekends & Holidays
- To avoid your claims being rejected, MHRS taxonomy must be updated to the following taxonomy or any taxonomy accepted by the State for MHRS: 2242, 2254, 246Z and 2470
- To avoid your claims from being rejected, Other Qualified Provider taxonomy must be updated to the following taxonomy: 171R, 3726, 373H, 374U and 376J
- Once taxonomy is updated, please email access inbox bhs_ehraccessrequest.hhsa@sdcounty.ca.gov so we can update the taxonomy in your account

Resources

System of Care (SOC) Application

- 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: 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

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

QI Matters Frequently Asked Questions - November

Q: What if our program has only one prescriber reviewed for the quarterly sample, but we may have multiple prescribers throughout a fiscal year?

A: In the new attestation section on the Medication Monitoring submission form, you may indicate the reason for excluded prescribers (e.g., 'Prescriber A was not active this quarter', etc.)

Program Attestation		
All prescribers are included in the quarterly sample:	☐Yes	☐No
If "*No*", please explain: Click or tap here to enter text.		

Q: Would a reviewing psychiatrist ever need to complete a McFloop for other reasons that are not covered in the margins on McFloop requirements?

A: On the tool, the "**Variance Info/Notes"** column indicates when a McFloop is **required** for the corresponding item. The identification of any additional variances may be determined and included by the qualified MD/reviewer.

Criteria	Y	N	N/A	Variance Info/Notes

If submitting a McFloop, it is expected that **all three signature sections will be completed** to indicate acknowledgement and verification.

Useful reminders in Medication Monitoring:

- See Section G of the OPOH TABLE OF CONTENTS for committee/process guidance.
- Committee members should use the most recently updated forms each quarter from the Monitoring tab on the Optum site.

For clarity within the Med Monitoring documentation and prescriber notes: if using acronyms that are not on the BHS County Acronyms list, prescribers should spell out the words at least once. Please see the Optum site MH Resources tab for the list, last updated OCT 2024.

Optum Website Updates: SMH & DMC-ODS Health Plans

Forms Tab:

- DHCS 1801-5150 Form was replaced and updated in the *MH* section of Forms Tab.

Beneficiary Tab:

- G&A Client Forms in all threshold languages for Inpatient/Residential and Outpatient were updated and uploaded in the *G&A Client Form* sections of Beneficiary Tab.
- Grievance and Appeal Brochures in all threshold hold languages were updated and uploaded in the *G&A Process Brochure* Section of Beneficiary Tab.

SmartCare Tab:

- 2025-09-11 BHS Memo: SmartCare-Record Requests Past 365 days uploaded in the *Info Notices* section of SmartCare Tab.

UCRM Tab:

- Discharge Summary explanation uploaded to *MH&DMC-ODS* section of UCRM tab.

Recent Communications

- 11/13/25- BHS Information Notice: Important Update: Requirements for County Behavioral Health Plans and Managed Care Plans Provider Training & Member Education

QA MH - UP TO THE MINUTE
November 2025

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

Mental Health Services - Up To The Minute

General Updates

Critical Incident (CIR) Reminders:

- Report of Findings:
  - CIR ROFs are due 30 days *from date program became aware of incident*. This is sometimes misinterpreted as the date the CIR was submitted.
  - Programs are entitled to an extension for pending CME reports. Please let the QA specialist know via QIMatters 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
  - We are asking all programs to identify a contact person(s) for CIR Holiday and weekend reporting. Please complete this form this form by **12/31/2025**.

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 program report of Critical incidents on weekends and holidays.
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.

UPDATE- Caregiver/Collateral Procedures 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 **December 12, 2025**. We apologize for any inconvenience; programs should continue to document and claim services provided to caregivers and collateral contacts following current claiming processes.

QA MH - UP TO THE MINUTE
December 2025

Safety Plans in SmartCare:

As a reminder, if a program chooses to utilize one of the Safety Plans in SmartCare, there are two different available options: “Safety Plan (Client)” and “Safety/Crisis Plan”. To note, the “Safety/Crisis Plan” has a ‘Next Review’ section at the bottom of the form, causing the provider to receive recurring notifications to update the safety plan every “x” number of days as selected by provider. It has been noted that even after a client discharges, providers still receive these notifications which is being addressed to be remedied. QA recommends that programs utilize “Safety Plan (Client)” to avoid this issue and for ongoing Safety Plan updates.

Reminder: Problem Lists, Diagnoses and Flags in SmartCare

Providers should NOT be removing, editing, deleting clinical problems or diagnoses entered by another program – or any information entered by a different program. If there is question regarding a provided clinical problem or diagnosis, etc, providers should be reaching out and consulting with the assigning program. QA has provided guidance, both in our legacy system and within SmartCare, that programs should not be ending or removing clinical problems or diagnoses that were entered by another program without first consulting with the program to determine whether it would be clinically appropriate. The same guidance should be applied regarding client specific flags.
If this occurs, please reach out to QA directly with the relevant information including the client information and program that removed the diagnosis/clinical problem, and will provide appropriate follow up with the program directly.

New Resource Available: Guide to Medi-Cal Behavioral Health

- A new link has been added to the Optum Beneficiary & Families page with 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 who to call if they need help or have questions.

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 “MH” 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.

QA MH - UP TO THE MINUTE
December 2025

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
- Reference 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 if not in the TLS system.
  - 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 2** are due to QI Matters by **1/15/2026**
- 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

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

Training and Events

Quality Improvement Partners (QIP) Meeting

- Holiday hold for December
- Next scheduled QIP: January 28, 2025 from 1:00pm-3:00pm

SmartCare User Group Meeting

- Tuesday, December 16, 2025, from 11:00 am to 12:00 pm
  Link: **Join the meeting now**

QA Office Hours

December Session:

- Thursday, December 18, 2025, 3:00 pm – 4:00 pm: **Click here to join the meeting**

QA MH - UP TO THE MINUTE
December 2025

Technical Support Hours

Technical Support Hours: Technical Support Hours are virtual sessions where users can “drop in” based on role. These are intended for program staff who know what function they want to perform in SmartCare and would like a refresher on how to do it. Optum staff won't be advising program staff what they should do in the system, nor will they resolve live access issues or elevate system issues. Please visit the Optum website for the schedule and any updates: SmartCare Training.

Users can drop in by joining this MS Teams Link: Join the meeting

Date	Day	Time	Technical Support Hours
15-Dec	Monday	2pm-3pm	Outpatient Clinical Direct Services
16-Dec	Tuesday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
17-Dec	Wednesday	2pm-3pm	Admin Billing Only
18-Dec	Thursday	2pm-3pm	Reports
19-Dec	Friday	2pm-3pm	Outpatient Admin Clerical Front Desk
22-Dec	Monday	2pm-3pm	Outpatient Clinical Direct Services
23-Dec	Tuesday	2pm-3pm	CSU Admin/Clerical
29-Dec	Monday	2pm-3pm	Admin Billing Only
30-Dec	Tuesday	2pm-3pm	Reports
5-Jan	Monday	2pm-3pm	Outpatient Admin Clerical Front Desk
6-Jan	Tuesday	2pm-3pm	Outpatient Clinical Direct Services
7-Jan	Wednesday	2pm-3pm	Residential & Crisis Residential Clinical/Medical
8-Jan	Thursday	2pm-3pm	Admin Billing Only
9-Jan	Friday	2pm-3pm	Reports
12-Jan	Monday	2pm-3pm	Outpatient Admin Clerical Front Desk
13-Jan	Tuesday	2pm-3pm	Outpatient Clinical Direct Services
14-Jan	Wednesday	2pm-3pm	CSU Clinical/Medical
15-Jan	Thursday	2pm-3pm	Admin Billing Only
16-Jan	Friday	2pm-3pm	Reports

Management and Information Systems (MIS)

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

SmartCare Access Request Update

- 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

SmartCare Access

- LMS required trainings should be completed **prior** to sending the ARF for access request to avoid having your access request from being rejected
- For password resets and login issues, please use the "Forgot your password" feature in SmartCare, contact CalMHSA help desk from 8am-5pm, M-F or call Optum at **(800) 834-3792** from 4:30am–11pm, 7 days a week, including Weekends & Holidays
- To avoid your claims being rejected, MHRS taxonomy must be updated to the following taxonomy or any taxonomy accepted by the State for MHRS: 2242, 2254, 246Z and 2470
- To avoid your claims from being rejected, Other Qualified Provider taxonomy must be updated to the following taxonomy: 171R, 3726, 373H, 374U and 376J
- Once taxonomy is updated, please email access inbox bhs_ehraccessrequest.hhsa@sdcounty.ca.gov so we can update the taxonomy in your account

Resources

System of Care (SOC) Application

- 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 and completion of the Cultural Competency element. 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.

***NEW*: 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

QA MH - UP TO THE MINUTE
December 2025

• 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

GovDelivery

- QA has transitioned 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 or having trouble receiving emails?** Click below to subscribe to topics applicable to you:
    - Specialty Mental Health Services
    - Drug Medi-Cal Organized Delivery System
    - SmartCare

QI Matters Frequently Asked Questions - December

Q: Does the Coordinated Care Consent form need to be completed in SmartCare, or can a signed paper version be uploaded? And is verbal consent permissible?

A: A paper version may be signed and uploaded, however, the form should be completed in the system in order to "drop the wall." (allows MH/SUD provider viewing access for care coordination). When completing the form in SmartCare, you would indicate ***Client Signed Paper Document***.

Due to regulations, verbal agreement is not applicable for the Coordinated Care Consent. It must be physically or electronically signed by the client.

a. **Select the method of capturing the signature. NOTE:** Regulations require a signature for documents related to releasing information, so you should not select the "Verbally Agreed Over Phone" option on this document.

Please see guidance on How to Complete a Coordinated Care Consent - 2023 CalMHSA and the Coordinated Care form explanation sheet found on the Optum site/UCRM tab.

Optum Website Updates: SMH & DMC-ODS Health Plans

MH Resources Tab:

- BHS Acronym List 2024 was uploaded in the *References* section of MH Resources Tab.
- MH Guidelines for Choosing Taxonomies was updated and uploaded to the *References* section of MH Resources Tab.

Beneficiary Tab:

- Tagalog versions of G&A Client Forms were updated and uploaded in the *G&A Client Form* sections of Beneficiary Tab.

Manuals Tab:

- mHOMS Outcome Measures Manual- March 2025 updated version was uploaded in the *MH* section of Manuals Tab.

UCRM Tab:

- Care Plan Explanation Sheet was revised and uploaded to *MH Only* section of UCRM tab.

Recent Communications

- 11/25/25 - BHS Information Notice: SmartCare Batch Upload Process
- 11/17/25 - BHS Information Notice: New Caregiver-Collateral Services Procedure Codes

Q2 MH PIPs – Network and Quality Planning/Population Health

1. **Access Times PIP**

Improve timely access from first contact from any referral source to first offered appointment for any specialty mental health service (SMHS).

The San Diego County Behavioral Health Services (SDCBHS) team and the University of California at San Diego (UCSD) Child and Adolescent Services Research Center (CASRC) team are currently finalizing interventions to address this PIP goal. The interventions are to begin January 1, 2026.

2. **Follow-Up After Emergency Department Visit for Mental Illness (FUM)**

Increase the percentage of adult, Medi-Cal-eligible beneficiaries from pilot emergency departments (EDs) who connect to Mental Health (MH) services within 7 and 30 days after an ED visit by 5%.

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 go to HSAG PIP

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

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

Mental Health Services - Up To The Minute

General Updates

Nurse Practitioner Credential Update – NP 103 Pathway

Nurse Practitioners who qualify for the NP 103 pathway may request an update to their credentials in SmartCare. To do so, please submit a Modified Access Request Form (ARF) to the EHR Access Request email inbox with evidence of qualification. Once reviewed and approved, your SmartCare credentials and signature will be updated to reflect the additional NP 103 scope. ARF forms may be found on Optum. Please include a note that you are requesting add the NP 103 Pathway to your credentials in the comments section. Updated ARFs may be sent to bhs_ehraccessrequest.hhsa@sdcounty.ca.gov

Need More Information About Pathway 103 NPs?

If you are seeking additional details regarding Pathway 103 Nurse Practitioners, please visit the California Board of Registered Nursing website at these two links for background with AB 890 and certification information- Assembly Bill 890 Advanced Practice and Certification

Important Update: CANS Certification Name Change

Effective 1/13/26, providers will complete the Integrated Practice (IP) CANS, which aligns with SmartCare (California CANS). This training replaces the former San Diego CANS 1.0. If you have previously certified in the CANS 50 or San Diego CANS 1.0, you are not required to recertify with the IP CANS until your current certification expires.

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

Caregiver Service Codes Now Available in SmartCare

Caregiver Service codes have been added to the SmartCare EHR and are now available for use.

QA MH - UP TO THE MINUTE
January 2026

When claiming a Caregiver service, providers must select the appropriate Mode of Delivery that corresponds to the type of service rendered. This ensures the required modifier is attached and claims without the correct modifier will be denied.

Programs should now see all Caregiver codes in their service drop-down menus when creating a Service Note. If you do not see the codes and feel they should be included in your program services, please reach out to BHS EHR Support at bhs_ehrsupport.hhsa@sdcounty.ca.gov.

For full details, including the specific code names and modifiers, please refer to the BHS Information Notice sent on 11/17/2025- **2025-11-17-BHS Info Notice - New Caregiver-Collateral Services Procedure Codes**.

Medication Monitoring Timely Submission

As a reminder, please make sure your program is:

1. Submitting Medication Monitoring on the correct forms (located on the Optum Website> Monitoring tab> MH sub-section).
2. Submitting Medication Monitoring within the correct time frame (see below). QA will not be accepting early submissions to make sure monitoring is being completed within the designated Quarter.

Q1. ☐	Q2. ☐	Q3. ☐	Q4. ☐
July 1-September 30 Due: October 15th	October 1- December 31st Due: January 15th	January 1st- March 31st Due: April 15th	April 1st- June 30th Due: July 15th

Please contact QIMatters.HHSA@sdcounty.ca.gov with any questions.

Lockout Reminders: Telehealth & Billing Guidance

When providing services in a lockout setting, please follow these guidelines to ensure accurate documentation and billing:

1. Telehealth Services in Lockouts
   - If a client is in a lockout setting (e.g., inpatient psych hospital, crisis residential, IMD, etc), do not select Telehealth as the location of service.
   - Instead, ensure you are selecting the correct lockout location within SmartCare so it will accurately block claiming
2. Partial Lockouts
   - Targeted Case Management (TCM/ICC) services bill as usual in a lockout when related to discharge planning (same process as in CCBH).

- If the client is in a lockout setting and the provided TCM/ICC service is NOT related to discharge planning, the note must be entered as non-billable.

**SmartCare cannot distinguish if the service is discharge-related (which is allowable).*

3. Full Lockouts
   - Notes must be entered as non-billable services, except on the day of admission or discharge.
   - Location should not be set to the full lockout setting if provided before enrollment or after discharge when claiming services on the day of admission or discharge.
4. Mental Health SNFs
   - If a client enrolls in a mental health skilled nursing facility (e.g. Lakeside), all services must be entered utilizing non-billing codes.

**SmartCare classifies SNF and nursing facility locations (31/32) as medical nursing facilities and will not lock out the services when selected at these locations.*

Reminder: Problem Lists, Diagnoses and Flags in SmartCare

Providers should NOT be removing, editing, deleting clinical problems or diagnoses, flags, or any information entered by a different program. If there is question regarding a provided clinical problem or diagnosis, etc, providers should be reaching out and consulting with the assigning program. QA has provided guidance, both in our legacy system and within SmartCare, that programs should not be ending or removing clinical problems or diagnoses that were entered by another program without first consulting with the program to determine whether it would be clinically appropriate. The same guidance should be applied regarding client specific flags.

If this occurs, please reach out to QA directly with the relevant information including the client information and program that removed the diagnosis/clinical problem, and will provide appropriate follow up with the program directly.

Training Registration Reminders

When registering for any upcoming QA trainings (practicums or workshops), please be sure to read and complete all registration questions accurately, including indicating whether ASL interpreter services are needed for the session. Additionally, if you register and later find you are unable to attend, please **cancel** your registration using the link in your confirmation email. This helps free up limited spots for other participants.

Training and Events

Quality Improvement Partners (QIP) Meeting

- January 28, 2026 from 1:00pm-3:00pm **Join the meeting now**

QA MH - UP TO THE MINUTE
January 2026

SmartCare User Group Meeting

- Monday, January 26, 2026, from 10:00 am to 11:00 am
  Link: **Join the meeting now**

QA Office Hours

January Session:

- Thursday, January 29, 2026, 3:00 pm – 4:00 pm: **Click here to join the meeting**

Technical Support Hours

Technical Support Hours: Technical Support Hours are virtual sessions where users can "drop in" based on role. These are intended for program staff who know what function they want to perform in SmartCare and would like a refresher on how to do it. Optum staff won't be advising program staff what they should do in the system, nor will they resolve live access issues or elevate system issues. Please visit the Optum website for the schedule and any updates: SmartCare Training.

Users can drop in by joining this MS Teams Link: Join the meeting

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13-Feb	Friday	2pm-3pm	Admin Billing Only

Management and Information Systems (MIS)

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

SmartCare Access Request Update

- 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

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

SmartCare Access

- LMS required trainings should be completed **prior** to sending the ARF for access request to avoid having your access request from being rejected
- For password resets and login issues, please use the "Forgot your password" feature in SmartCare, contact CalMHSA help desk from 8am-5pm, M-F or call Optum at **(800) 834-3792** from 4:30am–11pm, 7 days a week, including Weekends & Holidays
- To avoid your claims being rejected, MHRS taxonomy must be updated to the following taxonomy or any taxonomy accepted by the State for MHRS: 2242, 2254, 246Z and 2470
- To avoid your claims from being rejected, Other Qualified Provider taxonomy must be updated to the following taxonomy: 171R, 3726, 373H, 374U and 376J
- Once taxonomy is updated, please email access inbox bhs_ehraccessrequest.hhsa@sdcounty.ca.gov so we can update the taxonomy in your account

Resources

System of Care (SOC) Application

- 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 and completion of the Cultural Competency element. 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.

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

GovDelivery

- QA has transitioned 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 or having trouble receiving emails?** Click below to subscribe to topics applicable to you:
    - Specialty Mental Health Services
    - Drug Medi-Cal Organized Delivery System
    - SmartCare

QI Matters Frequently Asked Questions - January

Q: Could you please confirm whether staff are permitted to obtain verbal consent to treat when the client is seen virtually or over the phone? If so, we will ensure this is documented appropriately on the consent form and include a corresponding non-billable note in the record.

A: Yes, verbal consent is allowable for both Consent to Treat and for Telehealth Consent. Verbal consent, at minimum, would need to be obtained and documented on both consent forms if telehealth services (e.g. phone or video conference) are provided. It's best practice to also obtain written consent as soon as possible/at the first time the provider meets with the client in person. Including a corresponding nonbillable note to explain the reason only verbal consent was obtained and that efforts to also obtain written consent is great!.

Here are resources regarding Telehealth Consent:
Telehealth Consent**:** https://www.dhcs.ca.gov/Documents/BHIN-23-018-Updated-Telehealth-Guidance-for-SMHS-and-SUD-Treatment-Servies-in-Medi-Cal.pdf

DHCS Guidance on how to obtain verbal consent: Patient-Consent-Model-Written-Verbal-Language-Dec.pdf

Q: We have a client that is enrolled in our outpatient program. Are we able to continue to see the client who is currently enrolled at another program i.e. STRTP or Polinsky. Do we need to close the client to our program? Is this considered double-billing?

A: Depending on client's treatment and needs, so long as the focus of treatment and goals are not duplicative and the providers clearly document their differing roles in services they are providing to the client and supporting the need for services. If you continue services with the client, it is recommended that providers collaborate and coordinate care to be clear on what treatment goals the program will specifically be working on with client and document that interaction, as well as determine the best provider to perform the CYF outcome assessments.

Optum Website Updates: SMH & DMC-ODS Health Plans

Incident Reporting Tab:

- COSD RCA Tool updated version was uploaded in the *Critical Incidents* section of Incident Reporting Tab.

UCRM Tab:

- Adult Outcomes Explanation Sheet for MORS, LOCUS, RMQ and IMR was revised and uploaded to *MH Only* section of UCRM tab.
- Risk Assessment Explanation Sheet was revised and uploaded to *MH & DMC-ODS* section of UCRM tab.

Smart Care Tab:

- SmartCare User Group-9/22/25, 10/20/25, 11/18/25 & 12/16/25 PowerPoints uploaded to *Town Hall and User Group PowerPoints* section of SmartCare tab.
- Batch Service Upload Guide uploaded to *Workflows and Documentation* section of SmartCare tab.
- New Caregiver-Collateral Service Procedure Codes and Mode of Delivery Updates & Batch Service Upload SmartCare Communication uploaded to *Info Notices* section of SmartCare tab.

Recent Communications

- 12/23/25 - BHS Information Notice: Client Data in Legacy CCBH System
- 12/26/25- BHS Communication: Behavioral Health Member Handbook Notice of Significant Changes - Client Notification - January 1, 2026

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

Up To The Minute!

MH 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

MH Quality Improvement Partners (QIP) Meeting

- Date: Wednesday, February 25, 2026
- Time: 1:00pm - 3:00pm

Click to Join the Meeting

SmartCare User Group Meeting

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

Click to Join the Meeting

QA Office Hours – February Session

- Date: Thursday, February 26, 2026
- Time: 9:00am - 10:00am

Click to Join the Meeting

Progress Notes Practicum

- Date: Thursday, February 12, 2026
- Time: 12:30pm - 3:30pm

Session is Full

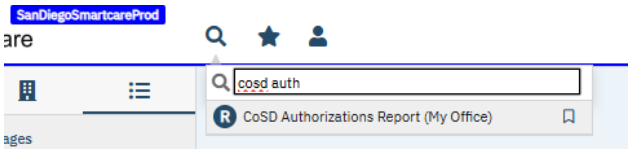
Audit Leads Practicum

- Date: Thursday, February 19, 2026
- Time: 9:00am - 12:00pm

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 #.
- Applicable programs should be running this report when experiencing any errors, 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 for the following in the search bar in SmartCare:



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.

Caregiver/Collateral Service Codes- Reminder & Credentials for Use

Caregiver/Collateral Service codes are available in SmartCare. The previously shared memo can be viewed here. Providers must select the correct Mode of Delivery to apply the required modifier; claims without the correct modifier will be denied.

Only LPHAs may bill these services along with clinical trainees, RN and LVN disciplines. MHRS and OQPs are not authorized to bill Caregiver/Collateral codes. Please reference the DHCS Service Table for FY 25-26 to review allowable disciplines for billing the Caregiver/Collateral codes. Programs with missing codes should contact BHS EHR Support.

Error vs. Deletion Requests through "My Reported Errors"

We are seeing an increase in requests to "delete" clinical documents in SmartCare. As a reminder, documents should not be deleted from the clinical record when an "error" correction, or other correction method, is appropriate. In most situations, notes should be corrected by submitting an error request through My Reported Errors, rather than requesting deletion of a clinical document.

Deletion is only appropriate in limited clinical circumstances, such as when a note is pending with no clinical information entered (and staff unable to "trash" or delete the service themselves), a document was

General Updates Continued…

entered/scanned into the wrong client's chart and contains PHI, or the documentation is blatantly incorrect (e.g., incorrect client or signature information, or signed without review with the client). Deletion request should also be appropriately explained highlighting any clinical risk when submitted via the My Reported Errors. Vague requests will be sent back to the program for additional explanation. Programs are encouraged to review the "SmartCare Correction Process – Services in Show Status" document on Optum for guidance on which correction method is needed. Thank you for helping to maintain the accuracy and integrity of the clinical record.

CCBH Record Request Updates

To request client data from CCBH, go to the optumsandiego.com website and fill out the Interim Record Request Form for a single client record or the Interim Bulk Record Request Form for multiple client records. The forms can be accessed via the following pathway: SMH & DMC-ODS Health Plans -- Forms tab -- Mental Health. Then, "secure" email the form to sdhelpdesk@optum.com.

Through the end of February, while the Optum Support Desk still has access to CCBH, the following information can be requested: Clinical Forms, Medications, Face Sheet, Client Account Summary, and Client Roster. Starting in March, only a CCBH archive will be available, so reports that will be accessible solely by the Optum Support Desk are being developed, tested, and approved. Initially, it is anticipated that only the Face Sheet, Client Roster Report, and Medications may be available. Five more reports are expected to gradually become available to the Optum Support Desk over the weeks that follow. Those will include: Assessments, Progress Notes, the Client Service Listing Report, Client Plans, and the Client Account Summary Report.

If the request form filled out by program staff seeks client information not yet available, you will receive what is available in the first email response, and you will receive an additional email or emails with client information as those reports become available.

Please reach out to the Optum Support Desk at sdhelpdesk@optum.com or call 800-834-3792 for any questions.

Announcements: MH QA Staff Changes

Dawn Jennings Promotion to MH QA Supervisor

Dawn started working within the BHS Quality Assurance team in August 2023 as a QA Specialist. Prior to this, she worked within the SOC for many years as the Program Manager for an adolescent STRTP. Since joining the QA team, she has focused on collaborating with providers throughout the QAPR and Certification processes. She has enjoyed being able to work together and provide assistance to a variety of programs with an SME focus on IOP/PHP, day treatment and STRTP. She has also concentrated on inpatient UM/UR monitoring reviews. Dawn is excited to continue in her new role to communicate and align with providers while implementing and upholding guiding principles of the County and DHCS.

Outside of work Dawn enjoys kayaking, paddleboarding, exercise classes, the beach, and going on adventures with her 9-year-old son. Growing up in Maine, you will also find her always cheering on her lifelong New England sports teams!

General Updates Continued…

Gallup Strengths: Relator, Achiever, Individualization, Ideation, Learner

Makenna Lilya Promotion to MH QA Behavioral Health Program Coordinator

Makenna Lilya is no longer “Interim” BHPC and is now the full-time MH QA BHPC.

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.

Optum Website Updates

Monitoring Tab:

- Medication Monitoring McFloop Form Rev. 1.14.26 linked here
- Medication Monitoring Screening Tool- Adult & Older Adult Rev. 1.14.26 linked here

UCRM/SUDCRM Tab:

- MH & DMC-ODS Tab
  - Safety Plan Explanation Sheet updated 1/8/2026

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

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: Improving Timely Access from First Contact from Any Referral Source to First Offered Appointment for any Specialty Mental Health Services

- 2026 First Year PIP Intervention Plan:
  - February 2026 – COR training planned.
  - March 2026 – Monthly Timely Access reports provided to BHS CORs.

QI Matters Frequently Asked Questions

Q: Where do I find the most currently approved BHS abbreviations and acronym lists?

A: Currently, both the BHS Acronym list (revised October 2024) and a BHS Abbreviations list (March 2022) are available on the Optum site under the MH Resources tab > References.

As a distinction, the Abbreviation list features shortened forms of words and phrases to simplify documentation narratives (e.g. “adol.” for adolescent, “coord” for coordination). The Acronym list features approved letters forming an abbreviated version of a commonly used phrase or technique (e.g., “CASE” for the Chronological Assessment of Suicide Events).

You may find some overlap in the lists – both are intended to serve as resources for providers when documenting for the system of care.

Q: What steps do we take in SmartCare to complete the Coordinated Care Consent form when the client has already discharged?

A: Since the CCC form cannot be back-dated, programs may upload the paper version into SmartCare and include a non-billable note briefly explaining the situation, noting dates the client was enrolled and discharged. Coordinated Care Consent - 2023 CalMHSA

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

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- 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

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

Up To The Minute!

MH 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

MH Quality Improvement Partners (QIP) Meeting

- Date: Wednesday, March 25, 2026
- Time: 1:00pm - 3:00pm

Click to Join the Meeting

SmartCare User Group Meeting

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

Click to Join the Meeting

QA Office Hours – March Session

- Date: Thursday, March 26, 2026
- Time: 3:00pm - 4:00pm

Click to Join the Meeting

Progress Notes Practicum

- Date: TBD
- Time: TBD

Coming Soon!

Audit Leads Practicum

- 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.

Medicare Youth Transition Self Evaluation (YTSE) Form - Sunset as of March 1, 2026
Effective March 1, 2026, the Youth Transition Self Evaluation (YTSE) will no longer be a required form for completion within the Children's/Youth and Transition Age Youth (TAY) service lines and will be formally sunset across Behavioral Health Services (BHS). Associated guidance and documentation, including within the OPOH and on our Optum site, will be updated to align with this change in requirement.

General Updates Continued…

CSI Standalone Documents – Important Reminders

A Client Services Information (CSI) record must be completed in SmartCare at **admission**, **annually**, and at **discharge** for each program enrollment.

Please note:

- When completing a CSI at discharge, you must create a new CSI document. Do not use the "**Edit**" feature.
- If any dates are changed or corrected (including admission or discharge dates), a new CSI document must be created. Do not update or revise the existing document using "Edit."

Using the "Edit" function in these situations can result in reporting inaccuracies. Always generate a new standalone CSI document when required.

Helpful resources:

- CSI Standalone User Guide: CSI Standalone Collection Document User Guide.docx.
- CSI Demographic Record How-To: How to Complete a CSI Demographic Record - 2023 CalMHSA.

Data Collection and Reporting System Retirement:

DHCS is removing a requirement that counties report data on Full Service Partnership (FSP) outcomes via the Data Collection and Reporting (DCR) system. Effective July 1, 2026, counties will no longer be required to submit DCR data on newly completed partner assessments. Counties shall continue to submit data on assessments performed through June 30, 2026, to DCR by a final deadline of October 1, 2026.

DHCS is making this change to alleviate county reporting burden and in recognition of alternative sources of FSP data that will become available under BHSA implementation. DHCS is committed to working with counties to ensure the successful implementation of new FSP program requirements under BHSA and will leverage existing and new sources of FSP data to support its oversight responsibilities. DHCS anticipates releasing policy guidance in Spring 2026 formalizing this change.

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.

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

No updates this month.

Data Science

No updates this month.

Population Health

Clinical PIP: Follow-Up After Emergency Department Visit for Mental Illness (FUM)
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: Improving Timely Access from First Contact from Any Referral Source to First Offered Appointment for any Specialty Mental Health Services
2026 First Year PIP Intervention Plan:

- Reviewed TADT data and prepared for monthly data report
- Measures, structure and processes for the new reports were defined
- Present at BHS COR meeting

QI Matters Frequently Asked Questions

Q: We have a client open to another program. The other program has identified them as a Special Population, "ICC/IHBS". Do we also need to identify them with this Special Population? We aren't doing the CFTs and not sure.

A: All programs working with youth must assess clients to determine if they need to be identified in any of the Special Populations. If a client has been identified as part a Special Population, all treating programs would also need to indicate this for their services. The expectation is for all programs working with the client to collaborate to ensure all needs are being met and services are not duplicative. And, in the case of ICC/IHBS, have a presence at CFT meetings. If your program is not the one responsible for scheduling CFTs, the expectation would be to consult with the SAI and ensure all relevant providers are present at CFT meetings.

Special Populations and How to Use Them - 2023 CalMHSA

Q: We have been completing CSI documents for our referrals and are wondering if we can also begin the assessment and diagnosis forms as part of our workflow, prior to meeting with the client for their intake?

A: Programs are encouraged not to open any clinical documents (i.e., assessments, problem lists, stand-alone client plans, MSE, or diagnosis documents) prior to the initial intake. If the client does not show up for their scheduled appointment and does not end up meeting with the program, the document cannot be deleted at the program level. The additional step of requesting the items be deleted adds administrative burden to the program and to the Data Science and QIMatters teams.

Clinical-Workflow-2025.pdf

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
- SMHS Documentation Standards/OPOH/UCRM 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!

MH 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 OPOH 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

MH Quality Improvement Partners (QIP) Meeting

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

Click to Join the Meeting

QA Office Hours – March Session

- Date: Thursday, April 30, 2026
- Time: 9:00am - 10:00am

Click to Join the Meeting

Progress Notes Practicum

- Date: TBD
- Time: TBD

Coming Soon!

Audit Leads Practicum

- 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…

Skilled Nursing Facility Location Added to All Adult MH Programs
The Skilled Nursing Facility (SNF) location has been added to all Adult Mental Health programs in SmartCare as of 3/25/2026.

Programs should now see the SNF location available for location selection and use.

If your program does not see this location and it is applicable to your facility, please submit a Program Modification Form which can be found on the Contract Information Management site page: Contract Information Management for HPO.

Reminder: Grievance & Appeal Update
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 G&A unit.

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.

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*

Optum Website Updates Continued…

- 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)*

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

- 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.

Non-Clinical MH PIP: Improving Timely Access from First Contact from Any Referral Source to First Offered Appointment for any Specialty Mental Health Services (SMHS)

- PIP Access Times workgroup met to discuss improving TADT access times and developed a plan for the PIP monthly reports.
- BHS and UCSD presented this PIP intervention plan at the BHS COR meeting.

QI Matters Frequently Asked Questions

Q: After completing the ASCMI, do we still need to complete the SmartCare consent forms capturing *Telehealth*, and *Text* or *Email* correspondence?

A: Yes, either the SmartCare consents or your program's versions of these documents that include the required elements must still be completed and uploaded to SmartCare or readily available in a hybrid chart.

Although the ASCMI does cover aspects of text/telehealth/email, they are broader and do not encompass all required elements from DHCS.

SmartCare Downtime Forms - 2023 CalMHSA

How to Complete a Consent for Telehealth - 2023 CalMHSA

QI Matters Frequently Asked Questions Continued…

Q: Should my staff still place notes in "Pending" status in SmartCare when waiting on supervisor/co-signer signatures?

A: Yes, "Pending" status should be utilized to allow staff time to finish documentation review, and for supervisors to review and co-sign any applicable notes. Pending status can be utilized for multiple days if needed. Once the service is ready for billing, the staff **must** manually change the service from "Pending" to "Show" status in the Service Detail drop down. This moves it from "Pending" to "Complete" status in the system during the overnight billing.

Reminder: Please make sure notes marked as "Complete" contain all appropriate signatures in the EHR. If a note is not signed, it is not valid per DHCS.

Please reference the March and May 2025 UTTMs for Pending status guidance

FY24-25_UTTM_Combined (MH).pdf

How to Add a Co-Signer to a Document - 2023 CalMHSA

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
- SMHS Documentation Standards/OPOH/UCRM questions? - Contact: QIMatters.HHSA@sdcounty.ca.gov

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

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

Up To The Minute!

MH 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.

Specialty Mental Health Billing Manual 4/2026

The SMHS Medi-Cal Billing Manual has been published for SFY 26-27 on the DHCS CalAIM References and Manuals MedCCC Library.

The current Billing Manual can be accessed directly here: https://www.dhcs.ca.gov/services/MH/Documents/SMHS-Billing-Manual-SFY2026-27.pdf

Upcoming Events

SmartCare User Group Meeting

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

Click to Join the Meeting

MH Quality Improvement Partners (QIP) Meeting

- Date: Wednesday, May 27, 2026
- Time: 1:30pm* - 3:00pm

**Note: A one-time change to the start time due to a BHS scheduling conflict.*

Click to Join the Meeting

QA Office Hours – May Session

- Date: Thursday, May 28, 2026
- Time: 3:00pm - 4:00pm

Click to Join the Meeting

Progress Notes Practicum

- Date: Thursday, May 14, 2026
- Time: 12:30pm – 3:30pm

Session is Full

Audit Leads Practicum

- Date: Thursday, May 21, 2026
- Time: 9:00am – 12:00pm

Click here to Register

General Updates Continued…

DHCS Decommissions the DCR Effective 7/1/26

Per BHIN 26-016, the Department of Health Care Services (DHCS) has announced the following changes to statewide Data Collection and Reporting (DCR) requirements for FSP programs:

- DHCS is removing the requirement for counties to report FSP outcomes in the DCR system.
- Counties will no longer be required to submit DCR data on newly completed partner assessments.
- Counties must continue submitting DCR data for all assessments completed through June 30, 2026.
- The final deadline to submit all remaining FY 25/26 assessments is October 1, 2026.
- DHCS anticipates issuing formal policy guidance in Spring 2026 that will further outline statewide expectations for FSP reporting under BHSA.

Children and Youth CFT/MDT Service Note Added to Applicable Programs

The Child and Family Team/Multidisciplinary Team (CFT/MDT) Procedure Code has been added to all applicable Children and Youth programs in SmartCare as of 4/21/2026.

Programs should see the CFT/MDT code available for selection and use within applicable workflows.

If your program does not see this service note and it is applicable to your facility, please submit a Program Modification Form which can be found on the Contract Information Management site page: Contract Information Management for HPO.

BHSA Transition Update: Youth FSP Designation Changes

Beginning July 1, 2026, California's Behavioral Health Services Act (BHSA) will replace the Mental Health Services Act (MHSA), shifting statewide funding categories to be inclusive of Housing Interventions, Full-Service Partnerships (FSP), and Behavioral Health Services and Supports (BHSS). As part of local implementation, several child-serving outpatient programs will transition out of FSP designation, while High Fidelity Wraparound (HFW) will carry FSP designation moving forward.

Throughout June 2026, programs transitioning out of FSP classification will determine whether clients may be an appropriate candidate for HFW, either in addition to or in lieu of their current program enrollment. Programs will complete required Level of Care reviews, assess potential member eligibility for HFW using CANS and the Decision Support Criteria, and document all determinations before July 1.

Referrals to HFW may be made when clinical complexity, functional impairment, or recent acute service use indicate a need for a higher level of care and caregiver and client have a willingness to engage in intensive, team-based, family-centered services.

Additional guidance and information regarding tools and timelines will be shared in upcoming meetings.

General Updates Continued…

MH Access Time and Tip Sheet Updates (TADT Tip Sheet)

The MH Access Time and Tip Sheet document located here on Optum is currently undergoing updates to refresh outdated links and resources on page 2.

In the interim, the updated CalMHSA TADT support links can be accessed below:

- How to Document Timely Access Record Information for TADT - 2023 CalMHSA
- How to Pull Timeliness Data (TADT Reporting) - 2023 CalMHSA

Programs are encouraged to reference these updated links alongside the current document until the revised MH Access Time and Tip Sheet document is published.

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.
- Refer to MH Guidelines for Choosing Taxonomies 03.21.25.pdf for MH staff taxonomy and they must be added to the staff NPPES registry.
- 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.

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

MH Resources Tab:

- Interdisciplinary Consultation Reference Sheet – ***New***
  - *SMH & DMC-ODS Health Plan Page > MH Resources > References > Interdisciplinary Consultation- Rev. 04.14.26.pdf*

UCRM/SUDURM Tab:

- IHBS Prior Authorization Form – ***Updated 4/7/26***
  - *SMH & DMC-ODS Health Plan Page > UCRM/SUDURM > MH Only (UCRM) > IHBS Prior Authorization Form 4.7.26.pdf*

Optum Website Updates Continued…

- IHBS Prior Authorization Form Explanation Sheet – ***Updated 4/7/26***
  - *SMH & DMC-ODS Health Plan Page > UCRM/SUDURM > MH Only (UCRM) > IHBS Prior Authorization Request - Explanation 4.7.26.pdf*

- Transition of Care Tool Explanation Sheet – ***Updated 4/29/26***
  - *SMH & DMC-ODS Health Plan Page > UCRM/SUDURM > MH Only (UCRM) > Transition of Care Tool Explanation Sheet- Rev. 4.29.26.pdf*

Manuals Tab:

- Inpatient Operations Handbook –***Updated 4/28/26***
  - *SMH & DMC-ODS Health Plan Page > Manuals > MH > Inpatient Operations Handbook-04.28.26.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

Q: A member completed the ASCMI Non-AB133 on paper. Understanding it must be in SmartCare to 'drop the CDAG wall', how is proof of client signature documented?

A: Following the steps for creating the ASCMI in SmartCare, refer to the guidelines on documenting ASCMI paper/PDFs: How to Document an ASCMI Done on Paper or PDF - 2023 CalMHSA.

In the signature section, you will select, "client signed paper document". The paper version should be scanned and attached to this digital ASCMI version in SmartCare.

How to Attach a Signed Paper Document to the Digital SmartCare Document - 2023 CalMHSA

Q: When a note has a Location indicator error, should that be corrected through My Reported Errors?

A: When the Location error is **not impacting billing**, it would not require correction. If desired, the program may enter a non-billable note to clarify the correct location of the service.

The exception is for **lockout settings that impact billing**, involving deeper exploration/confirmation of the lockout setting type and a location correction would be likely.

For reference: Billing Lockouts - Non-Reimbursable and Reimbursable Activities 6.26.23

Q: Are we in compliance with access times if we offer a date within 10 days of the routine, non-urgent request, but the client states they are not available until after, or if the client was a no-show to the initial appointment offered?

A: Yes, that is considered compliant with the timelines. If the appointment is offered within the timeframe, the TADT may be signed off and closed. Notes regarding the beneficiary acceptance but non-attendance of the initial appointment may be entered as the "Closure Reason".

Please reference the MH Access Times FAQ & Tip Sheet for guidance and examples, and the following for processes:

How to Pull Timeliness Data (TADT Reporting) - 2023 CalMHSA

CalMHSA 811 - TADT Report - 2023 CalMHSA

QI Matters Frequently Asked Questions Continued…

Q: If my client's meds are in CalMHSA Rx, and I am completing the 'CalMHSA Transition of Care' document, how do I document their medications since it does not pull into an attachment?

A: If the client's medication are within CalMHSA Rx, you can copy/paste the client's current medication listing from their most recent Psych/Medical Note into the "Medical History" section of the TOC document.

We have identified with our EHR Team that SmartCare Rx medications do pull into the CalMHSA Transition of Care tool after signing/completing the document as an attachment. We are looking at a way for SmartCare and CalMHSA Rx to pull the medications for the TOC tool in the same way.

More guidance to come as potential updates are made to the TOC document in alignment with CalMHSA.

Recent Communications

No updates this month.

Resources

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- 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: 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

Resources Continued…

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!

MH 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

MH Quality Improvement Partners (QIP) Meeting

- Date: Wednesday, June 24, 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!

General Updates Continued…

CalAIM Assessment Name Change Effective 6/1/26

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 for Programs Prescribing Medication

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 *MH* 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.

Reminder: NOABD Monitoring and Submission

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.

Renaming SmartCare Documents: California IP-CANS

CalMHSA has re-named the CANS as of June 1, 2026.

- "California CANS" has been re-named to "California IP-CANS"

CalMHSA and its users have used the IP-CANS since go-live (which is simply the CANS-50 plus the Trauma module). While no changes to the document have been made outside of naming, this update clarifies its current version.

General Updates Continued…

Transition of Care (TOC) Tool

As a reminder, the DHCS Transition of Care (TOC) Tool should be completed **in SmartCare** when transitioning clients between Medi-Cal mental health delivery systems or when adding services from another delivery system. The TOC should be printed and provided to the Managed Care Plans when applicable. Screening Tool and Transition of Care Contact Card

Purpose of the TOC Tool

- Supports timely and coordinated care when individuals receiving mental health services need to transition between a Managed Care Plan (MCP) and a Behavioral Health Plan (BHP), or when services from the other delivery system are being added.
- Helps communicate important clinical information to support continuity of care and coordination between providers and systems.

Important Reminders:

- The TOC Tool is available in SmartCare and should be completed as part of the transition process.
- The TOC Tool is **not an assessment** and does not replace required clinical assessments.
- The TOC Tool is **not used to determine medical necessity** or whether a client should transition between delivery systems. These decisions must be made by a clinician through an individualized, patient-centered assessment process.
- The tool leverages existing clinical information to document an individual's mental health needs and support referrals for transitions of care or the addition of services.

SmartCare Enhancement Update:

- Enhancements are currently being developed to more closely align the SmartCare TOC Tool with the DHCS-required format.
- Until those updates are implemented, please manually enter all client medications and any additional required information including current care team members that may not yet be automatically captured within the current SmartCare TOC tool.

Please refer to the accompanying DHCS Transition of Care Tool FAQs for additional guidance and information. Screening and Transition of Care Tools for Medi-Cal Mental Health Services | DHCS

Client Clinical Problem Detail - Required Comment Field Validation

A change has added a validation requirement to the Client Clinical Problem Detail screen that now requires users to enter a comment before saving which has gone live in SmartCare in error.

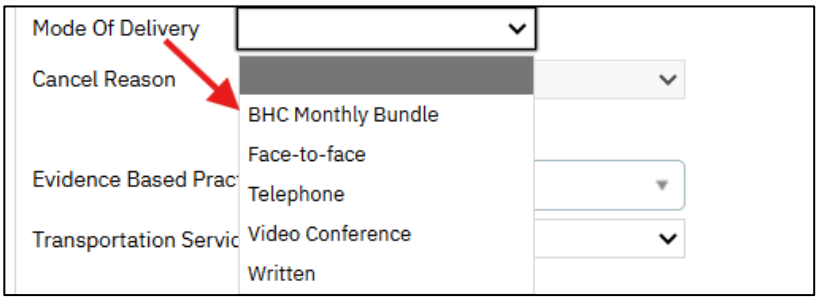
As a temporary workaround, users may enter **"n/a"** in the comment field to save this page successfully.

This validation requirement was not included in the release notes and was, therefore, not identified during testing. CalMHSA has an open ticket with Streamline to evaluate disabling the validation and will provide updates as they become available.

General Updates Continued…

ACT/FACT Mode of Delivery (MOD) Update

A new Mode of Delivery (MOD) option has recently been added to SmartCare service notes to capture the ACT and FACT bundled monthly services through BH CONNECT. Staff may notice the new MOD selection labeled "BHC Monthly Bundle".



Important Info:

- ACT and FACT programs should not utilize this MOD until July 1, 2026 unless otherwise authorized by the County and COR Team.
- The ACT/FACT MOD is intended *only* for the authorized ACT and FACT programs.
- No other programs, service lines, or providers outside of ACT/FACT should select this MOD for any services rendered.
- Use or incorrect selection of the ACT/FACT BHC Monthly Bundle MOD by unauthorized programs will require correction of the service.
- Programs are advised to review their service reports for any mis-use of the BHC Monthly Bundle MOD as this will result in disallowance by the state.

BHPC Update- A Note From Makenna

Hi all, I wanted to share that I will be beginning maternity leave in mid-June. I am so grateful for the ongoing opportunity to work with such a dedicated provider community and wanted to let you know the context for my absence.

While I am away, the Mental Health Quality Assurance Team will continue supporting providers and advancing ongoing initiatives. Thank you so much for your support, and I look forward to reconnecting with you all later this year!

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.

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*
- 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*

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*

MH Resources Tab:

- ACT/FACT EBP Monthly Bundled Rate Explanation Guide Document – ***New***
  - *SMH & DMC-ODS Health Plan Page > MH Resources > Assertive Community Treatment (ACT/FACT)*
- ACT/FACT Bundled Rates SmartCare Entry and Claiming Presentation 5.21.26 – ***New***
  - *SMH & DMC-ODS Health Plan Page > MH Resources > Assertive Community Treatment (ACT/FACT)*
- Mobile Crisis Billing Tip Sheet – ***Revised***
  - *SMH & DMC-ODS Health Plan Page > MH Resources > Mobile Crisis Response*

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

No updates this month.

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

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

- February and March 2026 Access Times PIP Reports and TADT data were distributed to CORs and Programs for review.

QI Matters Frequently Asked Questions

Q: Are programs required to complete CANS for clients aged 18+?

A: Yes, CANS is required for all applicable programs serving youth ages 0-21 within 30 days of intake, every six months and at discharge (when not open in another program).

Please review the OPOH Section L TABLE OF CONTENTS and the BHIN 23-068 Documentation Requirements for SMH DMC and DMC-ODS Services.pdf.

For staff training in CANS, please see CYF Outcomes.

QI Matters Frequently Asked Questions Continued…

Q: On the ASCMI, Is there a preference between our documenting the NPI versus the TIN?

A: DHCS only requires one identifier, the NPI or TIN, it is not necessary to enter both. When entering NPI, this would be the **Program NPI** number, (not the individual provider NPI). Please see the April 2026 UTTM.

> 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.

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

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