

Behavioral Health Services (BHS) EHR Implementation FAQs



Frequently Asked Questions (FAQs) submitted by the BHS System of Care (SOC) will be updated regularly throughout the design, build, and implementation of SmartCare. If you have a question to submit, please send it to QIMatters.hhsa@sdcounty.ca.gov.

	Question	BHS Response
Functionality - General	<i>Is SmartCare still two systems or is it just one?</i>	SmartCare is one system.
	<i>Are the "unresolved" issues from the Cerner Millennium project that caused it to be halted NOT issues for SmartCare?</i>	Correct. The issues with functionality in an outpatient setting identified in Cerner Millennium are not issues in SmartCare.
	<i>How are programs setup in SmartCare? Are legal entities and sites set up differently in SmartCare? Will it look like the units and subunits in CCBH and facilities in SanWITS?</i>	Yes, SmartCare program setup differs from that of our legacy systems. We do have the ability to crosswalk our current systems into SmartCare. BHS is learning exactly how SmartCare delineates special populations, funding streams, etc.. and will ensure all programs and populations are represented.
	<i>Will there be a client plan in SmartCare?</i>	SmartCare utilizes a Care Plan versus a Client Plan. The Care Plan flows into each note in a narrative form so that each provider can update as needed.
	<i>Will clinicians be able to use dictation software with SmartCare and/or dictate directly into the progress notes and Behavioral Health Assessments (BHAs)?</i>	BHS is currently evaluating multiple dictation software products within SmartCare. More details will be provided as they become available.
	<i>Are we keeping a physical (paper) chart, or will the system be completely paperless?</i>	The intent is to use SmartCare and to eliminate paper as much as possible, though it may not be possible to eliminate paper completely.
	<i>Does SmartCare have interoperability? Will there be interoperability with other EHRs?</i>	Interoperability is the ability to access and share a patient's clinical information no matter where it is stored or how it is formatted. SmartCare has interoperability planned to meet legislative timelines, but it will not be made available at go-live. Additional details on specific interoperability functionality will be provided as they become available.

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Functionality - General	<i>Can SmartCare access the local clipboard of the computer accessing the database? In other words, can we copy and paste into SmartCare?</i>	Copy and paste functionality exists in the system. It is up to each program to determine when copy and paste is appropriate. Please reference the OPOH Section B (Compliance and Confidentiality) and SUDOPOH Section F (Compliance & Confidentiality) for information on fraud, waste, and abuse.
	<i>Will telehealth be integrated into the new system?</i>	While the ability to document and bill for telehealth exists, BHS is evaluating the suite of telehealth capabilities (such as integration with its scheduler product). More information will become available as the implementation proceeds.
	<i>Will SmartCare still have 'shared' diagnosis similar to CCBH? Will content from other programs still pull into or populate assessments? What about Client Plans?</i>	Many clinical documents in SmartCare are held at the program level. Programs will not 'share' a diagnosis, the problem list however is shared between all providers. Due to the nature of the CalAIM Assessment in the SmartCare product, it is designed to be streamlined and program specific. However, programs are still able to view the assessments and documents of other providers. While programs can see documents from other programs, there will not be a single source document. BHS will know more about this functionality as implementation proceeds.
Functionality – Client Numbers	<i>Will clients keep their existing client numbers (those from CCBH/SanWITS)?</i>	All CCBH and SanWITS clients will be imported into SmartCare. CCBH numbers (including Insyst numbers) will be used as the client number in SmartCare when available. All clients will receive a numeric SmartCare client number. Clients with alphanumeric SanWITS numbers will be imported into an 'alternate ID' field to lessen the chance of client duplication, improve care coordination and otherwise facilitate the system transition.

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Functionality – Client Numbers	<i>Given SanWITS ID numbers are changing, and the old ID number is being added to the chart, will there be a way to search for a client by the SanWITS ID number?</i>	This functionality is being evaluated. Information will be shared as it becomes available.
	<i>For new client numbers in SanWITS, do programs create a new ID number or is it auto-assigned?</i>	This number will be auto-assigned to the client when they are migrated over to the SmartCare system.
	<i>For new clients entered into SmartCare, will ID numbers follow the CCBH format and length?</i>	For the most part, yes, SmartCare numbers will follow the same format as CCBH client ID numbers.
Functionality - Access	<i>Will staff be assigned new staff ID numbers in SmartCare?</i>	Yes, while new staff ID numbers will be assigned in SmartCare, they are not used in the same way as the legacy system. Login will occur with name, not staff ID number.
	<i>Is there a limit on how many Program Manager (PM) level accounts an organization can have in SmartCare?</i>	While there is no limit to the number of PM accounts in SmartCare, we want to be judicious about who has that higher level of access. This will be determined on a case by case basis.
	<i>Will providers serving the same client be able to view one another's assessment, i.e. will TBS be able to view the assessment of the SMHP/therapist?</i>	Mental health (MH) care providers will be able to see the documentation of other MH providers' charting as they do now. For SUD care providers, access will largely depend on client consent but will now also have access to MH providers' documentation.

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Functionality - Assessment	<i>Will SmartCare meet the needs of programs such as Short-Term Residential Therapeutic Programs (STRTPs) since they are different from most mental health programs? Will all required forms like admission statements, transition determination, etc. be available in SmartCare or will we need to create these forms to have in a hybrid chart?</i>	SmartCare is designed to meet regulatory requirements of all program types in our behavioral health system of care, including STRTPs. Some forms may exist for specific program types on paper and may need to be completed and scanned into SmartCare.
	<i>Is there a mobile crisis assessment in SmartCare?</i>	Yes, there is a separate Mobile Crisis Assessment.
	<i>Programs that serve children 0-5 years have a specific BHA for that age group. Will there be a CalAIM Assessment for early childhood mental health?</i>	The CalAIM base assessment is the same for all ages. BHS is still evaluating the supplementary assessments available for this age range and will share this information as it becomes available.
Functionality - Billing	<i>Will SmartCare have billing functionality?</i>	Yes.
	<i>Will it be easier to correct errors to billing?</i>	Per the vendor, billing errors can be corrected in SmartCare. Additional detail will be provided once project implementation begins.
	<i>If we find an error in a chart review after go-live date on a CCBH or SanWITS file, are we able to make changes or correct billing?</i>	Yes, billing will be corrected in the system in which the billing was entered.
	<i>Will our billers be required to learn this system to input billing?</i>	Yes, billers will be required to learn this system as all billing will occur in SmartCare.

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Functionality - Billing	<i>What is the scope of client billing in SmartCare? Is there a plan to retroactively bill?</i>	Billing will occur in SmartCare for services started in SmartCare. Generally speaking, any service started in CCBH will finish billing in CCBH, and any service started in SanWITS will finish billing in SanWITS. Granular details are still in development and will be shared as they become available.
	<i>Will programs have access to additional CPT codes in SmartCare?</i>	Information was shared with the SUD SOC. There are additional CPT codes available in SmartCare. BHS is reviewing to ensure they are current and accurate.
Functionality - Consent	<i>After a client signs the 42 CFR Part 2 SmartCare consent form (ROI), how long does it take for providers to gain access to SUD information?</i>	Access will be real-time.
	<i>How does the EHR allow for respect for counselor and patient privilege if disclosing sensitive information (non-risk information). Also, how does the system handle disclosure of sensitive diagnoses clients may not want to share?</i>	Clients must provide their consent prior to any information being shared related to substance use disorder services and treatment.
Functionality - E-Prescribing	<i>Have we made progress with electronic prescribing for medications and does this include controlled substance medications?</i>	ePrescribe with controlled substances will be available.
	<i>Will the current token system for e-prescribers still be used, or will it be different in SmartCare?</i>	It will look similar, but the specific details are still in development and will be shared as more information becomes available.

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Functionality – E-Signature	<i>What are the e-signature capabilities in SmartCare?</i>	SmartCare has e-signature capabilities. A more thorough analysis must be conducted to understand the functionality as project implementation proceeds.
Functionality - Forms	<i>Are any existing forms migrating into SmartCare?</i>	At this time, no forms will migrate directly into SmartCare, however some components within the forms may migrate, such as diagnosis and many demographic data points.
	<i>Will all required forms be in SmartCare for future clients?</i>	SmartCare is designed to meet regulatory requirements of all program types in our mental health system of care. While BHS has not seen the complete inventory of forms, every form needed to meet state requirements should be in SmartCare.
	<i>Are forms available in all threshold languages?</i>	Forms are available in English and Spanish. This is being discussed with CalMHSA and additional threshold language recommendations will be proposed.
Functionality - Scanning	<i>Will there be a simple way to scan/upload and access wet signature documents such as Release of Information (ROIs)?</i>	SmartCare does have the ability to easily upload documents. Additional detail will be provided regarding this functionality as project implementation proceeds.
	<i>Can paper forms be scanned into SmartCare? Can we upload our own forms, such as admission agreement and facility rules?</i>	Yes.
	<i>Can I use my own Release of Information (ROIs)?</i>	Consent management will not work with program-specific ROIs. The SmartCare ROI will allow all data to show real-time. Programs can have clients sign both the SmartCare and their program ROI, which can then be scanned into the system.

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Functionality - Scheduling	<p><i>For programs that schedule physician and nurse appointments, what should we do to prepare for 4, 6, 12 week appointments that will be booking around June for September and future months?</i></p> <p>There may be a gap in scheduling during the transition. BHS is evaluating this and will provide a more thorough response once available.</p>
	<p><i>Will SmartCare have scheduling functionality?</i></p> <p>Yes.</p>
	<p><i>Will SmartCare integrate with Microsoft Outlook for calendar functionality?</i></p> <p>No, SmartCare will not integrate with Microsoft Outlook.</p>
	<p><i>Will we be expected to use the SmartCare scheduling functionality and calendar for appointments?</i></p> <p>BHS is evaluating this functionality and will share additional details as it becomes available. At this time, outpatient providers are strongly recommended to use the SmartCare scheduling functionality.</p>
Data and Reporting	<p><i>Will outcomes be entered directly into SmartCare, vs the continued use of other systems like DCR (Data Collection Reporting), or mHOMS?</i></p> <p>BHS is actively discussing outcome measures with SmartCare. Additional information will be shared with the SOC as soon as it becomes available.</p>
	<p><i>Can SmartCare capture type of housing?</i></p> <p>While housing information can be captured within the clinical documentation, BHS is exploring ways to capture housing information to facilitate reporting.</p>
	<p><i>Is any information available yet on the reporting features?</i></p> <p>There are numerous reports and reporting features available through SmartCare. As project implementation proceeds, we will provide additional information.</p>
	<p><i>Does SmartCare have the capability to build out new data collection forms if needed?</i></p> <p>One of the goals of SmartCare is streamlined documentation to focus less on charting and more on patient care. Data collection will be minimized to what is required.</p>

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Data and Reporting	<i>Will SmartCare have ways to track productivity?</i>	Yes, there is a way to track productivity in SmartCare. SmartCare has also been working with CalMHSA to develop more robust mechanisms for tracking that will be available after go-live.
	<i>For reporting purposes, will Quarterly Status Reports (QSRs) for FY 24-25 county contracts be updated to reflect data able to be pulled from SmartCare since go-live will not happen until the end of Q1?</i>	BHS is aware this will need to be adjusted and will provide guidance as project implementation proceeds.
	<i>Assuming that provider input will be timestamped in the system, will documentation timeline requirements stay the same for providers?</i>	Yes.
	<i>Will the same reports be available as currently available in CCBH and SanWITS?</i>	SmartCare has robust reporting functionality that exceeds that of CCBH and SanWITS. Reports will look different from the reports users currently receive from the legacy systems, but almost every field in SmartCare is 'reportable'. Users will be able to create and 'favorite' their own reports, allowing for more flexibility, ease of use, and more timely access.
	<i>Is there a way to track units of service?</i>	Yes.
	<i>Will the SSRS reports be available in SmartCare?</i>	SmartCare offers robust and customizable reporting. Current reports are being cross referenced to ensure that necessary data is available at go-live.

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Data Migration	<i>For the CCBH Behavioral Health Assessment (BHA) minimum 3-year rule, will BHAs completed in CCBH apply as we begin to use SmartCare? Will auditors have access CCBH to audit dates?</i>	Yes.
	<i>Will the entire SanWITS/CCBH client record eventually be 'uploaded' into the new EHR? Will all current clients be transferred over with all information or will all assessments, problem lists, etc. need to be re-entered?</i>	At Go-Live, the most salient information will be migrated from CCBH and SanWITS into SmartCare. The rest of the client's record will continue to be available in CCBH/SanWITS. See the June 18 Town Hall slides for the most current information.
	<i>Will our current role be migrated into SmartCare?</i>	Yes.
	<i>How long will CCBH and SanWITS be available when SmartCare goes live?</i>	As CCBH and SanWITS sunset, access to client records will remain available to satisfy needs for care coordination, state reporting, claims adjudication and retention requirements. There are several components to phasing out legacy systems. Once SmartCare goes live, most data entry in SanWITS/CCBH will cease. At a TBD date (likely in CY 2025), routine access to claims, adjudications, and billing information will cease. Eventually, at a TBD date, these systems will become view only. As these details become known, BHS will share them with the SOC.
	<i>For programs still documenting on paper, what is the transition plan? Will we be required to upload all paper charts that have open episodes?</i>	Large scale scanning is not currently in scope. The plan for paper records, as well as legacy system records, is a separate, future project. You will not be required to upload all paper charts that have an open episode. You will be expected to maintain, review, and share your paper records as you do now.

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Go-Live Support	<i>Will there be a help desk for go-live?</i>	Yes.
Hardware, Software, Network	<i>What types of hardware and systems do we need to begin preparing for, such as tablets, phones, etc.?</i>	Hardware, software, and network requirements for customer workstations have been provided to the SOC via a separate resource document. Please see the Hardware, Software, and Network Requirements document found under Resources on the SmartCare Tab of the Optum website.
	<i>Will the County provide signature pads? if not, will they be able to provide funding to contractors to purchase them?</i>	BHS is working to understand the need and options to address. More information will be shared as project implementation proceeds.
	<i>What do we do if programs do not meet the minimum system requirements for customer workstations?</i>	If you have questions or concerns about the minimum requirements for customer workstations, contact your COR to discuss options.
Patient Portal	<i>Will there be an app for clients to see their records (Patient Portal)? Can they send emails through the system?</i>	Yes, there will be a patient portal for clients. Messaging functionality will be available, more information will be shared about the specific functionality as it becomes available.
	<i>Will SmartCare offer text reminders for appointments? Will they be available in multiple languages?</i>	Yes, text reminders will be available for programs who use SmartCare scheduling and for those clients who opt-in. BHS is evaluating available languages.
Provider EHR Systems	<i>What about providers who have their own EHR in which they perform clinical documentation?</i>	Providers will largely continue to use their own EHR for clinical documentation as they do now. Similar to CCBH and SanWITS, there will be certain information that will need to be entered into SmartCare.

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SOC Engagement and Participation	<i>Is it important for SOC providers to continue attending subject matter expert (SME) meetings at this time?</i>	Yes, SMEs will be asked to support early planning and implementation recommendations. Your input is critical at this time.
	<i>Will there be an opportunity for prescribers to serve as a SME?</i>	Yes, as prescriber needs are identified, we will reach out for requests for participation. If you are a prescriber, or currently have prescribers who have offered to participate, please contact Heather.Rey@sdcounty.ca.gov.
	<i>Would you recommend differentiating super users by discipline, or is the information generalizable across types of roles?</i>	Both. Current super users are working on both generalizable aspects of the SmartCare system, as well as specific aspects of functionality for "deep dives" into the SmartCare System.
SOC Preparation	<i>Will extra training be provided for site leads?</i>	Yes. In preparation for this role, site leads will participate in early training for SmartCare. They will also be asked to join briefings in preparation for go-live. For more information on the role, see the February 20, 2024 Town Hall slides located on the EHR Implementation tab of the Optum website . Site Leads have now been identified and will be notified of next steps by email.
	Can I have more than one site lead for my facility?	Yes, multiple site leads and/or other go-live support roles are encouraged based on program type, roles (e.g., clinical vs administrative roles), hours of operation, and program size. Each facility will need to assess needs. Additional guidance has been provided via town halls and is available in the site lead recommendations document on the Optum website.
	How will we be notified when it is time to identify site leads?	The County sent a request via email to identify site leads. This information was due June 14, 2024 to the County.

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Terms and Conditions	<p><i>Where can we find SmartCare Terms & Conditions?</i></p> <p>The master agreement between CalMHSA and Streamline, and the terms and conditions between the County and CalMHSA are available by request by emailing QIMatters.HHSA@sdcounty.ca.gov.</p>
Training	<p><i>Will there be training for all staff?</i></p> <p>Yes. CalMHSA has a robust online set of training materials that train how to navigate the SmartCare system. Each facility may need to adapt and adjust workflows to meet documentation requirements.</p> <p><i>How long will training take?</i></p> <p>Training plans are in development and will be shared once confirmed.</p> <p><i>Can super users be trainers for their programs? Or will everyone have to be trained by the County like the current EHR training system?</i></p> <p>The training plan and logistics are not yet finalized, though the approach for SmartCare will be a little different than CCBH and SanWITS. SmartCare offers a wide array of LMS training that the County will leverage. The intent for go-live is to have hybrid, online, and in-person trainings. Super users will be able to support training at their facilities, but there will still be a requirement for completion of County training.</p> <p><i>What happens for new hires starting after CCBH and SanWITS training ends? Will they use paper forms for documentation? Which forms should be used?</i></p> <p>New hires will not have access to CCBH and SanWITS training after the final date of training for each module. Instead, they should be oriented by their respective programs on the use of downtime forms until the SmartCare go-live. Additional guidance will be available soon.</p> <p><i>Since everyone will require training, what is the capability of training the entire county simultaneously?</i></p> <p>SmartCare has a robust LMS training platform, which will allow for providers to be trained simultaneously. The County is evaluating in-person training options as supplement to the LMS platform. Additional training details will be shared once confirmed.</p>

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Training	<i>Can established users also use downtime forms after training ceases?</i>	No. Established users should continue using CCBH or SanWITS until SmartCare go-live to ensure as much data as possible is migrated into SmartCare.
	<i>Will there be training for QA staff regarding internal reviews?</i>	BHS is currently reviewing existing trainings and upcoming needs. More information will be shared as it becomes available.
	<i>If CalMHSA trainings were completed through another county and a user already has access to SmartCare for another county, will San Diego specific trainings be required to obtain access to SmartCare?</i>	The full training plan is in development; more information will be provided as it becomes available.
User Experience	<i>Do we know how much more streamlined documentation is in SmartCare based on other counties' experience?</i>	While it is difficult to assign a percentage to the reduction in documentation, for example, the CCBH behavioral health assessment (BHA) has 150 questions; the SmartCare BHA has 7 questions. As a streamlined EHR, SmartCare is a single platform that flows through common documentation practices. The focus of this product is to reduce the administrative burden of documentation and allow for more direct client care.
	<i>What is the client experience with the use of artificial intelligence (AI)?</i>	The possibility of use of AI is on the SmartCare roadmap but has not yet been implemented.
Quality Assurance	<i>Will there be any Medical Records Review (MRR) site visits during the transition?</i>	Yes.