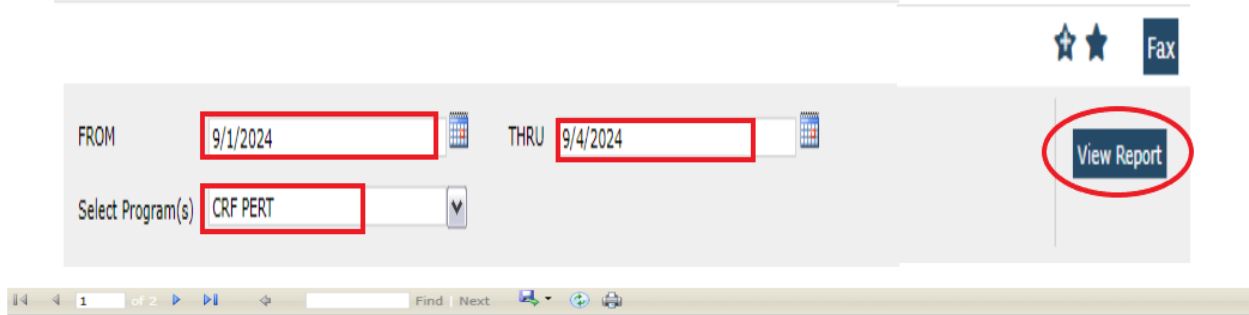


## GUIDELINES ON COMPLETING THE SMARTCARE CLIENT PLAN REQUEST FORM

### SmartCare Client Plan Request form should be completed for:

- Clients that do not have an active coverage plan (any plans) in SmartCare
- New clients in our SOC (System of Care) and in SmartCare
- Existing clients in our SOC whose coverage has changed or expired
- Clients identified in CalMHSA Service Error Report (My Office) with **“Financial information has not been completed for this client”** error. This means that the system was unable to find an “Active” coverage plan for the client in SmartCare.
  - Search for CalMHSA Service Error Report (My Office)
  - FROM & THRU – enter the beginning/ending DOS you want to run the report for.
  - Select Program(s) – this is a multiple select field in case you need to run the report for more than one program.
  - Click [View Report](#) to run the report.



### Service Error Report From 09/01/2024 Through 09/04/2024

| Service ID   | Client ID  | Date of Service | Units | Procedure                    | Staff ID | Staff Name | Location   |
|--|------------|-----------------|-------|------------------------------|----------|------------|--|
| <b>Error Message (5)- Billing diagnosis required for completing the service.</b>         |            |                 |       |                              |          |            |  |
| 12319  | [REDACTED] | 09-03-2024      | 18    | Self-help/peer services      | 1025629  | [REDACTED] | Telehealth - Telephone Audio Only Not in Client Home |
| 12358  | [REDACTED] | 09-03-2024      | 6     | Self-help/peer services      | 1025629  | [REDACTED] | Home   |
| 12393  | [REDACTED] | 09-03-2024      | 18    | Self-help/peer services      | 1025629  | [REDACTED] | Home   |
| 12443  | [REDACTED] | 09-03-2024      | 17    | Self-help/peer services      | 1025629  | [REDACTED] | Home   |
| 12418  | [REDACTED] | 09-03-2024      | 4     | Self-help/peer services      | 1025629  | [REDACTED] | Telehealth - Telephone Audio Only Not in Client Home |
| <b>Errors: 5</b>   |            |                 |       |                              |          |            |  |
| <b>Error Message (12)- Financial information has not been completed for this client.</b> |            |                 |       |                              |          |            |  |
| Service ID   | Client ID  | Date of Service | Units | Procedure                    | Staff ID | Staff Name | Location   |
| 5023   | [REDACTED] | 09-01-2024      | 89    | Crisis Intervention Services | 1022772  | [REDACTED] | Other Place of Service                               |
| 5201   | [REDACTED] | 09-02-2024      | 55    | Crisis Intervention Services | 1020696  | [REDACTED] | Other Place of Service                               |
| 6982   | [REDACTED] | 09-02-2024      | 139   | Crisis Intervention Services | 1007392  | [REDACTED] | Other Place of Service                               |
| 10848  | [REDACTED] | 09-03-2024      | 40    | Crisis Intervention Services | 1017461  | [REDACTED] | School   |
| 12291  | [REDACTED] | 09-03-2024      | 43    | Crisis Intervention Services | 1018575  | [REDACTED] | Home   |
| 11447  | [REDACTED] | 09-03-2024      | 88    | Crisis Intervention Services | 1010617  | [REDACTED] | Other Place of Service                               |
| 12537  | [REDACTED] | 09-03-2024      | 58    | Crisis Intervention Services | 1016009  | [REDACTED] | Other Place of Service                               |
| 12490  | [REDACTED] | 09-03-2024      | 83    | Crisis Intervention Services | 1022772  | [REDACTED] | Other Place of Service                               |
| 12277  | [REDACTED] | 09-03-2024      | 51    | Crisis Intervention Services | 1010617  | [REDACTED] | Other Place of Service                               |
| 11714  | [REDACTED] | 09-03-2024      | 11    | Targeted Case Management     | 1010617  | [REDACTED] | Other Place of Service                               |
| 12544  | [REDACTED] | 09-03-2024      | 22    | Targeted Case Management     | 1016009  | [REDACTED] | Other Place of Service                               |
| 12306  | [REDACTED] | 09-03-2024      | 9     | Targeted Case Management     | 1010617  | [REDACTED] | Other Place of Service                               |
| <b>Errors: 12</b>  |            |                 |       |                              |          |            |  |

## How to complete the SmartCare Client Plan Request Form

- **Client Name & ID#** - Please provide client's name and id in SmartCare
- **Program Name**
- **Client's DOB** (to verify) – in cases where there is more than one client in SmartCare that have the same first and last name.
- **Submitted By** – person completing/submitting the form
- **Date** – date request was emailed/Efax to BHS Billing Unit
- **New Client Plan** – if client does not have an existing coverage plan in SmartCare
- **Update Existing Client Plan** – change in client's existing coverage plan or expiration of existing plan
- **Primary Health Plan** – click on **Choose an item** and plan list will display. Click on which plan you are requesting for the client. Choose Other if plan is not on the list.
  - Medi-Cal MH – choose this plan for MH Clients Only
  - Medi-Cal DMC – choose this plan for SUD Clients Only
  - County (MC) MH Administration – choose this plan for UNFUNDED MH Clients Only
  - County Billable SUD - choose this plan for for UNFUNDED SUD Clients Only
- **Secondary Health Plan** – complete if adding another plan; otherwise leave blank
- **Tertiary Health Plan** – complete if adding another plan; otherwise leave blank
- **Assignment/Release of Information obtained?** – please follow your internal policies and procedures with regards to management of client's medical records. You DO NOT need to email/Efax the signed AOB to BHS BU.
- **Coverage Plan (If Not on the List)**
- **Coverage Plan Mailing Address (If known)**
- **Subscriber's Name (Lastname, Firstname)**
- **Subscriber's Address**
- **Subscriber's Sex**
- **Subscriber's SSN**
- **Subscriber's DOB**

Please direct any questions or assistance with the new form/process to the designated BHS/Fiscal Billing Units.

### For MH Clients:

Email and E-Fax: [MHBillingUnit.HHSA@sdcounty.ca.gov](mailto:MHBillingUnit.HHSA@sdcounty.ca.gov)

Billing Main Line: 619-338-2612

### For SUD Clients:

Email and E-Fax: [ADSBillingUnit.HHSA@sdcounty.ca.gov](mailto:ADSBillingUnit.HHSA@sdcounty.ca.gov)

Billing Main Line: 619-338-2584