K. MANAGEMENT INFORMATION SYSTEMS (MIS)

Technology Requirements

Providers shall maintain technology that facilitates the collection, maintenance, and reporting of data necessary to comply with the County of San Diego and California Department of Health Care Services data requirements. Provider's computer-based data collection, maintenance, and reporting systems shall comply with current County and State standards. For more information regarding SmartCare technology requirements, go to HardwareSoftwareRequirements_Mar2024.pdf at the Optum website.

Providers shall have at least one computer with internet access. Treatment data shall be entered electronically into SmartCare; DATAR data shall be entered into DATARWeb; other required reports and forms shall be submitted electronically to the MIS Support Desk.

All providers shall be capable of transmitting and receiving information through email. Communications to the provider regarding compliance issues, system related issues, and requirements are sent through email from the MIS unit. Providers need to maintain an email address and shall notify the COR or COR's designee and the MIS unit of any change in email addresses within two business days of the effective date of the change. The MIS unit can be notified of email updates by sending an email to **BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov**.

All electronic provider files containing DHCS PHI or PI and stored on removable media or portable devices shall be encrypted with a FIPS 140-2 certified algorithm.

Electronic Health Records

DHCS requires that programs utilizing an Electronic Health Record (EHR) have the following available to DHCS staff during an audit, licensing, or certification review:

- Physical access to the EHR system
- Adequate computer access to the EHR needed for the audit or review
- Access to printers and capability to print necessary documents
- Technical assistance as requested
- Scanned documents, if needed, that are readable and complete

Additionally, DHCS requires programs using an EHR to obtain a signed "Electronic Signature Agreement" from all users who will be signing financial, program or medical records with an electronic signature. This agreement should include, among other things, that the signer has an obligation to protect their electronic signature (id/password), to keep their sign-in information secret and to not share the information, and to notify appropriate program staff if it is stolen, lost, compromised, unaccounted for, or destroyed.

Programs should contact their County BHS COR to notify them if they are planning to implement an EHR as BHS is required to certify that the system used meets DHCS standards. For more information, see ADP Bulletin 10-01 and its exhibits. Programs shall have all SUDURM forms created for the EHR approved by SUDQA. Programs shall have internal policies and procedures in place for EHR use, to include how to handle members documentation when a system outage occurs or the EHR is unavailable.

AI-Assisted Documentation and Audio Processing in SmartCare

Artificial Intelligence (AI) tools integrated with SmartCare may be used to support clinical documentation workflows. These tools may assist with transcription, summarization, compliance guidance, or drafting of clinical documentation.

Some AI-assisted documentation tools may process audio from clinical encounters to generate transcripts or documentation summaries. Audio processing may occur through secure systems integrated with SmartCare and approved by the County.

AI-assisted documentation tools are intended to support Direct Service Provider documentation and workflow efficiency. These tools do not replace clinical judgment or the responsibility of the Direct Service Provider to ensure accuracy and compliance with Medi-Cal and County documentation requirements.

For purposes of this guidance, **Eleos** is the AI-assisted documentation tool currently approved by BHS and integrated with SmartCare.

Use of Eleos is governed by Behavioral Health Services (BHS) policies and County requirements related to artificial intelligence, privacy, and data security. Use of Eleos shall comply with County of San Diego Board Policy A-140 (Artificial Intelligence) and any applicable contractual requirements.

Eleos-generated documentation is considered draft content and must be reviewed, edited as necessary, and approved by the Direct Service Provider before it is finalized in the medical record.

Direct Service Providers remain responsible for ensuring that documentation:

- Accurately reflects services delivered
- Supports medical necessity when applicable
- Complies with Medi-Cal documentation requirements

Eleos use is intended to support documentation workflows but may not always be available. Direct Service Providers remain responsible for completing timely documentation in SmartCare in accordance with Medi-Cal and County documentation requirements when Eleos is unavailable.

Eleos may not be used to generate documentation for services that were not provided or otherwise misrepresent clinical services rendered.

1. **Direct Service Provider Responsibilities.** When Eleos is used:
    a. The Direct Service Provider shall review all Eleos documentation.
    b. The Direct Service Provider shall edit or correct documentation as necessary to ensure the content accurately reflects the service delivered.
    c. The Direct Service Provider shall approve the final documentation before submitting the note in SmartCare.
    d. The Direct Service Provider remains the author of the finalized clinical documentation.
2. **Audio Processing During Clinical Encounters.**
    a. When Eleos is used during clinical encounters:
        i. Direct Service Providers should inform the Client that AI-assisted technology is being used to support documentation during the encounter.
        ii. Consent must be obtained and documented in the clinical record prior to the use of Eleos.
        iii. Direct Service Providers should confirm consent with Clients at the beginning of each session for Eleos to be used. This verbal consent at the beginning of each session shall be documented.
        iv. If a Client withdraws consent, Eleos shall no longer be used.
        v. For group services, Eleos may only be used if all participating Clients have provided consent. If any participant declines or withdraws consent, Eleos shall not be used for that group session.

vi. The client may ask questions about the technology used during documentation.
vii. Audio processing may occur for the purpose of generating a transcript or documentation summary.
viii. Audio processed by Eleos is handled in accordance with County privacy, security, and data governance policies.
ix. Direct Service Providers must ensure that client information is processed only through County-approved systems integrated with SmartCare.
x. Audio retention and deletion practices are governed by the approved system configuration and applicable County requirements.

b. Direct Service Providers shall not use external or non-approved recording or transcription tools to document clinical encounters. This includes publicly available, consumer-facing, or non-secure Artificial Intelligence tools or platforms.

3. Use of AI Documentation Suggestions

a. Eleos may generate documentation suggestions, prompts, or compliance alerts. Direct Service Providers may:
   i. Accept suggested documentation.
   ii. Modify suggested documentation.
   iii. Override suggested documentation when the suggestion does not accurately reflect the service delivered.
b. Direct Service Providers must exercise professional judgment when determining whether Eleos-generated content should be included in the clinical record.
c. Direct Service Providers must apply clinical judgment and/or consult with a clinical supervisor before making decisions that impact the type or amount of care provided if and/or when Eleos content is used to support clinical decision-making.
d. Eleos-generated content may not replace required clinical supervision, assessment, or clinical decision making.

4. Documentation Requirements

a. Documentation created with Eleos must:
   i. Accurately reflect services delivered during the encounter.
   ii. Comply with Medi-Cal and County documentation requirements.
   iii. Support medical necessity where applicable.
b. Eleos-generated documentation must be reviewed and edited as needed before it is finalized in the medical record.

5. Privacy and Confidentiality

a. Use of Eleos must comply with all applicable privacy and confidentiality requirements, including:
   i. HIPAA
   ii. 42 CFR Part 2
b. Client information may only be processed through County-approved AI systems integrated with SmartCare, unless otherwise authorized by BHS.
c. Direct Service Providers shall not enter client information into external or non-approved AI tools without prior written approval from BHS. This includes generative AI platforms, transcription services, publicly available AI platforms, or other AI-enabled tools that are not approved by the County.
d. Direct Service Providers seeking to use AI tools that are not integrated with SmartCare must submit a request to BHS at QIMatters.BHS@sdcounty.ca.gov prior to implementation. BHS will review the request and, as applicable, coordinate with DHCS to determine whether the proposed AI tool is permissible. Direct Service Providers must not use such AI tools until approval is confirmed by BHS.

6. **Training**
    a. Direct Service Providers authorized to use Eleos must complete required training prior to using the system. Training includes:
        i. Appropriate use of Eleos.
        ii. Review and editing of Eleos-generated documentation.
        iii. Medi-Cal documentation expectations.
        iv. Privacy and confidentiality protections.
        v. Client notification and consent requirements related to Eleos.
        vi. Any County-required AI-related training.
7. **Contracted Organization (Legal Entity) AI Policy Requirement**
    a. Contracted Organizations must develop, implement, and maintain organizational policies and procedures (P&P) governing the use of Eleos that aligns with County Board Policy A-140, the BHS AI Policy, this guidance, applicable laws and regulations, and other applicable BHS requirements.
    b. Prior to receiving access to Eleos, Contracted Organizations must provide confirmation, in a form specified by BHS, that the required organizational AI policies and procedures have been developed and implemented and will be made available to BHS upon request. Confirmation may be required from Legal Entity leadership, Program Managers, or other authorized organizational representatives.
    c. At a minimum, the Organization's Eleos-related P&P should address:
        i. **Governance and Oversight** Identification of responsible roles for AI use within the organization and processes to ensure alignment with County Board Policy A-140, the OPOH/SUDPOH, and other applicable County and BHS requirements. P&P should address internal oversight, risk mitigation, staff accountability, and processes for responding to concerns related to AI use.
        ii. **Human Oversight and Accountability.** Requirements that Eleos-generated outputs are reviewed, edited as necessary, and approved by the direct service provider, and that the direct service provider remains responsible for the accuracy and completeness of all finalized documentation. Eleos may not replace clinical judgment or required supervision.
        iii. **Privacy and Data Protection.** Safeguards to ensure compliance with applicable privacy and confidentiality laws (e.g., HIPAA, 42 CFR Part 2), as well as County and BHS data protection requirements, including use of only County-approved or otherwise authorized systems.
        iv. **Client Communication and Education.** P&P should address how clients will be informed about Eleos, including use of approved educational materials, responses to common client questions, and communication regarding client rights and available alternatives.
        v. **Client Notification and Consent.** Processes for informing clients when Eleos is used in care, including how notification and consent are obtained and documented consistent with County and BHS requirements. P&P should address:
            - notification that AI-assisted technology is being used;
            - documentation of consent consistent with County requirements;
            - client right to decline participation;
            - obtaining and documenting consent prior to the use of AI-assisted documentation tools;
            - ongoing notification of AI-assisted technology prior to every use;
            - reminding clients of their right to withdraw consent at any time;

- procedures for continuing services when a client declines use of AI-assisted tools.

vi. **Appropriate and Prohibited Uses.** Clear expectations regarding permissible uses of Eleos, including the prohibition of use to generate documentation for services not provided or to otherwise misrepresent services. P&P should also prohibit the use of non-approved AI tools, unauthorized recording or transcription applications, and the entry of client information into systems not approved by the County or BHS.

vii. **Staff Training.** Requirements for staff training on appropriate AI use, including responsibilities for review, editing, and compliance with documentation, privacy, and consent-related expectations, as well as completion of all vendor-related training (e.g., Eleos-provided or CalMHSA-provided), County-required AI-related training, and any other training required for the authorized use of AI-assisted tools. Training should address:

- appropriate use of AI-assisted tools;
- review and editing of AI-generated content;
- privacy and confidentiality requirements;
- client notification and consent requirements;
- documentation standards and accountability.

viii. **Monitoring and Compliance.** Processes for monitoring AI use within the organization to support documentation quality, compliance, staff training, and adherence to County and BHS requirements. Monitoring activities should support quality improvement, compliance oversight, staff training, workflow optimization, risk mitigation, and adherence to County and BHS requirements and should not be used for routine employee surveillance.

ix. **Documentation Standards and Accountability.** Requirements that Eleos-generated content be treated as draft content until reviewed, edited as necessary, and finalized by the direct service provider. P&P should clearly state that Eleos does not replace clinical judgment and that staff remain responsible for the accuracy, completeness, and compliance of finalized documentation.

x. **Approved Technology Use.** P&P should prohibit the use of non-approved AI-assisted documentation tools, recording applications, or transcription services for County-funded services unless expressly authorized by BHS.

d. Contracted Organizations must maintain documentation of their AI policy and make it available to BHS upon request.

e. Contracted Organizations must maintain documentation of staff training and any internal monitoring practices related to use of Eleos and make such documentation available to BHS upon request.

8. Quality Oversight

a. BHS may review documentation created using Eleos as part of routine quality assurance and compliance monitoring activities.

b. Monitoring may include:

i. Documentation audits
ii. Review of documentation quality trends
iii. Analysis of system-generated compliance alerts and related documentation trends
iv. Review of findings from DHCS audits or External Quality Review (EQR).

c. Monitoring activities are intended to support quality improvement, compliance oversight, training, workflow optimization, and program evaluation and are not intended for routine employee surveillance.

d. Direct Service Providers may receive feedback or additional training based on monitoring findings.
e. The County reserves the right to review, monitor, and require modification or discontinuation of Eleos use if compliance, privacy, or documentation risks are identified.

SmartCare

A semi-statewide electronic health record (EHR) offered through California Mental Health Authority (CalMHSA) has replaced SanWITS as the EHR for SUD system of care (SOC). SmartCare was designed specifically for California's behavioral health systems and meets all state reporting and billing requirements for CalAIM payment reform. It meets 42 CFR Part 2 privacy requirements and includes a robust consent management tool. SmartCare provides more efficient and streamlined workflows that satisfy CalAIM requirements.

In SmartCare, contracted treatment providers are set up by programs within a secure treatment site Clinical Data Access Group (CDAG) to ensure users have access to only the information they need to fulfill their job functions.

While the County is working toward interoperability with other systems, providers with their own EHR will need processes to accommodate dual entry of specific client data, state reporting, and billing.

Trainings

- The CalMHSA's LMS trainings found here https://moodle.calmhsalearns.org/login/index.php are mandatory for all SmartCare users prior to receiving access to SmartCare.
- SmartCare users will also be able to schedule supplemental trainings online as applicable to their job functions.
- The SmartCare ARF can be found on regpack and should be submitted to BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov
  SmartCare Resources:
- For any system-related issues, please reach out to CalMHSA. SmartCare Helpdesk Support Information
- For trouble accessing the system, please send your email to BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov

For questions related to documentation, guidelines, or policy, please send your email to QIMatters.BHS@sdcounty.ca.gov

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- If you would like to request a program or system change, or for deletions, please send your email to BHS_EHRSupport.HHSA@sdcounty.ca.gov

Electronic Health Record Trainings

- All users will be required to complete SmartCare Trainings on the CalMHSA LMS Module based on staff role. Additional resources and registration for supplemental trainings can be found on the OPTUM website, along with the CalMHSA Knowledge Base to assist with workflow and documentation questions. For residential, crisis residential, and crisis stabilization unit users, live in-person training is required for access to SmartCare, also provided by Optum. See the Optum

SmartCare Training webpage for training dates and registration. For questions, contact sdu_sdtraining@optum.com.

- Please refer to the SmartCare Help Desk Support Hubspot for more information.

Member Requests for Amendment and Member Requests for Accounting of Disclosure

- When a Program receives a request to amend electronic health records and believes amendments need to be made the program should contact the SDCBHSM IS team at BHS_EHRSupport.HHSA@sdcounty.ca.gov and the Agency Compliance Office at 619-338-2808 or privacyofficer.hhsa@sdcounty.ca.gov, to provide Program assistance as needed.

When a program receives a request to amend records within their internal electronic health records, the program should work with their Compliance Officer and follow internal policies and procedures in alignment with related regulations. Member Requests for Accounting of Disclosure.

When a Program receives a request for an accounting of disclosures of electronic health records, the program should follow their internal policy and procedures established for release of information (ROI). The legacy system - SanWITS will still be used for all services and state reporting dated prior to September 1, 2024, as well as any corrections for billing or state reporting as needed.