



# SmartCare User Group

County of San Diego  
Behavioral Health Services

April 21, 2026



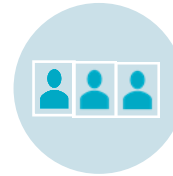
# Meeting Goals



Transparency



Engagement



Inclusion

# Meeting Agenda



- Meeting Goals
- Clinical Updates
- MIS
- Data Sciences
- Billing Unit
- Q&A



# Who to Contact?



SmartCare System issues: i.e. glitches, functionality issues, pop up errors

CalMHSA various options:

1. Connect via Live Chat (Monday - Friday 8:00 am - 5:00 pm)
  - Can be accessed via [2023.calmhsa.org](https://2023.calmhsa.org)
  - Also available when logged into the SmartCare EHR
2. Submit a ticket (Monday - Friday 8:00 am - 5:00 pm)
  - by accessing [2023.calmhsa.org](https://2023.calmhsa.org)
  - by logging into SmartCare
3. After-hours support (only available for system outages)
  - Call (916) 214-8348

SmartCare ARF submission and any access related issues or questions

[BHS\\_EHRAccessRequest.HHSA@sdcounty.ca.gov](mailto:BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov)

SmartCare Support questions that cannot be addressed by the CalMHSA Support Desk to be directed to this email.

[BHS\\_EHRSupport.HHSA@sdcounty.ca.gov](mailto:BHS_EHRSupport.HHSA@sdcounty.ca.gov)

For questions related to documentation, guidelines or policy

[QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov)

Billing Issues or Questions that can't be addressed by the CalMHSA Help Desk

[MHBillingUnit.HHSA@sdcounty.ca.gov](mailto:MHBillingUnit.HHSA@sdcounty.ca.gov)

[ADSBillingUnit.HHSA@sdcounty.ca.gov](mailto:ADSBillingUnit.HHSA@sdcounty.ca.gov)

MH Billing line: 619-338-2612

SUD Billing line: 619-338-2584

Reports & Data Centralized E-mail support:

[BHS-DataScience.HHSA@sdcounty.ca.gov](mailto:BHS-DataScience.HHSA@sdcounty.ca.gov)

Password Resets and Account Unlock Needs

Call 1-800-834-3792 (Available daily from 4:30 am - 11:00 pm including weekends and holidays)



# **SmartCare User Group: Clinical Updates**

Jill Michalski, EHR Project Team Clinical Lead

Eileen Quinn-O'Malley, EHR Project Lead/Chief, Agency Operations

# Reminders – Electronic vs Paper Documentation in SmartCare



- CANS or PSC forms completed on paper must also be entered electronically into SmartCare
  - Failure to enter the CANS or PSC electronically results in incomplete data reporting to the State.
  - Refer to [Outcome Measures for Children and Youth BHS Information Notice 2024-09-03](#) available on Optum SMH & DMC-ODS Health Plans page under the Communications Tab for additional guidance.
- Documentation completed using Down Time forms or hard copy/paper forms are required to be uploaded/scanned into SmartCare in a timely manner.
  - Best Practice – follow DHCS’s documentation standards (completed within 3 business days of providing service, exception – crisis services completed within 1 calendar day)



# ASCFI Reminders/Clarifications

- SmartCare uses the ASCFI Non-AB 133 document. This document is allowable with both Medi-Cal and Non-Medi-Cal clients.
- Providers should change Organization Name at the top of the document from default “County of San Diego” to their Program Name.
- **Care Partner Name** will auto-populate with the **name of the provider** completing the ASCFI document – this should remain as defaulted to name of individual completing the ASCFI form.
- **Program Level information** should be used in the Care Partner Section for the following fields:
  - NPI
  - Mailing Address
  - Phone Number(s)

\*TIN is not required to be completed as long as the NPI is completed.

## Care Partner Information

*This should be completed by the Care Partner obtaining consent from the Client above to disclose their information.*

Care Partner Name:

Organization Name:

National Provider Identifier (NPI) Number (as applicable):

Taxpayer Identification Number (TIN):

Phone Number:

Fax Number (optional):

Defaults to name of provider completing the document.  
Do not change this.

Program Name should display as  
Organization Name, complete fields for NPI,  
Phone, and Mailing address using Program  
level information

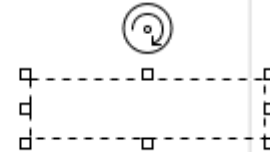
### Mailing Address

Street Address:

City:

State:

Zip Code:



Hover over the Information Icon to display NPI  
information. Use the Program NPI.  
TIN is not required - NPI is sufficient.

### NPI Information Help

County of San Diego NPI: 1225255375 ||| TELECARE VIDA ACT FSP NPI: [REDACTED] ||| Staff NPI not found or document not yet saved. Document must be saved first ("In Progress" status) to pull Staff NPI. ||| If changing the Care Partner Name or Program, you must save the document and refresh the page in order to get the updated NPI in this help text



# ASCFI Completion Report

## [CalMHSA 121 – ASCFI Completion Report - 2023 CalMHSA](#)

- Deploys to PROD 4/20/26 (Today!)
  - Answers the question: *“Which clients that should have a completed ASCFI actually have one?”*
    - Identifies clients with enrollments and returns the most recent ASCFI on file
      - Prioritizes signed versions over unsigned or in-progress documents
        - If no ASCFI exists for a client where the client/guardian signed, the report will find the most recent ASCFI that a staff member has signed or an ASCFI that is in progress
      - Does not provide a list of ASCFIs that exist in the system, it focuses on completion status for enrolled clients.
      - Abides by CDAG rules



# Timeliness Records – TADT Accuracy

Data entry errors, missing or incomplete data, arbitrary dates selected for first available follow-up appointment will result in reporting errors to DHCS

- Programs are reminded to ensure that their internal processes for collecting and entering client access information into SmartCare is timely and accurate.
- Programs should also have developed processes to reconcile data collected with data entered into SmartCare
- BHS encourages programs to enter data in real time during contact/call with the client when possible to minimize the above identified errors.

Counties are required to submit data to the State showing that we as a health plan, and our programs in the health plan, have adequate availability of services for clients seeking care.

Inaccurate data affects the programs and county's ability to convey the true story of what clients and programs are experiencing, impacting planning and funding for future system/network changes.

## Eleos AI - SmartScribe



# AI Transcription in SmartCare - Eleos



Eleos is an ambient listening AI solution for behavioral health that listens to sessions, then automatically creates a summary of clinical notes, extracts insights and helps improve care – so clinicians can focus more on members and less on documentation.

Eleos utilizes passive listening during sessions – *with client consent* – and it converts speech into a structured summary for provider review and determination of what language is appropriate to include in the process notes.

Eleos is an important tool to enhance, not *replace*, clinical decision-making and care.



# Eleos – SmartScribe, SmartComply

- “SMARTScribe” Documentation tool – create comprehensive and accurate session notes
  - Individual, Group, Psychiatry and Assessment session note creation
  - [SmartScribe demonstration](#) (6min video)
- “SMARTComply” Compliance tool – automatically scan every note to prioritize clinical documentation integrity – empty fields, note cloning, lack of interventions, lack of connection to treatment plan
  - Useful for providers as well as supervisors and QI/QA staff
  - [SmartComply demonstration](#) (7 min)

# COSD AI Policy



## AI Policy

- [COSD Board of Supervisors Policy A-140](#)
  - Establishes comprehensive governance structure for AI systems used by, or on behalf of, the County of San Diego
- Contractors will be required to follow the County's AI policy as well as develop their own internal AI policies



# Eleos Implementation

- Roll out: TBD - goal is to Go Live prior to July 1 2026
- Additional guidance and information will be coming:
  - Client Consent requirements
  - Training and TA provided by Eleos
  - AI Policies



# SmartCare User Group: MIS

Becky Ferry-Rutkoff, Adrian Escamilla

SmartCare Support: [BHS\\_EHRSupport.HHSA@sdcounty.ca.gov](mailto:BHS_EHRSupport.HHSA@sdcounty.ca.gov)

SmartCare Access issues/ARFs: [BHS\\_EHRAccessRequest.HHSA@sdcounty.ca.gov](mailto:BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov)

## Common Access Request Form (ARF) Errors in the Past Month:

- ARF not signed by both program staff and program manager/director
- Requested modifications to user account not listed in the comment box
- Missing NPI and taxonomy information
- Taxonomy removed from NPPES registry
  - Do not remove - a new taxonomy can be added if the license has changed

# System Administration




- Reminder: Billing is sent to the State on the 15th of every month for the previous month.
- Please review services and client service reports prior to this date and complete corrections.
- Specifically, with residential bed days, changes cannot be made via the Residential (My Office) screen if the services have been sent to the State.

Activity							
Start Date	△	End Date	Status	Disposition	Bed	Program	Comment
01/20/2026		04/20/2026	<u>Occupied</u>	Discharged	The Fellowsh...	The Fellowshi...	

Activity							
Start Date	△	End Date	Status	Disposition	Bed	Program	Comment
02/18/2026		04/15/2026	<u>Occupied</u>	Went On Leave	Interfaith D...	Interfaith 3...	
04/15/2026		04/19/2026	<u>On Leave</u>	Discharged	Interfaith D...	Interfaith 3...	

- A system update was completed to address the Form Serial Number (FSN) issue.
- May encounter FSN issues for existing or older documents.
- Before signing, please verify the FSN on the Admission corresponds with the FSN on the Annual Update/Discharge. The Admission Date on the Annual Update/Discharge document populates correctly.

CalOMS Information	
Client ID	<input type="text"/>
FSN	<input type="text"/> ▼
Admission Date	<input type="text"/>  ▼

- In May 2026, MIS will start to address all remaining errors since migration. Programs should expect emails, requiring signature on documents.
- Upcoming CalOMS reports:
  - **331/342 Error Report** (If the client's treatment services are being delivered on behalf of another county, what is the code of the county for which the services are being performed?)
    - Only acceptable value is "None or not applicable"
  - **Missing Signed Admission Report** (No admission or admission is In Progress)
  - **Dates Mismatch Report** (Document Effective Dates do not match Program Assignment dates)
  - **Annual Update Due Date Report**



# Reporting in the SmartCare Era

Derek Kemble – Data Science

[BHS-DataScience.HHSA@sdcounty.ca.gov](mailto:BHS-DataScience.HHSA@sdcounty.ca.gov)

# Report Training and Resources



- Current Efforts
  - Optum SmartCare Training
  - SmartCare Help Desk Support
  - SmartCare ARF: Treatment Programs
  - Centralized E-mail support:  
[BHS-DataScience.HHSA@sdcounty.ca.gov](mailto:BHS-DataScience.HHSA@sdcounty.ca.gov)
- Future Efforts
  - "How to" for manual reports.
  - Data Science- Data Quality team efforts
  - Improved Email Process



# CoSD SmartCare Reports



https://sdmhsc.smartcarenet.com/SanDiegoSmartcareProd/ShowReport.aspx?ReportId=8IHGCjLoVPM%3D&ReportServerId=RUNPkrlID3Q%3

2 of 74 Find Next

## CoSD SmartCare Reports Manual

### Latest Reporting Updates

This table displays the most recent update for the available reports.

Report Name	Update	Status	Last Updated
CoSD - CalOMS - Missing Signed Admission Report			
CoSD Active Clients Report	Removed deleted programs from Program parameter	Completed	1/28/2025
CoSD Admissions Morning Report	Removed deleted programs from Program parameter	Completed	1/28/2025
CoSD Admissions, Discharges, and Census Report	Improved report performance and fixed export format	Completed	2/4/2025
CoSD Authorizations Report	Initial deployment for general use	Completed	4/15/2025
CoSD Batch Upload Reference Guide			
CoSD Bed Management Report	Initial User Acceptance Testing	Started	5/15/2025
CoSD CalOMS Annual Update Due Date Report			
CoSD CalOMS Review Report	Initial User Acceptance Testing	Started	12/11/2024
CoSD CANS Assessment Summary	Initial User Acceptance Testing	Not Started	6/5/2025
CoSD Caseload Report	Initial User Acceptance Testing	Started	4/17/2025
CoSD CDAG Program Report	Initial deployment for general use	Completed	12/3/2024
CoSD CDAG Staff Report	Include staff that have no roles, programs, or CDAGs	In UAT	4/28/2025
CoSD Charges/Claims Report	Add Batch Id, Modified Date and Billed Date	In UAT	4/23/2025
CoSD Check History Report	Break out the billing address fields	Completed	12/30/2024
CoSD Client Demographic Report			
CoSD Client Insurance & Date	Initial deployment for general use	Completed	3/18/2025

# CoSD SmartCare Reports



## CoSD SmartCare Report Tracker

### CoSD SmartCare Report Tracker



Report Status

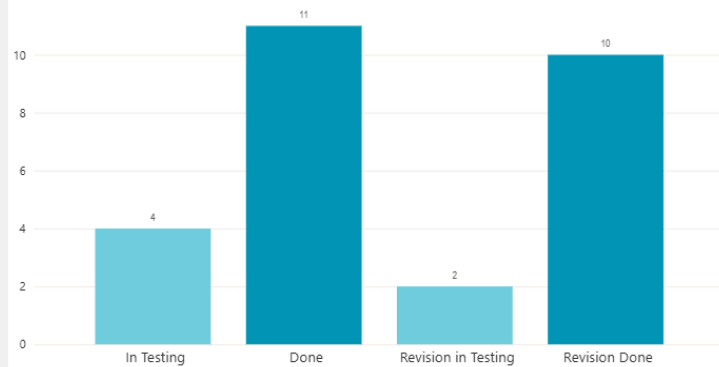
All

Report

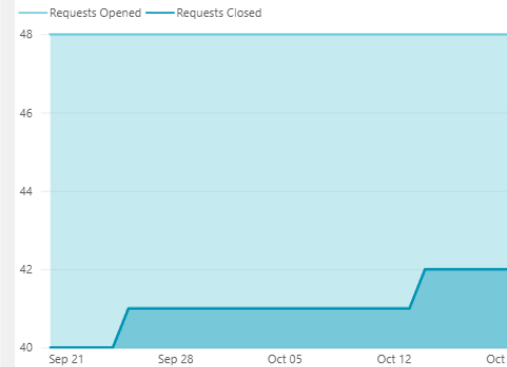
All

Report	Report Description	# of Requests	Last Revised	Report Status	Profile Link
CoSD CANS Assessment Summary	The CANS Assessment Summary is used to provide a client a high level overview of what their assessments mean. The PSC assessment is also displayed according to the corresponding assessment type.	1	10/14/2025	Done	<a href="#">Profile Link</a>
CoSD Program Invoicing Report	This report provides a comprehensive view of client service activities, encompassing details on service delivery, client demographics, program participation, and staff involvement over the specified date range. The primary goal of this summary is to offer an overview of service utilization, performance metrics, and program compliance for stakeholders.	2	9/25/2025	Revision Done	<a href="#">Profile Link</a>
CoSD Charges/Claims Report	The Charges/Claims report displays the information available in the Charges/Claims list page.	4	9/11/2025	Revision Done	<a href="#">Profile Link</a>
CoSD Client Roster Report	This report generates a list of all individuals who have been enrolled in selected programs during a specified timeframe. This report includes both active and discharged individuals, enrollment status, enrollment date, discharge date (if applicable).	1	9/2/2025	Done	<a href="#">Profile Link</a>
CoSD Active Clients Report	The CoSD Active Clients Report is designed to provide a comprehensive view of active clients enrolled in specific programs. It focuses on showing essential details about client participation, program assignments, and the status of services provided.	2	8/27/2025	Revision Done	<a href="#">Profile Link</a>
CoSD Caseload Report	The Caseload Report may be used to review staff caseloads and their respective clients. This report contains information from the Caseload (My Office) screen and offers the ability to view multiple staff caseloads at the same time.	1	8/26/2025	Done	<a href="#">Profile Link</a>
CoSD Client Demographic Breakdown	The Client Demographic Breakdown report provides a breakdown of the number of clients in a program. The report includes the clients' ages, gender, race/ethnicity and zip code.	2	8/26/2025	Revision Done	<a href="#">Profile Link</a>
CoSD Missing Diagnoses by Program	This report is used to track missing diagnosis forms and servicing missing diagnoses.	1	8/12/2025	Done	<a href="#">Profile Link</a>

Number of Reports by Status



Requests Over Time



0

New Requests in the Last 30 Days

2

Requests Closed in the last 30 Days

# CoSD SmartCare Reports



LIVE WELL  
SAN DIEGO



## CoSD TADT Report

### Description

The Timely Access Data Tool (TADT) report is used to identify if programs are meeting the criteria for timely access standards. The report displays the programs affiliated to the user running the report and is split into 4 different categories, with each having their own standards for meeting timely access.

Report Status	First Published	Last Revised
Revision Done	02/19/2025	05/14/2025

### Report Filters

Filter	Description
Executed By Staff Id	This filter constrains the data to the user executing the report
Document Status	This filter excludes documents that are in the Error or Cancelled status
View As	This parameter is a single-select dropdown that allows a user to view the TADT information in detail or in summary
Program Code(s)	This parameter is a multi-select dropdown that allows a user to select one or more programs the user is associated to
Report Types	This parameter is a multi-select dropdown that allows a user to view one or more of the following report types: MHP Psychiatric, MHP Non-Psychiatric, DMC-ODS Outpatient, DMC-ODS Opioid
Access Met (Offered)	This parameter is a multi-select dropdown that allows a user to view one or more of the following access met related to offered appointments: (N/A), Met, Not Met
First Contact Date From	This parameter is a date search that allows a user to set the start date for the reporting period
First Contact Date To	This parameter is a date search that allows a user to set the end date for the reporting period
Has Medi-Cal	This parameter is a multi-select dropdown that allows a user to view clients with or without Medi-Cal
Document Status	This parameter is a multi-select dropdown that allows a user to view one or more of the following document statuses: Signed, In Progress, To Do
Referral Source	This parameter is a multi-select dropdown that allows a user to view one or more referral sources selected for timely access

### Columns

Detail

# CoSD TADT Report Monitoring



- Correct Form
- Standard not met
- Rendered Date prior to Available Date



# **BHS Billing Announcements/Reminders**

Tess Bugay and Carmen Saline

MH Billing: [MHBillingUnit.HHSA@sdcounty.ca.gov](mailto:MHBillingUnit.HHSA@sdcounty.ca.gov)  
SUD Billing: [ADSBillingUnit.HHSA@sdcounty.ca.gov](mailto:ADSBillingUnit.HHSA@sdcounty.ca.gov)

# Announcements



1. A "9999 Tip Sheet" was developed by BHS BU in collaboration with others (BHS Fiscal, QA, Data Science) and is in the final review stage. Notification will be sent out once the document has been posted on Optum website.
2. CalMHSA is currently in the process of modifying our (billing unit) internal claims denial report to create a CDAG compliant and user-friendly version. This report will provide more information regarding those services in the CoSD Client Charges and Claims Report that are in "Denied" charge status.
3. BHS BU Billing Office Hours FAQs document was put on hold while we worked on the 9999 Tip Sheet. Our team wanted to make sure that information provided on the tip sheet and FAQ are in sync and that the same message is delivered consistently to our SOC. Notification will be sent out once the Billing Office Hours FAQs has been posted on Optum website.
4. BHS BU Billing Office Hours will resume next month (April 2026). Due to competing priorities and workload, including post state audit, we were unable to schedule a call this month.

# Billing Timely Filing



1. BHS BU will **submit to DHCS** all services rendered in 04/2025 on/before 04/27/2026.
2. As a reminder, there is a 3-day lag time before newly entered services moves from SHOW to COMPLETE. Therefore, ALL 04/2025 services must already be in SmartCare by this time. It takes BHS BU at least a week to prepare our Medi-Cal batches, resolve charge errors and generate clean claim files for submission to the State.
3. **Service Errors** should be reviewed/resolved daily, focusing on the oldest DOS that can still be billed to Medi-Cal (12 months from the date of service).
4. For clients with OHC (other healthcare coverage/private insurance) as primary and Medi-Cal as secondary payer, **it is important that contract providers** bill their client's OHC as soon as possible so EOBs (explanation of benefits) are received on time and forwarded to the BHS BU for processing.
5. The BHS Billing Unit is unable to batch completed services with "charge errors". Examples of charge errors include uncleared Share of Cost, procedure code that creates a lockout situation, invalid client address entry, missing demographics, and others. It is requested that providers review data entry and use the Service Table to avoid invalid or duplicate billing. **The ADS Billing Unit must receive the completed and signed Financial Responsibility and Medi-Cal share of cost (SOC) form from SUD programs.**

# Client Address and Demographics



Programs must complete the client's address and other essential information on the Client Information screen. The County billing team may be unable to batch, and bill claims to Medi-Cal if the necessary fields are not filled out correctly, resulting in a charge error. To prevent or resolve the problem, go to the Client Information screen and click on the General tab. Enter the address by clicking the 'Details' button. On the Demographics tab, complete the client's ethnicity, gender identity, sexual orientation, and race. A red asterisk will appear if you skip the required fields, preventing you from clicking save and proceeding to the next step.

# Billing Manual and Service Table



MH and SUD programs must continue to utilize the DHCS billing manuals and Service Tables posted on the Optum website for guidance on billing rules and requirements, lockout codes, procedures, modifiers, and places of service.

For **SUD non-NTP programs**, please refer to page 61 of the DMC-ODS Billing Manual SFY 2025-26 section 5.2.30 Other Health Care Coverage – Non-Medicare (Commercial insurance and Medicare Part C): "Service that can be billed directly to Medi-Cal". The January 2026 SUD UTTM also has this announcement. Please contact the [adsbillingunit.hhsa@sdcounty.ca.gov](mailto:adsbillingunit.hhsa@sdcounty.ca.gov) if you have any questions.

# Billing Manual and Service Table



## SMH & DMC-ODS Health Plans

Welcome to the County of San Diego's Behavioral Health Services (BHS) SMH and DMC-ODS health plan document library. From this site, you will be able to access communications, forms, manuals, and other resources shared with providers.

### Additional Resources

- [SDAIM \(sandiegocounty.gov\)](https://sandiegocounty.gov) (enhanced Care Management, Community Supports and Transportation for Medi-Cal members)
- [HHSA Medi-Cal](#) (How to apply for Medi-Cal)
- [Access & Crisis Line \(ACL\) Resources](#) (brochures & posters)
- [Privacy Incident Reporting \(PIR\)](#)

SmartCare

Communications

Beneficiary

NOABD

Incident Reporting

UTTM

Training

**Billing**

UCRM / SUDURM

OPOH / SUDPOH

SUD Resources

MH Resources

Manuals

Monitoring

Forms

IHCP

LPS

OOC/OON

Provider Certification



# Q&A

For any further questions, contact: [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov)

Or go online for more information at: [Optumsandiego.com](http://Optumsandiego.com)

**NEXT MEETING: Tuesday, May 26, 2026; 10:00am – 11:00am**