

## Mental Health Services - Up To The Minute



### General Updates

#### **\*IMPORTANT\*** ICD-10 Code Changes for FY 24-25 in SmartCare

- Every year on October 1st, the Centers for Medicare & Medicaid Services (CMS) updates to the ICD-10 code list. This means that some ICD-10 codes that were valid this year will not be valid starting on 10/1.
- CalMHSA has reviewed the changes coming 10/1/24 and created a summary, which can be found here: [Notable ICD-10 Code Changes for FY 2025](#).
- A new Knowledge Base article for clinical staff about these changes, called "[ICD-10 Annual Updates: What You Need to Know](#)," is available on the Clinical Documentation page in the Diagnosis section.
- CalMHSA has also created a new list page — called the "CalMHSA Annual ICD10 Changes" — that helps counties find any records that will need to be updated for the Oct. 1 switch. This was deployed to all QA environments Sept. 26, 2024. The article "[How to Determine Which Clients Have ICD-10 Records that Need to be Updated](#)" was updated Sept. 27, 2024.

#### What this means:

- If you may have clients who have diagnosis documents or problem lists that will include ICD-10 codes that are going away, you'll need to update these records. You don't need to update all client records, only the ones that will be impacted by the change.
- Instructions on how to find out what records need to be updated: [ICD-10 Annual Updates: What You Need to Know - 2023 CalMHSA](#)

**\*TIP** – The CalMHSA Annual ICD10 Changes report can be exported to excel and then filtered by program for easier review of only your program's clients that have diagnoses in need of update.

#### Error Corrections in SmartCare – Error Request Submissions

- SmartCare allows for users to correct some service note errors within the electronic health record themselves while other require assistance from the County.
- For more information on errors that users may correct themselves, see: [Service Note Errors and How to Resolve - 2023 CalMHSA](#).
- For those errors which require County assistance, users may request error correction directly from within the EHR, see: <https://2023.calmhsa.org/how-to-report-an-error-that-needs-to-be-corrected/>
- Providers should follow the [Request Error Correction process](#) provided to submit requests for error corrections which they cannot complete themselves.
  - The correction request process is managed within the EHR and communication regarding requests will be maintained within the My Reported Errors (My Office) screen
  - Please do not submit error correction requests to QIMatters as this will only delay the correction process.

#### Assessments by non-LPHA/LMHP

- CalAIM Assessment cannot be completed by non-LPHA/LMHP staff (i.e. MHRS, Peers) due to scope of practice limitations
- CalMHSA cannot change access
- QA recommended workaround:
  - MRHS can gather information that supports assessment domains within their scope of practice which can be entered into their progress note and claim for assessment using "Assessment by non-LPHA" procedure code.
    - Programs may create their own templates for this purpose that align with assessment domains that can be used within the progress note if they choose
  - LPHA/LMHP (licensed/waivered/registered) staff can review and copy this information into relevant domains of CalAIM assessment and complete assessment with client, claiming for their

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direct client time for completing the assessment. \**direct client contact required in order to bill for assessment service time.*

- Indicate “Information obtained by *Provider Name, credential*” for any information copied over to assessment to remove risk or implication of cloning
- LPHA/LMHP completes those domains that require scope of practice as well as documenting any additional clinically relevant information obtained during their assessment with the client within the appropriate domains.
- This allows MHRS or other staff to gather the information within scope towards the assessment and claim for their time/service as well as the LPHA/LMHP to claim for their assessment time/service
  - Removes risk of providers working out of scope
  - Removes risk of “blind signed” assessments by LPHA/LMHP

### Codes with Min Time Changes

- Effective 7/1/24 several CPT codes were adjusted to align to MediCare-assigned time for their units of service which impacted minimum time to claim for a unit of service
- A tip sheet was shared at QIP and send to providers following the meeting
  - Additional guidance/explanation re: Assessment procedure codes and min billing times
    - CPT 90791 – SC Procedure “Assessment by LPHA” requires min time of 31 min
    - HCPCS H0031 – SC Procedure Code “Assessment by non-LPHA” requires min time of 8min
    - Licensed/Waivered/Reg can use either code so if not meeting min for 90791, use the HCPCS, bills at same rate
- Full information in SMH Billing Manual pgs. 31-33

### ICC/IHBS Services – Special Population in SmartCare

- All youth under age 21 and eligible for full scope MediCal must be assessed for criteria to receive ICC/IHBS services
- Identification in Special Populations is required – this links the appropriate billing modifier (HK) to the services
- ICC/IHBS = any youth receiving ICC/IBHS services
  - Under 21y and eligible for full scope medical
  - Services medically necessary
- Katie A - ICC/IHBS = youth that would be considered subclass and are receiving ICC/IHBS services
  - While no longer required to identify class/subclass as criteria for ICC/IHBS, if would meet subclass, state recommends tracking

### ICC services are billable as Telehealth/Telehealth.

- Previous error in billing set up in Legacy System (CCBH) may have caused some programs to have these services go into suspense when contact type was Telehealth.
- Billing unit is correcting set ups and will run recalc – plan is by end of week 9/27/24
- Programs should see these services drop off suspense
- ICC billing:
  - If provided via Telehealth (audio/video): Contact Type Telehealth, POS Telehealth Home/Telehealth Outside Home
  - If provided via Telephone (audio only): Contact Type Telephone, POS Telehealth Home/Telehealth Outside Home

### FSP Data Collection

- Continue to complete PAF/KET/3M on paper and enter manually into State Database – no change to process at this time – providers may scan completed forms into client record in SmartCare.
- Use of these documents in SmartCare will be rolled out in a future phase – providers should not complete in SC at this time.

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### Discharge Summary

- Required to be completed when closing/discharging a client from program
  - If a client has received five (5) or less direct services, discharge information may be documented in a service note and the requirement for the Discharge Summary is waived.
- Follow SD [SmartCare Workflow for MH-SUD 8.12.24.pdf \(optumsandiego.com\)](#) that was sent out and can be found on Optum under SmartCare tab.
- Guidance for completing the Discharge Summary is available on CalMHSA Knowledge Base

### Informed Consent for Psychotropic Medication Clarification

- Standalone document and wet signature are no longer required for Informed Consent for Use of Psychotropic Medication
- Prescribers are able to document within their service note using vetted templates/key phrases available within SmartCare.
  - Review the CalMHSA protocol and memo by Manatt [here](#).
  - QA recommends adding this documented consent to the Plan section of the note for consistency across providers and programs within the SOC and for easier retrieval and viewing; this will also push across service notes when entered in this section.

### TFC Web-based Electronic Form Submission Process

- Optum has developed the online electronic submission process for TFC prior authorization requests.
- Programs now have the option to submit their prior authorization for TFC services electronically via a web-based electronic submission, or to complete the form fill version and submit via secure Fax to Optum.
- The TFC Prior Authorization Web Based Electronic Form Submission Instructions document has been uploaded to the Optum Website under MHP Documents in the TFC Tab.

### A/OA Outcome Measures Requirement Clarification

- Completion of the Adult Outcome Measures remains a requirement – the information reported on the SmartCare UCRM Changes Document (8/13/24) incorrectly indicated these forms as having been “sunset”
- Programs are required to continue completing all required Adult Outcome Measures and entering them into mHOMS. Programs may scan the completed outcome measures into the client’s chart in SmartCare.

## Reminders

### Transition of Care Tool Reminder

Reminder to all programs that when referring to the Managed Care Plan MH (MCP) providers, a Transition of Care Tool is required to be completed and forwarded to the MCP by the methods outlined in the OPOH [OPOH Section C](#) and Transition of Care Tool Explanation Sheet located on the Optum Website <https://www.optumsandiego.com/content/dam/sandiego/documents/organizationalproviders/forms/Transition%20of%20Care%20Tool%20for%20Medi-Cal%20Mental%20Health%20Services%20-%20Explanation%20Form%201.1.24.docx> Care Coordination activities to facilitate warm transfers are required by DHCS.

Screening Tool and Transition of Care Contact Card

Health Plan	Screening Form Transfers and Hours of Availability	Transition Tool Referrals & Contact Card	Behavioral Health Liaison	Behavioral Health Dept.	Health Plan Primary Liaison
Blue Shield CA Promise Health Plan	24/7: 855-321-2211 Forms: <a href="mailto:MediCalMentalHealth@blueshieldca.com">MediCalMentalHealth@blueshieldca.com</a>		David Bond (562) 580-6229 <a href="mailto:David.Bond@blueshieldca.com">David.Bond@blueshieldca.com</a>	1-855-321-2211	Kim Fritz (619) 528-4817 <a href="mailto:Kimberly.fritz@blueshieldca.com">Kimberly.fritz@blueshieldca.com</a>
Community Health Group	24/7 BH line 619-348-7014	Salvador Tapia 1-800-404-3332 <a href="mailto:stapia@chgsd.com">stapia@chgsd.com</a>		1-800-404-3332	Salvador Tapia (800) 404-3332 <a href="mailto:stapia@chgsd.com">stapia@chgsd.com</a>
Kaiser Permanente	M-F: 8a to 5p Psychiatry Call Center 877-496-0450 Tools Fax: 858-451-5199	Transition Tools Fax: 858-451-5199 Questions: Michèle Buland <a href="mailto:Michele.k.buland@kp.org">Michele.k.buland@kp.org</a> Courtney Hottinger <a href="mailto:Courtney.L.Hottinger@kp.org">Courtney.L.Hottinger@kp.org</a>	Katie Ahearn-Edwards (858) 451-5177 <a href="mailto:Katherine.c.ahearn-edwards@kp.org">Katherine.c.ahearn-edwards@kp.org</a>	1-833-579-4848	Dinusha Desilva <a href="mailto:dinusha.x.desilva-carrasco@kp.org">dinusha.x.desilva-carrasco@kp.org</a>
Molina Healthcare	<a href="mailto:MHC_BH_Solutions@Molinahealthcare.com">MHC_BH_Solutions@Molinahealthcare.com</a> Cc: <a href="mailto:MHC_BH_Solutions@Molinahealthcare.com">MHC_BH_Solutions@Molinahealthcare.com</a>		Elizabeth Whitteker (858) 974-1725 <a href="mailto:Elizabeth.Whitteker@Molinahealthcare.com">Elizabeth.Whitteker@Molinahealthcare.com</a>	1-888-665-4621	Katy Olmos-Ly (562) 542-2420 <a href="mailto:Katy.olmos-ly@molinahealthcare.com">Katy.olmos-ly@molinahealthcare.com</a>

## Knowledge Sharing

### Medi-Cal Transformation (aka CalAIM)

- Visit the [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 payment reform, email [BHS-HPA.HHSA@sdcounty.ca.gov](mailto:BHS-HPA.HHSA@sdcounty.ca.gov). For contract-specific questions, contact your COR.

DHCS Behavioral Health Information Notices (BHINs) inform County BH Plans and Providers about changes in policy or procedures at the Federal or State levels. When DHCS releases draft BHINs for public input, feedback can be sent to DHCS directly or to [BHS-HPA.HHSA@sdcounty.ca.gov](mailto:BHS-HPA.HHSA@sdcounty.ca.gov).

### System of Care (SOC) Application

- Reminder that staff and program managers are expected to attest in the SOC application monthly.
- Please ensure that the attestations include any required cultural competence training completed.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email [sdhelpdesk@optum.com](mailto:sdhelpdesk@optum.com).
- NOTE: Information about changes to Treatment Location Information (address, phone, fax, addition/deletion of sites) can be found in the Provider Operations Handbook.

## Electronic Health Record Updates

### Combined Mental Health and Substance Use Disorder SmartCare Townhall

BHS and System of Care subject matter experts have begun the implementation process with CalMHSA and SmartCare. BHS would like to extend the invitation for a high level, introduction to the process and project via Teams.

- Tuesday, October 8, 2024, 10:00 am – 11:00 am. [Click here to join the meeting.](#)

If you would like a reminder for your calendar, or experience any technical difficulties with the virtual session, please contact [Christian.Soriano2@sdcounty.ca.gov](mailto:Christian.Soriano2@sdcounty.ca.gov).

## Training and Events

### Quality Improvement Partners (QIP) Meeting

Please join us for the next session of the Mental Health Quality Improvement Partners (QIP) meeting, **Wednesday, October 30, 2024, from 1:00 pm to 3:00 pm**. These meetings are intended to update the system of care (SOC) with recent and/or upcoming changes or announcements, as well as provide a live channel for SOC staff regarding their questions and concerns. The intended audience of these meetings are SOC leadership and QA/QI/compliance staff. ASL interpreters are available every session.

If you experience any technical issues during the virtual session, please contact [Christian.Soriano2@sdcounty.ca.gov](mailto:Christian.Soriano2@sdcounty.ca.gov). If you have any questions regarding these meetings, please contact [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov).

### QA Office Hours

Please see the schedule below for the October 2024 virtual Office Hours sessions. **Office Hours are intended to be attended and utilized by line/direct service staff as well as program managers and QI staff; the focus is to cover any CalAIM documentation reform items. Please come prepared with any questions for our Quality Assurance Specialists.** Each session is held once a week, with alternating Tuesdays (9 am to 10 am), and Thursday (3 pm to 4 pm), barring any County observed holidays.

**Registration is not necessary. If you need an ASL interpreter, please notify us at least 7 business days before your preferred session.** If you have any further questions/comments regarding these sessions, please contact [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov). Sessions for future months are forthcoming.

October 2024 sessions:

- Thursday, October 17, 2024, 3:00 pm – 4:00 pm: [Click here to join the meeting](#)
- Tuesday, October 22, 2024, 9:00 am – 10:00 am: [Click here to join the meeting](#)
- Thursday, October 31, 2024, 3:00 pm – 4:00 pm: [Click here to join the meeting](#)

### Technical Support Hours

To continue supporting users in SmartCare, Optum will offer Technical Support Hours (formerly titled Office Hours) on an ongoing basis. Please see below for details, including how to join:

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.

The following Technical Support Hours are available, and users can drop in by joining this MS Teams Link: MS Teams Link: [Join the meeting now](#)



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Date	Day	Time	Technical Support Hours
2-Oct	Wednesday	3pm-4pm	Residential & Crisis Residential Clinical/Nurses/Prescribers
3-Oct	Thursday	3pm-4pm	Outpatient Clinical Direct Services
7-Oct	Monday	3pm-4pm	Outpatient Prescribers
8-Oct	Tuesday	9am-10am	CSU Clinical/Nurses/Prescribers
8-Oct	Tuesday	3pm-4pm	Program Managers, CORS, & QA
9-Oct	Wednesday	3pm-4pm	CSU Admin/Clerical
10-Oct	Thursday	3pm-4pm	Residential & Crisis Residential Admin/Clerical
16-Oct	Wednesday	3pm-4pm	Outpatient Nurses
17-Oct	Thursday	3pm-4pm	Admin Billing Only
21-Oct	Monday	3pm-4pm	Outpatient Admin Clerical Front Desk
22-Oct	Tuesday	3pm-4pm	CSU Admin/Clerical
23-Oct	Wednesday	3pm-4pm	Outpatient Prescribers
24-Oct	Thursday	3pm-4pm	Residential & Crisis Residential Clinical/Nurses/Prescribers
28-Oct	Monday	10am-11am	Outpatient Clinical Direct Services
28-Oct	Monday	3pm-4pm	Outpatient Nurses
29-Oct	Tuesday	10am-11am	Admin Billing Only
29-Oct	Tuesday	3pm-4pm	Residential & Crisis Residential Admin/Clerical
30-Oct	Wednesday	3pm-4pm	Program Managers, CORS, & QA
31-Oct	Thursday	3pm-4pm	Residential & Crisis Residential Clinical/Nurses/Prescribers
5-Nov	Tuesday	2pm-3pm	CSU Clinical/Nurses/Prescribers
6-Nov	Wednesday	2pm-3pm	CSU Admin/Clerical
7-Nov	Thursday	2pm-3pm	Outpatient Admin Clerical Front Desk

**Management and Information Systems (MIS)**

**Management and Information Systems (MIS)**

System Administration & Development is managed by Cheryl Lansang.  
 Contact: [Cheryl.Lansang@sdcounty.ca.gov](mailto:Cheryl.Lansang@sdcounty.ca.gov) or call (619) 578-4111

SmartCare ARF submittals for both MH and SUD providers, access issues, and questions are handled by this team and should be sent to [SUDEHRSupport.HHSA@sdcounty.ca.gov](mailto:SUDEHRSupport.HHSA@sdcounty.ca.gov)

Guidance and troubleshooting should start With CalMHSA Helpdesk [SmartCare Help Desk Flyer Post Go-Live.pdf \(optumsandiego.com\)](#)

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

CCBH inquiries and CCBH ARF submissions should be sent to [mhehrsupport.hhsa@sdcounty.ca.gov](mailto:mhehrsupport.hhsa@sdcounty.ca.gov)

Reports within SmartCare are still under development. Daily meetings are being held with our Data Science team to develop and release reports to programs. As reports are built and released, communication will be sent out to all programs.

As a reminder SanWITS and CCBH services dated 9/1/24 and after will be deleted and programs should re-enter in SmartCare.

## QI Matters Frequently Asked Questions

**Q:** Will admin staff need to run monthly eligibility reports for Medi-cal?

**A:** No. Providers may either use the Monthly Medi-Cal Eligibility File (MMEF) available in SmartCare or the DHCS Provider Portal to verify initial client Medi-Cal eligibility. The billing unit will then run the monthly eligibility, and this is no longer a program process. As long as you are able to verify initial eligibility, once the MMEF runs, it will then push that data into the system. This is from the notice that went out to the system prior to go live and is posted on Optum [MHP Provider Documents \(optumsandiego.com\)](https://optumsandiego.com):

*At the beginning of each month, the Monthly Medi-Cal Eligibility File (MMEF) will be processed and Medi-Cal MH and Medi-Cal DMC plans inserted or updated in the Client Account in SmartCare for those clients who are Medi-Cal eligible. MH and SUD contract providers will have read-only access to the MMEF. Real-Time 270/271 Medi-Cal Eligibility Verification and Response will also be available in SmartCare.*

**Q:** What are the steps when a guardian or parent is not available (or refuses) to sign the Coordinated Care Consent form for a child under age 12?

**A:** Without a willing parent or guardian to sign the CCC, it is advised to enter "Decline" and briefly document why it was not completed.

Please reference [How to Complete a Coordinated Care Consent - 2023 CalMHSA](#) and the Privacy and Consents Section of [Clinical Documentation - 2023 CalMHSA](#). The Coordination of Care with PCP form and instructions are available on the Optum site under the [UCRM tab](#).

**Q:** What is replacing the ASJ now that we are in SmartCare?

**A:** The [ASJ](#) in SmartCare is replaced by the TADT. The following resources are available:

[How to Complete the MH Psychiatric SMHS Timeliness Record - 2023 CalMHSA](#)

[How to Complete the MH Non-Psychiatric SMHS Timeliness Record - 2023 CalMHSA](#)

**Q:** How do we code Telehealth/Telephone Services in SmartCare?

**A:**

**Telephone-** (Client is at home)-Location-Audio Only Home

Mode of Delivery-Telephone

**Telephone-** (Outside of home)-Location-Audio Only

Mode of Delivery-Telephone

**Telehealth/Telehealth** (Client is home) –Location-Telehealth Audio and Video Home

Mode of Delivery-Video Conference

**Telehealth/Telehealth** (Outside of home)-Location-Audio and Video

Mode of Delivery-Video Conference

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**Q:** Is there a report comparable to the Morning Report?

**A:** You can utilize the **CalMHSA Open Enrollments and Last Service Date Report** – however this report is only available to Program Supervisors, Managers, and Directors. You can also get this data from the *Program Assignments (Program)* screen and the *Services (My Office)* screen. You would apply the appropriate filters and then extract the data to Excel using the Arrow icon in the top right corner.

**Q:** Can the supervisor/co-signer make direct edits to staff notes like they could in CCBH?

**A:** SmartCare does not have the same functionality as CCBH/Cerner, and you are only able to amend\*\* a note that you have entered in the system. For co-signature review, please ensure your staff do not “sign” the note prior to your clerical supervision/note review if edits to the narrative are required. [How to Amend a Note - 2023 CalMHSA](#). \*\*Please be aware: you can only amend a note you have entered in the system.

**Q:** Do we need to complete a separate mental status exam when updating/completing the CalAIM Assessment?

**A:** The MSE can be integrated into the Domain 1 section of the CalAIM Assessment with thorough assessment if you choose. The comprehensive MSE is no longer an integrated part of the Assessments in SmartCare, but providers do have the option complete the separate standalone MSE dated for the same date of the CalAIM Assessment that fulfills this requirement if they prefer not to document all information within the Domain 1 section.

## Optum Website Updates: MHP Provider Documents

[FY 24-25 Reasons for Recoupment and Fraud Waste Abuse Reference Document and Guide](#) both added to the Optum BHS Provider Resources

### MHP/DMC-ODS Optum Changes

- QA is in the process of building a single SMH & DMC-ODS resource page.
- Due to the number of files saved to each page, this process will take some time to complete.
- We are handling one tab at a time to ensure all files migrated are relevant and accurate, while simultaneously archiving outdated files.
- Some tabs are fully migrated to the new page and include messaging and a link directing users to the new page to access files.
- Continue to use the MH Optum page as the source of your information for now unless the tab specifically directs you to the new page.

### Forms Tab:

- The [BHS 025 Form and Instructions](#) replacing the previous BHS 025 forms A & B and tip sheet was posted 09/16/24.

### OPOH Tab:

- On 09/11 [Section M](#) was updated with new Reference letter information, Waiver Eligibility and duration per [BHIN 24-033](#).
- On 09/18 the following were updated:
  - [Section D](#) due to changes in Katie A per BHIN-058, information about Care Planning, Assessment and Problem Lists to align with SmartCare.
  - [Section R](#) to include weblinks with MIS and CalMHSA resources.
- On 09/25 the following were uploaded:
  - [Section C](#) to indicate TDAT replaces ASJ to align with SmartCare and updated Mobile Crisis response times for those in rural areas.



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- [Section G](#) includes information regarding QA Provider Feedback Survey, indicates new QAPR process, and reasons for recoupment.
- [Section L](#) provides information about scanning documents into SmartCare.
- [Section O](#) indicates SmartCare LMS trainings and included information regarding CalMHSA Rx.
- The [OPOH](#) was updated 09/25/24 to account for most recent OPOH changes.

#### References Tab:

- Updated QAPR [Tool](#) and Program Compliance [Attestation form](#) were uploaded 09/26/24 due to changes for CYF SOC Providers.

#### UCRM Tab:

- The [Coordinated Care Consent](#) form for San Diego County was posted 09/09/24.
- On 09/11 the following were uploaded:
  - Care Plan [Explanation Sheet](#).
  - [Client Clinical Problems](#) replaces the previously used Problem List.
  - [Client Face Sheet](#) downtime/paper form.
  - [CSI Standalone Collection](#) downtime/paper form.
  - CSSRS [Child LT](#) and [Adult LT](#) paper forms.
  - [Day Treatment Service Note](#) (Shift Summary) downtime/paper form.
  - [Diagnosis Document](#) downtime/paper form.
  - [Discharge Summary](#) downtime/paper form.
  - San Diego County BHS [Full Service Partnership \(FSP\) Agreement](#).
  - Pediatric Symptom Checklist (PSC-35) [Explanation Sheet](#).
  - The [Risk Assessment](#) replaces the previously used High Risk Assessment (HRA).
  - Risk Assessment [Explanation Sheet](#).
  - [Safety Plan](#) replaces the previously used My Safety Plan, providers can also use their legal entity's safety plan.
  - Safety Plan [Explanation Sheet](#).
  - [Service Note](#) downtime/paper form.
  - The [TADT \(Timely Data Access Tool\)](#).
- The CalAIM Assessment [Explanation Sheet](#) was posted 09/24/24.
- An updated [Authorization for the Disclosure of Protected Health Information](#) was uploaded 10/01/24.

#### TFC Tab:

- TFC [Clinical Documentation Tip Sheet](#) to account for new SmartCare information and procedures was posted 09/16/24.
- TFC Prior Authorization [Web Based Electronic Form Submission Instructions](#) was added 09/27/24.

#### SmartCare Tab:

##### SOC Information and Resources

- A SmartCare Help Desk Flyer Post Go-Live [guide](#) was posted 10/01/24.

##### Resources | Requirements and Functionality Header

- A handout on how to do [Document Scanning](#) in SmartCare was posted 09/10/24.
- A SmartCare [Client Insurance Plan Request Form](#) for clients with healthcare coverage besides Medi-Cal was added 09/12/24.
- The SmartCare [Service Code Crosswalk](#) was revised 09/16/24.
- On 09/17/24 the following were posted:
  - The [BHS 025 Form and Instructions](#)
  - [Guidelines on Completing the SmartCare Client Plan Request Form](#) on how to complete the SmartCare client insurance plan.
  - There was a [SmartCare ARF for BHS and Optum Staff](#) added for new users, modifications, reactivations, terminations, or name changes.

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- A [SmartCare ARF for Treatment Programs](#) was added 09/19/24 for new users, modifications, reactivations, terminations, or name changes.
- A [SmartCare Reception View Tip Sheet](#) was added 09/25/24 for users to set a filter to remove extraneous information and show a curated view of the clients at the program.
- An ASAM [Reporting tool](#) and [Reporting instructions](#) for Youth and providers not in SmartCare were added 10/01/24.

### Town Hall PowerPoint Presentations Header

- The [EHR Town Hall](#) for 09/19/24 was added

## POP Health

### 1. [Youth Group Therapy PIP](#)

The MHP Clinical Performance Improvement Project (PIP) is focused on increasing the use of school-based group therapy among outpatient BHS-Children and Youth. An enhanced clinical screening process for group therapy eligibility was developed and will be included in the upcoming toolkit for SchoolLink providers.

### 2. [Care Coordination Performance Improvement Project \(PIP\)](#)

**Goal:** *Increase engagement and referrals between the San Diego County Psychiatric Hospital (SDCPH) and Care Coordination services (CC) for individuals who qualify for Enhanced Care Management (ECM) services.*

The toolkit has been utilized to help San Diego County Behavioral Health Services (BHS) program staff to easily identify/refer/engage ECM eligible individuals. A new process for referring eligible clients was developed and proposed for review by BHS leadership. A new tracking sheet is also being developed with the County Care Coordination program.

If you have more questions, please contact [bhspophealth.hhsa@sdcounty.ca.gov](mailto: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](mailto:QIMatters.hhsa@sdcounty.ca.gov)