

Mental Health Services - Up To The Minute



General Updates

UCRM Form Changes

The SmartCare Implementation Team & QA are reviewing all currently active UCRM forms and mapping them against available forms in SmartCare to ensure documentation requirements and standards will be met upon transition to SmartCare. A Crosswalk Grid which will indicate the status of all current forms will be released to providers at the end of July and any new forms will be shared for review during the August Townhall. Updated UCRM forms will be posted on the Optum Website for provider access on 9/1/24. Providers will continue to use all current UCRM forms and templates until the SmartCare Go Live on 9/1/24.

CCBH Access for New Users During EHR Transition

Effective **6/26/24**, Optum trainings for CCBH Access have been discontinued. **New** Staff will be permitted access to CCBH as outlined below only:

- All new clinical staff will receive View Only access to CCBH. Staff will receive an email with their login information and a video link to the Optum site on how to navigate the system.
 - Exception – New PERT & MCRT clinical staff will receive access to open clients (necessary for field work) but all other access in CCBH will be View Only.
- All new prescribers and clinical support staff will receive access to DHP for e-prescribing purposes only. All other access will be View Only. These users will receive an email with login information and documentation on how to e-prescribe and navigate DHP in the system.
- New Admin staff will receive access to CCBH with approval only, and for the sole purpose of not disrupting billing. The program must provide justification to MIS. MIS will review and provide approval on a case-by-case basis.
- Reactivations – Staff returning from a LOA or moving from one program to another, etc., who have had activity in the system in the past six months (no exceptions) and do not require training will receive complete CCBH access. So, essentially, resuming their prior access.

MRR Medical Record Review Rebranding FY 24-25

As reviewed during the June QIP Meeting, QA has revised and rebranded the medical record review process - beginning July 1, 2024, QA utilization monitoring and compliance/quality review processes are being rebranded as **Quality Assurance Performance Review (QAPR)**. Our revised Quality Assurance Review Process has been reviewed and revised to better align with the goals of DHCS's Medi-Cal Transformation initiatives with a greater emphasis and focus on monitoring of Quality of Care to ensure identification of program- and system-level trends impacting beneficiary care, coordination of care processes, network adequacy/service delivery, and compliance/fraud, waste, abuse. With this revised process, QA will be able to provide greater support at both program-level and system-level in addressing identified trends and providing process improvement recommendations or technical assistance.

Notable changes:

- Revised Self-Attestation by Programs – programs will be required to complete self-attestation with description/explanation of their policies and processes in place to ensure they are maintaining compliance in identified areas. QA will perform regular spot-checks for evidence of items to which program has provided attestation.
- Shift from chart-based review of services to server-based review for documentation compliance to current standards. This will provide ability to identify trends across providers within programs and more

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robust range of services reviewed. 10% of services for each server will be reviewed for the review period. Programs will no longer be provided a chart names list for self-review.

- Addition of Quality of Care component – during program's exit interview, QA Specialists will review programs' internal processes addressing identified QOC areas which have been identified as areas of focus by DHCS including coordination of care, safety/risk monitoring; if trends identified during review, QA may request evidence to support processes and provide additional TA to support program in improving trends/outcomes. This better aligns with DHCS current audit processes.
- Consolidation of QAPR tool to include all service delivery lines.

Beneficiary Materials Order Form Update

- The Beneficiary Materials Order form has been moved from the PDF order form to an online Smartsheet form.
- Programs will submit their requests for hard copies of beneficiary materials via the [Smartsheet form](#) (will also be linked under the "Beneficiary" Tab)
- Reminders for ordering:
 - Allow 3-5 Business days for processing. Processing time may be longer if materials are currently being reordered. County staff will notify you via email when materials are ready for pick-up.
 - Pick-up materials within 7 days of notice from Monday to Friday between 8:30am to 3:00pm at BHS Admin
 - All County of San Diego Beneficiary Materials are available in electronic format on www.optumsandiego.com under the "Beneficiary" tab.

Legislative Updates

AB 1740 Requirements to Post Human Trafficking Notice

AB 1740 amends Section 52.6 of the Civil Code relating to human trafficking to additionally require a notice, as developed by the Department of Justice, that contains information relating to slavery and human trafficking, including information regarding specified nonprofit organizations that a person can call for services or support in the elimination of slavery and human trafficking be posted by facilities that provide pediatric care, as defined in W&I Code Section 16907.5

- "Pediatric services" means all medical services rendered by any licensed physician to persons from birth to 21 years of age.
- Post a notice that complies with the requirements of this section in a conspicuous place near the public entrance of the establishment or in another conspicuous location in clear view of the public and employees where similar notices are customarily posted.
- The notice to be posted shall be at least 8½ inches by 11 inches in size, written in a 16-point font.
- The notice to be posted shall be posted in English, Spanish, and in one other language that is the most widely spoken language in the county (*per MHPS, post in the threshold language most prevalent within program's community*)

The Human Trafficking Model Notice is available for download from the Department of Justice website in English, Spanish, Dual English/Spanish and 22 additional languages from their [Human Trafficking Model Notice](#) page. The notice will be available on the Optum Website in the MHP Documents under the Beneficiary Tab in all current required threshold languages for San Diego County. QA will monitor program compliance as part of QA's Medi-Cal Site Recertification.

AB 655 Medi-Cal and Minors consenting to their own treatment – Effective July 1 2024

Important - potential impact to admissions to mental health treatment for minors as this alters the requirements for minor consent.

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- Authorizes minor who is 12 yr. or older to consent to MH treatment or counseling on outpatient basis or to residential shelter services if:
 - minor is mature enough to participate intelligently in OP or residential shelter services, and
 - Either the minor would present a danger of serious physical or mental harm to themselves or others or
 - if minor is alleged victim of incest or child abuse
- this aligns existing laws by removing additional requirement that in order to consent the minor must present with danger of physical or mental harm to themselves or others or be victim of incest/child abuse.
- aligns existing laws by requiring the professional person treating the minor to consult with minor before determining whether involvement of minor's parents or guardians would be appropriate

AB 1967 – CMIA Release Authorizations

Confidentiality of Medical Information Act (CMIA) - release authorizations now expressly permit electronic signatures.

- CIV §56.11(b) An authorization for the release of medical information by a provider of health care, health care service plan, pharmaceutical company, or contractor shall be valid if it meets the following conditions:
 - Is signed - either with an electronic or handwritten signature,
 - Includes a new default expiration to one year, unless "person signing the authorization requests a specific date beyond a year."
- Requires that provider shall provide the individual with a copy of the signed authorization, and instructions on how to access additional copies or a digital version of the signed authorization

AB1376 - Immunities for private ambulance providers transporting involuntary patients.

"Civil and Criminal Immunities" who transport and continue to detain involuntary hold and involuntary treatment patients, under certain circumstances. Transportation of a WIC §§ 5150, 5250, or 5260 patients to a designated facility. HSC §1799.115(a) As well as from a Hospital to a designated facility HSC §1799.115(a). And Transportation a WIC §§ 5250 or 5260 patient from an acute care hospital, et al., to a designated facility, if so ordered HSC §1799.115(a). Ambulance provider shall not require a voluntary person to be placed on an involuntary hold as a condition of transport.

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. . Please contact your COR for questions specific to your contract.
- For general questions on local implementation of payment reform, email 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.

System of Care (SOC) Application

- Reminder that staff and program managers are expected to attest in the SOC application monthly.

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- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email 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.

- Monday, July 29, 2024, 1:00 pm – 2:00 pm
- If you are interested in attending please use the following link: [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.

Training and Events

Save The Date! 11th Annual BHS QA Provider Knowledge Forum

QA's annual knowledge forum will be held **Wednesday, August 7, 2024, from 9:00am – 11:00am**. The Forum will be virtual only. Topics will include our State of the State, MHP/MCP MOU Annual Training, SmartCare, new Quality Assurance Performance Review process, Quality of Care practices, etc. Meeting invitations will be sent to providers shortly.

Quality Improvement Partners (QIP) Meeting

Please join us for the next session of the Mental Health Quality Improvement Partners (QIP) meeting, **Wednesday, July 31, 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. If you have any questions regarding these meetings, please contact QIMatters.HHSA@sdcounty.ca.gov.

Office Hours

Please see the schedule below for the July 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. Sessions for future months are forthcoming.

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July 2024 sessions:

- Thursday, July 11, 2024, 3:00 pm – 4:00 pm:
- Tuesday, July 16, 2024, 9:00 am – 10:00 am:
- Thursday, July 25, 2024, 3:00 pm – 4:00 pm:
- Tuesday, July 30, 2024, 9:00 am – 10:00 am:

[Click here to join the meeting](#)

[Click here to join the meeting](#)

[Click here to join the meeting](#)

[Click here to join the meeting](#)

Management and Information Systems (MIS)

MIS Staff

CCBH is managed by Dolores Madrid-Arroyo. For questions that can't be answered through our MIS Support emails, please contact Dolores at Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.

MIS Support Team: Manuel Velasco, (619) 559-1082, Marilyn Madrigal (619) 788-0728 and Michael Maroge, (619) 548-8779 Adrian Escamilla, IT Analyst, (619) 578-321

QI Matters Frequently Asked Questions

Q: Can Nurse Practitioners bill for SMH Case Management services?

A: Nurse Practitioners may bill for case management as indicated in the [CalAIM Documentation Guides - California Mental Health Services Authority \(calmhsa.org\)](#). The CPT Crosswalk will be updated to reflect this.

Q: The AB 1740 Human Trafficking notice refers to pediatric care facilities posting in a conspicuous location. Are adult programs under the same requirement?

A: As indicated at the June QIP meeting, the notice should be posted at facilities that provide pediatric care, including emergency rooms with access to general hospitals, urgent care centers or facilities where services are rendered by any licensed physician to a minor from birth to age 21. [Bill Text - AB-1740 Human trafficking: notice: pediatric care facilities.](#)

Q: With the SmartCare launch on 9/1/24 (Sunday), how should our program enter services that were provided in the last days of August and not yet entered in Cerner?

A: All services taking place prior to 9/1/24 should be entered into Cerner/CCBH. Existing staff with access to Cerner prior to 7/1/24 will enter notes/services into CCBH as usual until Go-Live on 9/1/24. For ***new hires*** after 7/1/24 (who have not had Cerner training), services would be entered by the administrative staff through Individual Service Maintenance, and the note would be completed on paper and stored in the client's hybrid chart. As the SmartCare launch date approaches, further instruction will be shared on these processes.

Optum Website Updates: MHP Provider Documents

SmartCare Tab:

- The most recent EHR Town Hall presentation was posted 06/18/24.
- A SmartCare Site Lead Selection Guidance was posted 06/20/24 where it indicates the roles & responsibilities of a site lead, and how providers can select a site lead for their programs.
- The SmartCare FAQs were updated 06/25/24.
- A CCBH Training Documentation Guide was posted 06/28/24, to help providers navigate the use of CCBH for new hires and current CCBH users, as CCBH Training is no longer offered and before SmartCare go-

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live in September 2024.



POP Health

Youth Group Therapy PIP

- The 2024-25 Mental Health Plan Clinical Performance Improvement Project (PIP) is focused on increasing the use of school-based group therapy among outpatient BHS-Children and Youth. It is intended to build awareness about the efficacy of group therapy and to increase access to and utilization among children and youth experiencing anxiety, depression, and social skills challenges.
- Youth and parent flyers were approved and distributed by two of the four identified San Diego County programs.

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.*
- A new toolkit was developed to help San Diego County Behavioral Health Services (BHS) program staff to easily identify/refer/engage ECM eligible individuals. Staff are being identified and will be trained from pilot sites. The flow chart from the toolkit was adapted to use with other Levels of Care (LOC) outside of the County Psychiatric Hospital and will be utilized in the pilot programs.
- If you have more questions, please contact 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

Mental Health Services - Up To The Minute



General Updates

Open Payments Database Notification – Website Requirements

Reminder, as of 1/1/24, as required by Assembly Bill AB1278, a physician who uses a website in their medical practice must conspicuously post the same notice described above in number 2 on their website. **Mandatory:** *The content of the website notice should be the same as the content from the posted office notices.* If a physician is employed by or contracts with a health care employer, that employer is responsible for meeting this requirement. Legal entities will be required to ensure this notice is posted on their internet website along with an internet website link to the database.

Programs should consult with their Legal Entity to ensure that the notice includes an internet website link to the database and the following mandatory text: *“For informational purposes only, a link to the federal Centers for Medicare and Medicaid Services (CMS) Open Payments web page is provided here. The federal Physician Payments Sunshine Act requires that detailed information about payment and other payments of value worth over ten dollars (\$10) from manufacturers of drugs, medical devices, and biologics to physicians and teaching hospitals be made available to the public. It can be found at <https://openpaymentsdata.cms.gov>.”*

Reference: BHS Contractor Memo 2023-05-01

San Diego as a Behavioral Health Plan

Health Plan Administration (HPA) has received recent feedback that BHS staff are not aware that BHS is a health plan, along with requests for clarification if BHS is a Managed Care Plan (MCP). HPA has prepared a document  [San Diego as a BH Plan](#) which provides explanation and clarification of San Diego BHS as a health plan, providing specialty mental health and substance use disorder services for Medi-Cal members with serious mental illness and substance use disorders. To support this, BHS maintains a coordinated system of care through our network of contracted community providers and by providing direct services at the San Diego Psychiatric Hospital, Edgemoor Skilled Nursing Facility, and the County-operated clinics across the region.

- San Diego as a **Mental Health Plan (MHP)** covers Medi-Cal members for specialty mental health services (SMHS) that are delivered through a network of providers that include County-operated programs and contracted programs.
- San Diego is a **Drug Medi-Cal Organized Delivery System Plan (DMC-ODS)** that covers Medi-Cal members for substance use disorder services that are delivered through a contracted network of providers.
- Medi-Cal members receive physical health care services through **Medi-Cal Managed Care Plans (MCP)**. There are 4 MCPs in San Diego County: Blue Shield of California Promise Health Plan, Community Health Group Partnership Plan, Kaiser Permanente, and Molina Healthcare of California.

FSP Agreements & FSP Documentation Requirements effective 9/1/24

Effective 9/1/24, FSP programs will be required to include the Full Partnership Agreement (FSP) consent form as part of their intake process which should be reviewed and signed by the beneficiary when engaging in FSP services. This form will be required to be scanned into SmartCare. DHCS requires a signed FSP Agreement and explanation to client regarding these services and ability to opt-out or decline FSP services at any time.

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FSP clients will continue to require completion of an Individual Services & Supports Plan (ISSP) which can be completed within the Progress Note Care Plan section, in alignment with BHIN 23-068 Documentation Standards requirements.

FSP programs will continue to complete PAF, KET and 3M documents using the paper forms and enter the data into the DCR at this time. Use of FSP forms and reporting in SmartCare will not be available upon Go Live on 9/1/24 but will be implemented in a future roll out.

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 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.

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.
- 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, August 13, 2024, 11:00 am – 12:00 pm. [Click here to join the meeting.](#)
- Tuesday, August 27, 2024, 1:00 pm – 2:00 pm. [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.

Training and Events

Root Cause Analysis Training

The next **Root Cause Analysis (RCA) Training** session is scheduled for **Wednesday, September 11, 2024, from 12:30 pm to 3:30 pm**. This interactive training introduces Root Cause Analysis (RCA), a structured process to get to the “whys and hows” of an incident without blame, and teaches effective techniques for a successful RCA, along with Serious Incident Reporting requirements. **The intended audience of this training are program managers and quality improvement (QI) staff.**

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Due to high demand, **all registration approvals will remain pending until space becomes available on the roster.** You will be admitted in the order that your registration was received.

[Please click here to register.](#)

If you have any questions regarding your registration, please contact christian.soriano2@sdcounty.ca.gov. If you have any questions regarding the content of this training, please contact QIMatters.HHSA@sdcounty.ca.gov.

Other important information regarding training registrations:

- Please be aware when registering for required or popular trainings, either with the county or a contracted trainer, there may be a waiting list.
- When registered for a training, please be sure to **cancel within 24 hours of the training if you are unable to attend.** This allows those on a wait list the opportunity to attend. **Program Managers will be informed of no shows to the trainings.**
- **When registering for a training please include the name of your program manager.**
- We appreciate your cooperation with following these guidelines as we work together to ensure the training of our entire system of care.

Quality Improvement Partners (QIP) Meeting

Please join us for the next session of the Mental Health Quality Improvement Partners (QIP) meeting, **Wednesday, August 28, 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. If you have any questions regarding these meetings, please contact QIMatters.HHSA@sdcounty.ca.gov.

Office Hours

Please see the schedule below for the August 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. Sessions for future months are forthcoming.

August 2024 sessions:

- Thursday, August 8, 2024, 3:00 pm – 4:00 pm:
- Tuesday, August 13, 2024, 9:00 am – 10:00 am:
- Thursday, August 22, 2024, 3:00 pm – 4:00 pm:
- Tuesday, August 27, 2024, 9:00 am – 10:00 am:

[Click here to join the meeting](#)
[Click here to join the meeting](#)
[Click here to join the meeting](#)
[Click here to join the meeting](#)

Management and Information Systems (MIS)

New Changes Coming for MIS Teams

- Our current MIS SUD and MH teams will be combined as we move into SmartCare
- There will be a new email EHRSupport.HHSA@sdcounty.ca.gov for both SUD and MH (combined support desk)
 - This email account is not active yet
 - The current email addresses SUDERHSupport.HHSA@sdcounty.ca.gov and MHEHRSupport.HHSA@sdcounty.ca.gov will forward to the new EHRSupport.HHSA@sdcounty.ca.gov for a few months after activation
- There will be a new email EHRAccess.HHSA@sdcounty.ca.gov for all SmartCare new access, terminations, and modifications
 - This email account is not active yet
 - The current email address MHEHRAccessRequest.HHSA@sdcounty.ca.gov will forward to the new EHRAccess.HHSA@sdcounty.ca.gov for a few months after activation
- The MH ARF and the SanWITS User Form are being combined into one SmartCare Access Request Form
 - SmartCare Access Request Form is expected to be available for use by August 9, 2024
 - The new form will include new access, modifications, and terminations

QI Matters Frequently Asked Questions

Q: When entering progress notes in SmartCare, will the service code names change to what's listed on the CalMHSA website, or will the names remain the same as Cerner/current Crosswalk? For example, "psychotherapy" (30) in Cerner is titled "Individual counseling" on the service definitions in SmartCare.
<https://2023.calmhsa.org/service-code-definitions/>

A: They will transition to SmartCare service code definitions. The QA and the EHR Teams will be providing revised crosswalks and supportive documentation as we make the transition into SmartCare. There will be tip sheets and written support for Billable and Non-Billable service codes for providers.

Q: We tried to input Z03.89 as we typically do, but Cerner would not allow us to do so because there is an existing F code already in place.

A: The Z03.89 is a deferred diagnosis and cannot be entered if there are already active/existing diagnoses within the client's record. To bill, you will need to utilize a Z code (Z55-65 only) or maintain a current diagnosis already active within the client's chart. Please refer to OPOH [Section C](#) for more information and CalAIM Clinical Documentation [Guide](#) (pg. 13).

Q: Are we utilizing the Medi-Cal Screening tools in SmartCare?

A: No. The screening tool is not to be utilized by providers; this is solely for the ACL. The BHS information notice memo dated 2/22/23 regarding the DHCS required tools is posted on the Optum website under the Communications tab.

Q: If my client receives psychotherapy or rehabilitation services while open to a CSU, which location indicator would I choose for the service?

A: For an encounter occurring at a CSU, you would choose Provided At: **Other Community/Field Based**. CSU locations are not considered lockouts.

Optum Website Updates: MHP Provider Documents

Forms Tab:

- The [Individual Service Record](#) was updated on 07/11/24.

OPOH Tab:

- Section A - Updated page A.13 Under Homeless Outreach Services section, language changed to "Homeless Outreach Services are provided to Individuals who are homeless to determine if there is a suspected serious mental illness and/or substance use problem." Per MHCA request.
- Section C - Updated page C.19 updated to "Within 120 minutes of the beneficiary being determined to require mobile crisis services in urban and rural areas" per MHCA Request.
- [Section G](#) - Quality Improvement was revised to reflect on 07/23/24 due to an update for the Adult/Older Adult System of Care: BHS will now select a one-week time period where all Outpatient providers, including Case Management, are required to administer the Mental Health survey annually. As for the CYF System of Care: A satisfaction survey is now to be conducted annually within all organizational programs. The Pharmaceutical Review will be completed annually during the QAPR process. There was a change to the fire clearance language from once per year to 3 per year. Language was updated for consents as these should be completed in timely manner, and written record documenting verbal consent is acceptable.
- [Section M](#) - Staff Qualifications were updated 07/23/24 due to changes for CYF Contractors as they shall now need to budget 49 unduplicated clients per direct clinical FTE. The language regarding Interdisciplinary Teams was updated as Programs must have an interdisciplinary team, "mandated by standards of participation within the program SOW. Removed language regarding "psychiatry standards," and "A goal of 3-4 hours of licensed psychiatry time weekly is established for Outpatient programs, a goal of 4 hours for Day Treatment (Intensive) and a goal of 3 hours for Day Treatment (Rehab)."
- The [OPOH](#) was updated 07/23/24 to account for most recent OPOH changes.

References Tab:

- [New Contractor Orientation Resources](#) were uploaded on 07/10/24.

UCRM Tab:

- The [Service Indicator Table Key](#) was updated on 07/18/24.

SmartCare Tab:

SOC Resources/Training Header

- The [CalMHSA Required Training by Role Grid](#) was updated 07/29/24 to reflect trainings required by SOC providers.
- There is a [SmartCare EHR Training summary](#) as of 07/15/24 that include trainings required and optional training details.
- There was a [SmartCare LMS Log In Tip Sheet](#) posted 07/15/24 to help with SmartCare log ins.
- A supplemental [SmartCare Training Registration Tip Sheet](#) was added 07/30/24 for registration support and supplemental training enrollment.

SOC Resources/Requirements and Functionality Header

- A [SmartCare CANS PSC July 2024](#) handout was posted 07/17/24 summarizing entry of CANS and PSC into SmartCare instead of mHOMS.
- A [SmartCare Client Insurance Entry July2024](#) guide was added 07/17/24 for providers who currently enter insurance information into CCBH or SanWITS – insurance entry will cease at go-live.
- There is a [SmartCare Client Insurance Plan Request Form](#) as of 07/17/24 for providers who have clients with healthcare coverage besides Medi-Cal.
- A guidance for [SmartCare EHR Data Migration July 2024](#) was posted 07/17/24 summarizing data migration and required data re-entry from legacy systems.

SOC Resources/Go-live Preparation Header

- The [SmartCare Site Lead Kick Off Meeting PowerPoint](#) was posted 07/22/24.

SmartCare Information Notices Header

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- There was a new [BHS Provider Memo-EHR Update](#) posted 07/24/24, that includes information regarding Training requirements, documentation guidance, data migration, entry of CANS/PSC, and Site Leads/SOC preparation for Go Live.

Town Hall PowerPoint Presentations Header

- The most recent [SmartCare Town Hall](#) was posted 07/30/24.

**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**

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General Updates

HIMS Dept - SmartCare Core Client Information Changes, Additions or Merge Requests (formerly forms BHS-025A and BHS-025B)

Effective 9/1/24 the BHS Health Information Management Services (HIMS) department is assigned to the task of ensuring the SmartCare system has accurate client information.

- All BHS SMHS and SUD program staff are required to notify HIMS of any updates or changes to the core client fields. Providers should not make any changes to core client fields independent of HIMS process.
 - Core client fields are Name, DOB, SSN, and Gender.
- If program staff identifies or suspects a duplicate client record has been created in error, program should reach out to HIMS before proceeding to enter services for the client.
- Changes to Core Client Fields or Duplicate Clients should be submitted to the HIMS department using form BHS-025 via secure email at HIMDept.HHSA@sdcounty.ca.gov or secure fax 619-399-3503.
- Form BHS-025 will be available on the OPTUM website in the MHP Documents for MHP Providers and in the DMC-ODS page for SUD Providers under the Forms Tab.

Questions contact HIMS at email: HIMDept.HHSA@sdcounty.ca.gov phone: 619-584-3090, or fax: 619-584-3506. Hours: Monday-Friday 0600-1630

Coordination with Primary Care Physicians and Behavioral Health Services Form update

This form remains a requirement for our MHP programs to complete and submit to the client's identified Primary Care Provider within 30 days of the client opening to your program. The form has been updated to reflect the current MCP programs. Please be sure to download the updated form dated 8/29/24 from the Optum website for use going forward. This document may be scanned into SmartCare.

SmartCare Procedure Code Crosswalk

QA MH/SUD have created SmartCare Procedure Code Crosswalks to assist providers in the transition from our legacy systems to the new SmartCare Electronic Health Record. The Crosswalk can be found on the Optum Website in the MHP Documents and DMC-ODS Page. Definitions for procedure codes on the Crosswalk were created by CalMHSA. Programs may cross-reference our previous service definitions for those codes that cross-walked to SmartCare for greater clarification as needed, *as there has been no change regarding the use of these procedure codes in terms of scope of practice or service requirements/limitations in order to claim these codes.*

LPS Detention Forms/Holds 5150/5250/5270

Law enforcement and/or any other individual authorized to detain individuals pursuant to Welfare and Institutions Code Sections 5150, 5250, and 5270 should use the forms available on the JFS Advocacy website. For your convenience, the forms are fillable and meet the current legal requirements for individuals being detained and/or held for involuntary evaluation and treatment pursuant the LPS Act in San Diego County.

UNTIL JANUARY 1, 2025, PLEASE USE THIS LINK TO ACCESS THE CORRECT FORMS TO INITIATE LPS DETENTIONS/HOLDS:

Welfare and Institutions Code Section 5150: https://www.jfssd.org/wp-content/uploads/2023/09/Form_5150.pdf

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For all other holds, please use the following link (the forms are listed at the bottom of the link): <https://www.ifssd.org/our-services/adults-families/patient-advocacy/>

Please be aware that the expanded definition of Grave Disability, in San Diego County, is **not** being implemented until **JANUARY 1, 2025**. However, the new forms are already available and posted on the California Department of Health Care Services (DHCS) website. **For individuals in San Diego County, if the new form(s) is/are utilized before January 1, 2025, it could be deemed as an unlawful detainment and result in the individual's release.**

Coordinated Care Consent Downtime Form Updated

The Downtime form for the SmartCare Coordinated Care Consent Form has been revised to reflect County of San Diego language based on feedback from our Compliance Office; these revisions were also updated in the electronic version within the SmartCare EHR.

If a paper downtime form version is needed for use, programs should utilize the down time form from the Optum Website instead of the downtime version from SmartCare – this form has been titled “Coordinated Care Consent COSD rev 9.6.24” to easily differentiate it from SmartCare versions.

SMHS Procedure Code Update – Prescriber Assessment E/M Omission Correction

The SmartCare Service Code Crosswalk has been updated to correct an omission. The SMH crosswalk tab has been updated to include the Psychiatric Evaluation service – previously our SC11 Psychiatric Evaluation. Please see below screen shot. This procedure code is used by Prescribers (MD, NP, PA) when completing their psychiatric medication evaluation/assessment and is completed by opening a service note, selecting the procedure code Prescriber Assessment E/M which will then allow them to enter their assessment into the progress note. The current Crosswalk is dated 9.6.24 and has been uploaded to the Optum Website.

11	PSYCH EVAL WITH MED SVCS	80	90792	Assessment	Psychiatric Diagnostic Evaluation with Medical Services	Prescriber Assessment E/M (OP)	This procedure code is mainly utilized by physicians and other qualified healthcare providers to document "Psychiatric Evaluation" services, including determination of a diagnosis. Psychiatric diagnostic evaluation with medical services is an integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies. 15 minutes
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Beneficiary Materials Update: Farsi/Dari Languages Consolidated to Persian

- We have received clarification that Farsi and Dari are two dialects of the same language, mutually intelligible in written format.
- Translated beneficiary materials in Farsi and Dari have been consolidated to match this clarification and in accordance with the County's threshold languages policy.
 - The consolidated documents have been renamed to “Persian (Dari_Farsi)”.
- Additionally, our team has updated the footers on beneficiary materials to include the translated language so that they are easily distinguishable (for example: “MHP Beneficiary Handbook: Rev 01/2024_Arabic”).
- All updates have been posted to Optum under the Beneficiary tab as well as the [Beneficiary & Families](#) page.
- If you have any questions regarding Beneficiary Materials, please email QIMatters.HHSA@sdcounty.ca.gov.

Documenting and Billing for CFT Meetings in SmartCare

Youth identified as being eligible for ICC and/or IHBS services are required to be provided CFT meetings at minimum of every 90 days. Providers should utilize **Procedure Code: CFT/MDT** when documenting a CFT meeting. This procedure code has been updated on the SmartCare Service Code Crosswalk. There have been no changes to the documentation or claiming requirements for CFT meetings. Each treatment team member that plans to bill for their time spent discussing the client with other treatment team members must create their own service note. Additional guidance on documenting CFT/Treatment Team Meeting: [How to Document Treatment Team Meetings - 2023 CalMHSA](#)

Providers should also ensure that youth receiving these services have been identified in the appropriate **Special Populations** category in SmartCare which will link the appropriate required modifier (HK) to the service for billing purposes as well allowing for tracking of these youth/services.

- Special populations “ICC/IHBS” is used for any youth receiving ICC/IHBS services.
- Special populations “Katie A ICC/IHBS” is used for any youth that would have been considered “subclass” under previous PWB criteria.

Special Populations Selection for Children/Youth receiving ICC and/or IHBS Services

MHPs are obligated to provide ICC and IHBS through the EPSDT benefit to all children and youth under the age of 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for these services. Neither membership in the *Katie A.* class nor subclass is a prerequisite to consideration for receipt of ICC and IHBS, and therefore a child does not need to have an open child welfare services case to be considered for receipt of these services. All children and youth should be screened for ICC and IHBS services as part of the Assessment process, and these services should be provided to youth when medically necessary. ([Medi-Cal Manual for ICC/IHBS/TFC Services Third Edition](#))DHCS no longer requires the identification of class or subclass when determining eligibility for ICC/IHBS services, however, counties are recommended to continue tracking of those youth who would have been subclass.

When ICC/IHBS services are assessed to be medically necessary, these youth should be entered into the appropriate Special Populations category in SmartCare – this will link the appropriate modifier for billing and tracking purposes when providing these services. [How To Identify a Client as Katie-A or Other Special Population - 2023 CalMHSA](#)

- Special populations “ICC/IHBS” is used for any youth receiving ICC/IHBS services.
- Special populations “Katie A ICC/IHBS” is used for any youth that would have been considered “subclass” under previous PWB criteria.

NOABD Procedure

- While SmartCare NOABD functionality is being developed, providers shall manually track NOABD information for clients and submit to QA for monitoring.
- See the [NOABD Procedure](#) and blank [NOABD log](#) posted on the Optum site under the SmartCare tab.

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/san-diego/documents/organizationalproviders/forms/Transition%20of%20Care%20Tool%20for%20Medi->

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[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: MediCalMentalHealth@blueshieldca.com		David Bond (562) 580-6229 David.Bond@blueshieldca.com	1-855-321-2211	Kim Fritz (619) 528-4817 Kimberly.fritz@blueshieldca.com
Community Health Group	24/7 BH line 619-348-7014	Salvador Tapia 1-800-404-3332 stapia@chgsd.com		1-800-404-3332	Salvador Tapia (800) 404-3332 stapia@chgsd.com
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: Michele.k.buland@kp.org Courtney Hottinger Courtney.L.Hottinger@kp.org	Katie Ahearn-Edwards (858) 451-5177 Katherine.c.ahearn-edwards@kp.org	1-833-579-4848	Dinusha Desilva dinusha.x.desilva-carrasco@kp.org
Molina Healthcare	MHC_BH_Solutions@Molinahealthcare.com Cc: MHC_BH_Solutions@Molinahealthcare.com		Elizabeth Whitteker (858) 974-1725 Elizabeth.Whitteker@Molinahealthcare.com	1-888-665-4621	Katy Olmos-Ly (562) 542-2420 Katy.olmos-ly@molinahealthcare.com

Reminder: National Suicide Prevention Hotline number change

- In July 2022, the National Suicide Prevention Lifeline (800-273-8255) transitioned to 988—an easy to remember three-digit dialing, texting, and chat code for anyone experiencing a suicidal or mental health crisis.
- Spanish language text and chat services are now available, as well as specialist services for LGBTQI+ youth and young adults.

Reminder: Medication Monitoring

- Medication Monitoring for the period of **July - Sept (Q1)** will be due by **October 15, 2024**.
- Forms are posted on the Optum site (under the "Forms" tab).
- Ensure all the fields are completed on the submission form before submitting to QI Matters.
- For programs with nothing to report for the quarter, you must complete the required forms to submit indicating the status for the quarter. Emails without the forms will not be accepted.

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. 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.

System of Care (SOC) Application

- Reminder that staff and program managers are expected to attest in the SOC application monthly.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email 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.

- Thursday, September 19, 2024, 9:00 am – 10:00 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.

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, September 25, 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. If you have any questions regarding these meetings, please contact QIMatters.HHSA@sdcounty.ca.gov.

Office Hours

Please see the schedule below for the September 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. Sessions for future months are forthcoming.

September 2024 sessions:

- Thursday, September 19, 2024, 3:00 pm – 4:00 pm:
- Tuesday, September 24, 2024, 9:00 am – 10:00 am:

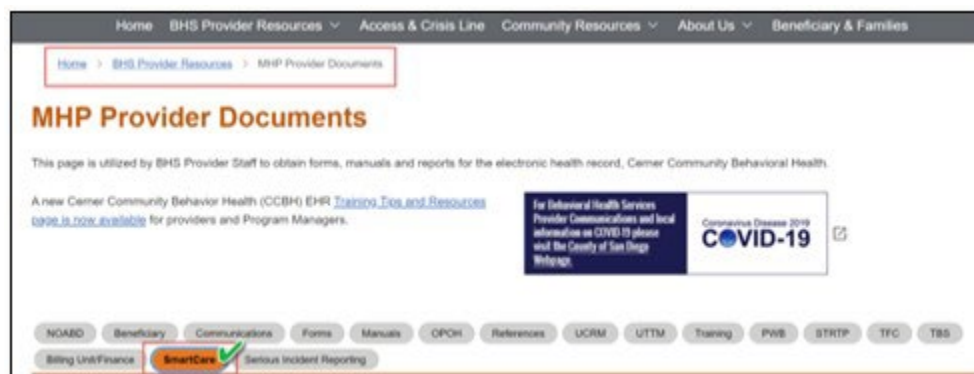
[Click here to join the meeting](#)

[Click here to join the meeting](#)

Management and Information Systems (MIS)

Reminders: SmartCare

- All new Clients and/ or services with effective date of 9/1/24 forward should only be entered in SmartCare (not CCBH)
- The new SmartCare Access Request Form (ARF) is on Optum website under BHS Provider Resources> SmartCare Training [SmartCare Access Request Form \(ARF\) 8.14.2024.pdf](#)
- Other SmartCare Resources can be found on Optum on the SmartCare tab under BHS Provider Resources>MHP Providers as seen below



- For trouble with login or passwords, use the “Forgot Username” and or “Forgot Password” links shown on the SmartCare login screen

QI Matters Frequently Asked Questions

Q: There is no option for a “Never Billable/Information Note” like we had in the legacy system, what do I use when I need to document in this type of note?

A: There are several non-billable procedure codes included in SmartCare, providers should review the Procedure Code Crosswalk and choose the nonbillable procedure code that most accurately reflects the nonbillable service or information they need to document within the client’s electronic health record.

Q: We were unable to save a No-Show progress note without a time of service of at least one minute :01. The note could not be saved with 0:00 service time entered. What should we be entering for service time?

A: The SmartCare system captures the No-Show and Cancellations a bit differently than Cerner/CCBH. In the new system, you would enter the “No Show” or “Cancelled” status, and then the intended service time – your estimation of what you anticipated (e.g., 40 minutes). The exact number of minutes entered is arbitrary as the “No-Show” or “Cancelled” selections will suspend the billing.

Optum Website Updates: MHP Provider Documents

Beneficiary Tab:

- The [Human Trafficking Notices](#) for 8 of the threshold languages were added 08/08/24.
- [Advance Directives](#) for all threshold languages were updated 08/26/24.
- The [Physician Notice to Patients](#) for all threshold languages were revised on 08/26/24.
- [Limited English Proficiency Posters](#) for all threshold languages were uploaded on 08/26/24.
- The [MHP Beneficiary Handbooks](#) for all threshold languages were revised 08/26/24.
- The [Quick Guide to MH Services](#) for all threshold languages were updated 09/05/24.

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Communications Tab:

- [BHS Info Notice on Outcome Measures for Children and Youth](#) was added on 09/04/24.
- [BHS Info Notice on Utilization Management for Children and Youth providers](#) was uploaded on 09/04/24.

Manuals Tab:

- The CAPS Inpatient Operations [Handbook](#) was updated on 08/06/24.

OPOH Tab:

- [Section N](#) was updated on 08/02/24 due to update for Full-Services Partnership programs and data requirements. Revised MAA Coordinator responsibilities. Removed mHOMS language. Updated PEI survey requirement. Included State required outcomes for Adult and Children & Youth SOC providers. Language was updated for CANS and PSC requirements.
- [Section A](#) was revised 08/06/24 due to update on language regarding Homeless Outreach Services provided to Individuals who are homeless to determine if there is a suspected serious mental illness and/or substance use problem.
- [Section C](#) was updated on 08/06/24 due to change in language from 60 minutes to 120 minutes of the beneficiary being determined to require mobile crisis services in urban and rural areas.
- [Section D](#) was revised 08/07/24 due to updated link for Reestablishment Recommendation Form
- [Section M](#) was updated on 08/22/24 due to: update on COR notification time for personnel changes to 2 weeks and remove the 2nd requirement per Programs and Services Department. Updated link to DMH Letter 20-069 licensure waiver. Added language to Co-Signature Requirements table of on who can provide co-signatures. Language added regarding the "90 Day Rule" for clinical trainees who are completing hours for licensure and sent application to BBS. Added Certified Clinical Nurse Specialist Clinical Trainee as a provider type that can claim to Short Doyle. Revised language on the definition of Medical Necessity. Added Medical Assistants as someone who is out of scope to complete MSE and Diagnosis. Added Clinical Trainees and Medical Assistants to list of providers for STRTP staffing.
- A document titled [San Diego County as a Medi-Cal Behavioral Health Plan](#) was uploaded 08/13/24 under the Resources header of the tab.
- The [OPOH](#) was updated 08/22/24 to account for most recent OPOH changes.

UCRM Tab:

- The [UM Request Form](#) for Children and Youth providers was uploaded on 09/04/24.
- The [UM Request Explanation Sheet](#) for Children and Youth providers was revised on 09/04/24.
- The [Coordination of Care form](#) was updated 09/05/24.
- The [Coordination of Care Explanation sheet](#) was revised 09/05/24.

References Tab:

- The Mobile Crisis Response [Documentation Requirements](#) and [Billing Tip Sheet](#) were added on 08/07/24.
- A new [MIS – 25 Program Listing](#) was uploaded 08/13/24.
- [Reasons for Recoupment SMHS](#), new QAPR [Tool](#), and QAPR Program Compliance [Attestation](#) form for FY 24-25 were updated 08/30/24.

SmartCare Tab:

- An updated EHR Implementation [FAQ](#) was added on 08/26/24.
- Resources | Training Header

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- An [Administrative Service Entry](#) workflow was added 08/30/24.
- A Data and Bill [Guide](#) was posted 08/30/24.
- A CSU [Guide](#) was uploaded 09/03/24.
- A Residential [Guide](#) was added 09/03/24.
- LTC/SNF Residential Data and Bill with Residential Board [Guide](#) posted 09/03/24.
- A [Residential Workflow Guide](#) was uploaded 09/04/24.

Resources | Requirements and Functionality Header

- [SmartCare Workflow for Mental Health and Substance Use Disorder](#) was uploaded 08/15/24 indicating tips and workflows for providers.
- A [SmartCare UCRM Change](#) resources was included 08/15/24.
- [SmartCare Non Billable Codes](#) was posted 08/15/24.
- A SmartCare Then and Now [EHR Transition Guide](#) was uploaded 08/15/24.
- An [EPCS Onboarding Guide](#) was added 08/16/24.
- An [EPCS Invite Guide](#) was updated on 08/21/24
- The SmartCare [Data Migration Resource](#) was revised 08/27/24.
- A SmartCare [Program Crosswalk](#) was posted 08/27/24.
- A SmartCare [Walk-in Workflow](#) was uploaded 08/27/24.
- [NOABD Log](#) for FY 24-25 and [SmartCare NOABD Procedure for MH and SUD](#) were added 08/27/24.
- There was a CCBH to SC Preliminary [Reports Crosswalk](#) posted 08/30/24.
- An [Authorization for Services Process](#) was uploaded 08/30/24.
- [BHS Info Notice](#) summarizing recent communications and guidance related to Go-live was added 08/30/24.
- A SmartCare DrFirst Rx [FAQ](#) was added 08/30/24.
- The SmartCare [Service Code Crosswalk](#) was posted on 08/30/24.
- SmartCare DrFirst Rx [Guide](#) was uploaded 08/30/24.
- SmartCare Client Insurance Plan Request updated 8/30/24 replaced the PDF document that was missing the drop-down menus.

Resources | Go-live Preparation Header

- There is a [Help Desk flyer](#) as of 08/26/24.
- A Site Lead Checklist and Troubleshooting [Guide](#) was uploaded 08/30/24.

Information Notices Header

- A BHS [Info Notice](#) was posted 08/26/24.

Town Hall PowerPoint Presentations Header

- The EHR Town Halls from [08/13](#) and [08/27](#) were posted

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

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/san-diego/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: MediCalMentalHealth@blueshieldca.com		David Bond (562) 580-6229 David.Bond@blueshieldca.com	1-855-321-2211	Kim Fritz (619) 528-4817 Kimberly.fritz@blueshieldca.com
Community Health Group	24/7 BH line 619-348-7014	Salvador Tapia 1-800-404-3332 stapia@chgsd.com		1-800-404-3332	Salvador Tapia (800) 404-3332 stapia@chgsd.com
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: Michelé Buland Michele.k.buland@kp.org Courtney Hottinger Courtney.L.Hottinger@kp.org	Katie Ahearn-Edwards (858) 451-5177 Katherine.c.ahearn-edwards@kp.org	1-833-579-4848	Dinusha Desilva dinusha.x.desilva-carrasco@kp.org
Molina Healthcare	MHC_BH_Solutions@Molinahealthcare.com Cc: MHC_BH_Solutions@Molinahealthcare.com		Elizabeth Whitteker (858) 974-1725 Elizabeth.Whitteker@Molinahealthcare.com	1-888-665-4621	Katy Olmos-Ly (562) 542-2420 Katy.olmos-ly@molinahealthcare.com

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. 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.

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.
- 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.

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. If you have any questions regarding these meetings, please contact 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. Sessions for future months are forthcoming.

October 2024 sessions:

- Thursday, October 17, 2024, 3:00 pm – 4:00 pm:
- Tuesday, October 22, 2024, 9:00 am – 10:00 am:
- Thursday, October 31, 2024, 3:00 pm – 4:00 pm:

[Click here to join the meeting](#)
[Click here to join the meeting](#)
[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](#)

QA MH - UP TO THE MINUTE

October 2024



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 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 SUDEHRSsupport.HHSA@sdcounty.ca.gov

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

Program Integrity (PI) & Reporting is managed by Dolores Madrid-Arroyo.

Contact: 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

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[1]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 to we code Telehealth/Telephone Services in SmartCare?

A:

Telephone- (Clt 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 TDATA replaces ASJ to align with SmartCare and updated Mobile Crisis response times for those in rural areas.

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- o [Section G](#) includes information regarding QA Provider Feedback Survey, indicates new QAPR process, and reasons for recoupment.
- o [Section L](#) provides information about scanning documents into SmartCare.
- o [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:
 - o Care Plan [Explanation Sheet](#).
 - o [Client Clinical Problems](#) replaces the previously used Problem List.
 - o [Client Face Sheet](#) downtime/paper form.
 - o [CSI Standalone Collection](#) downtime/paper form.
 - o CSSRS [Child LT](#) and [Adult LT](#) paper forms.
 - o [Day Treatment Service Note](#) (Shift Summary) downtime/paper form.
 - o [Diagnosis Document](#) downtime/paper form.
 - o [Discharge Summary](#) downtime/paper form.
 - o San Diego County BHS [Full Service Partnership \(FSP\) Agreement](#).
 - o Pediatric Symptom Checklist (PSC-35) [Explanation Sheet](#).
 - o The [Risk Assessment](#) replaces the previously used High Risk Assessment (HRA).
 - o Risk Assessment [Explanation Sheet](#).
 - o [Safety Plan](#) replaces the previously used My Safety Plan, providers can also use their legal entity's safety plan.
 - o Safety Plan [Explanation Sheet](#).
 - o [Service Note](#) downtime/paper form.
 - o 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:
 - o The [BHS 025 Form and Instructions](#)
 - o [Guidelines on Completing the SmartCare Client Plan Request Form](#) on how to complete the SmartCare client insurance plan.
 - o 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

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

Mental Health Services - Up To The Minute



General Updates

Coming Soon: Beneficiary Material Updates

- DHCS has integrated the SMHS and DMC-ODS Beneficiary Handbooks into one combined handbook. The integrated Behavioral Health Member Handbook will be effective January 1, 2025.
- QA is currently working on updating the handbook to include county-specific information and align updates as specified in [BHIN 24-034](#).
- QA will be providing a Summary of Changes to outline significant updates at least 30 days prior to the release of the handbook.
- QA will notify programs once the updated handbook (along with translated versions) is available on the Optum site and when prints are available for ordering.

Special Population Update in SmartCare to reflect AB 352: In order ensure that medical records containing sensitive information such as counseling regarding abortion care, contraception and gender affirming care is not shared with states that have criminalized these kinds of care, SmartCare has developed specific special population categories to identify clients' records for review and redaction by HIMS prior to releasing them to providers in these states. Find out more at <https://2023.calmhsa.org/ab-352-compliance-how-to-add-new-indicators-to-a-clients-record-in-special-populations/> AB 352: [Bill Text - AB-352 Health information. \(ca.gov\)](#)

Reminders

Transition of Care Tool Reminder

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Community Health Group	24/7 BH line 619-348-7014	Salvador Tapia 1-800-404-3332 stapia@chgsd.com		1-800-404-3332	Salvador Tapia (800) 404-3332 stapia@chgsd.com
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: Michele.k.buland@kp.org Courtney.L.Hottinger@kp.org	Katie Ahearn-Edwards (858) 451-5177 Katherine.c.ahearn-edwards@kp.org	1-833-579-4848	Dinusha Desilva dinusha.x.desilva-carrasco@kp.org
Molina Healthcare	MHC_BH_Solutions@Molinahealthcare.com Cc: MHC_BH_Solutions@Molinahealthcare.com		Elizabeth Whitteker (858) 974-1725 Elizabeth.Whitteker@Molinahealthcare.com	1-888-665-4621	Katy Olmos-Ly (562) 542-2420 Katy.olmos-ly@molinahealthcare.com

Knowledge Sharing

System of Care (SOC) Application

- Reminder that staff and program managers are expected to attest in the SOC application monthly.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email 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.
 - A new feature, *Public Address*, allows modifications to the site address displayed in the Provider Directory. Please note this change will not affect the site address within SmartCare.

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.

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 Medi-Cal Transformation, email BHS-HPA.HHSA@sdcounty.ca.gov. For contract-specific questions, contact your COR.

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, November 12, 2024, 10:00 am – 11:00 am. [Click here to join the meeting.](#)
- Tuesday, December 17, 2024, 2:00 pm – 3:00 pm. [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.

Training and Events

Root Cause Analysis Training

The next **Root Cause Analysis (RCA) Training** session is scheduled for **Tuesday, December 10, 2024, from 9:30 am to 12:30 pm**. This interactive training introduces Root Cause Analysis (RCA), a structured process to get to the “whys and hows” of an incident without blame, and teaches effective techniques for a successful RCA, along with Serious Incident Reporting requirements. **The intended audience of this training are program managers and quality improvement (QI) staff.**

Due to high demand, **all registration approvals will remain pending until space becomes available on the roster.**

[Please click here to register.](#)

If you have any questions regarding your registration, please contact christian.soriano2@sdcounty.ca.gov. If you have any questions regarding the content of this training, please contact QIMatters.HHSA@sdcounty.ca.gov.

QA MH - UP TO THE MINUTE November 2024



Other important information regarding training registrations:

- Please be aware when registering for required or popular trainings, either with the county or a contracted trainer, there may be a waiting list.
- When registered for a training, please be sure to **cancel within 24 hours of the training if you are unable to attend**. This allows those on a wait list the opportunity to attend. **Program Managers will be informed of no shows to the trainings.**
- **When registering for a training please include the name of your program manager.**
- We appreciate your cooperation with following these guidelines as we work together to ensure the training of our entire system of care.

Mental Health Providers' Audit Leads Practicum

The next **Audit Leads Practicum** session is scheduled for **Friday, December 6, 2024, from 9:00 am – 12:00 pm**. The Audit Leads Practicum is conducted by a BHS QA Supervisor and a QA Specialist. It is suitable for program managers, as well as QI staff. This training reviews the MRR tool and how each question on the tool is evaluated by the BHS Mental Health QA team during an audit. The training will also go into State and Federal guidelines as they relate to the MRR process.

This training will be held online, via Microsoft Teams. [To register, please click here.](#) If the session reaches capacity, please contact Christian.Soriano2@sdcounty.ca.gov. Registrants will be notified of their registration status or changes in their status via email.

If you need to cancel, or experience any technical difficulties with registration, please contact Christian.Soriano2@sdcounty.ca.gov.

If you have any questions regarding the content of this training, please contact QIMatters.HHSA@sdcounty.ca.gov. We hope to see you there.

Other important information regarding training registrations:

- Please be aware when registering for required or popular trainings, either with the county or a contracted trainer, there may be a waiting list.
- When registered for a training, please be sure to **cancel within 24 hours of the training if you are unable to attend**. This allows those on a wait list the opportunity to attend. **Program Managers will be informed of no shows to the trainings.**
- If registered for a training series, please be aware that attendance for all dates in the series are required to obtain certification, CEU's or credit for the training.
- **When registering for a training please include the name of your program manager.**
- We appreciate your assistance with following these guidelines as we work together to ensure the training of our entire system of care.

Quality Improvement Partners (QIP) Meeting

Please join us for the next session of the Mental Health Quality Improvement Partners (QIP) meeting, **Wednesday, December 18, 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. If you have any questions regarding these meetings, please contact QIMatters.HHSA@sdcounty.ca.gov.

QA MH - UP TO THE MINUTE November 2024



QA Office Hours

Please see the schedule below for the November 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. Sessions for future months are forthcoming.

November 2024 sessions:

- Thursday, November 14, 2024, 3:00 pm – 4:00 pm:
- Tuesday, November 19, 2024, 9:00 am – 10:00 am:

[Click here to join the meeting](#)

[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](#)

Date	Day	Time	Technical Support Hours
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
12-Nov	Tuesday	2pm-3pm	Outpatient Prescribers
13-Nov	Wednesday	2pm-3pm	Program Managers, CORS, & QA
14-Nov	Thursday	2pm-3pm	Outpatient Nurses
18-Nov	Monday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
19-Nov	Tuesday	2pm-3pm	Admin Billing Only
20-Nov	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
21-Nov	Thursday	2pm-3pm	Outpatient Prescribers
25-Nov	Monday	2pm-3pm	Residential & Crisis Residential Clinical/Nurses/Prescribers
26-Nov	Tuesday	2pm-3pm	CSU Clinical/Nurses/Prescribers
27-Nov	Wednesday	2pm-3pm	CSU Admin/Clerical
2-Dec	Monday	2pm-3pm	Outpatient Admin Clerical Front Desk
3-Dec	Tuesday	2pm-3pm	Outpatient Prescribers
4-Dec	Wednesday	2pm-3pm	Program Managers, CORS, & QA
5-Dec	Thursday	2pm-3pm	Outpatient Nurses
9-Dec	Monday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
10-Dec	Tuesday	2pm-3pm	Admin Billing Only
11-Dec	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
12-Dec	Thursday	2pm-3pm	Residential & Crisis Residential Clinical/Nurses/Prescribers

Management and Information Systems (MIS)

Reorganized: Management Information Systems (MIS)

System Administration and Access – managed by Cheryl Lansang

Contact: cheryl.lansang@sdcounty.ca.gov or call 619-578-4111

Program Integrity (PI) and Reporting - managed by Dolores Madrid-Arroyo

Contact: dolores.madrid@sdcounty.ca.gov or call 619-559-6453

Licensed Providers

- Monthly reports will be generated to capture all licenses that will expire within the month
- Users will receive a courtesy email notification
- Users are responsible to renew license promptly and must notify MIS to avoid access disruption in SmartCare

New MIS Email Boxes are NOW ACTIVE

- [BHS EHRSupport.HHSA@sdcounty.ca.gov](mailto:BHS_EHRSupport.HHSA@sdcounty.ca.gov)
 - **Refer** all support questions that cannot be addressed by the CalMHSA Support Desk
 - **Reminder: CalMHSA should be the first line of support**
 - **Refer** all CCBH related questions and/or CCBH ARFs
- [BHS EHRAccessRequest.HHSA@sdcounty.ca.gov](mailto:BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov)
 - **Refer** all ARFs and Access concerns related to SmartCare or SanWITS
- **These four email boxes below are being discontinued/removed (Do Not Use):**
 - SUDEHRSupport.HHSA@sdcounty.ca.gov
 - MHEHRSupport.HHSA@sdcounty.ca.gov
 - MHEHRAccessRequest.HHSA@sdcounty.ca.gov
 - [BHS EHRProject.HHSA@sdcounty.ca.gov](mailto:BHS_EHRProject.HHSA@sdcounty.ca.gov)

Avoid Delays with ARF Processing: Common Errors

- Incomplete form – missing fields
- Missing or incorrect user roles
- Hand-written forms – **Forms must be typed**
- Program name must be typed out – **Do not send number in place of name**
- Incorrect Taxonomy number

QI Matters Frequently Asked Questions

Q: Are there updates on the Assembly Bill 890 allowing Nurse Practitioners (NPs) to review other NPs in Medication Monitoring?

A: The Clinical Director of Behavioral Health Services has advised that NPs who fully qualify for the 103 path may be permitted to review other qualified NPs in the quarterly Medication Monitoring process. [103 NP Eligibility](#) is outlined here [Assembly Bill 890 \(ca.gov\)](#) Effective as of FY24-25. This provision does not currently extend to Physician's Assistants.

Please reference Section G.11 of the OPOH for guidance on Medication Monitoring Committees and procedures.

Q: In SmartCare, is there a way for a program manager to sign/final approve notes by a former provider who has left the program?

A: Yes, the Program Manager/Director would be able to sign off. Please see the guidelines, starting with reassigning the note to yourself:

- [How to Reassign a Clinical Document - 2023 CalMHSA](#)
- [When a Provider Leaves: Unfinished Clinical Documentation - 2023 CalMHSA](#)

Optum Website Updates: MHP Provider Documents

OPOH Tab:

- On 10/03 [OPOH Section Q](#) added ancillary claims language and information for contracts that remained Cost Reimbursement to the MH providers with Housing Budget section, as well as update on Fee For Service language.
- On 10/18 the following were updated:
 - [Table of Contents](#) had section headings modified.
 - [OPOH Section M](#) – due to revised language regarding MHRS scope of practice and addition of approved procedure for contributing to CalAIM assessment sections within scope of practice, also changed ratio from 1:40 to 1:49 to reflect number of unduplicated clients per direct clinical FTE.
 - [OPOH Section N](#) – removed CRAFT assessment information, updated how to enter PSC-Y and CANS through SmartCare.
 - [OPOH Section R](#) - added CalMHSA emails for access issues, CalMHSA help desk email/phone number, and CalMHSA Live Chat website address.
- On 10/21 the following were updated:
 - [OPOH Section C](#) – modified Network Adequacy, OON requirements and Provider to beneficiary ratios.
 - [OPOH Section D](#) – assessment timelines were updated.
- On 10/24 [OPOH Section J](#) had updated Fiscal & Budget team information, added section for Gift Card usage, update to Disallowance and Recoupment section.
- The [OPOH](#) was updated 10/23/24 to account for most recent OPOH changes.

References Tab:

- FY 24-25 [FWA Reference Document](#) and [Reasons for Recoupment SMHS](#) were posted 10/15/24.

UCRM Tab:

- An updated [CalAIM Assessment Explanation Sheet](#) to account MHRS/LVN/LPT/Registered PsyD/Ph.D are not being able to complete the CalAIM Assessment in SmartCare and how they can still document their assessment in a service note was uploaded 10/08/24.
- A [Psych Medical Service Note](#) was created and added 10/17/24.
- The [PSC-35 Explanation Sheet](#) was revised and posted 10/22/24.
- The downtime [Service Note](#) was reviewed and uploaded 10/24/24.
- The [Care Plan Explanation Sheet](#) was revised to indicate who can complete a Treatment Plan for Medicare or Medi-Medi clients and processes if the Treatment Plan was not created and signed by the MD/DO was posted 11/01/24.

SmartCare Tab:

SOC Information and Resources

- A new [EHR Implementation FAQ](#) was posted 10/26/24.

Resources | Training Header

- A [Guide for Group Documentation Tips for Mixed Programs](#) was added 10/14/24.

Resources | Requirements and Functionality Header

QA MH - UP TO THE MINUTE

November 2024



- A new [SmartCare Workflow for MH and SUD](#) was posted 10/10/24.
- [FY 24-25 NOABD Log](#) was added 10/17/24.
- A revised [SmartCare Service Code Crosswalk](#) to include new minimum service times was uploaded 10/24/24.
- The [UMDAP Financial Assessment in SmartCare](#) guide was posted 10/24/24.
- A [SmartCare Scanning Documents Job Aid](#) was added 10/30/24.
- A guide for [SmartCare How to Find Incomplete Scants Imports](#) was uploaded 10/31/24.

SmartCare Information Notices Header

- [BHS Info Notice 09/25/24](#) summarizing recently shared communication and guidance since SmartCare go-live was uploaded 11/01/24.
- [BHS Info Notice 11/05/24](#) was posted with most current information regarding SmartCare on 11/07/24.

Town Hall PowerPoint Presentations Header

- The [EHR Town Hall](#) for 10/08/24 was added

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**

Mental Health Services - Up To The Minute

General Updates

LAW CHANGE: DISPLAY OF LICENSE/REGISTRATION REQUIREMENTS AND REQUIRED NOTICE TO CONSUMERS

A new law, SB 1024, sponsored by the Board of Behavioral Sciences (Board), implements a change to the legal requirement that mandates licensees and registrants display their license or registration in a conspicuous location at their primary place of practice when rendering professional clinical services in person, effective January 1, 2025.

Additionally, to ensure that all clients maintain access to essential information confirming their therapist's licensure, the law now requires additional information to be included in the required "Notice to Clients" that a Board licensee or registrant must provide each of their clients upon initiating psychotherapy services, which will go into effect July 1, 2025.

For all new clients on and after July 1, 2025, the "Notice to Clients" must contain the following additional information:

- The licensee or registrant's full name as filed with the Board.
- Their license or registration number.
- The type of license or registration (for example, licensed marriage and family therapist, associate clinical social worker, etc.).
- The expiration date of their license or registration number.

(Please note the date by which this additional information must be included in the notice is delayed six months, until July 1, 2025, to allow practitioners time to make the update.)

Additional information can be reviewed on the BBS Website's SB 1024 FAQ Document: [Required Notice to Consumers \(SB 1024\) LEGAL APPROVED 9.13.24 \(ca.gov\)](#)

SB 1024 and BBS Clarification on Number of Supervisees per Supervisor Effective January 1, 2025

SB 1024, sponsored by the Board of Behavioral Sciences (Board), becomes effective on January 1, 2025. It clarifies two key points regarding the number of supervisees a supervisor can have: first, it defines who qualifies as a supervisee in group supervision, which is capped at eight individuals; and second, it specifies who is included in the limit of six supervisees receiving individual or triadic supervision per supervisor in nonexempt settings. Program and Clinical Supervisors are advised to review the BBS SB 1024 FAQ document for full details available on the BBS website: [Clarification on Number of Supervisees per Supervisor Effective January 1, 2025](#)

Serious Incident Reporting Changes- Critical Incident Reporting

Please be advised that effective 01/01/25, the SIR Reporting processes will be changing.

- Eliminate tiered system to report incidents (previously Level 1 & Level 2)
 - o Level 1 SIR to be defined as Critical Incidents
 - Reduced Critical Incident types to focus on clinically critical incidents: death, suicide, overdose, assault, alleged abuse, significant injuries on premises, media event.
- Level 2 SIR and Unusual Occurrence to be defined as Non-Critical Incidents.
- Eliminate SIR Phone Line
 - o Programs will email QI Matters upon occurrence or notification of Critical Incidents as the initial report of the incident, or
 - o at any time for Incident consultation.
- Completed Incident Reports and their submission to QA is due within 24 hours of knowledge of incident for both Critical and Non-Critical Incidents.
 - o Programs will submit CIR's using revised word document that will be submitted to QI Matters

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- Programs report Non-Critical Incidents via a SmartSheets submission form. No PHI will be included in this submission and will be sent directly to Program COR and QA.
- Tip Sheets/FAQ's and CIR submission form will be available on the MHP and DMC-ODS Health Plan Optum pages. Additional information on processes will be available in SUDPOH/OPOH.

Claiming to Lockout Settings in SmartCare

Services provided to clients while they are in a lock out setting are not billable to Medi-Cal except for the day of admission or day of discharge. *In certain partial-lock out settings, case management services *for discharge planning only* are reimbursable 30 days prior to date of discharge.

- Providers must select the appropriate lock out setting as the Place of Service/Location.
- All services should be entered using the intended procedure code
- Providers no longer need to utilize non-billable procedure codes for case management services when provided in lock out settings.

SmartCare enhancements “on the back end” will verify admission date and date of discharge during second level review process which will allow for the billing to override lock out for services provided on day of admission/day of discharge or within discharge planning timelines. This will not require action by providers, as it will be part of second level billing review.

QA is working with SmartCare to revise our Billing Lockouts Guidelines which will be shared during the December QIP meeting on December 18, 2024, and will be available on the Optum website.

Translations for Coordinated Care Consent Form

Currently there is only an English language version of the Coordinated Care Consent electronic document available in SmartCare that contains **San Diego County specific language that must be used and signed by clients**. Providers should not use the SmartCare Downtime forms (English or Spanish) as these do not contain the County's required language – providers should only use the form created by San Diego County that is available on the Optum Website in MHP Documents in the UCRM tab.

The county will be providing translation in the required threshold languages but until these are available, providers should utilize an interpreter to review the COSD CCC form with the client prior to having them sign the document in SmartCare.

Update: Changes in the Coordinated Care Consent in SmartCare (Effective 12/11/2024)

Below are the areas of the Coordinated Care Consent that have been updated (changes are highlighted). It is not required to have current clients re-sign this document. However, it is *recommended* to remain in compliance with regulations and timeliness of certain requests (i.e grievances)

1. Who will share my information if I sign?

By signing, your information may be shared by and with any of the following that provide services to you (your providers) and which are connected to SmartCare:

- Health care providers, such as doctors, hospitals, and pharmacies.
- Mental health providers and substance use disorder providers.
- School-based providers, such as nurses, social workers, and counselors.
- San Diego County health care agencies.
- The San Diego County Office of the Public Conservator, only when performing their core care functions of
 - reviewing referrals and arranging placement and treatment.
 - Housing providers that help people find a home.
 - Any jail staff who provide behavioral health services to you while you're incarcerated.
 - Advocacy agencies, such as the Consumer Center for Health Education and Advocacy (CCHEA) or Jewish Family Services (JFS), only when you request they look into your care

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Your providers also include any health insurers that provide you with coverage, including any of your mental health plans.

7. Can I change my mind and revoke my authorization later?

Yes, you have a right to revoke this form at any time. If you want to revoke, you should contact us at **your treatment provider**. If you revoke, some of your providers will still be legally permitted to see some information about you via SmartCare in certain circumstances, but other information (such as your substance use disorder information) typically will be inaccessible to them.

Updated: Risk Assessment

The access to the Risk Assessment in Smartcare has been resolved to allow all levels of credentialed/non-credentialed staff to complete this document, within their scope of practice and reviewing with clinical supervisor if required. When you search for Risk Assessment in Smartcare, you will see two options: Risk Assessment and Risk Assessment (c). **The correct Risk Assessment to utilize is the one that says "Risk Assessment" without the (c).**

Update: Beneficiary Handbook

- The Integrated Behavioral Health Member Handbook has been updated to comply with BHIN 24-034 and is in the process of being translated into the County's threshold languages.
- QA sent an email to providers on 11/27/2024 with guidance for notifying clients of changes to the beneficiary handbook. The email includes the following:
 - Notification to clients (in process of posting on Optum's Beneficiary & Families page).
 - Summary of Changes for clients (in process of posting on Optum's Beneficiary & Families page)
 - Attestation.
- Once clients are notified of upcoming handbook changes by one or more of the methods as outlined on the attestation, complete and return the attestation to QI Matters by January 31, 2025.

The Integrated Behavioral Health Member Handbook and Summary of Changes in all threshold languages will be made available on the Optum site by the January 1, 2025, effective date.

Grievance & Appeals Updates:

Please be advised, the 2025 Integrated Member Handbook will provide Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Plans with updated clarification and guidance regarding the application of federal regulations for processing grievances and appeals. DHCS is preparing a final BHIN to reflect these and other changes.

Key changes will include:

- NAR Your Rights Attachment: Updated Aid Paid Pending language
- NOABD Your Rights Attachment: Updated Aid Paid Pending language
- Grievances and appeals resolutions are limited to a maximum of 30 days with no extensions granted.

NOABD Procedure

- While NOABD functionality is being developed, providers shall manually track NOABD information for clients and submit to QA for monitoring.
- See the [NOABD Procedure](#) and blank [NOABD log](#) posted on the Optum site under the SmartCare tab.
- Due to PHI being included, please encrypt logs when sending unless your program/legal entity is already on the County Transport Layer Security (TLS) secure email list that ensures automatic encryption.
 - If you are not sure if your program/legal entity is on this list, please encrypt as a precaution.
- Reminder: NOABD Logs for Quarter 2 are due to QI Matters by **January 15, 2025**.
 - If your program has not sent in your log for Quarter 1, please do so as soon as possible.

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Clarifying Use of Sign Language or Oral Interpretive Services Guidelines:

- The "Sign Language or Oral Interpretive Services" code can only be utilized by **qualified interpreters** who meet the standards for medical interpretation services.
- A qualified interpreter must demonstrate proficiency in both English and the language of the Limited English Proficiency (LEP) individual, the ability to interpret effectively and impartially using specialized medical terminology, and adhere to ethical principles, including confidentiality.
- Please reference the [DHCS All-Plan Letter](#) for additional details.

Timely Data Entry Standard Language (OPOH)

In Accordance with [BHIN 24-020](#), Behavioral Health Plans (BHPs) are required to have a system in place for tracking and measuring timeliness of care. To align with the Department of Health Care Services (DHCS) documentation requirements **recorded inquiries** should be documented within three (3) business days of the request for services in the electronic health record, with the exception of emergent or urgent type which shall be completed within one (1) calendar day.

To see a step by step guide for documenting timely access to services for non-psychiatric SMHS [How to Complete the MH Non-Psychiatric SMHS Timeliness Record - 2023 CalMHSA](#) and psychiatric SMHS [How to Complete the MH Psychiatric SMHS Timeliness Record - 2023 CalMHSA](#).

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/san-diego/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: MediCalMentalHealth@blueshieldca.com		David Bond (562) 580-6229 David.Bond@blueshieldca.com	1-855-321-2211	Kim Fritz (619) 528-4817 Kimberly.fritz@blueshieldca.com
Community Health Group	24/7 BH line 619-348-7014	Salvador Tapia 1-800-404-3332 stapia@chgsd.com		1-800-404-3332	Salvador Tapia (800) 404-3332 stapia@chgsd.com
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: Michele.k.buland@kp.org Michele.k.buland@kp.org Courtney Hottinger Courtney.L.Hottinger@kp.org	Katie Ahearn-Edwards (858) 451-5177 Katherine.c.ahearn-edwards@kp.org	1-833-579-4848	Dinusha Desilva dinusha.x.desilva-carrasco@kp.org
Molina Healthcare	MHC_BH_Solutions@Molinahealthcare.com Cc: MHC_BH_Solutions@Molinahealthcare.com		Elizabeth Whittaker (858) 974-1725 Elizabeth.Whittaker@Molinahealthcare.com	1-888-665-4621	Katy Olmos-Ly (562) 542-2420 Katy.olmos-ly@molinahealthcare.com

Knowledge Sharing

System of Care (SOC) Application

- Reminder that staff and program managers are expected to attest in the SOC application monthly.
 - Providers and program managers will need active SmartCare accounts to attest once data connections are created between SmartCare and the SOC application.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email 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.
 - A new feature, *Public Address*, allows modifications to the site address displayed in the Provider Directory. Please note this change will not affect the site address within SmartCare.

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.

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 Medi-Cal Transformation, email BHS-HPA.HHSA@sdcounty.ca.gov. For contract-specific questions, contact your COR.

Electronic Health Record Updates

Combined Mental Health and Substance Use Disorder SmartCare Townhall

- Tuesday, December 17, 2024, 2:00 pm – 3:00 pm: [Click here to join the meeting.](#)

Training and Events

Quality Improvement Partners (QIP) Meeting

- Wednesday, December 18, 2024, from 1:00 pm to 3:00 pm.

QA Office Hours.

December 2024 sessions:

- Thursday, December 12, 2024, 3:00 pm – 4:00 pm: [Click here to join the meeting](#)
- Tuesday, December 17, 2024, 9:00 am – 10:00 am: [Click here to join the meeting](#)
- Tuesday, December 26, 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.

QA MH - UP TO THE MINUTE December 2024



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](#)

Date	Day	Time	Technical Support Hours
2-Dec	Monday	2pm-3pm	Outpatient Admin Clerical Front Desk
3-Dec	Tuesday	2pm-3pm	Outpatient Prescribers
4-Dec	Wednesday	2pm-3pm	Program Managers, CORS, & QA
5-Dec	Thursday	2pm-3pm	Outpatient Nurses
9-Dec	Monday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
10-Dec	Tuesday	2pm-3pm	Admin Billing Only
11-Dec	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
12-Dec	Thursday	2pm-3pm	Residential & Crisis Residential Clinical/Nurses/Prescribers
16-Dec	Monday	2pm-3pm	CSU Clinical/Nurses/Prescribers
17-Dec	Tuesday	2pm-3pm	CSU Admin/Clerical
18-Dec	Wednesday	2pm-3pm	Program Managers, CORS, & QA
19-Dec	Thursday	2pm-3pm	Outpatient Admin Clerical Front Desk
6-Jan	Monday	2pm-3pm	Outpatient Prescribers
7-Jan	Tuesday	2pm-3pm	Program Managers, CORS, & QA
8-Jan	Wednesday	2pm-3pm	Outpatient Nurses
9-Jan	Thursday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
10-Jan	Friday	2pm-3pm	Admin Billing Only
14-Jan	Tuesday	2pm-3pm	Outpatient Clinical Direct Services
15-Jan	Wednesday	2pm-3pm	CSU Clinical/Nurses/Prescribers
16-Jan	Thursday	2pm-3pm	CSU Admin/Clerical

New SmartCare Training Option for CSU and Residential/Crisis Residential Program Staff

- The Optum Training Department is pleased to offer an asynchronous, self-paced training option for those who work in 24-hour programs
 - This opportunity was previously available only to outpatient staff via the CalMHSA Learning Management System
 - Video tutorials can be accessed at the bottom of the SmartCare Training page on the Optum website: [SmartCare Training](#)
 - Program staff simply watch the videos that pertain to their role, and then complete a quiz
 - Once a score of 80% or higher is achieved on the quiz, SmartCare access is granted
- Classroom and live virtual training options remain for those who prefer to have a live instructor guiding them through the system, and enrollment in those training modalities continues through RegPack:

[Online Registration Software for SmartCare User Training](#)

Management and Information Systems (MIS)

Reorganized: Management Information Systems (MIS)

System Administration and Access – managed by Cheryl Lansang

Contact: cheryl.lansang@sdcounty.ca.gov or call 619-578-4111

Program Integrity (PI) and Reporting - managed by Dolores Madrid-Arroyo

Contact: dolores.madrid@sdcounty.ca.gov or call 619-559-6453

New MIS Email Boxes are NOW ACTIVE

- BHS_EHRSupport.HHSA@sdcounty.ca.gov
 - All support questions that cannot be addressed by the CalMHSA Support Desk to be directed to this email.
 - **Reminder: CalMHSA should be the first line of support**
- BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov
 - For SmartCare ARF submissions and any access related issues or questions.
- **These four email boxes below are being discontinued/removed (Do Not Use):**
 - SUDEHRSupport.HHSA@sdcounty.ca.gov
 - MHEHRSupport.HHSA@sdcounty.ca.gov
 - MHEHRAccessRequest.HHSA@sdcounty.ca.gov
 - BHS_EHRProject.HHSA@sdcounty.ca.gov

QI Matters Frequently Asked Questions

Q: Are prescribers able to use the Interactive Complexity code on medication services and evaluations?

A: Yes, prescribers can utilize the *Interactive Complexity Code* when providing as part of an assessment, psychiatric evaluation or psychotherapy service to describe the additional severity of the client's condition-when the service being provided required the use of additional communication tools, i.e., play equipment or adaptive equipment to facilitate communication or in situations where factors increase the intensity of effort required by the provider.

There are some exceptions: it cannot be used when using the *Sign Language/Oral Interpretation Code*, and may not be used for E&M services when provided without psychotherapy. This can be referenced in the DHCS SMHS [manual](#) (pp 41-42) and SMHS Service [Table](#).

Please note that only one add-on can apply (either interactive complexity or sign language/oral interpretation) to the service.

Q: Has the "Consent to Treat" form in SmartCare replaced the former Informed Consent, Consent for Services, NPP and Advance Directive?

A: As part of the clinical workflow, providers are to complete the Coordinated Care Consent, Consent for Email Communication, Consent for Telehealth, Consent for Text communication, and the Consent to Treat. The "Consent to Treat" form can be used by programs to replace the Consent for Services/Informed Consent for Services – this document also addresses Notice of Privacy Practices (NPP); it does **not** address advance directives, nor is it a replacement for informed Consent for Psychotropic Medications which has separate/distinct documentation requirements. The Coordinated Care Consent is also a separate, distinct document that specifically addresses the consent to allow SmartCare to "drop the wall" between mental health and substance use treatment records to all providers to see both.

SmartCare Downtime Forms - 2023 CalMHSA Medication Consents - 2023 CalMHSA

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.

Optum Website Updates: MHP Provider Documents

OPOH Tab:

- On 11/05 the following were updated:
 - [Table of Contents](#) – Updated to remove California from California CANS to align with BHINs.
 - [OPOH Section N](#) – Removed California from California CANS to align with BHINs, and replaced reference to mHOMS and with recording PSC in the HER.
 - [OPOH Section O](#) – Added details and information about the required CalMHSA trainings and documentation standards.
 - [OPOH Section R](#) - Updated CalMHSA support emails, added Live Chat support link.
- On 11/15 the following were updated:
 - [OPOH Section G](#) – Corrected error in regulation number for Record Retention information, clarified retention of the Staff Signature Logs to align with the record retention requirements. Added information about 103 NP's ability to review and approve other NP's during medication monitoring.
 - [OPOH Section F](#) – Beneficiary Handbook section was updated and name is now Behavioral Health Member Handbook.
- On 11/27 the following were updated:
 - [OPOH Section C](#) – Replaced TADT information with language regarding initial data entry timelines.
 - [OPOH Section D](#) – Updated information of required CalMHSA trainings, and included link on how to register for LMS trainings.
- The [OPOH](#) was updated 11/25/24 to account for most recent OPOH changes.

Beneficiary Tab:

- A new [MHP Beneficiary Handbook Cover](#) to include all threshold languages was updated 11/18/24.

UCRM Tab:

- A new [Adult – Children Uniform Chart Order](#) sheet was uploaded 11/05/24.
- The [PSC-35 Explanation Sheet](#) was revised and posted 11/15/24.

SmartCare Tab:

Under “Soc Resources” the Smartcare UCRM Changes document was updated to better reflect the transition of documents from CCBH to Smartcare.

[Smartcare UCRM Changes –11.27.24](#) – Please look for an updated version as of 12.04.24 to be posted soon.

SOC Information and Resources

- A new [EHR Implementation FAQ](#) was posted 11/25/24.

Resources | Training Header

- An [Interim Guide for CSU Providers and Concurrent Program Enrollment](#) was added 11/09/24.
- A [Guide for Admin Service Entry](#) was updated 11/18/24.

Resources | Requirements and Functionality Header

- A [SmartCare MFA regarding MFA for SmartCare Log In](#) was added 11/20/24
- A revised [SmartCare Service Code Crosswalk](#) was uploaded 11/21/24.
- A new [SmartCare UCRM Changes](#) was revised 11/27/24.

Information Notices

- A new [Info Notice](#) with important new updates and recent guidance was posted 11/07/24.

Town Hall PowerPoint Presentations Header

- The [EHR Town Hall](#) for 11/17/24 was added 11/28/24.

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

Mental Health Services - Up To The Minute

General Updates

IMPORTANT: Phase out of Legacy Transaction Services (access to MEDS website for verifying eligibility)



DHCS requires that all providers (with a National Provider Identifier NPI) and submitters performing transactions on the Medi-Cal Providers website register for the Medi-Cal Provider Portal. After December 9, 2024, submitters were required to log in through the Provider Portal. After January 20, 2025, providers using NPIs will no longer be able to log in through legacy [Transaction Services](#) and will be required to log in through the [Provider Portal](#). These organizations must complete registration for the Provider Portal to prevent interruptions in day-to-day electronic transactions with Medi-Cal.

Please see the [Electronic Services Transition](#) page for more details.

Upcoming Medi-Cal Provider Portal Office Hour – Jan 21, 2025 10am – 11am

DHCS will host a live, virtual Medi-Cal Provider Portal Office Hour to answer questions regarding the Provider Legacy Credential Deactivation. Registration can be found using the [Microsoft Teams web link](#).

REMINDER: IMPORTANT CHANGES EFFECTIVE JANUARY 1, 2025

SB 1024 BBS Requirements for Licensed and Registered Clinicians

SB 1024 sponsored by the Board of Behavioral Sciences, mandates the following for all licensees and registrants:

- Licenses and registrants must display their license or registration in a conspicuous location at their primary place of practice when rendering professional clinical services in person.
- SB 1024 defines who qualifies as a supervisee in group supervision and caps the number of supervisees at eight (8) individuals in group supervision
- SB 1024 specifies who is included in the limit of six (s) supervisees receiving individual or triadic supervision per supervisor in non-exempt settings
- Program and clinical supervisors are advised to review the BBS SB 1024 FAQ document available on the BBS Website [Clarification on Number of Supervisees per Supervisor Effective January 1, 2025](#)

Grievance and Appeals Timeline Changes

- Grievances and appeals resolutions are required to be determined by the County within 30 calendar days from the date the grievance is filed.
- Updated timeline/limit requirements and the grievance/appeal process is outlined in the updated 2025 Behavioral Health Member Handbooks which go into effect on January 1, 2025.
- Final DHCS BH Information Notice regarding changes to Grievance/Appeal timeline is pending, however DHCS has stated that this change is effective with the release of the updated Member Handbook.

Incident Criteria and Reporting Process Changes

- Serious Incident Reporting is now re-branding and restructured as Critical Incident and Non-Critical Incident Reporting
- Level 1 SIR are now defined as Critical Incident
- Level 2 SIR and Unusual Occurrences are defined as Non-Critical Incidents

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- Reporting SIR phone line is discontinued. Programs should cease calling in their incident reports as of 1/1/25.
- Completed Incident Reports for both Critical Incidents (CIRs) and Non-Critical Incidents (NCIRs) must be submitted in writing within 24 hours of knowledge of incident by program.
- Tip Sheets/FAQs and CIR submission form are available on the MHP and DMC-ODS Health Plan Optum page under the [Incident Reporting](#) tab.
- OPOH has been updated to reflect current Incident Reporting processes and requirements
- At this time, there is no change to reporting of incidents on weekends or holidays. Programs should follow process as previously directed and indicated in the OPOH.
- For any incident that was submitted to QA as an SIR prior to 1/1/25, programs will be required to follow all former standards/processes for completion.

DHCS Discontinued CPT codes/changes to CPT codes as of 1/1/25

- CPT codes 99441, 99442, and 99443 - Prescriber Telephone E/M (OP) will no longer be accepted per DHCS
 - CalMHSA recommends SMHS providers use of the procedure code H2017 which is currently identified in SmartCare as Psychosocial Rehab which will ensure the proper rate is selected for clinicians/providers.
- CalMHSA will be adding an end date of 12/31/24 to the procedure codes for Prescriber Telephone E/M (OP); any services entered using these codes after 1/1/25, a service error of “unable to find a matching rate” will be associated with these services.

New Free Statewide MH Resources Available: CA Child & Adolescent Mental Health Access Portal (Cal-MAP)

- Dept of Health Care Services (DHCS) launched a web-based portal – California Child & Adolescent Mental Health Access Portal ([Cal-MAP](#)) - that gives California primary care providers access to no-cost direct consultations, education, and resources to assist them in navigating and addressing mental health and substance use disorders for patients between 0 and 25 years of age.

Effective January 1, 2025- Clarification on Number of Supervisees per Supervisor

- A new law, SB 1024, sponsored by the Board of Behavioral Sciences (Board), becomes effective on January 1, 2025. It clarifies two key points regarding the number of supervisees a supervisor can have: first, it defines who qualifies as a supervisee in group supervision, which is capped at eight individuals; and second, it specifies who is included in the limit of six supervisees receiving individual or triadic supervision per supervisor in nonexempt settings.
- Please see linked [“Clarification on Number of Supervisees”](#) for more information.

Update: Beneficiary Handbook

- The MHP and DMC-ODS beneficiary handbooks have been integrated into the Behavioral Health Member Handbook to comply with Department of Health Care Services’ [BHIN 24-034](#).
- The Behavioral Health Member Handbook and Summary of Changes were sent out the System of Care on Tuesday, 12/31/2024 and are in effect starting 01/01/2025.
- The Behavioral Health Member Handbook in all threshold languages and large print versions are in the process of being posted to the Optum page and will be available on the [SMH & DMC-ODS Health Plans](#) page under the “Beneficiary” tab, as well as on Optum’s [Beneficiary & Families](#) page.
- Requests received for the new handbooks will be processed once printing is complete to accommodate anticipated high demand. In the interim, programs shall provide alternative options to the client for accessing the handbooks (email, Optum site, printing by the program).

Reminder – Attestations for notifying clients of significant changes and with the Integrated Behavioral Health Member Handbook are due to QI Matters by 01/31/2025.

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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/san-diego/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: MediCalMentalHealth@blueshieldca.com	David Bond (562) 580-6229 David.Bond@blueshieldca.com	David Bond (562) 580-6229 David.Bond@blueshieldca.com	1-855-321-2211	Kim Fritz (619) 528-4817 Kimberly.fritz@blueshieldca.com
Community Health Group	24/7 BH line 619-348-7014	Salvador Tapia 1-800-404-3332 stapia@chgsd.com	Salvador Tapia 1-800-404-3332 stapia@chgsd.com	1-800-404-3332	Salvador Tapia (800) 404-3332 stapia@chgsd.com
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: Michele.k.buland@kp.org Michele.k.buland@kp.org Courtney Hottinger Courtney.L.Hottinger@kp.org	Katie Ahearn-Edwards (858) 451-5177 Katherine.c.ahearn-edwards@kp.org	1-833-579-4848	Dinusha Desilva dinusha.x.desilva-carrasco@kp.org
Molina Healthcare	MHC_BH_Solutions@Molinahealthcare.com Cc: MHC_BH_Solutions@Molinahealthcare.com	Elizabeth Whitteker (858) 974-1725 Elizabeth.Whitteker@Molinahealthcare.com	Elizabeth Whitteker (858) 974-1725 Elizabeth.Whitteker@Molinahealthcare.com	1-888-665-4621	Katy Olmos-Ly (562) 542-2420 Katy.olmos-ly@molinahealthcare.com

Knowledge Sharing

System of Care (SOC) Application

- Reminder that staff and program managers are expected to attest in the SOC application monthly.
 - Providers and program managers will need active SmartCare accounts to attest once data connections are created between SmartCare and the SOC application.
- For any questions, please reach out to the Optum Support Desk at 800-834-3792 (choose Option 2), or email 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.
 - A new feature, *Public Address*, allows modifications to the site address displayed in the Provider Directory. Please note this change will not affect the site address within SmartCare.

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.

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 Medi-Cal Transformation, email BHS-HPA.HHSA@sdcounty.ca.gov. For contract-specific questions, contact your COR.

Training and Events

Quality Improvement Partners (QIP) Meeting

- Wednesday, January 29, 2025, from 1:00 pm to 3:00 pm.

SmartCare User Group Meeting

- Wednesday, January 29, 2025, from 9:00 am to 10:00 am
Link: [Join the meeting now](#)

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QA Office Hours.

January 2025 sessions:

- Thursday, January 9, 2025, 3:00 pm – 4:00 pm:
- Tuesday, January 14, 2025, 9:00 am – 10:00 am:
- Thursday, January 23, 2025, 3:00 pm – 4:00 pm:
- Tuesday, January 28, 2025, 9:00 am – 10:00 am:

[Click here to join the meeting](#)
[Click here to join the meeting](#)
[Click here to join the meeting](#)
[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.

Date	Day	Time	Technical Support Hours
14-Jan	Tuesday	2pm-3pm	Outpatient Clinical Direct Services
15-Jan	Wednesday	2pm-3pm	CSU Clinical/Nurses/Prescribers
16-Jan	Thursday	2pm-3pm	CSU Admin/Clerical
20-Jan	Monday	2pm-3pm	Outpatient Admin Clerical Front Desk
21-Jan	Tuesday	2pm-3pm	Residential & Crisis Residential Clinical/Nurses/Prescribers
22-Jan	Wednesday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
23-Jan	Thursday	2pm-3pm	Admin Billing Only
24-Jan	Friday	2pm-3pm	CSU Admin/Clerical
27-Jan	Monday	2pm-3pm	Outpatient Clinical Direct Services
28-Jan	Tuesday	2pm-3pm	Outpatient Prescribers
29-Jan	Wednesday	2pm-3pm	Outpatient Nurses
30-Jan	Thursday	2pm-3pm	CSU Clinical/Nurses/Prescribers
31-Jan	Friday	2pm-3pm	Program Managers, CORS, & QA
3-Feb	Monday	2pm-3pm	Outpatient Admin Clerical Front Desk
4-Feb	Tuesday	2pm-3pm	Admin Billing Only
5-Feb	Wednesday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
6-Feb	Thursday	2pm-3pm	CSU Admin/Clerical
7-Feb	Friday	2pm-3pm	Outpatient Clinical Direct Services
10-Feb	Monday	2pm-3pm	Residential & Crisis Residential Clinical/Nurses/Prescribers
11-Feb	Tuesday	2pm-3pm	Outpatient Prescribers
12-Feb	Wednesday	2pm-3pm	Outpatient Nurses
13-Feb	Thursday	2pm-3pm	Program Managers, CORS, & QA
14-Feb	Friday	2pm-3pm	Outpatient Admin Clerical Front Desk

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](#)

Management and Information Systems (MIS)

Reorganized: Management Information Systems (MIS)

System Administration and Access – managed by Cheryl Lansang

Contact: cheryl.lansang@sdcounty.ca.gov or call 619-578-4111

Program Integrity (PI) and Reporting - managed by Dolores Madrid-Arroyo

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Contact: dolores.madrid@sdcounty.ca.gov or call 619-559-6453

NEW Reports Available in SmartCare

Two new reports have been added to SmartCare, and all staff should have access to these reports.

- CoSD Active Clients Report – This report identifies the total number of active clients in a program for a specific date or date range.
- CoSD Client Services Report – This report provides service details including procedure code, service time, documentation time, and travel time, among other data fields. Staff can run this report for any date range or program(s).

QI Matters Frequently Asked Questions

Q: What P & P documents are needed for the FY24-25 QAPR program integrity monitoring reviews?

A: As of January, programs (or their legal entities) will be required to submit current P&Ps with samples of service verification, proof and confirmation of ongoing verification checking that aligns with the P&Ps. These should include the specific policies for program integrity, paid service verification, and Fraud/Waste/Abuse. Please reference the **OPOH section B** for guidance and reach out to QI Matters if you have any questions.

Q: What is changing in the Grievance and Appeals process?

A: The forthcoming BHIN is due to release these changes:

- Inclusion of Aid Paid Pending (APP) language on the Your Rights and Notice of Adverse Determination brochures to inform clients that requesting APP will not result in members incurring charges.
- The Grievance and Appeal process has been shortened to 30 days.
- Advocacy Agencies are now listed on the Coordinated Care Consent **and** may access client records when a grievance or appeal is filed.
- Programs without SmartCare, or where there is no signed Consent, must provide documentation requested with an ROI within 3 business days.

Optum Website Updates: MHP Provider Documents

MHP Provider Documents Site

Beneficiary Tab:

- New [BBS Required Notice for Consumers](#) to start 01/01/2025 was posted 12/10/24.
- An update to the [SD Provider List Translation](#) instructions was updated 12/13/24.

UCRM Tab:

- The [Coordinated Care Consent](#) downtime form was updated and a corresponding [Explanation Sheet](#) created on 12/13/24.
- A [CalAIM Assessment Explanation](#) sheet was uploaded 12/12/24.

SmartCare Tab:

Resources | Training Header

- A new [Guide for Crisis Stabilization Units](#) (CSUs) was uploaded 12/19/24.

Resources | Requirements and Functionality Header

- The [SmartCare UCRM Changes](#) was revised 12/16/24.
- A PowerPoint explaining [SmartCare MFA Relaunch](#) was posted 12/17/24.

SMH and DMC – ODS Health Plans Site

OPOH Tab:

- On 12/11 the following were updated:
 - OPOH [Section A](#) –Updated language to "Provision of Services and Claiming" by Y/FSPs to include link to DHCS current SMH Service Table and Billing Manual, included how to become certified Peer Support Specialist and link to BHIN 22-016 which outlines Peer Support Specialists and allowable peer support services/codes; and included reference to OPOH Section M for credentials/scope of practice. As procedure codes and CPT codes are subject to change, QA will be following CalMHSA guidance to utilize links to most current information.
 - OPOH [Section C](#) – Removed dot point from C.28 as there is no referral form for Homeless Persons with SMI or Closed Loop referral form as indicated in Section 2, subsection 2.3. Added how to contact SPOA: "Referrals by any party can be made through Optum's Single Point of Access (SPOA) for ACT and Strengths-Based Case Management online at Optumsandiego.com or via telephone at 800-842-2652.
 - OPOH [Section E](#) – Removed "within 30 days of assignment opening..." and clarified/added "The Coordination of Care with Primary Care Physicians and Behavioral Health services form should be completed within a clinically reasonable timeframe upon opening client to program services."
 - OPOH [Section J](#) – Revised Internal Controls and Procedures as they are only applicable to items acquired prior to 7/1/23.
 - OPOH [Section O](#) – The specific CalAIM trainings required by SOC Providers are indicated.
- On 12/13 there was an update to OPOH [Section B](#) – Clarified language regarding scanning documentation- specified it is optional if also maintained in the hybrid chart, additional description of program integrity and service verification, replaced CCBH language regarding the NPP.
- On 12/24 the following were updated:
 - OPOH [Section F](#) – Added all threshold language requirement included new law change effective 1/1/25 with caveat that it will not be enforced until 07/2025; updated Grievance and Appeal language (Includes members not being responsible for APP, 30-day limit). Changed the 7 calendar days to respond to JFS and CCHEA to 3 business days to align with the percent of time they got reduced. Changed information regarding consent so a request for ROI was only needed if this is not signed.
 - OPOH [Section G](#) – Updated information regarding record retention requirements. Updated the CIR process, revised Medi-Cal recertification information and added examples of program integrity and service verification.
 - OPOH [Section M](#) – Added information about new supervision clarification from BBS Notice effective 1/1/25.
- The [OPOH](#) was updated 12/24/24 to account for most recent OPOH changes.

SmartCare Tab:

Town Hall PowerPoints Section

- The [SmartCare Town Hall](#) for 12/17/24 was added 12/17/24.

POP Health

Network and Quality Planning-Population Health

In October 2024, the California Department of Health Care Services (DHCS) issued updated guidance on Performance Improvement Projects (PIPs). As part of this update, the Health Services Advisory Group (HSAG), the state's new External Quality Review Organization (EQRO) contractor, introduced revised PIP guidelines. A significant change in the new guidance is that HSAG will now designate specific topics for all PIPs going forward. In response, Behavioral Health Services (BHS) is reviewing its current PIPs to ensure

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alignment with the new requirements outlined by the EQRO. For any PIPs that do not align with the updated guidance, BHS will assess next steps to determine how to proceed.

The current MH PIPs include:

- 1) Improve timely access from first contact from any referral source to first offered appointment for any specialty mental health service (SMHS).
- 2) Follow-Up After Emergency Department Visit for Mental Illness (FUM).

For more information go to [HSAG PIP](#)

If you have more questions, please contact bhspophealth.hhsa@sdcounty.ca.gov

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personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov

Mental Health Services - Up To The Minute

General Updates



Services Moved to Completed Status with Unsigned Note or Unfinished Documentation

- A service in “Show” status that passes validation during the Nightly Billing Job will move to “Complete” status **regardless** of the note status (ie: note is unsigned, narrative has not been completed).
- Providers are still able to finish documenting their narrative sections of the service note and sign the service note even though the service has been moved to the “Complete” status.
- Changes to the service/billing indicators cannot be made, however, and would require the provider to utilize the Error Reporting Process.

Priority Reminder! Diagnosis Documents

- ALL programs must review to ensure that there is a signed Diagnosis Document for ALL clients who are/were open to their program since migration on 9/1/24.
- Diagnosis Documents are **program-level** documents and each program must enter their own Diagnosis Document.
- Programs should verify that the diagnosis was migrated over correctly and there is a valid ICD10 Diagnosis relevant to your service provision
- For clients that were migrated from legacy system identified as missing migrated diagnosis – program must enter a Diagnosis Document and ensure start date of diagnosis is backdated to 9/1/24
- For “new” clients opened to programs within SmartCare, programs must enter a Diagnosis Document and ensure start date of diagnosis is backdated to align with the client’s enrollment date.

Correction to CalMHSA HelpDesk guidance – Error status

- CalMHSA HelpDesk has provided guidance to some providers to change service notes to “Error” status.
- **This guidance is incorrect** - providers should **NOT** change any service to “Error”
- Providers should follow the Error Reporting Process which can be found on the CalMHSA Knowledge Base: [How to Report an Error that Needs to be Corrected - 2023 CalMHSA](#)

Documenting additional info for scheduled appointments resulting in a no show:

- CalMHSA is working to add a method of entering informational notes directly attached to the no-show or cancelled service. This is currently in development.
- If you provide a billable service during the time scheduled for an appointment with the client:
 - Mark the scheduled appointment as a no-show
 - Create a new, unscheduled service to document the new service
- Talk to your supervisor if you have questions about whether the tasks you provided were billable or simply informational.
- Potential scenarios when additional info may be needed:
 - Review of the client’s chart to discuss the case with your treatment team, or otherwise prepare for an upcoming service.
 - When the client doesn’t show, work on something else related to the client’s case.
 - Drive out to meet the client and the client isn’t present at the appointed meeting place. mark the scheduled appointment as a no-show.

Interactive Complexity CPT Code 90785

What is CPT Code 90785 (Interactive Complexity)

- This code is used to indicate that a client’s condition requires *additional time and expertise beyond what would be considered typical for a therapy session*.

How to Bill for Interactive Complexity

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- Documentation should *clearly indicate the additional time and expertise required to address the patient's complexity during therapy sessions*, the type of interactive methods used and how the patient could not communicate through normal verbal means.
- Some examples:
 - i.e. Working with a client with ALS who has lost the capacity for expressive communication and requires assistive technological support devices to participate.
 - i.e. Working with a mute adolescent who needs to write all the answers to questions.
 - i.e. Medical emergencies or crises that require immediate decision-making and collaboration- A client attempts to harm themselves during session and requires emergency intervention and/or de-escalation.

Examples when NOT to use Interactive Complexity Code 90785:

- Seeing a client for simply a "longer than normal" session.
- Seeing a client who simply "isn't good at expressing emotions".
- Seeing a client with an interpreter with no other complications
- Seeing a client via telehealth with no other complications
- Seeing a client for therapy with multiple participants with no other complications
- When the treatment plan is explained and understood without significant interference by caretaker emotions or behaviors.

Procedure Code: "Contribution by Non-LPHA" Renamed

- **Effective 2/21/25** Procedure Code "Contribution by Non-LPHA" will be renamed "**Assessment Contribution**"
- Associated degree types/credentials that may utilize this procedure code will not change. If this code is selectable in their service set up, the provider is allowed to use it.
- Procedure Code description will be updated to reflect that this code can also be used by LPHAs for assessment services that do not meet the 31-minute minimum threshold for CPT Code 90791 (procedure code Assessment LPHA).

Permissions Removed from Safety/Crisis Plan List Page Due to CDAG

- Permissions to this list page have been removed to prevent inappropriate disclosures due to CDAG, this page will be deactivated to ensure no custom user roles can access this non-CDAG'd screen
- CalMHSA will switch to a new core document and deactivate current document
 - Documents already created and signed will not be impacted.
- ***Any "Safety/Crisis Plan" documents that are in progress will need to be completed and signed before cutover to new document on 2/21/25.***

Permission Changes to Service Note Reviewer Screen

- The following roles now have permission to the Service Note Reviewer screen:
 - Clinician Supervisor, LPHA/Clinician, Non-LPHA, Prescriber, IP/CSU/Res, Prescriber IP/CSU/Res, Nurse Medical IP/CSU/Res, Medical Supervisor, Medication Rx, Pharmacist, Medical Records/Quality Assurance, CalMHSA SysAdmin, County Affiliate SysAdmin, and Auditor/Read Only.

Configuration Change to Discharge Summary in SmartCare

- **Effective 2/20/25** Non-authors will be able to edit/sign/collaborate on the Discharge Summary Document.
- This will allow for more collaborative documentation on the Discharge Summary Document by treatment team members

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Reminders

- Programs are reminded that regardless of the Nightly Billing Job, they are responsible for completing self-review and PI activities to ensure accurate claiming, billing and documentation of services provided.
- The Nightly Billing Job should be viewed as functioning similar to our legacy system's suspense report which is not intended to be all-inclusive of those errors which require provider review/clinical review

Incident Reporting Reminders:

Please be reminded that **Protected Health Information (PHI)** should **never** be included in the N-CIR online submission form. PHI refers to any information that can be used to identify a patient and is linked to their health status. Examples include, but are not limited to:

- Patient names
- Addresses
- Medical record numbers
- Dates of birth

Including PHI in your N-CIR submission violates privacy regulations and will require a Privacy Incident Report (PIR) submitted through [compliance](#).

Additionally, to avoid any delays in incident report communications, **please remember to include your contract number** when applicable. This ensures timely and efficient handling of incident reports.

Resources

System of Care (SOC) Application

- [Behavioral Health Information Notices \(BHINs\)](#) – DHCS notifies County BH Plans and providers of P&P changes via BHIN's as well as draft BHIN's for public input. Feedback can be sent directly to DHCS or BHS-HPA.HHSA@sdcounty.ca.gov.
- System of Care (SOC) Application – Reminder for required monthly attestation in the SOC application. See [SOC Tips & Resources Optum page](#) for more information.
- [Medi-Cal Transformation](#) (aka CalAIM) – info also available at the [Optum 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 Medi-Cal Transformation, email BHS-HPA.HHSA@sdcounty.ca.gov.

Email Contacts

- ARFs and Access questions? Contact: BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov
- EHR questions? Contact: BHS_EHRSupport.HHSA@sdcounty.ca.gov
- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- CalAIM Q&As? Contact: bhs-hpa.hhsa@sdcounty.ca.gov
- SMHS Documentation Standards/OPOH/UCRM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov

Training and Events

Root Cause Analysis (RCA) Training

- Monday, March 24, 2025, 9:00 am to 12:00 pm

Quality Improvement Partners (QIP) Meeting

- Wednesday, February 26, 2025, from 1:00 pm to 3:00 pm.

SmartCare User Group Meeting

- Thursday, February 27, 2025, from 10:00 am to 11:00 am
Link: [Join the meeting now](#)

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QA Office Hours.

February 2025 sessions:

- Thursday, February 20, 2025, 3:00 pm – 4:00 pm:
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[Click here to join the meeting](#)
[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.

Date	Day	Time	Technical Support Hours
10-Feb	Monday	2pm-3pm	Residential & Crisis Residential Clinical/Nurses/Prescribers
11-Feb	Tuesday	2pm-3pm	Admin Billing Only
12-Feb	Wednesday	2pm-3pm	Outpatient Medical Staff
13-Feb	Thursday	2pm-3pm	Program Managers, CORS, & QA
14-Feb	Friday	2pm-3pm	Outpatient Admin Clerical Front Desk
17-Feb	Monday	2pm-3pm	Admin Billing Only
18-Feb	Tuesday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
19-Feb	Wednesday	2pm-3pm	CSU Admin/Clerical
20-Feb	Thursday	2pm-3pm	Outpatient Clinical Direct Services
21-Feb	Friday	2pm-3pm	CSU Clinical/Nurses/Prescribers
24-Feb	Monday	2pm-3pm	Outpatient Admin Clerical Front Desk
25-Feb	Tuesday	2pm-3pm	Residential & Crisis Residential Clinical/Nurses/Prescribers
26-Feb	Wednesday	2pm-3pm	Program Managers, CORS, & QA
27-Feb	Thursday	2pm-3pm	Outpatient Medical Staff
28-Feb	Friday	2pm-3pm	Admin Billing Only
3-Mar	Monday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
4-Mar	Tuesday	2pm-3pm	CSU Admin/Clerical
5-Mar	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
6-Mar	Thursday	2pm-3pm	CSU Clinical/Nurses/Prescribers
7-Mar	Friday	2pm-3pm	Outpatient Admin Clerical Front Desk
10-Mar	Monday	2pm-3pm	Residential & Crisis Residential Clinical/Nurses/Prescribers
11-Mar	Tuesday	2pm-3pm	Program Managers, CORS, & QA
12-Mar	Wednesday	2pm-3pm	Outpatient Medical Staff
13-Mar	Thursday	2pm-3pm	Admin Billing Only
14-Mar	Friday	2pm-3pm	Residential & Crisis Residential Admin/Clerical

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](#)

Management and Information Systems (MIS)

System Administration and Access – managed by Cheryl Lansang

Contact: cheryl.lansang@sdcounty.ca.gov or call 619-578-4111

ARF Submission Reminders

- Termination ARF must be submitted timely. If employment end date is known, Termination ARF can be submitted in advance

QA MH - UP TO THE MINUTE

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- A Modify ARF must be submitted when a staff is changing programs. In comment state what programs staff is leaving or joining for proper processing.
- ARF with Revision date of 11/1/24 must be used to avoid delays or ARF rejections. Obtain current version here: [SmartCare ARF for Treatment Programs 11.01.2024.pdf](#)
- An ARF must be submitted to obtain access to a new or existing program
- License information must be provided under Section II on the ARF for all licensed staff

Program Integrity (PI) and Reporting - managed by Dolores Madrid-Arroyo

Contact: dolores.madrid@sdcounty.ca.gov or call 619-559-6453

Program Integrity Item:

A reminder that services should not be changed to a "Complete" or "Error" status by a provider. Request must be made through the "My Reported Errors (My Office)" screen in SmartCare.

Report Items:

All new reports in SmartCare will be prefixed with "CoSD" in the report name. Go to My Reports (My Office), under Search field enter CoSD to obtain all new reports available.

NEW Reports Available in SmartCare

Three reports were added to SmartCare in January

- CoSD Admissions Morning Report
- CoSD Service Error Report
- CoSD ADC Report (report excludes screenings)

Upcoming reports to be released:

- CoSD Charges/Claims Report
- CoSD Client Insurance & Date Span Report
- CoSD Progress Note Timeliness Report
- CoSD TADT Timeliness Report

QI Matters Frequently Asked Questions

Q: Some of our staff are missing their credential (MHRS, etc.) next to their name on the signature section of notes in SmartCare. How do they include this?

A: Providers should add a suffix with credentials next to their signature in SmartCare:

[How to Set-Up Your Signature - 2023 CalMHSA](#)

Q: If we enter an F code on the Diagnosis form, a long list of modifiers appears and this takes time. How do we know which to select?

A: The provider working within their scope should determine the most appropriate diagnostic code for the client from the selection. Diagnoses can be updated later as needed. If there are specific diagnoses you are using frequently in SmartCare, these can be saved to a Favorites list: [How to Save a Favorite Diagnosis - 2023 CalMHSA](#)

Optum Website Updates: MHP Provider Documents

MHP Provider Documents Site

SmartCare Tab:

Resources | Training Header

- An update to the SmartCare Training Registration [Tip Sheet](#) was posted 02/04/25
- A [Clearing CoSD Service Error Report \(My Office\)](#) along with a SmartCare Services How to [Guide](#) were uploaded 01/28/25.

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Resources | Requirements and Functionality Header

- Update to the [SmartCare Service Code Crosswalk](#) was posted 01/08/25.

SmartCare Information Notices

- A BHS Contractor [Memo](#) regarding SmartCare Billing was uploaded 01/28/25.

SMH and DMC – ODS Health Plans Site

OPOH Tab:

- On 01/08/25 the following were updated:
 - OPOH [Section N](#) was updated to include links to explanation sheets and reflect update of PSC and CANS to align with CalAIM.
 - OPOH [Section O](#) update in language from Child Welfare Services (CWS) to Child & Family Well-being (CFWB).
 - OPOH [Section R](#) the SIR Line was removed to reflect new reporting process.
- On 01/15/25 the following were updated:
 - OPOH [Section A](#) included links to applicable regulations.
 - OPOH [Section B](#) now includes additional examples of service verifications, links to privacy policies and client record requests.
 - OPOH [Section C](#) updated interpreting service contractors and now includes Access Criteria & Medi-cal Necessity information.
 - OPOH [Section D](#) reflects update to Pathways to Well-being, and includes information about Peer Support Services.
 - OPOH [Section F](#) includes links to referenced regulations and those regarding Advance Directives, added information about NOABD and minors per BHIN 24-046, and documentation related to Coordinated Care Consent form.
 - OPOH [Section G](#) updated information about Medication Monitoring and clarification of CIR process.
 - OPOH [Section H](#) includes data from 2023 Government SANDAG Demographic and Socio-Economic Estimates.
 - OPOH [Section J](#) updated information regarding transportation of clients, addition of reasons for recoupment, and updated void/replicate process for SmartCare.
 - OPOH [Section M](#) includes updates to staff qualifications and the CalMHSA credential/scope of practice matrix.
- The [OPOH](#) and [Table of Contents](#) were updated 01/15/25 to account for most recent OPOH changes.

SmartCare Tab:

Workflows and Documentation Section

- A [SmartCare Correction Process – Services in Show Status](#) was uploaded 01/14/25.

Info Notices Section

- Contractor [Memo](#) reminding of SmartCare Billing Turning On was added 01/14/25.

Recent Communications

- 1/16/2025 - Q2 Medication Monitoring Postponement
- 1/24/2025 - Updated SmartCare Services How To Guide (for Corrections) 1.24.25
- 1/31/2025 - BHS MH/SUD MEMO SmartCare – Update to Correcting Errors Titled Missing Diagnosis
- 1/31/2025 - Updated Guide: Clearing CoSD Service Error Report (My Office)

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

Mental Health Services - Up To The Minute



General Updates

Transition of Care Tool Completion Process and Requirements

- Required by all SMHS programs when referring clients to services outside of the MHP Specialty Mental Health Service delivery system:
 - stepping down/transferring a client from SMHS (mod-severe MH) services with the MHP to Non-SMHS (mild-mod MH) services with their MCP.
 - when client requires additional MH services that are the responsibility of their MCP
 - example: client receiving SMHS but requires ABA services which are provided by MCP
- Not intended for referrals to Primary Care Provider for physical health needs – utilize ROI and referral form
- Close Loop Referral Process:
 - Complete TOC tool and submit to appropriate MCP contact
 - TOC should be completed in SmartCare electronically or uploaded to SmartCare if completed on downtime form
 - If no response from MCP regarding receipt within 2 business days of submittal, Program should contact MCP to ensure referral loop.
 - Clients are not responsible for contacting the MCP for confirmation of TOC receipt or when they have not received response; this is the responsibility of the Program.
 - Continue services with client until confirmation of service with MCP (or SUD - document completion of coordination to close referral loop.

Reminder to Complete Timely Access/Timeliness Records

- All programs are reminded that they should be completing the Timely Access records for all new client service requests and/or referrals
- Non-Urgent requests for Outpatient Non-Urgent SMHS – offered appointment within 10 business days of request. [How to Complete the MH Non-Psychiatric SMHS Timeliness Record - 2023 CalMHSA](#)
- Non-Urgent requests for Outpatient Psychiatric SMHS – offered an appointment within 15 business days of request. [How to Complete the MH Psychiatric SMHS Timeliness Record - 2023 CalMHSA](#)
- All SMHS Urgent Appointments: Offered appointment within 48 hours without prior authorization, 96 hours with prior authorization

Medi-Cal Rx Updates & Alerts for Prescribers

The following alerts have been posted to the Medi-Cal Rx Web Portal as of 3/1/25:

1. [Updates to the Medi-Cal Rx Provider Manual](#)
2. [Changes to the Medi-Cal Rx Contract Drugs List](#)
3. [Medi-Cal Rx Monthly Bulletin for March](#)
4. [Maximum Allowable Ingredient Cost 30-Day Pharmacy Provider Notice](#)
5. [Pharmacy Provider Dispensing Fee Self-Attestation](#)

Effective April 25, 2025, Medi-Cal Rx will complete implementation of claim UM edits and PA requirements for all members, including members 21 years of age and younger, for all drugs/products. As a result, claims for continuing therapy prescriptions for pediatric members 21 years of age and younger will be subject to PA requirements.

1. [Coming Soon: Completion of Pediatric Integration of Members 21 Years of Age and Younger](#)
2. [30-Day Countdown: Medi-Cal Rx Contract Drugs List Loading Dose Quantity Policy Update](#)

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For more information, contact MediCalRxEducationOutreach@primetherapeutics.com

New 5150 Certification Training/Renewals Process

The JFS Patient Advocacy Program has been given the responsibility of verifying and administering the 5150 Certification Training Manual and Tests. The new step by step process for the 5150 Certification is listed below.

1. Qualified providers are to email 5150authorization@ifssd.org to request a link to the manual and test (identify which facility they are associated with, and the name and discipline of the person taking the test).
2. Once individuals access the Jotform through the link, they will answer a few questions to ensure that their professional status meets the requirements set by the board of directors to be able to initiate 5150 detentions.
3. The individual will then review the digital 5150 training manual. Individuals can move back and forth between pages while reviewing the manual.
4. After reviewing the manual, the questions for the test will begin. At that time, individuals will not be able to go back to the manual.
5. After completing the test, individuals will be informed whether they passed the test or not. A score of 85% or more is a passing grade (they may take the test again if you did not pass).
6. Once the individual passes the test, a certificate of completion will be available for the individual to download and print (please retain a copy of the certificate for your records) and the certificate of completion will be emailed to the point of contact for each facility. JFS Patient Advocacy Program will be notified of each pass or fail.
7. The authorization to initiate 5150s is valid for 5 years from the date of successful completion of the test.
8. Please email 5150authorization@ifssd.org with any questions, for assistance with technical support, or if you wish to schedule a live (virtual or in-person) training, for an individual or an entire group.

STRTPS Required to Complete Daily Notes in EHR

- As of 7/1/22 DHCS removed requirement for weekly summaries and requires daily progress note to be completed for services.
- STRTPs should utilize the Shift Summary procedure code and provided service note template to complete the daily note and include all elements indicated in the STRTP Interim Regulations Manual
- Daily notes should be documented in SmartCare
- QA has provided the STRTP Workflow on the Optum website

Update: Integrated Beneficiary Handbook – Client Notification & Program Attestation Required

- QA is currently working on updating the Integrated Behavioral Health Member Handbook to include county-specific benefits and services that will be available effective 4/5/2025.
- QA sent out an email to providers on 3/6/2025 with guidance for notifying clients of updates to the beneficiary handbook. The email includes the following:
 - Behavioral Health Services (BHS) – Information Notice: Integrated Member Handbook – Notice of Significant Changes (available on the [Optum Beneficiary & Families](#) website).
 - Attestation for notifying clients of significant changes
- Once clients are notified of upcoming benefit updates on the handbook by one or more of the methods as outlined on the attestation, **complete and return the attestation to QI Matters by 4/30/2025.**
- The Integrated Behavioral Health Member Handbook in all threshold languages will be made available on the Optum site by the 4/5/2025 effective date.
- QA will notify programs once the updated handbook (along with translated versions) is available on the Optum site and when prints are available for ordering.

Update: Integrated Quick Guide to Behavioral Health Services

- The SMHS and DMC-ODS Quick Guide to Behavioral Health Services have been integrated into one combined pamphlet and updated on all the County threshold languages, effective February 2025.
- The Integrated Quick Guide in all 8 threshold languages are posted on the Optum [SMH & DMC-ODS Health Plans](#) page under “[Beneficiary](#)” tab, as well as on the “[Beneficiary & Families](#)” page.
- The guides can be ordered (limit 50 per language) using the Beneficiary Materials Order Form [available online](#) in the Optum’s page. Requests received will be processed once printing is complete to accommodate anticipated high demand. In the interim, programs and clients may access the Quick Guides via the links provided above.

Service Error – Unable to Find Matching Rate

- “Unable to Find Matching Rate” service errors for group notes will be triggered when Group Co-facilitation is provided by providers of different credentials who cannot claim the same group procedure code.
- If providers have different credentials (ie: MHRS and Peer Support Specialist co-facilitate a group) each provider will need to document their group service separately for all clients utilizing the appropriate group procedure code allowed for their credential.
- Group services with this error code will not bill until these service errors are corrected. Programs are requested to address these errors in a timely manner to ensure reimbursement is not delayed.

Reminder: CalAIM Documentation Training Requirements

Programs are responsible to ensure that **all BH clinical staff** (including supervisors and managers) have completed all required CalAIM trainings.

- New staff shall complete these trainings **within 90 days** of their hire date.
- Information and list of required trainings can be reviewed on the Optum CalAIM for BHS Providers page: [CalAIM for BHS Providers](#)
- Instructions for accessing these trainings: <https://www.calmhsa.org/calaim-2/>
- Instructions for viewing training completion evidence can be found on the CalMHSA site (<https://www.calmhsa.org/calaim-2/>); this includes how to view the dashboard or download the data.

Reminder: Telephone may not be used as Mode of Service for Medication E&M services

- Procedure code Prescriber New E/M (OP) (CPT 99202-99205) cannot be provided using telephone (audio only) per DHCS documentation standards/Billing Manual.
- Procedure code Prescriber Progress E/M (OP) (CPT 99212-99215) cannot be provided using telephone (audio only) per DHCS documentation standards/Billing Manual.
- These services can be provided face to face or via telehealth (two way audio/video).
- Meds Training/Support and the Psychiatric Evaluation services can be provided via telephone.

UMDAP Update!

- The BH Billing Unit has updated the UMDAP Instruction Guide which will be available on the Optum SMH/DMC-ODS Health Plans page under the [Billing Tab](#).
- UMDAP is not specific to whether a client has insurance or not – goal is to collect the information so cases where a client is uninsured, the program can assist the client to obtain Medi-Cal or refer them to Self-Sufficiency to apply for Medi-Cal
 - If the client is uninsured, the program would not complete the Third Party Information
- Programs have the ability to complete annual updates past 30 days and do not need to contact BH Billing Unit for assistance

Update re: Services Edited After Moving to Complete or Error Status and Signed Notes

- Impact of changes to services edited after moving to Complete or Error and Signed Notes are still being reviewed with CalMHSA and tested for resolution/impact to billing
- Programs should not make any additional changes to these notes.

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- Please follow the instructions previously provided by COSD only:
 - A service that is in Complete status should not be edited. If an edit is necessary, staff must submit a request via the My Reported Errors screen in SmartCare.
 - If the service is in Complete status, but the note is not yet signed, then staff can continue to make edits to the body of the note only and sign (do not make any changes to the service details).
 - If the service is in Complete status and the note is Signed, staff should no longer make any edits to the service or note. If an edit is necessary for the service/note, staff must submit a request via the My Reported Errors screen in SmartCare.
 - If a service is in Complete status, do not use the Override Service Detail feature.

New Service Note Status: "Pending"

- Staff can now mark services in Pending status
- Use of "Pending" instead of "Show" allows staff the time needed to finish notes and supervisors to complete their final reviews before signing off
- Once the service/note is ready for billing, staff must change the status from Pending to Show so the service/note will go through validation
- If the service/note passes validation, then the service/note will move to Complete status

Service Note Reminders

- Staff should **never** mark a service as Complete or Error.
- A service is marked as Complete by the system when the service passes validation.
- A service should only be marked in Error by MIS or the Billing Unit, so we can be sure that the service has not been batched or billed before changing the status.
- If a staff is no longer with your program, and assistance is needed to finish/sign the service/note, please reach out to BHS_EHRSupport.HHSA@sdcounty.ca.gov.

SmartCare Help Desk HubSpot

- Effective March 1, 2025 SmartCare support for system issues is offered by CalMHSA during normal business hours (M-F 8am-5pm)
- Connect via Live Chat 2023.calmhsa.org at or Submit a Ticket via 2023.calmhsa.org/support
- Register for a Customer Ticket Portal Account here: <https://ehr-support.calmhsa.org/tickets-view>

Reminder: Medication Monitoring Resuming for Q3

- Medication Monitoring for the period of Jan-Mar (Q3) will be due by **April 15, 2025**.
- Forms are posted on the Optum site under the "Monitoring" tab.
- Ensure all the fields are completed on the submission form before submitting to QI Matters.
- For programs with nothing to report for the quarter, you must complete the required forms to submit indicating the status for the quarter. Emails without the forms will not be accepted.

NOABD Procedure

- While NOABD functionality is being developed, providers shall continue to use the paper NOABD templates and manually track NOABD information for clients and submit to QA for monitoring.
- See the [NOABD Procedure](#) and blank [NOABD log](#) posted on the Optum site under the SmartCare tab.
- Due to PHI being included, please encrypt logs when sending unless your program/legal entity is already on the County Transport Layer Security (TLS) secure email list that ensures automatic encryption.
 - If you are not sure if your program/legal entity is on this list, please encrypt as a precaution.
- Reminder: NOABD Logs for Quarter 3 are due to QI Matters by **April 15, 2025**.
 - If your program has not sent in your logs for Quarter 1 and/or Quarter 2, please do so as soon as possible.

Resources

System of Care (SOC) Application

- [Behavioral Health Information Notices \(BHINs\)](#) – DHCS notifies County BH Plans and providers of P&P changes via BHIN's as well as draft BHIN's for public input. Feedback can be sent directly to DHCS or BHS-HPA.HHSA@sdcounty.ca.gov.
- System of Care (SOC) Application – Reminder for required monthly attestation in the SOC application. See [SOC Tips & Resources Optum page](#) for more information.
- [Medi-Cal Transformation](#) (aka CalAIM) – info also available at the [Optum 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 Medi-Cal Transformation, email BHS-HPA.HHSA@sdcounty.ca.gov.

Email Contacts

- ARFs and Access questions? Contact: BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov
- EHR questions? Contact: BHS_EHRSupport.HHSA@sdcounty.ca.gov
- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- CalAIM Q&As? Contact: bhs-hpa.hhsa@sdcounty.ca.gov
- SMHS Documentation Standards/OPOH/UCRM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov

Training and Events

Root Cause Analysis (RCA) Training

- Monday, March 24, 2025, 9:00 am to 12:00 pm

Audit Leads Practicum

- Friday, March 21, 2025, 9:00 am to 12:00 pm

Quality Improvement Partners (QIP) Meeting

- Wednesday, March 26, 2025, from 1:00 pm to 3:00 pm.

SmartCare User Group Meeting

- Wednesday, March 26, 2025, from 10:00 am to 11:00 am
Link: [Join the meeting now](#)

QA Office Hours

March 2025 sessions:

- Thursday, March 20, 2025, 3:00 pm – 4:00 pm:
- Tuesday, March 25, 2025, 9:00 am – 10:00 am:

[Click here to join the meeting](#)
[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.

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Date	Day	Time	Technical Support Hours
10-Mar	Monday	2pm-3pm	Residential & Crisis Residential Clinical/Nurses/Prescribers
11-Mar	Tuesday	2pm-3pm	Reports
12-Mar	Wednesday	2pm-3pm	Outpatient Medical Staff
13-Mar	Thursday	2pm-3pm	Admin Billing Only
14-Mar	Friday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
17-Mar	Monday	2pm-3pm	CSU Admin/Clerical
18-Mar	Tuesday	2pm-3pm	Outpatient Clinical Direct Services
19-Mar	Wednesday	2pm-3pm	CSU Clinical/Nurses/Prescribers
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27-Mar	Thursday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
28-Mar	Friday	2pm-3pm	CSU Admin/Clerical
31-Mar	Monday	2pm-3pm	Outpatient Clinical Direct Services
1-Apr	Tuesday	2pm-3pm	CSU Clinical/Nurses/Prescribers
2-Apr	Wednesday	2pm-3pm	Outpatient Admin Clerical Front Desk
3-Apr	Thursday	2pm-3pm	Residential & Crisis Residential Clinical/Nurses/Prescribers
4-Apr	Friday	2pm-3pm	Reports
7-Apr	Monday	2pm-3pm	Outpatient Medical Staff
8-Apr	Tuesday	2pm-3pm	Admin Billing Only
9-Apr	Wednesday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
10-Apr	Thursday	2pm-3pm	CSU Admin/Clerical
11-Apr	Friday	2pm-3pm	Outpatient Clinical Direct Services

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](#)

Management and Information Systems (MIS)

System Administration and Access – Managed by Cheryl Lansang

Contact: Cheryl.lansang@sdcounty.ca.gov or 619-578-4111

ARF Update

- A Group ARF is now available in the Optum website. This ARF can be used for existing active users that requires the same request type and account change request

Program Integrity (PI) & Reporting is managed by Dolores Madrid-Arroyo.

Contact: Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.

Report Items:

New Reports Available in SmartCare

- CoSD Staff Licenses and Expiration Dates Report (my Office)
- CoSD Charges/Claims Report
- CoSD Progress Note Timeliness Report
- CoSD TADT Report

Upcoming Reports to be Released:

- CoSD Client Services Report (updated version)
- CoSD Client Demographic Data Report
- CoSD Client Insurance & Date Span Report
- CoSD Unsigned Documents Report

QI Matters Frequently Asked Questions

Q: How can we be sure that our client has a Diagnosis document?

A: In SmartCare, you may run these reports to determine if there are claims or charts that contain Diagnosis errors: **CalMHSA Services Missing Diagnosis by Program** and **Service Diagnosis Errors**. These reports are described on the CalMHSA site [Reports - 2023 CalMHSA](#). A diagnosis must be opened and tied to each program. For guidance on how to document a diagnosis, please refer to [How to Document a Diagnosis for a Client - 2023 CalMHSA](#)

Q: Can a provider apply the Interactive Complexity code for play therapies?

A: Yes, a therapist can utilize IC add on code with play therapy and is required to describe in the body of the note how the use of play equipment or other physical device is needed to communicate with the client, or to overcome barriers to therapeutic interaction or diagnostic assessment. Please refer to the Supplemental Codes section of the SmartCare Service Code Crosswalk rev 2.25.25 found on the Optum site in the SmartCare tab [SMH & DMC-ODS Health Plans](#)

Optum Website Updates: MHP Provider Documents

[SMH and DMC – ODS Health Plans Site](#)

SmartCare Tab:

Workflows and Documentation Section

- A Clearing CoSD Service Error Report (My Office) [guide](#) was uploaded 01/31/25.
- SmartCare Services How to [Guide](#) was added 01/24/25.
- A SmartCare STRTP [Workflow](#) was uploaded 02/19/25.

Billing Section

- A Clearing CoSD Service Error Report (My Office) [guide](#) was uploaded 01/31/25.
- The SmartCare Service Code [Crosswalk](#) was updated 02/25/25.

Info Notices Section

- Contractor [Memo](#) reminding of SmartCare Billing Turning On was added 01/24/25.
- An update [Memo](#) to Correcting Errors Titled: Missing Diagnosis was uploaded 01/31/25.

Town Hall and User Group PowerPoints Section

- January's SmartCare User Group [townhall](#) was posted 01/29/25.
- February's SmartCare User Group [townhall](#) was posted 02/27/25.

Communications Tab:

MH & DMC ODS Section

- BHS [Info Notice](#) regarding Psychiatric MH NP Questionnaire and Attestation form following AB 890 was posted 03/05/25.

UCRM Tab:

MH Only Section

- An updated Daily Progress [Note](#) was uploaded 02/06/25.

OPOH Tab:

- On 02/05/25 OPOH [Section F](#) includes information regarding service and support animals.
- On 02/14/25 OPOH [Section J](#) was updated to add word addition: Contractor's Program Manager or designee.
- On 02/24/25 OPOH [Section Q](#) reflects an update to integrate Hiring Incentives and Premium Shift Differential Rates policy, which only applies to Cost Reimbursement contracts and can be implemented following the instructions and requirements on this section.

QA MH - UP TO THE MINUTE

March 2025



- The [OPOH](#) was updated 02/24/25 to account for most recent OPOH changes.

MH Resources Tab:

References Section

- On 03/05/25 the following were posted:
 - A QAPR Corrections [Tip Sheet](#) to help with making corrections following a QAPR.
 - As well as a Direct and Non-Direct Client Care and Billing [guide](#) was added.

Recent Communications

- 3/6/2025 - Beneficiary Handbook Significant Changes - Notification for Clients – March 6, 2025

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

Mental Health Services - Up To The Minute

General Updates

Taxonomy Changes effective 4/1/2025

Taxonomy codes are unique 10-character codes that are used by healthcare providers to identify specialties and are maintained by the National Uniform Claim Committee (NUCC). These codes are updated twice per year on July 1 and January 1. Each code has a set of the first four characters of appropriate taxonomy and claims will be denied if the rendering provider's taxonomy does not match the first four alpha-numeric characters of the taxonomy code allowed for that service code. Providers are required to maintain and update their taxonomy codes via the [NPPES website](#). An updated list provided by DHCS for SMHS Taxonomy Codes is available on the [SMH & DMC-ODS Health Plans](#) page under MH Resources tab.

- The following taxonomy codes are no longer available for the following disciplines:
 - MHRS: 171M, 2258
 - Other Qualified Provider: 172V
- Providers using the above taxonomy codes were notified by MIS via email and must update their taxonomy code online via the [NPPES website](#) to one of the available taxonomy codes.
 - Do not remove old taxonomy code
 - Add new taxonomy code as primary taxonomy
- Taxonomy updates should be sent to BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov (Modified ARF not required)

Conservatorship Proceedings when the Public Conservator's Office is not available

During the course of LPS Conservatorship proceedings, including, but not limited to reestablishments, rehearings, or jury trials, it is possible the Public Conservator's Office may not be available to evaluate and provide testimony on select contested matters. In such situations, the treating Psychiatrist or licensed Psychologist for the Conservatee may be asked to testify as an expert in the contested matter. If the current treating Psychiatrist or licensed Psychologist for the Conservatee is affiliated with the case management program, the Office of the Public Conservator may ask the doctor to provide testimony as an expert at the hearing. In the absence of a testifying expert, the conservatorship may be terminated.

Walk-in Clinic Workflow Requirement Reminder – Inquiry Screen

Programs that include a dedicated Walk-in Clinic component are reminded to ensure that the Client Inquiry screen is completed and indicates the Contact Type as "Walk In" before completing the Requested Program Enrollment.

Please refer to the [SmartCare Walk In Workflow](#) which can be found on the [SMH & DMC-ODS Health Plans](#) page on Optum, under the SmartCare Tab in Workflows and Documentation drop down.

QA MH - UP TO THE MINUTE April 2025



Use of Add-on Procedure Codes for Psychotherapy Prescriber E/M

The supplemental add-on code for Psychotherapy Prescriber E/M available for use with E/M codes has specific documentation requirements. Please ensure that all program prescribers are aware of the documentation requirements when selecting these codes. Use of this supplemental code without meeting the above requirements will result in disallowance:

- Psychotherapy Prescriber E/M:
 - Add-on if psychotherapy service provided as part of E/M service
 - Minimum time required: 16min, Max time allowed: 60min
 - Service time for psychotherapy can only be claimed “to the minute” and can only be used when the prescriber spends face to face time engaging in psychotherapy techniques in addition to a separate E/M service during the same session.
 - The two services must be significant and separately identifiable in the documentation.
 - Documentation must accurately indicate time spent separately on the E/M component and Psychotherapy component.
 - Documentation must include provider’s evaluation of mental status, symptoms, history, current challenges and clear documentation of therapeutic techniques and interventions.
 - Providing psychoeducation regarding medications would not meet this requirement as this is part of the E/M service.

Reminder: MHP/DMC-ODS Optum Changes

- QA is continuing to build a single SMH & DMC-ODS resource page.
- DMC-ODS is complete. Files were transferred to the new page or sunset if no longer accurate.
- The DMC-ODS page will remain live until 7/1/25 with reminders about where to access resources.
- MHP is still in process but close to being complete, with some tabs/files fully migrated.
- Continue to use the MH page as the source of your information for now unless the tab specifically directs you to the new page.

Resources

System of Care (SOC) Application

- [Behavioral Health Information Notices \(BHINs\)](#) – DHCS notifies County BH Plans and providers of P&P changes via BHIN’s as well as draft BHIN’s for public input. Feedback can be sent directly to DHCS or BHS-HPA.HHSA@sdcounty.ca.gov.
- System of Care (SOC) Application – Reminder for required monthly attestation in the SOC application. See [SOC Tips & Resources Optum page](#) for more information.
- [Medi-Cal Transformation](#) (aka CalAIM) – info also available at the [Optum 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 Medi-Cal Transformation, email BHS-HPA.HHSA@sdcounty.ca.gov.

Email Contacts

- ARFs and Access questions? Contact: BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov
- EHR questions? Contact: BHS_EHRSupport.HHSA@sdcounty.ca.gov
- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- CalAIM Q&As? Contact: bhs-hpa.hhsa@sdcounty.ca.gov
- SMHS Documentation Standards/OPOH/UCRM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov

Training and Events

Progress Notes Practicum

- Wednesday, May 7, 2025, from 12:30 pm – 3:30 pm

QA MH - UP TO THE MINUTE April 2025



Quality Improvement Partners (QIP) Meeting

- Wednesday, April 30, 2025, from 1:00 pm to 3:00 pm.

SmartCare User Group Meeting

- Monday, April 14, 2025, from 10:00 am to 11:00 am
Link: [Join the meeting now](#)

QA Office Hours

April 2025 sessions:

- Thursday, April 17, 2025, 3:00 pm – 4:00 pm:
- Tuesday, April 22, 2025, 9:00am – 10:00 am:

[Click here to join the meeting](#)

[Click here to join the meeting](#)

Technical Support Hours

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. Please visit the Optum website for schedule and any updates: [SmartCare Training](#).

Date	Day	Time	Technical Support Hours
7-Apr	Monday	2pm-3pm	Outpatient Medical Staff
8-Apr	Tuesday	2pm-3pm	Admin Billing Only
9-Apr	Wednesday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
10-Apr	Thursday	2pm-3pm	CSU Admin/Clerical
11-Apr	Friday	2pm-3pm	Outpatient Clinical Direct Services
14-Apr	Monday	2pm-3pm	Admin Billing Only
15-Apr	Tuesday	2pm-3pm	Reports
16-Apr	Wednesday	2pm-3pm	Outpatient Medical Staff
17-Apr	Thursday	2pm-3pm	Reports
18-Apr	Friday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
21-Apr	Monday	2pm-3pm	Outpatient Clinical Direct Services
22-Apr	Tuesday	2pm-3pm	Admin Billing Only
23-Apr	Wednesday	2pm-3pm	Reports
24-Apr	Thursday	2pm-3pm	Outpatient Medical Staff
25-Apr	Friday	2pm-3pm	Reports
28-Apr	Monday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
29-Apr	Tuesday	2pm-3pm	Outpatient Clinical Direct Services
30-Apr	Wednesday	2pm-3pm	Admin Billing Only

Users can drop in by joining this MS Teams Link: [Join the meeting](#)

Management and Information Systems (MIS)

System Administration and Access – Managed by Cheryl Lansang

Contact: Cheryl.lansang@sdcounty.ca.gov or 619-578-4111

QA MH - UP TO THE MINUTE April 2025



SmartCare Access

- LMS required trainings should be completed **prior** to sending the ARF for access request to avoid having your access request from being rejected
- For CSU and Residential staff, additional CSU/Residential trainings must also be completed prior to submitting an ARF to obtain additional residential access
- SmartCare Training grid and Video Tutorials are available in the Optum website [SmartCare Training](#)
- SmartCare ARF dated 11-01.2024 must be used when requesting access. Any other ARF will be rejected due to missing required information
- To change your taxonomy on NPPES, there is a “How to” guide on the CalMHSA website [How Users Can Update their Taxonomy Code on NPPES - 2023 CalMHSA](#)
- For password resets and login issues, please use the “Forgot your password” feature or contact CalMHSA help desk

Program Integrity (PI) & Reporting is managed by Dolores Madrid-Arroyo.

Contact: Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.

QI Matters Frequently Asked Questions

Q: For Timely Access reporting (TADT), how do we document first available appointment when we receive a referral or a client request for services?

A: The field for “Date of First Contact to Request Services” is the date that when the initial request for services was made, which is the date the program receives a referral or client request for services. The intent is to capture, at the time of the initial request, if your program would be able to provide the requested service (routine non-psychiatric, psychiatric, urgent) within the timely access standards required. If the first available appointment at your program is outside of the standard, you must document the reason in the “Reason for Delay”.

Programs are also required to provide the Timely Access NOABD to the client and provide referral and linkage to a program/provider who can provide an appointment within the timely access standards.

QA is in the process of revising the tip sheet with SmartCare language and workflow. Additional resources for documenting access times are located on the CalMHSA Site:

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

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

Q: For Timely Access reporting (TADT), how do we document when we haven’t made successful contact with the client or referring party to offer a first available appointment?

A: You may document attempts to contact a client using the Non-Billable Attempted Contact

Note. Additionally, if you are using Appointment Search to identify or schedule the first available appointment, there is the ability to document this in the Appointment Search screen by clicking on the “Unable to Offer a Timely Appt” link and select the appropriate reason from the drop-down menu.

Appointment Search

Unable to Offer a Timely Appointment

Unable to Offer a Timely Appointment

Client: Lulu Wobblestone (200365727)

Priority Level:

Date/Time of Request: 12/10/2024 07:47 AM

Unable to offer timely appointment

Is the client satisfied? ☐ Yes ☐ No

Q: Our staff member left the program and there are unsigned notes in their caseload. What should we do to complete the notes?

A: [When a Provider Leaves: Unfinished Clinical Documentation - 2023 CalMHSA](#).

According to the SmartCare guidelines, a supervisor can change the author of a document that is 'in progress' and sign it. If the note is not complete and missing narrative, the supervisor cannot add new documentation. They can sign the unsigned note, leaving the narrative as-is. Please refer to the supervisor workflows page [Supervisor Workflows - 2023 CalMHSA](#) for reassigning a clinical document. [How to Reassign a Clinical Document - 2023 CalMHSA](#)

Q: After learning a client is deceased, are providers allowed to bill SMHS for the family/collateral?

A: No, Medi-Cal billing is not permitted for deceased clients, including referral services for the surviving family. Services that are entered into the system after the knowledge of death should be claimed as non-billable.

Programs are responsible for reporting circumstances that affect member eligibility, including death – to the Dept of Health.

Reference OPOH section B.5 [TABLE OF CONTENTS](#)

Optum Website Updates: MHP Provider Documents

[SMH and DMC – ODS Health Plans Site](#)

[OPOH Tab:](#)

- On 03/12/25 the following were updated:
 - [Section A](#) had a modification to the CA "Master Plan for Aging" link and "Aging Roadmap" link.
 - [Section F](#) updates were made to JFS contact information.
 - [Section L](#) the DHCS link for "CA Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care" was updated to 2018 version and replaced the link to "Department of Mental Health Parameters 3.8 For Use of Psychotropic Medication in Children and Adolescents" with 2023 version.
 - [Section O](#) there were changes to STRTP training requirements, so they align with State requirements.
 - [Appendix L.1](#) updated the "California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care" link.
- On 03/18/25 the following were updated:
 - The [Table of Contents](#) were updated.
 - [Section D](#) revised the SmartCare Walkin Workflow, IMR link , where to access UM forms, where to access IHBS forms and where to access AOA outcome measures.
 - [Section R](#) had an update to CALMHSA Help Desk links and instructions.
- On 03/28/25 Section G was revised to indicate fire clearance due date is as it must be within ONE year of recertification date as opposed to three years.
- The [OPOH](#) was updated 03/28/25 to account for most recent OPOH changes.

[UCRM Tab:](#)

MH Only Section

- The Advance Directive [Advisement](#) and corresponding Explanation [Sheet](#) were moved from the MHP Documents page on 03/18/25.
- On 03/19/25 the CA PSC explanation [sheet](#) had an update to align with SmartCare language.

QA MH - UP TO THE MINUTE April 2025



Forms Tab:

MH Section

- On 03/07/25 the Transition of Care [Tool](#) for Med-cal MHS and explanation [sheet](#) were updated to indicate the process, language was modified to match the BHIN, and updated the MCP Contacts Card.

SmartCare Tab:

Workflows and Documentation Section

- On 03/10/25 the [STRTP SmartCare Workflow](#) was updated.

Billing Section

- A new [SmartCare Service Code Crosswalk](#) was uploaded 03/28/25 as previous CPT Code Assessment Non-LPHA was changed to Assessment Contribution.
- The [UMDAP Financial Assessment](#) in SmartCare was updated on 03/09/25.

Beneficiary Tab:

Other Resources/Materials For Beneficiary Rights Section

- An updated [San Diego Provider List Translation Instructions](#) was posted 04/02/25 to account for update to Behavioral Health Services website.

LPS Tab:

Tip Sheet Section

- An LPS SB929 and SB42 [tip sheet](#) was posted 03/20/25.

SB929 Involuntary Detentions Section

LPS Designated Facility Data Collection Tool Header

- Includes as of 03/14/25 the LPS Facility Report [Template](#) for FY 24-25.

Non-LPS Designated Facility Data Collection Tool Header

- Has a Non LPS Facility Report [Template](#) for FY 24-25.

SB43 Section

Resources Header

- Includes a [link](#) to San Diego County's Overview of SB43.

Pop Health

1. Access Times PIP

Improve timely access from first contact from any referral source to first offered appointment for any specialty mental health service (SMHS).

The University of California at San Diego (UCSD) Child and Adolescent Services Research Center (CASRC) team joined the existing Behavioral Health Services (BHS) Access Times. The CASRC team is working on adding a Timely Access section in the upcoming Spring Youth Services Survey (YSS) and asked the workgroup members (for county contracted providers) for feedback on a draft survey before submitting to BHS-Child and Youth for final approval. UCSD is working to begin collecting data in preparation for the PIP design submission (July 14, 2025).

2. Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Increase the percentage of adult, Medi-Cal-eligible beneficiaries from pilot emergency departments (EDs) who connect to Mental Health (MH) services within 7 and 30 days after an ED visit by 5%.

The UCSD PIP team joined the Healthy San Diego Behavioral Health Quality Improvement Workgroup to learn what each Health Plan is doing for the state-mandated PIP topics and interventions. UCSD is currently meeting with the BHS PIP team to discuss possible interventions and plans to present at the upcoming Quality Review Committee (QRC) meeting in April. UCSD will plan to have the PIP design completed by the submission date of July 14, 2025.

QA MH - UP TO THE MINUTE April 2025



For more information go to [HSAG PIP](#)

If you have further questions, please contact bhspophealth.hhsa@sdcounty.ca.gov

Recent Communications

- 04/04/2025 – Update: Integrated Behavioral Health Member Handbook Effective April 5, 2025

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

Mental Health Services - Up To The Minute

General Updates

Use of "Pending" Status for Service Notes in SmartCare

- Use of the "Pending" status was created to allow providers necessary time to complete documentation of their service notes before putting the service note into "Show" status which triggers the overnight job and moves the note to "Completed" for billing to the State.
- There are currently over **6,000 services** marked in "Pending" status which means they have not been moved to "Show" and will not move through the overnight job to Complete and will not bill to the State.
- Programs should be routinely running the service report in order to monitor services that remain in "Pending" status and changing these services to "Show".
- Providers are reminded that they must manually change their service note to from "Pending" to "Show" upon completing their documentation and signing the service note.

CANS Completion Timelines and Discharges

In SmartCare, CANS and PSC are client-level documents, they are no longer program-level documents. This means:

- For youth in multiple programs, CANS and PSC are streamlined in SmartCare so that only one set of assessments are due for each youth. Instead of each program completing its own assessment, providers will collaborate to determine the best provider to perform the assessment, thereby reducing redundancies and improving client care
- Programs will not complete a Discharge CANS or PSC when discharging a youth that remains open to another program; the program that the youth remains open to will continue to follow the CANS and PSC reassessment schedule
- SmartCare CANS and PSC include alerts and reminders to help staff and managers know when the assessments are due. [Tracking Widget - 2023 CalMHS](#)

Walk-in Clinics - Requirement to complete Client Inquiry Screen to document Walk-in service

- Programs that have a dedicated Walk-in Clinic component are required to complete the Inquiry Details/Client Inquiry screen and indicate Contact Type as "Walk In"
- Review and follow BHS [SmartCare Walk-in Workflow](#) (Optum > SMH & DMC-ODS Health Plans > SmartCare tab > Workflows and Documentation)

Inquiry Details

Initial Insurance Demographics

Inquirer Information ☐ Crisis

Relation To Client First Name Glynis Middle Name J Last Name Tester

Call Back Ext Email

Start Date Start Time

Client Information (Potential)

First Name Glynis Middle Name J Last Name Tester Client ID 12347801 Sex Female

SSN 543584804 ☐ SSN Unknown/Refused DOB 09/13/1948 Age (76 Years)

Home Phone Cell Email

Address1 Address2 City State Zip

Urgency Level

Inquiry type

Contact type

☐ Accepts Text M

☐ Client Prefers to go by a different name

Alias Type Alias First Name Alias Last Name

Presenting Problem

☐ ADD/ADHD (all ages)

☐ Addl Psych Test Hrs. Requested

☐ Addressed Problem

Call
Face to Face
Form
Teleconference
Walk In

QA MH - UP TO THE MINUTE May 2025



SmartCare Reporting:

A dashboard ([CoSD SmartCare Report Tracker](#)) has been created to help program staff track the progress of the various reports BHS data teams are building within SmartCare. These reports can be distinguished from existing SmartCare or CalMHSA reports as they will begin with CoSD. Many of these reports were created at the behest of program staff and COR teams to help track and monitor their programs, to adhere to privacy standards, as enhancements of existing reports that do not fulfill our Counties specific needs, or as quality-of-life improvements. At the time of distribution this dashboard is still under construction and should be live next week. The data teams wanted to get the link out so everyone would have the opportunity to bookmark the link, and to view and review the dashboard before the next SmartCare User Group in case you had any questions. Any questions about these reports may be directed to BHS-DataScience.HHSA@sdcounty.ca.gov.

Updated CalMHSA Clinical Documentation Guides

In partnership with the Department of Health Care Services (DHCS), CalMHSA is pleased to announce the release of two updated clinical documentation guides—one for Specialty Mental Health Services (SMHS) and one for Drug Medi-Cal/Drug Medi-Cal Organized Delivery System (DMC/DMC-ODS). These updated guides reflect the most current documentation requirements and expectations to support the work of service providers.

Both guides can be accessed [here](#).

- Align with current state documentation requirements
- Simplify and clarify expectations
- Support consistent, high-quality clinical documentation
- Previously, there were four separate guides for each; now, everything is consolidated into a single, comprehensive manual for SMHS and a single manual for DMC/DMC-ODS.
- We encourage you to bookmark this [link](#) and always reference the guides directly to ensure you are using the most up-to-date version, as they will be revised periodically.

Resources

System of Care (SOC) Application

- [Behavioral Health Information Notices \(BHINs\)](#) – DHCS notifies County BH Plans and providers of P&P changes via BHIN's as well as draft BHIN's for public input. Feedback can be sent directly to DHCS or BHS-HPA.HHSA@sdcounty.ca.gov.
- System of Care (SOC) Application – Reminder for required monthly attestation in the SOC application. See [SOC Tips & Resources Optum page](#) for more information.
- [Medi-Cal Transformation](#) (aka CalAIM) – info also available at the [Optum 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 Medi-Cal Transformation, email BHS-HPA.HHSA@sdcounty.ca.gov.

Email Contacts

- ARFs and Access questions? Contact: BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov
- EHR questions? Contact: BHS_EHRSupport.HHSA@sdcounty.ca.gov
- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- CalAIM Q&As? Contact: bhs-hpa.hhsa@sdcounty.ca.gov
- SMHS Documentation Standards/OPOH/UCRM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov

Training and Events

Quality Improvement Partners (QIP) Meeting

- Wednesday, May 28, 2025, from 1:00 pm to 3:00 pm.

QA MH - UP TO THE MINUTE May 2025



SmartCare User Group Meeting

- Wednesday, May 21, 2025, from 2:30 pm to 3:30 pm
Link: [Join the meeting now](#)

QA Office Hours

May 2025 sessions:

- Thursday, May 15, 2025, 3:00 pm – 4:00 pm:
- Tuesday, May 20, 2025, 9:00am – 10:00 am:
- Thursday, May 29, 2025, 3:00 pm – 4:00 pm:

[Click here to join the meeting](#)
[Click here to join the meeting](#)
[Click here to join the meeting](#)

Technical Support Hours

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. Please visit the Optum website for the schedule and any updates: [SmartCare Training](#).

Users can drop in by joining this MS Teams Link: [Join the meeting](#)

Date	Day	Time	Technical Support Hours
5-May	Monday	2pm-3pm	Outpatient Clinical Direct Services
6-May	Tuesday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
7-May	Wednesday	2pm-3pm	Admin Billing Only
8-May	Thursday	2pm-3pm	Reports
9-May	Friday	2pm-3pm	Outpatient Admin Clerical Front Desk
12-May	Monday	2pm-3pm	Outpatient Clinical Direct Services
13-May	Tuesday	2pm-3pm	CSU Admin/Clerical
14-May	Wednesday	2pm-3pm	Admin Billing Only
15-May	Thursday	2pm-3pm	Reports
16-May	Friday	2pm-3pm	Outpatient Admin Clerical Front Desk
19-May	Monday	2pm-3pm	Outpatient Clinical Direct Services
20-May	Tuesday	2pm-3pm	Residential & Crisis Residential Clinical/Nurses/Prescribers
21-May	Wednesday	2pm-3pm	Admin Billing Only
22-May	Thursday	2pm-3pm	Reports
23-May	Friday	2pm-3pm	Outpatient Admin Clerical Front Desk
27-May	Tuesday	2pm-3pm	Outpatient Clinical Direct Services
28-May	Wednesday	2pm-3pm	CSU Clinical/Nurses/Prescribers
29-May	Thursday	2pm-3pm	Admin Billing Only
30-May	Friday	2pm-3pm	Reports
2-Jun	Monday	2pm-3pm	Outpatient Admin Clerical Front Desk
3-Jun	Tuesday	2pm-3pm	Outpatient Clinical Direct Services
4-Jun	Wednesday	2pm-3pm	Admin Billing Only
5-Jun	Thursday	2pm-3pm	Reports
6-Jun	Friday	2pm-3pm	Outpatient Admin Clerical Front Desk
9-Jun	Monday	2pm-3pm	Outpatient Clinical Direct Services
10-Jun	Tuesday	2pm-3pm	Outpatient Medical Staff
11-Jun	Wednesday	2pm-3pm	Admin Billing Only
12-Jun	Thursday	2pm-3pm	Reports
13-Jun	Friday	2pm-3pm	Outpatient Admin Clerical Front Desk

Management and Information Systems (MIS)

System Administration and Access – Managed by Cheryl Lansang

Contact: Cheryl.lansang@sdcounty.ca.gov or 619-578-4111

Program Integrity (PI) & Reporting is managed by Dolores Madrid-Arroyo.

Contact: Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.

SmartCare Access

- LMS required trainings should be completed **prior** to sending the ARF for access request to avoid having your access request from being rejected
- For password resets and login issues, please use the “Forgot your password” feature in SmartCare, contact CalMHSA help desk from 8am-5pm, M-F or call Optum at (800) 834-3792 from 4:30am–11pm, 7 days a week, including Weekends & Holidays
- To avoid your claims from being rejected, MHRS taxonomy must be updated to the following taxonomy or any taxonomy accepted by the State for MHRS: 2242, 2254, 246Z and 2470
- To avoid your claims from being rejected, Other Qualified Provider taxonomy must be updated to the following taxonomy: 171R, 3726, 373H, 374U and 376J
- Once taxonomy is updated, please email access inbox bhs_ehraccessrequest.hhsa@sdcounty.ca.gov so we can update the taxonomy in your account

QI Matters Frequently Asked Questions

Q: Can a Certified Alcohol and Other Drug (AOD) counselor bill for services?

A: AOD' is not currently an approved provider type for billing SMHS. AOD counselors providing SMHS must be credentialed as one of the permissible provider types (e.g., MHRS, Other Qualified Provider), and deliver services within their respective scope of practice. The focus should be on the client's primary mental health diagnosis and treatment, and the documentation must clearly support that. Any identified SUD needs may be addressed in the context of how these issues impact the client's mental health.

Q: Is there a requirement for completing the Housing Quality Checklist for ACT and SBCM programs?

A: Yes. The checklist is an evaluation tool that ensures all housing is equally assessed using the same standards. The guidelines for the Housing Quality Checklist are found in the OPOH section D.9. [OPOH - Section D - Providing Specialty Mental Health Services - 04.23.25.pdf](#) The [Housing Quality Checklist](#) is available on the Optum site [MHP Provider Documents](#) under the References tab. This requirement is not monitored by the QA unit, and programs should contact their COR for questions.

Optum Website Updates: MHP Provider Documents

SMH and DMC – ODS Health Plans Site

OPOH Tab:

- On 04/02/25 the following were updated:
 - [Section D](#) - language regarding the responsibilities of Contractors and County Case Management who provide clinical services to LPS Conservatees on behalf of the Public Conservator's Office as updated, as well as the link for Medi-Cal for Kids and Teens resources/brochures.
 - [Section N](#) - training information regarding CANS was revised and removed information specifying staff who can administer the CANS tool.
- On 04/16/25 the following were updated:
 - [Section B](#) – updated information about reporting procedures for member deaths to HIMS department.
 - [Section G](#) - updated information about reporting procedures to HIMS department for member deaths.
- On 04/24/25 the following were updated:
 - [Section A](#) – CCISC language was removed as it has been discontinued.
 - [Section C](#) – CCISC language was removed as it has been discontinued.

QA MH - UP TO THE MINUTE

May 2025



- [Section L](#) – had language added regarding Informed Consent for Psychotropic Medications per BHS Memo 09/12/23, as well as removal of CADRE and CCISC as they have been discontinued.
- The [OPOH](#) and [Table of Contents](#) were updated 04/30/25 to account for most recent OPOH changes.

SmartCare Tab:

Workflows and Documentation Section

An updated CANS PSC [guidance](#) was posted 04/22/25.

Billing Section

There was a new [SmartCare Service Code Crosswalk](#) uploaded 04/30/25 as The Review of Records procedure was corrected to 31 mins minimum from 8 minutes per DHCS, and an addendum that LVNs cannot bill to the Interpretation of Medical Results procedure code.

Town Hall and User Group PowerPoints Section

Most recent User Group [meeting slides](#) was posted 04.14.25

Beneficiary Tab:

Behavioral Health Member Handbook Section

An integrated MHP and DMC-ODS Member Handbook in all applicable languages and large print versions to replace previous handbooks were posted 04/05/25.

UCRM Tab:

MH Only Section

An updated Informed Consent Psychotropic Medication explanation [sheet](#) was posted 04/28/25.

MH Resources Tab:

References Section

On 04/21/25 there was a New Contractor Orientation [Resource](#) uploaded.

Monitoring Tab:

MH Section

Updated Medication Monitoring Screening Tools for [AOA](#) and [CYE](#), Submission Forms for [AOA](#) and [CYE](#), and McFloop [form](#) were uploaded on 04/24/25.

LPS Tab:

SB929 Involuntary Detentions Section, Resources Header

The following were posted 04/30/25 to reflect the needs of our LPS facilities to assist with meeting county and state requirements for reporting as a result of SB43:

[5150 form](#).

[5250 Notice](#).

[5270 Notice](#).

Recent Communications

- 04/04/2025 – Update: Integrated Behavioral Health Member Handbook Effective April 5, 2025

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

Mental Health Services - Up To The Minute



General Updates

LAW CHANGE: DISPLAY OF LICENSE/REGISTRATION REQUIREMENTS AND REQUIRED NOTICE TO CONSUMERS

To ensure that all clients maintain access to essential information confirming their therapist's licensure, AB 1024 now requires additional information to be included in the required "Notice to Clients" that a Board licensee or registrant must provide each of their clients upon initiating psychotherapy services, which will go into effect July 1, 2025.

For all new clients on and after July 1, 2025, the "Notice to Clients" must contain the following additional information:

- The licensee or registrant's full name as filed with the Board.
- Their license or registration number.
- The type of license or registration (for example, licensed marriage and family therapist, associate clinical social worker, etc.).
- The expiration date of their license or registration number.

Emergency Screening Unit (ESU) to become Children & Youth Crisis Stabilization Unit (CYCSU)

- Effective 7/1/2025
- CYCSU will continue to provide 24-hour emergency psychiatric services for children and youth under the age of 18 who are experiencing a behavioral health crisis.
- Individuals may seek services voluntarily or may be brought in on a Welfare & Institutions Code (WIC) 5150.
- CYCSU services will continue to be available seven (7) days a week, 24 hours a day and are provided with a goal to divert admissions/re-admissions to higher levels of care.
- ESU accepts drop-offs by health, safety, and law enforcement agencies or via community member walk-ins. No appointment is necessary.
- CYCSU capacity is 12 beds.
- Criteria for admission to CYCSU continues to be:
 - Children and Youth under 18 years of age who are experiencing a behavioral health crisis.
 - Youth on a WIC 5150 who are not currently experiencing a medical emergency that requires medical treatment or clearance.
 - Youth who are not actively harming themselves or others.

Clarification of use of Medication Injection procedure Code - maximum time 15 minutes.

- CPT code 96732 Medication Injection provides reimbursement for 1 unit of service which is equal to 1-15 minutes.
 - This is not a "per 15 minutes" code that can be extended beyond the maximum time of 15minutes.
 - If additional service time is claimed, no error will be identified on the claim and it will roll up to the State for payment, however the State will only reimburse for 1 unit/15minutes.
 - There is no minimum time required to claim this procedure code, service will be reimbursed for any service time between 1-15 minutes.
- Programs that may have claimed service time beyond 15minutes (1 unit) for this service type will not be reimbursed for additional units.
 - Programs advised to review service reports to confirm that providers have claimed appropriate service time

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- For services identified as having been claimed incorrectly which resulted in “lost revenue” due to not being reimbursed for all service time have two options to correct these services:
 - Original provider can report error and copy/replace using an appropriate service code that allows for total service time to be claimed/reimbursed (ie: Medication Administration H0033 or Medication Training/Support H0034)
 - Original provider can enter a second service note using an appropriate procedure code (ie: Medication Administration H0033 or Medication Training/Support H0034) and document this service and claim for the difference in time not reimbursed. **service time must meet minimum time required to claim the service/midpoint for claiming.*

DCHS Updates to SMHS Medi-Cal Billing Manual

- [SMHS Billing Manual Version 3.0 March 2025 FY 2025-26](#) is available on the DHCS Website, on the [County Claims Customer Services Library](#) page
- Notable changes:
 - Changed definition of Rehabilitative Mental Health Services to reflect SPA 24-002
 - Added Community Health Worker Services, Assertive Community Treatment, Forensic Assertive Community Treatment, Coordinated Specialty Care, Clubhouse Services
 - Added Pharmacist Clinical Trainee and Physician Assistant Clinical Trainee to list of Clinical Trainees
 - Clarified that Occupational Therapists are not Medicare- recognized provider type
 - Provided updated list of taxonomy codes for the following provider types: AOD Counselor, Community Health Worker, Clinical Nurse Specialist, Mental Health Rehabilitation Specialist, Other Qualified Provider
 - Deleted definition of “Intern” as verbiage is now “Registrant”

Updated SmartCare Guide for Residential programs

- The SmartCare Project Team has provided an update to the SC Residential Guide to clarify workflow for Leave Procedure on the Residential Bed Board.
- SC Residential Guide Version 3, date 06.04.2025 will be uploaded to the MH & DMC ODS Optum Webpage under the SmartCare tab.

Mode of Delivery (MOD) and Evidence-Based Practice (EBP) Errors – Correction Not Required.

- As we continue to refine the error correction process and attempt to prioritize focus, at this time, error correction requests related to mode of delivery or evidenced based practices will **not** be required.
- While the goal is to ensure accuracy of information entered, it is understood that current system functionality is limiting, and the provider strain has been heard.
- As we assess and evaluate updates to the error correction process and if regulations or system functionality change, we will send out further guidance.
- ***If you have already submitted requests for these services via the My Reported Errors process, there will be notices coming from the team as these will not be errored out.***

Note status if staff have left the program

- **Unsigned/incomplete notes by staff no longer with the program**
 - These notes are not billable and would need to be corrected to a non-billable service/note or errored.
 - If they do not wish to maintain the information, the note would need to be marked in error. Program to notify MIS to error the note.
 - If the program wishes to maintain the information in the client record – the service would need to be corrected to a non-billable service/note.
- **Signed notes by staff who are no longer with the program**

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- If corrections are necessary, follow the steps below:
 - a. MIS will print the original note (PDF) and send to the program.
 - b. MIS will mark the original service/note in error
 - c. The program will make handwritten correction(s) to the original note (sent by MIS)
 - d. The program will re-enter the correct service.
 - e. The program will scan the corrected note into SmartCare and associate with the new corrected service.

NOTE: There should be no changes to the narrative of the note as that would risk the integrity of the service that was provided. Corrections should only be to address billing errors.

Use of the Proxy Function in SmartCare :

Proxy is not meant to be used for correcting services/service notes, and is not an appropriate option when a provider has left the program. A Proxy is someone who can author a document or do a task on behalf of another staff/user – as in the case of medical residents working under a physician or physicians who may have staff who stage their services or provide transcription. To learn more about the Proxy's Role from the end user's perspective, read this article: [Various Proxy Roles Functionalities](#). Providers should not use or request Proxy access to make corrections to services/notes for services in which they were not the direct provider.

Allowable Add-on Codes vs Prolonged Procedure Codes

- There are only three (3) add-on procedure codes that should be used by providers that may be included when claiming a primary service
 - CPT 90785 Interactive Complexity
 - T1013 Sign language or oral interpretative services
 - CPT 90887 Interpretation or explanation of psychiatric or other medical
- Procedure codes identified as “prolonged services” codes or that are supplemental codes that add additional time to the primary procedure code should **not** be entered manually to service notes or claims by the provider.
 - These codes will be triggered to link to the service based on the service time claim when it exceeds the maximum time for the primary procedure code(s) for that procedure type
 - Example: *Prolonged Office or Other Outpatient EM Service(s) beyond the Maximum Time* is an add-on code that would be added for each additional 15minutes of Prescriber Progress E/M (OP) procedure (99212,99213,99214, 99215) that exceeds the maximum time of the final procedure code in the series. (99215: 40-45min)

Update: QA and SmartCare Communication is Moving to GovDelivery

- Starting July 1, 2025, QA and SmartCare communications are moving to GovDelivery.
- If you are already receiving communications from QA and the SmartCare team, no action is needed. Your email will be automatically transferred to the new communications system.
- The GovDelivery system will take over the existing process for managing provider contact information for QA and SmartCare communications. This means provider staff can make changes to BHS topics subscribed to after July 1, 2025 vs emailing QI Matters requesting to be added to a distribution list.
- We are in the process of adding a “subscribe” link and a flyer about the change to GovDelivery to the Optum Comms tab.

Update: MHP/DMC-ODS Optum Changes

- The SMH & DMC-ODS resource page is live and should be used as the source of your information.
- Effective 7/1/2025, the DMC-ODS Optum page will sunset and no longer available.
- The MHP Optum page is in the final stage moving files, but is expected to be fully migrated by the end of July. We will keep this page live until 9/1/2025.

Update: Change to Threshold Languages

- San Diego threshold languages now include Russian.
- QA is in the process of making needed changes to member materials to include Russian.

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- As translations are complete, the Beneficiary Materials Order Form will be updated to reflect Russian resources available and the SMH & DMC-ODS Optum page will be updated to include newly translated materials into Russian.
- If you have additional questions, please email qimatters.hhsa@sdcounty.ca.gov.

Resources

System of Care (SOC) Application

- [Behavioral Health Information Notices \(BHINs\)](#) – DHCS notifies County BH Plans and providers of P&P changes via BHIN's as well as draft BHIN's for public input. Feedback can be sent directly to DHCS or BHS-HPA.HHSA@sdcounty.ca.gov.
- System of Care (SOC) Application – Reminder for required monthly attestation in the SOC application. See [SOC Tips & Resources Optum page](#) for more information.
- [Medi-Cal Transformation](#) (aka CalAIM) – info also available at the [Optum 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 Medi-Cal Transformation, email BHS-HPA.HHSA@sdcounty.ca.gov.

Email Contacts

- ARFs and Access questions? Contact: BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov
- EHR questions? Contact: BHS_EHRSupport.HHSA@sdcounty.ca.gov
- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- CalAIM Q&As? Contact: bhs-hpa.hhsa@sdcounty.ca.gov
- SMHS Documentation Standards/OPOH/UCRM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov

Training and Events

Root Cause Analysis Training

- June 26, 2025, from 9:00 am to 12:00 pm.
[Please click here to register.](#)

Quality Improvement Partners (QIP) Meeting

- Wednesday, June 25, 2025, from 1:00 pm to 3:00 pm.

SmartCare User Group Meeting

- Thursday, June 26, 2025, from 2:00 pm to 3:00 pm
Link: [Join the meeting now](#)

QA Office Hours

June 2025 sessions:

- Thursday, June 12, 2025, 3:00 pm – 4:00 pm:
- Tuesday, June 17, 2025, 9:00am – 10:00 am:
- Thursday, June 26, 2025, 3:00 pm – 4:00 pm:

[Click here to join the meeting](#)
[Click here to join the meeting](#)
[Click here to join the meeting](#)

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Technical Support Hours

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. Please visit the Optum website for the schedule and any updates: [SmartCare Training](#).

Users can drop in by joining this MS Teams Link: [Join the meeting](#)

Date	Day	Time	Technical Support Hours
16-Jun	Monday	2pm-3pm	Outpatient Clinical Direct Services
17-Jun	Tuesday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
18-Jun	Wednesday	2pm-3pm	Admin Billing Only
19-Jun	Thursday	2pm-3pm	Reports
20-Jun	Friday	2pm-3pm	Outpatient Admin Clerical Front Desk
23-Jun	Monday	2pm-3pm	Outpatient Clinical Direct Services
24-Jun	Tuesday	2pm-3pm	CSU Admin/Clerical
25-Jun	Wednesday	2pm-3pm	Admin Billing Only
26-Jun	Thursday	2pm-3pm	Reports
27-Jun	Friday	2pm-3pm	Outpatient Admin Clerical Front Desk
30-Jun	Monday	2pm-3pm	Outpatient Clinical Direct Services
1-Jul	Tuesday	2pm-3pm	Residential & Crisis Residential Clinical/Nurses/Prescribers
2-Jul	Wednesday	2pm-3pm	Admin Billing Only
3-Jul	Thursday	2pm-3pm	Reports
4-Jul	Friday	2pm-3pm	Outpatient Admin Clerical Front Desk
7-Jul	Monday	2pm-3pm	Outpatient Clinical Direct Services
8-Jul	Tuesday	2pm-3pm	CSU Clinical/Nurses/Prescribers
9-Jul	Wednesday	2pm-3pm	Admin Billing Only
10-Jul	Thursday	2pm-3pm	Reports
11-Jul	Friday	2pm-3pm	Outpatient Admin Clerical Front Desk

Management and Information Systems (MIS)

System Administration and Access – Managed by Cheryl Lansang

Contact: Cheryl.lansang@sdcounty.ca.gov or 619-578-4111

SmartCare Access

- LMS required trainings should be completed **prior** to sending the ARF to avoid having your access request from being rejected
- For CSU and Residential staff, additional CSU/Residential trainings must also be completed prior to submitting an ARF
- SmartCare Training grid and Video Tutorials are available in the Optum website [SmartCare Training](#)
- A termination ARF should be submitted for all staff who no longer works at your program or do not need access to the system

Program Integrity (PI) & Reporting is managed by Dolores Madrid-Arroyo.

Contact: Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.

Support Desk: BHS_EHRsupport.HHSA@sdcounty.ca.gov

Wrong Client

Any entry created for an incorrect (wrong) client, must be reported to the MIS Support Desk. Do not submit a ticket through My Reported Errors. MIS will work with the program to either move the services to the correct client or delete.

Residential Programs:

1. To prevent duplicates, **all** admissions and discharges must be completed via the Residential (My Office) screen. SmartCare will automatically generate the program assignment. The only exception is for Non-BHS clients.
2. Do not create the Program Assignment manually. If duplicate enrollments are found, please report to the Support Desk
3. For LOC changes, programs should use Transfer **not** Billing Code Change
4. The Billing Procedure Code must correspond with the Program (Inpatient Activity Details). Please be sure the Billing Procedure Code is updated when changing LOC.
5. When a client is on Leave, the Billing Procedure Code must be Non-Billable Bed Procedure and if the bed will be held for the client, the checkbox for Hold Bed must be marked.

QI Matters Frequently Asked Questions

Q: Should our program be using the NOABD form in SmartCare?

A: No, programs should not be using the NOABD templates in SmartCare or submitting through SmartCare. The functionality is not currently available in that system. Please continue using the NOABD templates found on the Optum site under the NOABD tab [SMH & DMC-ODS Health Plans](#) and refer to the current process [SmartCare NOABD Process for MH and SUD.pdf](#)

Q: Our clinicians typically provide services via Telehealth. How does the program display their physical license?

A: During telehealth services, the license or registration does not need to be physically on display. However, to ensure that all clients have access to essential information confirming their therapist's licensure, the law now requires additional information to be included in the required **BBS "Notice to Clients"** that a Board licensee or registrant must provide each of their clients upon initiating psychotherapy services.

For all new clients on and after July 1, 2025, the "Notice to Clients" must contain the following additional information:

- The licensee or registrant's full name as filed with the Board.
- Their license or registration number.
- The type of license or registration (LMFT, LPCC, LCSW, ASW, etc.)
- The expiration date of their license or registration number.

Please reference the full notice [Required Notice to Consumers \(SB 1024\) LEGAL APPROVED 9.13.24](#)

For compliance, QA will monitor for this, and documentation should be present in charts to indicate the client was provided this information. Programs must ensure that the Notice to Clients includes current clinical staff (licensed and registered).

Optum Website Updates: MHP Provider Documents

[SMH and DMC – ODS Health Plans Site](#)

[Beneficiary Tab:](#)

Open Payments Database Section

- The [Open Payments Database Physician Notice](#) for clients to sign in acknowledgment was transferred from the MHP Documents site on 05/13/25.

[UCRM Tab:](#)

MH Only Section

- A new [AOA Outpatient UM form](#) and the [CYF UM Explanation Sheet](#) were uploaded 05/28/25.

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- A [PSC Instructions for Use guide](#) was uploaded 05/12/25.
- The [RMQ form](#) was transferred from the MHP Documents site on 05/07/25.

Manuals Tab:

MH Section

The [San Diego Inpatient Operations Manual](#) was updated 05/07/25.

Monitoring Tab:

MH Section

New **Medication Monitoring Screening Tools** for [AOA](#) and [CYF](#) 05/23/25.

Forms Tab:

MH Section

The [Public Conservator Reestablishment Recommendation Form](#) was uploaded on 06/02/25.

OPOH Tab:

- On 06/10/25 the following were posted:
 - OPOH [Section F](#) incorporated information regarding Grievance and Appeals as referenced in BHIN 25-019.
 - OPOH [Section G](#) updated voting information and where to locate translated voting materials.
 - OPOH [Section H](#) additional cultural competency training requirements were added as outlined in BHIN 25-019.
 - OPOH [Section M](#) the scope of practice matrix was updated.
 - OPOH [Section O](#) added additional cultural competency training requirements outlined in BHIN 25-019.
- The [OPOH](#) and [Table of Contents](#) were updated 06/10/25 to account for most recent OPOH changes.

Recent Communications

- • 05/27/2025 – MHP Providers: Beneficiary Handbook Significant Changes - Notification for Clients – June 1, 2025

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