

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 9:00 am to 10:00 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
20-Mar	Thursday	2pm-3pm	Outpatient Admin Clerical Front Desk
21-Mar	Friday	2pm-3pm	Residential & Crisis Residential Clinical/Nurses/Prescribers
24-Mar	Monday	2pm-3pm	Reports
25-Mar	Tuesday	2pm-3pm	Outpatient Medical Staff
26-Mar	Wednesday	2pm-3pm	Admin Billing Only
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.

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- 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