



Up To The Minute!

Training & Events (QA)

Root Cause Analysis (RCA) Training

- **Monday, March 24, 2025, 9:00 a.m. to 12:00 p.m.**

SmartCare User Group Meeting – March 2025 Session

BHS wishes to invite you to an ongoing SmartCare operational discussion. This forum will allow for representation from multiple county teams to share knowledge and engage in discussion and feedback with the users of the electronic health record through highlights, discussion points and upcoming releases. This meeting will be held monthly, all are invited to attend.

- **Wednesday, March 26, 2025, from 9:00 a.m. to 10:00 a.m.**
- Link: [Join the meeting now](#)

SUD Quality Improvement Partners (QIP) Meeting

- **Thursday, March 27, 2025, from 10:00 a.m. to 11:30 a.m.**



New: Skill Building Workshops in April 2025

- Outpatient Quality of Care
 - **Wednesday, April 2, 2025, from 9:30 a.m. to 11:00 a.m.**
- Residential Quality of Care
 - **Thursday, April 17, 2025, from 9:30 a.m. to 11:00 a.m.**

Updates & Reminders (QA)

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 and were recently updated on 02/13/25. Please use the updated documents listed below:
 - [Medication Monitoring Tool & Medication Monitoring Tip Sheet](#)
 - [Medication Monitoring Submission Form](#)
 - [Medication Monitoring McFloop Form](#)
- 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 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.



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Reminder: Record Retention



- Per [WIC 14124.1](#), records are required to be kept and maintained under this section shall be retained:
 - by the provider for a period of 10 years from the final date of the contract period between the plan and the provider,
 - from the date of completion of any audit,
 - or from the date the service was rendered, whichever is later, in accordance with Section 438.3(u) of Title 42 of the Code of Federal Regulations.

Behavioral Health Information Notices (BHINs)

There are new BHINs to review:

- ✓ BHIN 25-001 discusses updates in the information gathered in CalOMS discharge.
- ✓ BHIN 25-003 updates the Certification of Alcohol and Other Drug Program standards.

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.

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 or Submit a Ticket. Both can be accessed via 2023.calmhsa.org or more information at [Optum --> SMH & DMC-ODS Health Plans --> Who to Contact](#)



MAT Providers: Naltrexone National Drug Code now in SmartCare

The National Drug Code (NDC) for Naltrexone has now been added in the SmartCare live environment.

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 (i.e.: 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.



Up To The Minute!

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.
- 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.

LPHA Consultation

As a reminder, LPHAs may bill for meeting with an AOD counselor to review assessments/reassessments as clinically appropriate.

- Per CalMHSA: "oftentimes, a non-LPHA completes the ASAM assessment. When this is the case, the non-LPHA must consult with the LPHA and review the ASAM assessment. Document this consultation in a service note using TCM/ICC as the procedure code."
- For more information, visit the CalMHSA website: <https://2023.calmhsa.org/asam-assessment/>





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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@jfssd.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@jfssd.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.

Reminder: 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 or DMC-ODS Optum page as the source of your information for now unless the tab specifically directs you to the new page.

Update: Integrated Quick Guide

- 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.



Up To The Minute!

Update: Integrated Beneficiary Handbook



- 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: SUDPOH

- The SUDPOH was updated for March 2025.
- This edition along with the Summary of Changes are now posted on the Optum site.
- The next edition of the SUDPOH is planned for release in April 2025.

Management Information Systems (MIS)

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.

Program Integrity Items:

- Residential Programs must admit/discharge clients from the Residential (My Office) screen. The exception to this rule only applies to non-BHS clients.
- Any changes made to the Level of Care (LOC) on a client bed assignment must be reported to the MIS Support Team to error out the services under the incorrect LOC. This will allow the system to generate the new services under the correct LOC.
- Before making any **corrections** to the LOC bed day, contact the MIS Support Team.
- To prevent CalOMS errors, the Effective Date on the discharge document must match the client's discharge date.
- Non-BHS clients must be entered in SmartCare for the purpose of CalOMS. There is a tip sheet available on the Optum website, [CalOMS Reporting for Non BHS Contracted Clients 2024.11.17.pdf](#), that shows how non-BHS clients should be flagged and identified in SmartCare.
- CalOMS Documents must not be deleted. Please reach out to the MIS support email for assistance on duplicates or errors.



Up To The Minute!

Report Items:

New Reports Available in SmartCare



- CoSD Charges/Claims Report
- CoSD Progress Note Timeliness Report
- CoSD Staff Licenses and Expiration Dates Report
- CoSD TADT Report

Upcoming Reports to be Released

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

Population Health

SUD Primary Prevention Contractors - ECCO Web-based Prevention Services Data Reporting System Update

- The updated DHCS Substance Use Block Grant (SUBG) [Primary Prevention Data Quality Standards \(DQS\) 2025](#) has been published.
- For information regarding DHCS Primary Prevention, please continue to visit [Prevention and Youth Branch \(ca.gov\)](#)
- Please contact your COR team with any questions.



Resources & Support (QA)

Resources

- [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
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov

Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them **Up to the Minute!**
Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov