Behavioral Health Services (BHS) EHR Implementation FAQs

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	Question	BHS Response
Functionality - General	*Is SmartCare still two systems or is it just one?*	SmartCare is one system.
	Are the "unresolved" issues from the Cerner Millennium project that caused it to be halted NOT issues for SmartCare?	Correct. The issues with functionality in an outpatient setting identified in Cerner Millennium are not issues in SmartCare.
	How are programs setup in SmartCare? Are legal entities and sites set up differently in SmartCare? Will it look like the units and subunits in CCBH and facilities in SanWITS?	Yes, SmartCare program setup differs from that of our legacy systems. We do have the ability to crosswalk our current systems into SmartCare. BHS is learning exactly how SmartCare delineates special populations, funding streams, etc., and will ensure all programs and populations are represented. A downloadable crosswalk is available on the SmartCare tab of the Optum website, called "SmartCare Program Crosswalk".
	Will clinicians be able to use dictation software with SmartCare and/or dictate directly into the progress notes and Behavioral Health Assessments (BHAs)?	Yes, many SmartCare customers use Dragon Medical One and Job Access with Speech (JAWS).
	Are we keeping a physical (paper) chart, or will the system be completely paperless?	The intent is to use SmartCare and to eliminate paper as much as possible, though it may not be possible to eliminate paper completely.
	Does SmartCare have interoperability? Will there be interoperability with other EHRs?	Interoperability is on the SmartCare roadmap, and we will be exploring this more after go-live.

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Question		BHS Response
Functionality - General	*Can SmartCare access the local clipboard of the computer accessing the database? In other words, can we copy and paste into SmartCare?*	Copy and paste functionality exists in the system. It is up to each program to determine when copy and paste is appropriate. Please reference the OPOH Section B (Compliance and Confidentiality) and SUDOPOH Section F (Compliance & Confidentiality) for information on fraud, waste, and abuse.
	Will telehealth be integrated into the new system?	Telehealth integration is available. See the CalMHSA website for information on how to add a zoom or webex link to a service appointment: https://2023.calmhsa.org/how-to-add-a-zoom-or-webex-link-to-a-service-appointment/
	Will SmartCare make it easier to see what type of sessions were done or be able to filter them out? Currently, in CCBH we have to click every single session a couple times to determine what kind of session it was, which makes it difficult come discharge.	Yes, SmartCare allows for easy viewing of a client's service history.
	For deletions/errors, does this apply to only signed notes, or for saved, draft and unsigned notes as well? Will staff ever be able to delete drafts or will those also have to go thru system administration?	Please see Error Corrections Guidance on the CalMHSA website. BHS recognizes there are numerous questions about this and is working with CalMHSA for answers. Additional information is forthcoming.
Functionality - Authorizations	*Will authorizations for SUD programs that are being sent to Optum still include level of care changes, or will the SmartCare transfer of enrollment on the White Board Bed screen handle those?*	Prior to submitting authorization requests to Optum, programs should create program enrollment or put a client in requested status for the requested level of care. Then, authorizations will be completed on paper and submitted to Optum via fax or through their form. Optum will enter the Authorizations into SmartCare. Programs will be able to see the Authorizations in SmartCare. Instructions have been posted on the SmartCare tab of the Optum website. DMC-ODS Link | MHP Provider Documents Link

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	Question	BHS Response
Functionality - Authorizations	*Which role in SmartCare has access to Authorizations (Client)? Currently, we are not able to access the approved authorizations.*	The Authorization screen is only available to Optum to complete. There is currently a project with CalMHSA to develop a more comprehensive system. See the Authorizations guidance available on the Optum website. DMC-ODS Link	MHP Provider Documents Link
	We are having difficulty viewing authorizations to confirm that a client has a valid authorization for treatment entered. Where can these be viewed?	They currently cannot be viewed in the system. CalMHSA is currently developing a more robust authorization process. See the Authorizations guidance available on the Optum website. DMC-ODS Link	MHP Provider Documents Link
Functionality - Documentation	*When a Counselor, LMFT, or LPHA starts a new problem list to add Z codes, can the Medical Provider access that problem list and add diagnosis codes?*	Clinical client problem details should be used. Anyone can add and remove problems from this list. It is not a static list like the diagnosis document.
	How do we enter the updated diagnosis?	See instructions for how to modify a diagnosis here on the CalMHSA website.
	Can a supervisor or program manager go into a staff members service note to provide feedback, and to assist them? How can supervisors get access to staff's notes to support their learning?	See the Supervisor Workflow here on the CalMHSA website.

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Functionality - Documentation	*Does SmartCare include functionality to document medication dispensing (i.e., OTP requirements)?*	No, OTPs will continue to document primarily in their own systems, like they do now, and record minimally necessary information in SmartCare.
	Is there an example for what is too much or too little for note requirements in SmartCare?	There is no 'right' example as to length of clinical documentation. The expectation is that the note is written to support the service.
	We have been using daily notes in Cerner. Curious if what you are creating for RTCs might be relevant to our documentation?	Residential workflows were sent to providers. Workflows are applicable to the facilities and shift notes are available for documentation.
	Are notes templates available?	BHS is not creating note templates for specialty services, however some services in SmartCare do have accompanying templates, for example psychiatric med notes.
	In the training modules, it does not show how to enter an informational note in SmartCare. Will the supplemental training cover these additional areas?	There are no informational notes in this system as you are used to. There are non-billable options.
	Currently, clinical trainees have to add the supervisor in encounter's section in order for the supervisor NPI to attach to the note. In SmartCare, is the co-signature by a supervisor enough to meet this requirement, or is there another way that trainees need to document?	There is functionality to meet all requirements within this system. Please see CalMHSA website at 2023.calmhsa.org for more information.

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	Question	BHS Response
Functionality - Documentation	*Will there be templates for progress notes in SmartCare like for the general progress note and CFTs?*	No, SmartCare allows providers to create their own key phrases and allows programs to determine which methodology of templating they would like to use.
	Where on CalMHSA website can I find information about how to enter informational notes?	Refer to the non-billable procedure codes table, then enter through client services.
Functionality – Client Numbers	*Will clients keep their existing client numbers (those from CCBH/SanWITS)?*	All CCBH and SanWITS clients will be imported into SmartCare. CCBH numbers (including Insyst numbers) will be used as the client number in SmartCare when available. All clients will receive a numeric SmartCare client number. Clients with alphanumeric SanWITS numbers will be imported into an 'alternate ID' field to lessen the chance of client duplication, improve care coordination and otherwise facilitate the system transition.
	Given SanWITS ID numbers are changing, and the old ID number is being added to the chart, will there be a way to search for a client by the SanWITS ID number?	There will not be a way to search directly for a client by the SanWITS ID number. However, users can search for a client by name, and then find the SanWITS ID number in the legacy MRN field.
	For new client numbers in SanWITS, do programs create a new ID number or is it auto-assigned?	This number will be auto-assigned to the client when they are migrated over to the SmartCare system.
	For new clients entered into SmartCare, will ID numbers follow the CCBH format and length?	For the most part, yes, SmartCare numbers will follow the same format as CCBH client ID numbers.

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	Question	BHS Response
Functionality - Access	*Will staff be assigned new staff ID numbers in SmartCare?*	Yes, while new staff ID numbers will be assigned in SmartCare, they are not used in the same way as the legacy system. Login will occur with name, not staff ID number.
	Is there a limit on how many Program Manager (PM) level accounts an organization can have in SmartCare?	While there is no limit to the number of PM accounts in SmartCare, we want to be judicious about who has that higher level of access. This will be determined on a case by case basis.
	Will managers and directors have access to clinician's homepages?	SmartCare offers a dedicated view for managers and directors that will include relevant information for all staff. This will provide robust, real-time access to information about what is happening in the program.
	Will providers serving the same client be able to view one another's assessment, i.e. will TBS be able to view the assessment of the SMHP/therapist?	Mental health (MH) care providers will be able to see the documentation of other MH providers' charting as they do now. For SUD care providers, access will largely depend on client consent but will now also have access to MH providers' documentation.
	Will individuals providing clinical supervision obtain access to SmartCare?	No, access to SmartCare will be provided using the same guidelines CCBH and SanWITS. These individuals do not have access to our legacy systems and likewise will not have access to SmartCare.
	I have a new staff or have a new role within my program. How should I ensure I am setup correctly in SmartCare?	The SmartCare Access Request Form (ARF) is available here on the Optum website.
	If a program is utilizing an offsite medical director to review files (physical exam results, medical sections etc.) will they be required access to SmartCare?	No, it is not required.

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	Question	BHS Response
Functionality - Access	*What email do we send new ARF's to? For users who were hired and completed the LMS trainings after go-live?*	All SmartCare ARFs for new users, Modify ARFs, Terminations, Reactivations should be sent to EHRSupport.HHSA@sdcounty.ca.gov.
	Will BHS email the programs to confirm when ARFs have been processed?	The user on the ARF will be notified when the ARF has been processed.
Functionality - Assessment	*Will SmartCare meet the needs of programs such as Short-Term Residential Therapeutic Programs (STRTPs) since they are different from most mental health programs? Will all required forms like admission statements, transition determination, etc. be available in SmartCare or will we need to create these forms to have in a hybrid chart?*	SmartCare is designed to meet regulatory requirements of all program types in our behavioral health system of care, including STRTPs. Some forms may exist for specific program types on paper and may need to be completed and scanned into SmartCare.
	Is there a mobile crisis assessment in SmartCare?	Yes, there is a separate Mobile Crisis Assessment.
	Programs that serve children 0-5 years have a specific BHA for that age group. Will there be a CalAIM Assessment for early childhood mental health?	The CalAIM base assessment is the same for all ages. BHS is still evaluating the supplementary assessments available for this age range and will share this information as it becomes available.
	Will there be a client plan in SmartCare?	SmartCare utilizes a Care Plan versus a Client Plan. The Care Plan flows into each note in a narrative form so that each provider can update as needed.
	What will be used as a "Client Plan" for clients with Medicare that need a "care plan" for their medication services?	The care plan will be used, entering required information as necessary.

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Question	BHS Response
Functionality - Assessment	
Will SmartCare still have 'shared' diagnosis like CCBH does now? Will content from other programs still pull into or populate assessments? What about Client Plans?	Many clinical documents in SmartCare are held at the program level. Programs will not 'share' a diagnosis, however the problem list is shared between all providers. Due to the nature of the CalAIM Assessment in SmartCare, it is designed to be streamlined and program specific. However, programs are still able to view the assessments and documents of other providers. While programs can see documents from other programs, there will not be a single source document. BHS will know more about this functionality as implementation proceeds. Programs should review diagnoses that are migrated from the legacy systems.
Functionality - Billing	
Will SmartCare have billing functionality?	Yes.
Will we be able to correct billing errors in SmartCare?	Billing errors can be corrected in SmartCare. Documentation and guidance related to billing error correction is forthcoming.
If we find an error in a chart review after go-live date on a CCBH or SanWITS file, are we able to make changes or correct billing?	Yes. Billing will be corrected in the system in which the billing was entered.
Will our billers be required to learn this system to input billing?	Yes, billers will be required to learn this system as all billing will occur in SmartCare.
What is the scope of client billing in SmartCare? Is there a plan to retroactively bill?	Billing will occur in SmartCare for services started in SmartCare. Generally speaking, any service started in CCBH will finish billing in CCBH, and any service started in SanWITS will finish billing in SanWITS.
Will programs have access to additional CPT codes in SmartCare?	Information was shared with the SUD SOC. There are additional CPT codes available in SmartCare.

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	Question	BHS Response
Functionality - Billing	*Will we receive information about additional CPT codes that will be available in SmartCare for programs?*	A CPT crosswalk is available on the SmartCare tab of the Optum website. DMC-ODS Link | MHP Provider Documents Link
	For invoicing purposes, which report in SmartCare will replace the TUOS report?	BHS is working on this now and information is forthcoming. For immediate questions, contact your COR.
	Will we be completing August billing in SanWITS or CCBH, and then after September 1 complete in SmartCare?	Billing will occur in SmartCare for services started in SmartCare. Generally speaking, any service started in CCBH will finish billing in CCBH, and any service started in SanWITS will finish billing in SanWITS.
Functionality - Consent	*After a client signs the 42 CFR Part 2 SmartCare consent form (ROI), how long does it take for providers to gain access to SUD information?*	Access will be real-time.
	How does the EHR respect counselor and patient privilege if disclosing sensitive information (non-risk information). Also, how does the system handle disclosure of sensitive diagnoses clients may not want to share?	Clients must provide their consent prior to any information being shared related to substance use disorder services and treatment.
	Can I use my own Release of Information (ROIs)?	Consent management will not work with program-specific ROIs. The SmartCare ROI will allow all data to show real-time. Programs can have clients sign both the SmartCare and their program ROI, which can then be scanned into the system.
	We have our own consents as a program; do we need to use the ones located in the downtime forms?	We are asking that available consents are used in SmartCare. For consents not available, complete and scan into SmartCare.
	Have we confirmed if all existing clients must have coordinated care consents for staff to view clients' history and other provider documents?	The coordinated care consent is needed so providers may see SUD information and most effectively coordinate care.

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Functionality – E-Signature	*What are the e-signature capabilities in SmartCare?*	SmartCare has e-signature capabilities, and each form in SmartCare can capture them. Signature pads can be used but are not required. Users can also use a touch screen, iPad, or a mouse. Example: https://2023.calmhsa.org/how-do-i-complete-a-coordinated-care-consent/
Functionality - E-Prescribing	*Have we made progress with electronic prescribing for medications and does this includes controlled substance medications?*	E-Prescribing with controlled substances will be available. Please see the e-prescribing guidance available on the SmartCare tab of the Optum website. DMC-ODS link	MHP Provider Documents Link
	Will the current token system for e-prescribers still be used, or will it be different in SmartCare?	Please see the e-prescribing guidance available on the SmartCare tab of the Optum website. DMC-ODS link	MHP Provider Documents Link
	Will orders from new prescriptions with DrFirst be able to be "prepped" as they were in Cerner and will nurses/RNs be able to pre-order?	BHS is still awaiting access to the DrFirst integration with the SmartCare application to understand how much staging a nurse can perform. Nurses are strongly encouraged to attend the DrFirst training. Please see the e-prescribing guidance available on the SmartCare tab of the Optum website. DMC-ODS link	MHP Provider Documents Link
	Does everyone need to access the Symantec application for multifactor authentication?	No, only doctors who will prescribe controlled substances need the Symantec VIP App for multifactor authentication need access.
Functionality - Prescribers	*Will we be required to use the start time for our notes?*	Information will be shared as soon as it becomes available.
	Does SmartCare have dosing (i.e., for OTPs)?	SmartCare does not include dosing functionality.

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Question	BHS Response
Functionality - Forms	
Are any existing forms migrating into SmartCare?	At this time, no forms will migrate directly into SmartCare, however some components within the forms may migrate. Please see the data migration guidance shared on the SmartCare tab of the Optum website. DMC-ODS link | MHP Provider Documents Link
Will all required forms be in SmartCare for future clients?	SmartCare is designed to meet regulatory requirements of all program types in our mental health system of care. While BHS has not seen the complete inventory of forms, every form needed to meet state requirements should be in SmartCare.
Are forms available in all threshold languages?	Forms are available in English and Spanish. This is being discussed with CalMHSA and additional threshold language recommendations will be proposed.
Will the Form A and Form B (for corrections and merging of records) still be used or will Optum be updating those forms?	Forms requiring an update due to significant content change will be completed by Optum.
Functionality - Scanning *Will there be a simple way to scan/upload and access wet signature documents such as Release of Information (ROIs)?*	Yes, SmartCare has the ability to scan, upload, and view wet signature documents. Instructions for scanning can be found here: https://2023.calmhsa.org/how-do-i-scan-a-document-into-the-clients-record/
Is the required driver free?	Yes.
Can paper forms be scanned into SmartCare? Can we upload our own forms, such as admission agreement and facility rules?	Yes, SmartCare does have the ability to upload documents. The simplest, one-step method requires installation of an additional driver. If you're unable to download this driver, you may also scan using a two-step process. More information on this process can be found on the SmartCare tab of the Optum website. DMC-ODS Link | MHP Provider Documents Link

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	Question	BHS Response
Functionality - Scheduling	*For programs that schedule physician and nurse appointments, what should we do to prepare for 4, 6, 12-week appointments that will be booked in June or later for September and future months?*	Scheduled appointments were migrated if entered before August 25, 2024 at 2:00pm.
	Will SmartCare have scheduling functionality?	Yes.
	Will SmartCare integrate with Microsoft Outlook for calendar functionality?	No, SmartCare will not integrate with Microsoft Outlook. This request is being tracked for CalMHSA.
	Will CCBH Scheduler appointments be migrated into the SmartCare Scheduler system?	Scheduled appointments were migrated if entered before August 25, 2024 at 2:00pm.
	Will we be expected to use the SmartCare scheduling functionality and calendar for appointments?	BHS is strongly recommending that outpatient providers (not including those billing bed days) use the SmartCare scheduling functionality. Programs not using scheduler will not show as having availability to take new clients; will not be able to send telehealth and appointment reminder messages; and will not be able to use the Roadmap for Referral Process.
Data and Reporting	*Will outcomes be entered directly into SmartCare, vs. the continued use of other systems like DCR (Data Collection Reporting), or mHOMS?*	Please see the CANS/PSC guidance shared under SOC RESOURCES | REQUIREMENTS AND FUNCTIONALITY on the SmartCare tab of the Optum website. BHS is actively discussing outcome measures with SmartCare. DMC-ODS link | MHP Provider Documents link
	Will the CANS be regular CA-CANS or SD-CANS?	In SmartCare, the regular CA-CANS will be used.

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Data and Reporting	*Can SmartCare capture type of housing?*	While housing information can be captured within the clinical documentation, BHS is exploring ways to capture housing information to facilitate reporting.
	Is any information available yet on the reporting features?	There are numerous reports and reporting features available through SmartCare. As project implementation proceeds, we will provide additional information. See the reports documentation on the CalMHSA website: https://2023.calmhsa.org/reports-2/ See also the preliminary reports crosswalk available on the SmartCare tab of the Optum website. DMC-ODS link	MHP Provider Documents Link
	Does SmartCare have the capability to build out new data collection forms if needed?	One of the goals of SmartCare is streamlined documentation to focus less on charting and more on patient care. Data collection will be minimized to what is required.
	Will SmartCare have ways to track productivity?	Yes, there is a way to track productivity in SmartCare. SmartCare has also been working with CalMHSA to develop more robust mechanisms for tracking that will be available after go-live.
	For reporting purposes, will Quarterly Status Reports (QSRs) for FY 24-25 county contracts be updated to reflect data able to be pulled from SmartCare since go-live will not happen until the end of Q1?	BHS is aware this will need to be adjusted and will provide guidance as project implementation proceeds.
	Assuming that provider input will be timestamped in the system, will documentation timeline requirements stay the same for providers?	Yes.

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Data and Reporting	
Will the same reports be available as currently available in CCBH and SanWITS?	SmartCare has robust reporting functionality that exceeds that of CCBH and SanWITS. Reports will look different from the reports users currently receive from the legacy systems, but almost every field in SmartCare is 'reportable'. Users will be able to create and 'favorite' their own reports, allowing for more flexibility, ease of use, and more timely access. See also the preliminary reports crosswalk available on the SmartCare tab of the Optum website. DMC-ODS link	MHP Provider Documents Link
Is there a way to track units of service?	Yes.
Will the SSRS reports be available in SmartCare?	SmartCare offers robust and customizable reporting. Current reports are being cross referenced to ensure that necessary data is available at go-live. See also the preliminary reports crosswalk available on the SmartCare tab of the Optum website. DMC-ODS link	MHP Provider Documents Link
Since "Never Billable" notes will not be in SmartCare, would we use the non-billable service for leaving VM's, MIA checks, etc.?	This type of charting is different in SmartCare. Please see the CalMHSA website at 2023.calmhsa.org as there are various ways in which these events may be documented.

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Data Migration	*For the CCBH Behavioral Health Assessment (BHA) minimum 3-year rule, will BHAs completed in CCBH apply as we begin to use SmartCare? Will auditors have access CCBH to audit dates?*	Yes.
	Will the entire SanWITS/CCBH client record eventually be 'uploaded' into the new EHR? Will all current clients be transferred over with all information or will all assessments, problem lists, etc. need to be re-entered?	At go-live, the most salient information will be migrated from CCBH and SanWITS into SmartCare. The rest of the client's record will continue to be available in CCBH/SanWITS. See the June 18 Town Hall slides for the most current information.
	How long will CCBH and SanWITS be available when SmartCare goes live?	As CCBH and SanWITS sunset, access to client records will remain available to satisfy needs for care coordination, state reporting, claims adjudication and retention requirements. There are several components to phasing out legacy systems. Once SmartCare goes live, most data entry in SanWITS/CCBH will cease. At a TBD date (likely in CY 2025), routine access to claims, adjudications, and billing information will cease. Eventually, at a TBD date, these systems will become view only. As these details become known, BHS will share them with the SOC.
	For programs still documenting on paper, what is the transition plan? Will we be required to upload all paper charts that have open episodes?	Large scale scanning is not currently in scope. The plan for paper records, as well as legacy system records, is a separate, future project. You will not be required to upload all paper charts that have an open episode. You will be expected to maintain, review, and share your paper records as you do now.

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Data Migration	*How can we expect the migration of client data/information to look from SanWITS and CCBH into SmartCare? How much manual data re-entry will be required at go-live?*	Information regarding data migration can be found on the Optum site under the SmartCare tab. We also covered data migration at the Site Lead Trainings. There will be some data entry required at go-live. We are still ironing out specifics and are working to minimize data entry as much as possible. More information will be forthcoming. DMC-ODS link	MHP Provider Documents Link
	Are diagnosis being migrated into SmartCare?	Active diagnoses are being migrated into SmartCare. However, because SmartCare records diagnoses differently from our legacy systems, programs will need to review and potentially add or edit the diagnoses that are migrated. Recently inactivated diagnoses from CCBH will also be available in SmartCare via the Clinical Care Document (PDF). DMC-ODS link	MHP Provider Documents Link
	Will we still have access to Cerner or SanWITS after go-live on September 1st?	Yes. Staff who currently have access to SanWITS/CCBH will continue to have access after 9/1, although their access may change. For instance, clinical staff's access will largely transition to view only. Billing staff will retain the ability to complete open claims. Details are still being finalized; more information will be shared shortly.
	What residential client Information in SanWITS will be migrated to SmartCare?	Some client information is being migrated from SanWITS to SmartCare. We are still determining what will and will not be available. There will inevitably be some manual entry for all programs (not just residential ones), which we are trying to minimize as much as possible. DMC-ODS link	MHP Provider Documents Link

For more information go to OptumSanDiego.com and click on the SmartCare tab MHP Provider Documents for the MH SOC or DMC-ODS Provider Documents for the SUD SOC.

Behavioral Health Services (BHS) EHR Implementation FAQs

Frequently Asked Questions (FAQs) submitted by the BHS System of Care (SOC) will be updated regularly throughout the design, build, and implementation of SmartCare. If you have a question to submit, please send it to QIMatters.hhsa@sdcounty.ca.gov.

Question		BHS Response
Data Migration	*Are any existing forms migrating into SmartCare?*	At this time, no forms will migrate directly into SmartCare, however some components within the forms may migrate, such as diagnosis and many demographic data points. Please see the data migration guidance shared under SOC RESOURCES | REQUIREMENTS AND FUNCTIONALITY on the SmartCare tab of the Optum website. DMC-ODS link | MHP Provider Documents link
	If staff completed a BHA after July 29th, will this need to be re-entered into SmartCare?	No, BHAs will still be visible in CCBH and can be viewed. Please do not instruct staff to do so.
Help Desk, Support, Downtime	*Will there be a help desk for go-live?*	Yes. Please see the help desk flyer for how to access the help desk. DMC ODS Link | MHP Provider Documents Link
	Where can we find downtime forms?	UCRM/SUDURM are still on the Optum website (DMC-ODS link | MHP Provider Documents link), with updates coming soon. SmartCare downtime forms are located on the CalMHSA website.
Patient Portal / Client Experience	*Will there be an app for clients to see their records (Patient Portal)? Can they send emails through the system?*	Eventually there will be a patient portal for clients through SmartCare, but it will not be available at go-live. BHS is assessing the timeline for implementation post go-live. More information will be shared about the specific functionality as it becomes available.
	Will SmartCare offer text reminders for appointments? Will they be available in multiple languages?	Yes, text reminders will be available for programs who use SmartCare scheduling and for those clients who opt-in. BHS is evaluating available languages.
	When is scheduled maintenance?	The recurring time for scheduled maintenance is Sunday at midnight into Monday morning (approximately 4-6 hours). Maintenance may need to be performed at other times as well; the SOC will be notified.

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	Question	BHS Response
Hardware, Software, Network	*What types of hardware and systems do we need to begin preparing for, such as tablets, phones, etc.?*	Hardware, software, and network requirements for customer workstations have been provided to the SOC via a separate resource document. Please see the Hardware, Software, and Network Requirements document found under Resources on the SmartCare Tab of the Optum website.
	Will the County provide signature pads? if not, will they be able to provide funding to contractors to purchase them?	SmartCare does not require a signature pad. Client signatures can be captured in several ways, including iPads, touch screens, mouse, and pen and ink.
	What do we do if programs do not meet the minimum system requirements for customer workstations?	If you have questions or concerns about the minimum requirements for customer workstations, contact your COR to discuss options.
	We are concerned with compatibility of surface tablets and iPads with SmartCare? Are they required for go-live?	Tablets and touchpads are not required for go-live, because signatures can be captured via a mouse or even pen-and-ink.
Provider EHR Systems	*What about providers who have their own EHR in which they perform clinical documentation?*	Providers will largely continue to use their own EHR for clinical documentation as they do now. Similar to CCBH and SanWITS, there will be certain information that will need to be entered into SmartCare.
	Will my program's EHR (i.e., Welligent) still be used after SmartCare is implemented?	SmartCare is replacing CCBH and SanWITS only. Programs who use their own EHR will continue to do so and will need to enter minimal data into SmartCare as they do with SanWITS or CCBH.
Terms and Conditions	*Where can we find SmartCare Terms & Conditions?*	The master agreement between CalMHSA and Streamline, and the terms and conditions between the County and CalMHSA are available by request by emailing QIMatters.HHSA@sdcounty.ca.gov.

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	Question	BHS Response
Training	*Will there be training for all staff?*	Yes, CalMHSA has a robust online set of training materials that train how to navigate the SmartCare system. Each facility may need to adapt and adjust workflows to meet documentation requirements.
	Will there be training for QA staff regarding internal reviews?	Please see the Role Grid shared under SOC RESOURCES	TRAINING on the SmartCare tab of the Optum website: DMC-ODS link	MHP Provider Documents link
	If we created a CalMHSA account for CalAIM training, do we use the same account to complete SmartCare Training or do we need a new account?	You may use the same account.
	Who can staff reach out to for log in troubleshooting, and/or to get help with password and username related to the SmartCare TRAIN environment?	Staff should reach out to the CalMHSA help desk. Instructions can be found on the SmartCare tab of the Optum website. DMC ODS Link	MHP Provider Documents Link
	I have a new role within my program. What training should I take?	We suggest staff be proactive and take the training for their new role. If a SmartCare TRAIN account is needed, have additional questions, contact BHS_EHRProject.HHSA@sdcounty.ca.gov
	If you have done the CalMHSA training for another county using SmartCare, are you required to do the training again?	This will be evaluated on a case-by-case basis. Please email BHS_EHRProject.HHSA@sdcounty.ca.gov with these requests.
	Can you clarify the login info for the TRAIN environment? Is it the same that is used in SanWITS or Cerner?	SmartCare requires a different login. If you have an existing account in CCBH or SanWITS, instructions were emailed the week of 7/15. For further assistance, email: BHS_EHRProject.HHSA@sdcounty.ca.gov

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Question	BHS Response
Training	
For individuals who perform clinical supervision, will they also need to take SmartCare trainings?	SmartCare access will be similar to that in CCBH and SanWITS. If an individual is providing clinical supervision but is not employed within the SOC, then no access to SmartCare will be given to the clinical supervisor and thus no training is required. Clinical supervision does not require access to clients' charts.
Would the QA department within a residential program need to do the modules under 'QA" or residential?	We suggest you review the 'QA' training track on the updated CalMHSA Training Role Grid found on the Optum website: DMC-ODS link | MHP Provider Documents link
What sections/trainings do OTP Providers need to complete?	OTP Providers who have their own EHR or like software to record dispensing, as well as SOC programs who have their own EHR and who only will use SmartCare to enter minimal essential data (i.e. billing/reporting) should follow the Front Desk Track found on the updated CalMHSA Training Role Grid found on the Optum website: DMC-ODS link | MHP Provider Documents link
How many sites are we supposed to have accounts for?	You need one account for the CalMHSA Training site: https://moodle.calmhsalearns.org/login/signup.php You need a second account for the SmartCare TRAIN domain to follow along in the practice environment while taking the videos. For the LIVE (real) EHR domain, we will send an email with instructions. County users will use the same credentials they use to log into Akamai. Non-County users will use the same username as for TRAIN and will define their password for LIVE using the same method as TRAIN ('Forgot Password').

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	Question	BHS Response
Training	*As a Program Manager and Site Lead, should we take both the Admin and Clinical Site Lead Trainings?*	If you are supporting both at your site, you would take the combined class ("Both") where the workflows we will cover will include both Admin and Clinical.
	As I understood from the SmartCare Town Halls, Notice of Adverse Benefits Determination (NOABDs) will be built into SmartCare. However, I didn't see reference to NOABDs within the CalMHSA training videos. Will there be training on NOABDs?	We are currently reviewing workflows for SmartCare related to NOABDs. There is a link on the CalMHSA site you can refer to: https://2023.calmhsa.org/how-to-complete-a-noabd/.
	Will staff who completed the LMS training late be notified ahead of time whether or not their account will be created by go-live?	Yes, BHS will notify users about their account status prior to go-live.
	Will the TRAIN environment still be available after go-live to practice in?	Yes, TRAIN will be available after go-live to continue practicing.
	Does the residential, crisis residential, and CSU training include programs that bill day services (IOP/PHP)?	If the program is billing a 24-hour service, yes, they would attend.
User Experience	*Do we know how much more streamlined documentation is in SmartCare based on other counties' experience?*	While it is difficult to quantify the reduction in documentation, for example, the CCBH behavioral health assessment (BHA) has 150 questions; the SmartCare BHA has 7 questions. As a streamlined EHR, SmartCare is a single platform that flows through common documentation practices. The focus is to reduce the administrative burden of documentation and allow for more direct client care.
	What is the client experience with the use of artificial intelligence (AI)?	The possibility of use of AI is on the SmartCare roadmap but has not yet been implemented.
Quality Assurance	*Will there be any Medical Records Review (MRR) site visits during the transition?*	Yes.

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