

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
Functionality - General	<i>Is SmartCare still two systems or is it just one?</i>	SmartCare is one system.
	<i>Are the "unresolved" issues from the Cerner Millennium project that caused it to be halted NOT issues for SmartCare?</i>	Correct. The issues with functionality in an outpatient setting identified in Cerner Millennium are not issues in SmartCare.
	<i>Have we made progress with electronic prescribing for medications and does this include controlled substance medications?</i>	ePrescribe with controlled substances will be available.
	<i>Will there be a client plan in SmartCare?</i>	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.
	<i>Will clinicians have the ability to use dictation software with SmartCare and/or dictate directly into the progress notes and Behavioral Health Assessments (BHAs)?</i>	BHS is currently evaluating multiple dictation software products within SmartCare. More details will be provided as they become available.
	<i>Are we keeping a physical (paper) chart?</i>	The intent is to use SmartCare and eliminate paper as much as possible.
	<i>Does SmartCare have interoperability? Will there be interoperability with other EHRs?</i>	Interoperability is the ability to access and share a patient's clinical information no matter where it is stored or how it is formatted. SmartCare has interoperability planned to meet legislative timelines, but it will not be made available at go-live. Additional details on specific interoperability functionality will be provided as they become available.

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Functionality - General	<i>Will there be an ability for SmartCare to access the local clipboard of the computer accessing the database? In other words, can we copy and paste into SmartCare?</i>	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 SUDOPHOH Section F (Compliance & Confidentiality) for information on fraud, waste, and abuse.
	<i>Will telehealth be integrated into the new system?</i>	While the ability to document and bill for telehealth exists, BHS is evaluating the suite of telehealth capabilities (such as integration with its scheduler product). More information will become available as the implementation proceeds.
	<i>Will SmartCare still have 'shared' diagnosis similar to CCBH? Will content from other programs still pull into or populate assessments? What about Client Plans?</i>	Many clinical documents in SmartCare are held at the program level. Programs will not 'share' a diagnosis, the problem list however is shared between all providers. Due to the nature of the CalAIM Assessment in the SmartCare product, 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.
	<i>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?</i>	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.

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<p>Functionality - General</p> <p><i>Will clients keep their existing client numbers (those from CCBH/SanWITS)?</i></p>	<p>The current plan is to import all CCBH and SanWITS clients into SmartCare. CCBH numbers (including Insyst numbers) will be used as the client number in SmartCare when available. Because SanWITS numbers are alphanumeric, they cannot be used as SmartCare client numbers (which are only numeric); however, SanWITS client numbers will largely be imported into an 'alternate ID' field to lessen the chance of client duplication, improve care coordination and otherwise facilitate the system transition. The specific details will be shared as project implementation proceeds.</p>
<p>Functionality - Access</p> <p><i>Is there a limit on how many Program Manager (PM) level accounts an organization can have in SmartCare? We want to be sure we have adequate backups for our Program Managers.</i></p>	<p>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. If there is a specific user whom you think needs a high level of access, please reach out to QIMatters.HHSA@sdcounty.ca.gov.</p>
<p>Functionality - E-Signature</p> <p><i>What are the e-signature capabilities in SmartCare?</i></p>	<p>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.</p> <p>SmartCare has e-signature capabilities. A more thorough analysis must be conducted to understand the functionality as project implementation proceeds.</p>

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Functionality - Assessment	<p><i>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?</i></p> <p>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.</p>
<p><i>Is there a mobile crisis assessment in SmartCare?</i></p>	<p>Yes, there is a separate Mobile Crisis Assessment.</p>
<p><i>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?</i></p>	<p>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.</p>
Functionality - Billing	<p><i>Will SmartCare have billing functionality?</i></p> <p>Yes.</p>
<p><i>Will it be easier to correct errors to billing?</i></p>	<p>Per the vendor, billing errors can be corrected in SmartCare. Additional detail will be provided once project implementation begins.</p>
<p><i>Will our billers be required to learn this system to input billing?</i></p>	<p>Yes.</p>
Functionality - Consent	<p><i>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?</i></p> <p>Access will be real-time.</p>

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Functionality - Consent	<i>How does the EHR allow for respect for 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?</i>	Clients must provide their consent prior to any information being shared related to substance use disorder services and treatment.
	<i>Can I use my own Release of Information (ROIs)?</i>	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.
Functionality - Forms	<i>Are any existing forms migrating into SmartCare?</i>	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.
	<i>Will all required forms be in SmartCare for future clients?</i>	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.
	<i>Are forms available in all threshold languages?</i>	Forms are available in English and Spanish. This is being discussed with CalMHSA and additional threshold language recommendations will be proposed.
Functionality - Scanning	<i>Will there be a simple way to scan/upload and access wet signature documents such as Release of Information (ROIs)?</i>	SmartCare does have the ability to easily upload documents. Additional detail will be provided regarding this functionality as project implementation proceeds.

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Functionality - Scanning	<i>Can paper forms be scanned into SmartCare? Will we be able to upload our own forms, such as admission agreement and facility rules?</i> Yes.
Functionality - Scheduling	<i>For programs that schedule physician and nurse appointments, what should we do to prepare for 4, 6, 12 week appointments that will be booking around June for September and future months?</i> BHS is evaluating this and will provide a response once available.
Data and Reporting	<i>Will outcomes be entered directly into SmartCare, vs the continued use of other systems like DCR (Data Collection Reporting), or mHOMS?</i> BHS is actively discussing outcome measures with SmartCare. Additional information will be shared with the SOC as soon as it becomes available.
<i>Does the EHR have the ability to capture type of housing?</i>	While housing information can be captured within the clinical documentation, BHS is exploring ways to capture housing information to facilitate reporting.
<i>Is any information available yet on the reporting features?</i>	There are numerous reports and reporting features available through SmartCare. As project implementation proceeds, we will provide additional information.
<i>Does SmartCare have the capability to build out new data collection forms if needed?</i>	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.

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Data and Reporting	<i>Will SmartCare have ways to track productivity?</i>	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.
	<i>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?</i>	BHS is aware this will need to be adjusted and will provide guidance as project implementation proceeds.
	<i>Assuming that provider input will be timestamped in the system, will documentation timeline requirements stay the same for providers?</i>	Yes.
	<i>Will the same reports be available as currently available in CCBH and SanWITS?</i>	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.
	<i>Is there a way to track units of service?</i>	Yes.
Data Migration	<i>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?</i>	Yes.

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Data Migration	<i>Will the entire SanWITS/CCBH client record eventually be 'uploaded' into the new EHR, once we are over the hybrid period? Also, when SmartCare goes live will all the current clients just be transferred over or will all new assessments, problem lists, etc. need to be entered?</i>	<p>All client records will continue to be available in some form. BHS is evaluating how and where current and historical client records will be accessed.</p>
	<i>How long will CCBH and SanWITS be available when SmartCare goes live?</i>	<p>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.</p> <p>There are several components to phasing out these legacy systems. Once SmartCare goes live in September 2024, 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.</p>
	<i>Will clinical documents from CCBH be in SmartCare for existing or former clients?</i>	<p>For clients already in CCBH, BHS is currently evaluating exactly what data will be migrated into SmartCare vs archived in CCBH. More information will be shared as the project proceeds.</p>
EHR – Provider Systems	<i>What about providers who have their own EHR in which they perform clinical documentation?</i>	<p>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.</p>

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Hardware, Software, Network	<i>What types of hardware and systems do we need to begin preparing for, such as tablets, phones, etc.?</i>	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.
	<i>Will the County provide signature pads? if not, will they be able to provide funding to contractors to purchase them?</i>	BHS is working to understand the need and options to address. More information will be shared as project implementation proceeds.
	<i>What do we do if programs do not meet the minimum system requirements for customer workstations?</i>	If you have questions or concerns about the minimum requirements for customer workstations, contact your COR to discuss options.
Patient Portal	<i>Will there be an app for clients to see their records (Patient Portal)? Can they send emails through the system?</i>	Yes, there will be a patient portal for clients. Messaging functionality will be available, more information will be shared about the specific functionality as it becomes available.
SOC Engagement and Participation	<i>Is it important for SOC providers to continue attending subject matter expert (SME) demo meetings at this time?</i>	Yes, SMEs will be asked to support early planning and implementation recommendations. Your input is critical at this time.
	<i>Will there be an opportunity for prescribers to serve as a SME?</i>	Yes, as prescriber needs are identified, we will reach out for requests for participation. If you are a prescriber, or currently have prescribers who have offered to participate, please contact Heather.Rey@sdcounty.ca.gov .
	<i>Would you recommend differentiating super users by discipline, or is the information generalizable across types of roles?</i>	Both. Current super users are working on more generalizable aspects of the SmartCare system. As the project proceeds, BHS will engage super users with specific expertise in various aspects of functionality for "deep dives" into the SmartCare System.

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SOC Preparation	<i>Will extra training be provided for site leads?</i>	<p>During go-live, the role of a site lead is to act as the go-to person at each location to support staff and secure answers to questions during go-live. Site leads will also facilitate communication between the site and BHS by helping to report issues to the help desk. Ideally, site leads are experienced front-line EHR users who are respected by colleagues, strong communicators, and detail-oriented. In preparation for this role, site leads will participate in early training for SmartCare. They will also be asked to join briefings in preparation for go-live. For more information on the role, see the February 20th Town Hall slides located on the EHR Implementation tab of the Optum website. BHS will provide further guidance as project planning proceeds.</p>
	<i>Can I have more than one site lead for my facility?</i>	<p>Yes, multiple site leads and/or other go-live support roles are encouraged based on program type, roles (e.g., clinical vs administrative roles), hours of operation, and program size. Each facility will need to assess needs. Additional guidance will be provided as project implementation proceeds.</p>
	<i>How will we be notified when it is time to identify site leads?</i>	<p>The County will reach out to you by email and other existing communication channels when it is time to identify your site leads and/or other go-live support roles. During this process, the County will request names and contact information.</p>
Terms and Conditions	<i>Where can we find SmartCare Terms & Conditions?</i>	<p>SmartCare is updating their Terms & Conditions. BHS will share as soon as they are available.</p>

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Training	<i>Will there be training for all staff?</i>	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.
	<i>How long will training take?</i>	Training plans are in development and will be shared once confirmed.
	<i>Can super users be trainers for their programs? Or will everyone have to be trained by the County like the current EHR training system?</i>	The training plan and logistics are not yet finalized, though the approach for SmartCare will be a little different than CCBH and SanWITS. SmartCare offers a wide array of LMS training that the County will leverage. The intent for go-live is to have hybrid, online, and in-person trainings. Super users will be able to support training at their facilities, but there will still be a requirement for completion of County training.
	<i>What happens to training cohorts starting after CCBH and SanWITS training ends?</i>	For staff starting after CCBH and SanWITS training ends and before SmartCare is implemented, paper documentation should be used. BHS recommends that for new staff starting after July 1, they only learn SmartCare.
	<i>Since everyone will require training, what is the capability of training the entire county simultaneously?</i>	SmartCare has a robust LMS training platform, which will allow for providers to be trained simultaneously. The County is evaluating in-person training options as supplement to the LMS platform. Additional training details will be shared once confirmed.

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Training	<i>Since new hires will need to use paper forms after CCBH and SanWITS training ceases, are there specific paper forms that will be offered for new hires to use for documentation? Or should programs follow their current practices in place for new hires during the interim between start date to access current training?</i>	Programs should follow their current practices for new hires. If there is a specific paper form or document you have concerns about, reach out to QIMatters@HHSA.sdcounty.ca.gov to discuss.
User Experience	<i>Do we know how much more streamlined documentation is in SmartCare based on other counties' experience?</i>	While it is difficult to assign a percentage to 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 of this product is to reduce the administrative burden of documentation and allow for more direct client care.
	<i>What is the client experience with the use of artificial intelligence (AI)?</i>	The possibility of use of AI is on the SmartCare roadmap but has not yet been implemented.