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.
	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.
	Will clinicians be able to use dictation software with SmartCare and/or dictate directly into the progress notes and Behavioral Health Assessments (BHAs)?	BHS believes SmartCare supports multiple dictation software products and is evaluating that now. BHS will provide more detail as it becomes available.
	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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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 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, 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. Programs should review diagnoses that are migrated from the legacy systems.
	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.

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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?	SmartCare allows staff to enter daily notes. We are developing specific trainings for residential programs. Additional information is forthcoming.
	Are notes templates available?	There is one note template available. It is on the CalMHSA website at 2023.calmhsa.org and will be posted on the Optum site soon as well.
	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 – 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.
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.

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Functionality - Access	*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 Forms are being finalized and are forthcoming.
	When will current staff have access to SmartCare?	Staff who complete mandatory SmartCare training after 8/2 will be given SmartCare access as soon as possible after go-live. We will be monitoring LMS completion regularly and adding access promptly. If your staff has been on leave so long that their account in CCBH or SanWITS has been deactivated, a SmartCare Access Request Form may be needed.
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.

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Functionality - Assessment	*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.
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. Granular details are still in development and will be shared as they become available.
	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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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 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?	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 the consents available are used in SmartCare and if you have others outside of the product, you can complete and scan into this system.
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/

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Functionality - E-Prescribing	*Have we made progress with electronic prescribing for medications and does this includes controlled substance medications?*	ePrescribe with controlled substances will be available.
	Will the current token system for e-prescribers still be used, or will it be different in SmartCare?	Information will be shared as soon as it becomes available.
Functionality - Prescribers	*Where are the actual psych assessment kept?*	Information will be shared as soon as it becomes available.
	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.
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, 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

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	Question	BHS Response
Functionality - Forms	*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.
Functionality - Scanning	*Will there be a simple way to scan/upload and access wet signature documents such as Release of Information (ROIs)?*	SmartCare does have the ability to easily upload documents. Go to the CalMHSA website for more information. https://2023.calmhsa.org/how-do-i-scan-a-document-into-the-clients-record/
	Can paper forms be scanned into SmartCare? Can we upload our own forms, such as admission agreement and facility rules?	Yes.
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?*	The plan at go-live is to migrate CCBH scheduled appointments. More information on this is forthcoming.
	Will SmartCare have scheduling functionality?	Yes.

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Functionality - Scheduling	*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 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.
	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/
	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.

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Data and Reporting	*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.
	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.
	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.

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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.
	Will our current role be migrated into SmartCare?	Yes.
	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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Question	BHS Response
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).
Would 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.

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	Question	BHS Response
Go-Live Prep and Support	*Will there be a help desk for go-live?*	Yes.
	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 at https://2023.calmhsa.org/smartcare-downtime-forms/
	Will the go-live be midnight on September 1st?	Go-Live will be on 9/1 for 24-Hour programs. Other programs will go-live when operations commence after the Labor Day holiday, 9/3. We will communicate additional cutover details closer to the go-live date.
	For programs that have clinical staff that work 7 days a week, but Admin/Site Lead staff working weekdays only, what go-live date do we follow, September 1st or September 3rd?	If your program is open on 9/1 (i.e., a 24-hour program) then your program goes live 9/1 regardless of which days your Site Lead works.
	Will Site Leads be responsible for populating all client information on go-live?	Who is responsible for entry of that data will be determined by each program but doesn't necessarily need to fall to the Site Lead. Often times the person in the best position to add the data is the staff accessing the client's chart for the first time after go-live and who can validate the information migrated into the system. Other programs may want to assign a single staff to manage certain data entry tasks.

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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?	BHS is working to understand the need and options to address. More information will be shared as project implementation proceeds.
	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. The County is piloting additional touchpad options now for compatibility and will share with the SOC when complete.
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.

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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.
SOC Engagement and Participation	*Is it important for SOC providers to continue attending subject matter expert (SME) meetings at this time?*	Yes, SMEs will be asked to support early planning and implementation recommendations. Your input is critical at this time.
	Will there be an opportunity for prescribers to serve as a SME?	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.
	Would you recommend differentiating Super Users by discipline, or is the information generalizable across types of roles?	Both. Current Super Users are working on both generalizable aspects of the SmartCare system, as well as specific aspects of functionality for "deep dives" into the SmartCare System.

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SOC Preparation – Site Leads	*Will extra training be provided for site leads?*	Yes. In preparation for this role, site leads participated in early training for SmartCare. They were also asked to join briefings in preparation for go-live. For more information on the role, see the Site Lead Guidance document located on the SmartCare tab of the Optum website. Site Leads have now been identified and have participated in training.
	Can I have more than one site lead for my facility?	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 has been provided via town halls and is available in the site lead recommendations document on the Optum website.
	How will we be notified when it is time to identify site leads?	The County sent a request via email to identify site leads. This information was due June 14, 2024 to the County.
	Does each Site Lead need to register for the trainings themselves, individually? Do we sign up for all of them?	Yes, each Site Lead registers individually. SmartCare Training registration is now open on the Optum website (optumsandiego.com). Sign up for one training based on the scope of your duties.
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.

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 (FAQ) 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
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.
	How long will training take?	The length of time for training will be dependent upon role. See the documents shared under SOC RESOURCES | TRAINING on the SmartCare tab of the Optum website: DMC-ODS link | MHP Provider Documents link
	Can Super Users be trainers for their programs? Or will everyone have to be trained by the County like the current EHR training system?	SmartCare training is a combination of required LMS training and both required and optional supplemental training, based on role. Please see the Training Summary, Role Grid, and other resources shared under SOC RESOURCES | TRAINING on the SmartCare tab of the Optum website: DMC-ODS link | MHP Provider Documents link
	What happens for new hires starting after CCBH and SanWITS training ends? Will they use paper forms for documentation? Which forms should be used?	New hires will not have access to CCBH and SanWITS training after the final date of training for each module. Instead, they should be oriented by their respective programs on the use of downtime forms until the SmartCare go-live. Additional guidance has been shared regarding CCBH and SanWITS training and use of downtime forms and is available on the SmartCare tab of the Optum website. See CCBH Training and Documentation Guidance and SanWITS Training and Documentation Guidance.
	Since everyone will require training, what is the capability of training the entire county simultaneously?	SmartCare has a robust LMS training platform, allowing for providers to be trained simultaneously. The County also offers both classroom and live virtual supplemental trainings. Please see the Training Summary, Role Grid, and other resources shared under SOC RESOURCES | TRAINING on the SmartCare tab of the Optum website: DMC-ODS link | MHP Provider Documents link

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	Question	BHS Response
Training	*Can established users also use downtime forms after training ceases?*	No. Established users should continue using CCBH or SanWITS until SmartCare go-live to ensure as much data as possible is migrated into SmartCare.
	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
	How can we track training completion at the program level?	Staff's required LMS training completion information is being sent regularly to the Site Leads, who will share with their programs.
	How can I choose the correct required and optional training for my staff?	Refer to the updated CalMHSA Training Role Grid found on the Optum website: DMC-ODS link | MHP Provider Documents link For additional questions, please contact BHS_EHRProject.HHSA@sdcounty.ca.gov
	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?	Contact BHS_EHRProject.hhsa@sdcounty.ca.gov for troubleshooting and login information of SmartCare TRAIN environment.
	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
	When will training be available for staff who are not site leads?	User training for most roles begins week of August 5th. Refer to the updated CalMHSA Training Role Grid found on the Optum website: DMC-ODS link | MHP Provider Documents link

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	Question	BHS Response
Training	*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').
	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
	If I am a Super User who completed the SmartCare basics training prior to 7/15/24 will I need to retake those trainings?	No, the training you took for Super User access is sufficient.
	Is there a way for management to track our staff members' progress on their LMS trainings?	Site Leads are being sent daily reports that indicate staffs' completion progress on LMS. If you are a Site Lead and are not getting this list, contact BryanB.Bagnas@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.
	Where can I find the calendar for the site leads training?	To register for Site Lead training, please go to the Optum site, Online Registration Software for SmartCare User Training at www.regpack.com.
	Would the QA department within a residential program need to do the modules under 'QA" or residential?	We are developing training for residential and CSU programs and will have more information soon. For now, take the SmartCare Basics for All Users and be on the lookout for more information regarding additional training. However, if you are a QA person who covers multiple types of programs (residential and non-residential) within your legal entity, 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

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	Question	BHS Response
Training	*When creating a CalMHSA account does picking your role limit the trainings you can take?*	No, everyone has access to all trainings regardless of role.
	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/.

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	Question	BHS Response
User Experience	*Do we know how much more streamlined documentation is in SmartCare based on other counties' experience?*	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.
	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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