SmartCare User Group

County of San Diego
Behavioral Health Services

March 23, 2026

Meeting Goals

Transparency

Engagement

Inclusion

Meeting Agenda

- Meeting Goals

- Clinical Updates

- MIS

- Data Sciences

- Billing Unit

- Q&A

Who to Contact?

SmartCare System issues: i.e. glitches, functionality issues, pop up errors	CalMHSA various options: 1. Connect via Live Chat (Monday - Friday 8:00 am - 5:00 pm) ▪ Can be accessed via 2023.calmhsa.org ▪ Also available when logged into the SmartCare EHR 2. Submit a ticket (Monday - Friday 8:00 am - 5:00 pm) ▪ by accessing 2023.calmhsa.org ▪ by logging into SmartCare 3. After-hours support (only available for system outages) ▪ Call (916) 214-8348
SmartCare ARF submission and any access related issues or questions	BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov
SmartCare Support questions that cannot be addressed by the CalMHSA Support Desk to be directed to this email.	BHS_EHRSupport.HHSA@sdcounty.ca.gov
For questions related to documentation, guidelines or policy	QIMatters.HHSA@sdcounty.ca.gov
Billing Issues or Questions that can't be addressed by the CalMHSA Help Desk	MHBillingUnit.HHSA@sdcounty.ca.gov ADSBillingUnit.HHSA@sdcounty.ca.gov MH Billing line: 619-338-2612 SUD Billing line: 619-338-2584
Reports & Data Centralized E-mail support:	BHS-DataScience.HHSA@sdcounty.ca.gov
Password Resets and Account Unlock Needs	Call 1-800-834-3792 (Available daily from 4:30 am – 11:00 pm including weekends and holidays)

SmartCare User Group: Clinical Updates

Jill Michalski, EHR Project Team Clinical Lead

Tribal Affiliation field has been added to the Client Information Screen.

- Field will appear when either "American Indian" or "Alaskan Native" is selected in the Race field.

  - Field is optional and can be left blank if tribal affiliation is unknown or client declines to report

  - Field is searchable for tribal affiliation and includes all tribes on the current USCDI list

Client Information Screen – Tribal Affiliation

ASCMI

Authorization to Share Confidential Member Information

ASCMI: Authorization to Share Confidential Member Information

- The Authorization to Share Confidential Member Information (ASCMI) initiative creates a standard statewide process for sharing clients' sensitive physical health, behavioral health, and social services information among authorized care partners (providers, plans, counties and social service agencies).

- The ASCMI fully meets all HIPAA and 42 CFR Part 2 requirements and functions as a legally valid Release of Information (ROI).

- This form must be completed by all clients even if they choose not to share any information.

- The ASCMI will "drop the wall" within SmartCare if the client consents to sharing SUD information.

ASCMI Organization Name

- Currently the ASCMI is defaulted to auto-populate "County of San Diego" as the Organization Name.
- Providers should edit this field to their Program Name which will then auto-populate to the appropriate fields in the ASCMI form.
- Program-level information should be used to complete the Care Partner Information section for the following fields:
  - NPI
  - TIN
  - Mailing Address

ASCMI Organization Name

General

AUTHORIZATION TO SHARE CONFIDENTIAL MEMBER INFORMATION (ASCMI) FORM: NON-AB 133[1] (VERSION 2.0)

Organization Name: | County of San Diego

The "ASCMI Form: Non-AB 133" can be used to authorize data sharing for individuals residing in California who do not meet the criteria to use the ASCMI Form: AB 133. This includes all individuals that are:

1. Not enrolled in a Medi-Cal managed care plan.
2. Not receiving behavioral health services under Medi-Cal.
3. Not involved in the criminal legal system that qualify for pre-release Medi-Cal benefits.

County of San Diego wants to help coordinate your health and social services so that you can live a healthier life. Your Care Partner may ask you to sign the Form when they need your consent to share your information with other people or organizations you are receiving care or services from. The Form is not intended to authorize the general release of your information when not required for coordinating your care. Please see below for further detail on the purpose of information sharing and who can share and receive your information.
This ASCMI Form will:

• Explain what information about you may be shared to help coordinate your care.
• Explain how your information may be shared and used.
• Ask for your permission to share certain types of your information. The types of information are listed in Section 1.3 of the ASCMI Form.

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[1] AB 133 refers to California Assembly Bill 133.

ASCMI Organization Name

ASCMI
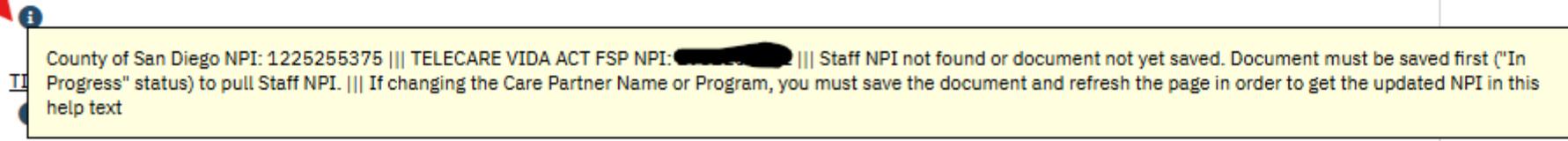
- Information and copies of the ASCMI forms can be found on DHCS's website: https://www.dhcs.ca.gov/CalAIM/Pages/ASCMI-CalAIM.aspx.

- SmartCare Resources:
  - ASCMI - 2023 CalMHSA
  - How to Complete the ASCMI - 2023 CalMHSA
  - ASCMI v. Coordinated Care Consent - 2023 CalMHSA
  - How to Document an ASCMI Done on Paper or PDF - 2023

  - ASCMI-Care-Partner-facing_final-01.27.2026.pdf (DHCS FAQ)

Risk Assessment Effective Date

- Risk Assessment Effective Date vs Signed Date
    - Currently the effective date on the Risk Assessment Document default is set to change the effective date to align with date the provider signs/finalizes the document.
    - This results in discrepancy between the date the Risk Assessment is completed with the client and documented in service note and date of the document.
    - Configuration is being tested in QA environment to have effective date remain as date completed with client.
    - Best Practice still remains that Providers should complete and sign the Risk Assessment same day.

Draft Watermark – In Progress

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- A draft watermark "In Progress" will display in the PDF of all documents and service notes which are in "In Progress" status.

- This ensures that in-progress documents are visually distinct from signed/completed documents.

Coming Soon!

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- EBP Bundled Rates – Workflows for programs that will be able to claim monthly bundled rates (ACT/FACT, CSC for FEP, FFT, HFW, etc)

- Chosen Name vs Legal Name entries in SmartCare

- Elios AI Documentation

SmartCare User Group: MIS

Becky Ferry-Rutkoff, Adrian Escamilla

SmartCare Support: BHS_EHRSupport.HHSA@sdcounty.ca.gov
SmartCare Access issues/ARFs: BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov

Staff Administration

- ARF effective date entered should be:
  - Hire Date;
  - When clinician can provide billable services; or
  - Effective date of modification

- LMS Training must be completed before submitting an ARF
  - Access cannot be granted until required training is completed
  - Refer to the training grid on the Optum website for required trainings based on role

- Do NOT remove existing taxonomies – it will result in billing denials
  - If staff has a new taxonomy, it can be added without removing the old taxonomy
  - Emails have been sent to users who need to reenter their old taxonomies

CalOMS – Annual Updates

An Annual Update must be completed 10-11 months from the client's Admission Date.

- Currently, developing a report that will identify clients who require an Annual Update or must be discharged.

- For now, staff can refer to the **Program Assignments (Program) screen** in SmartCare.

  - Select the program and Enrolled. A date range is not required.

  - Export to Excel and filter for clients who have been enrolled for 10+ months.

  - Complete an Annual Update or Discharge for the client.

CalOMS – Annual Updates

Staff can also run the **CoSD Active Clients Report** to identify clients enrolled for 10+ months.

- Set the Enrolled Date From/To parameters to today's date.

- Export to Excel and filter the Enrolled Date column to identify clients who have been enrolled for 10+ months.

- Complete an Annual Update or Discharge for the client.

CalOMS Reminders

- The Effective date auto-populates to the current date. Change the Effective date on the Annual Update or Discharge document to reflect the correct date.

- Verify the Annual Update (AU) Number. This is the AU sequence number. If the system generated the wrong number or the field is blank, staff must manually enter the correct Annual Update Number.

CalOMS Reminders cont.

Contact the MIS Support Desk if:

- FSN (Form Serial Number) dropdown is blank

- FSN on the Admission and the Annual Update/Discharge do not match

- The Admission Date on the Annual Update/Discharge document was populated incorrectly.

Reporting in the SmartCare Era

Derek Kemble – Data Science
BHS-DataScience.HHSA@sdcounty.ca.gov

Report Training and Resources

- Current Efforts
  - <u>Optum SmartCare Training</u>
  - <u>SmartCare Help Desk Support</u>
  - <u>SmartCare ARF: Treatment Programs</u>
  - Centralized E-mail support: <u>BHS-DataScience.HHSA@sdcounty.ca.gov</u>

- Future Efforts
  - "How to" for manual reports.
  - Data Science- Data Quality team efforts
  - Improved Email Process

CoSD SmartCare Reports

[SmartCare Report Request Form](#)

Data and Reporting

Name	System Of Care	Link	Description	Revised Date	Superseded File
ASAM Reporting Tool	SUD	ASAM_Reporting_Tool.xlsx	N/A	N/A	N/A
ASAM Reporting – Youth and Providers not in SmartCare	SUD	ASAM_Reporting_-_Youth_and_Providers_not_in_SmartCare.pdf	N/A	9/27/2024	ASAM_Process_for_Non_SmartCare_Users.pdf
CCBH to SC Preliminary Reports Crosswalk	MH	CCBH to SC Preliminary Report Crosswalk 2024-08-23.pdf	N/A	8/23/2024	N/A
SanWITS to SC Preliminary Reports Crosswalk	SUD	SanWITS_to_SC_Preliminary_Report_Crosswalk_2024-08-23.pdf	N/A	8/23/2024	N/A
SmartCare Program Crosswalk	MH/SUD	SmartCare Program Crosswalk.xlsx	N/A	N/A	N/A
CoSD SmartCare Report Tracker	N/A	CoSD SmartCare Report Tracker	N/A	N/A	N/A
SmartCare Report Request Form for BHS staff	N/A	SmartCare Report Request Form for BHS staff.docx	N/A	N/A	N/A
SmartCare Report Request Form for Providers	N/A	SmartCare Report Request Form for Providers.docx	N/A	N/A	N/A

CoSD SmartCare Reports

[CoSD SmartCare Report Tracker](#)

CoSD SmartCare Reports

CoSD TADT Report

Description

The Timely Access Data Tool (TADT) report is used to identify if programs are meeting the criteria for timely access standards. The report displays the programs affiliated to the user running the report and is split into 4 different categories, with each having their own standards for meeting timely access.

Report Status	First Published	Last Revised
Revision Done	02/19/2025	05/14/2025

Report Filters

Filter	Description
Executed By Staff Id	This filter constrains the data to the user executing the report
Document Status	This filter excludes documents that are in the Error or Cancelled status
View As	This parameter is a single-select dropdown that allows a user to view the TADT information in detail or in summary
Program Code(s)	This parameter is a multi-select dropdown that allows a user to select one or more programs the user is associated to
Report Types	This parameter is a multi-select dropdown that allows a user to view one or more of the following report types: MHP Psychiatric, MHP Non-Psychiatric, DMC-ODS Outpatient, DMC-ODS Opiod
Access Met (Offered)	This parameter is a multi-select dropdown that allows a user to view one or more of the following access met related to offered appointments: (N/A), Met, Not Met
First Contact Date From	This parameter is a date search that allows a user to set the start date for the reporting period
First Contact Date To	This parameter is a date search that allows a user to set the end date for the reporting period
Has Medi-Cal	This parameter is a multi-select dropdown that allows a user to view clients with or without Medi-Cal
Document Status	This parameter is a multi-select dropdown that allows a user to view one or more of the following document statuses: Signed, In Progress, To Do
Referral Source	This parameter is a multi-select dropdown that allows a user to view one or more referral sources selected for timely access

Columns

Detail

BHS Billing Announcements/Reminders

Tess Bugay and Carmen Saline

MH Billing: MHBillingUnit.HHSA@sdcounty.ca.gov
SUD Billing: ADSBillingUnit.HHSA@sdcounty.ca.gov

Announcements

1. A "9999 Tip Sheet" was developed by BHS BU in collaboration with others (BHS Fiscal, QA, Data Science) and is in the final review stage. Notification will be sent out once the document has been posted on Optum website.

2. CalMHSA is currently in the process of modifying our (billing unit) internal claims denial report to create a CDAG compliant and user-friendly version. This report will provide more information regarding those services in the CoSD Client Charges and Claims Report that are in "Denied" charge status.

3. BHS BU Billing Office Hours FAQs document was put on hold while we worked on the 9999 Tip Sheet. Our team wanted to make sure that information provided on the tip sheet and FAQ are in sync and that the same message is delivered consistently to our SOC. Notification will be sent out once the Billing Office Hours FAQs has been posted on Optum website.

4. BHS BU Billing Office Hours will resume next month (April 2026). Due to competing priorities and workload, including post state audit, we were unable to schedule a call this month.

1. BHS BU will **submit to DHCS** all services rendered in 03/2025 on/before 03/27/2026.
2. As a reminder, there is a 3-day lag time before newly entered services moves from SHOW to COMPLETE. Therefore, ALL 03/2025 services must already be in SmartCare by this time. It takes BHS BU at least a week to prepare our Medi-Cal batches, resolve charge errors and generate clean claim files for submission to the State.
3. **Service Errors** should be reviewed/resolved daily, focusing on the oldest DOS that can still be billed to Medi-Cal (12 months from the date of service).
4. For clients with OHC (other healthcare coverage/private insurance) as primary and Medi-Cal as secondary payer, **it is important that contract providers** bill their client's OHC as soon as possible so EOBs (explanation of benefits) are received on time and forwarded to the BHS BU for processing.
5. The BHS Billing Unit is unable to batch completed services with "charge errors". Examples of charge errors include uncleared Share of Cost, procedure code that creates a lockout situation, invalid client address entry, missing demographics, and others. It is requested that providers review data entry and use the Service Table to avoid invalid or duplicate billing. The ADS Billing Unit must receive the completed and signed Financial Responsibility and Medi-Cal share of cost (SOC) form from SUD programs.

Programs must complete the client's address and other essential information on the Client Information screen. The County billing team may be unable to batch, and bill claims to Medi-Cal if the necessary fields are not filled out correctly, resulting in a charge error. To prevent or resolve the problem, go to the Client Information screen and click on the General tab. Enter the address by clicking the 'Details' button. On the Demographics tab, complete the client's ethnicity, gender identity, sexual orientation, and race. A red asterisk will appear if you skip the required fields, preventing you from clicking save and proceeding to the next step.

Billing Manual and Service Table

MH and SUD programs must continue to utilize the DHCS billing manuals and Service Tables posted on the Optum website for guidance on billing rules and requirements, lockout codes, procedures, modifiers, and places of service.

For **SUD non-NTP programs**, please refer to page 61 of the DMC-ODS Billing Manual SFY 2025-26 section 5.2.30 Other Health Care Coverage – Non-Medicare (Commercial insurance and Medicare Part C): "Service that can be billed directly to Medi-Cal". The January 2026 SUD UTTM also has this announcement. Please contact the adsbillingunit.hhsa@sdcounty.ca.gov if you have any questions.

Billing Manual and Service Table

SMH & DMC-ODS Health Plans

Welcome to the County of San Diego's Behavioral Health Services (BHS) SMH and DMC-ODS health plan document library. From this site, you will be able to access communications, forms, manuals, and other resources shared with providers.

Additional Resources

- SDAIM (sandiegocounty.gov) (enhanced Care Management, Community Supports and Transportation for Medi-Cal members)
- HHSA Medi-Cal (How to apply for Medi-Cal)
- Access & Crisis Line (ACL) Resources (brochures & posters)
- Privacy Incident Reporting (PIR)

SmartCare · Communications · Beneficiary · NOABD · Incident Reporting · UTTM · Training · **Billing** · UCRM / SUDURM · OPOH / SUDPOH

SUD Resources · MH Resources · Manuals · Monitoring · Forms · IHCP · LPS · OOC/OON · Provider Certification

Billing Manual and Service Table

MH Only

NAME	FILE
MH Service Table 25-26 v. 06.2025	Specialty-Mental-Health-Service-Table-25-26 v. 06.2025.xlsx
Financial Eligibility and Billing Manual	Financial Eligibility and Billing Manual rev. 110821-003.pdf **Currently being updated**
MAA Service Record	114 - OPOH - Appendix_N - A.N.2_Service_Record - 1-1-12.pdf
Medi-Cal Administrative Activities (MAA) Procedures	113 - OPOH - Appendix_N - A.N.1 - MAA_Procedures - 1-1-12 - rev_2-13-12.pdf
SMHS Billing Manual 3.2	SMHS Billing Manual - Version 3.2.docx
SMHS Billing Manual 3.2- List of Changes	SMHS Billing Manual List of Changes- Version 3.2.docx

Billing Manual and Service Table

DMC-ODS Only

NAME	FILE	REVISED DATE	INSTRUCTIONS
DMC-ODS Service Table SFY 24-25 (Revised 10/2025)	DMC-ODS Service Table SFY 24-25_version 10.2025.xlsx	10/2025	N/A
DMC-ODS Service Table SFY 25-26 (Revised 10/2025)	DMC-ODS Service Table SFY 25-26_version 10.2025.xlsx	10/2025	N/A
DMC-ODS Billing Manual SFY2025-26 version 3.0	DMC-ODS Billing Manual SFY2025-26.pdf	7/2025	N/A
List of Changes 3.0 DMC Billing Manual	List of Changes 3.0 DMC Billing Manual (002).docx	N/A	N/A
DHCS DMC-ODS Aid Codes	SDMC Aid Code Chart_v.02.2023	5/2/2023	N/A
DHCS 100186 or Claim Submission Certification Form	DHCS_100186_Form.pdf	6/2014	DHCS_100186_Instructions.pdf
Places of Service Table	Places of Service Table 9-5-25.pdf	N/A	N/A

Q&A

For any further questions, contact: QIMatters.HHSA@sdcounty.ca.gov

Or go online for more information at: Optumsandiego.com

NEXT MEETING: Tuesday, April 21, 2026; 10:00am – 11:00am