



# SmartCare Guide

## BH Connect EBP Program: High Fidelity Wraparound Entering Monthly Bundled Services Interim Workflow Version 1.5



## BHC EBP Monthly Bundled Rate Service Entry in SmartCare

### Open Client to Program

Follow SmartCare Workflows when receiving referral(s) and opening clients to your program and requesting prior authorization.

[SmartCare Workflow for MH-SUD 10.08.24.pdf](#)

### Entering BHC EBP Services in SmartCare using the Bundled Rate Mode of Delivery

1. Open the service note screen. **Review and complete the service details**
  - a. **Confirm the Program, Procedure, Location, Clinician, and Mode of Delivery** are accurate.

▪ **Mode of Delivery must be selected for “BHC- Monthly Bundle”**

The screenshot shows the 'Progress Note' form in SmartCare. The 'Service' tab is active. The 'Mode of Delivery' dropdown menu is selected and highlighted with a red circle, showing the option 'BHC - ACT/FACT Monthly Bundle'. Other fields include Status (Show), Program, Procedure (Crisis Intervention), Location, Clinician (Michalski, Jill), Start Date (05/07/2026), Start Time, Travel Time, Documentation Time, Service Time, Attending, Referring, Evidence Based Practices, Transportation Service (No), and Interpreter Services Needed (checkbox).

- Enter the actual procedure code for the service provided and Place of Service

#### b. **Confirm the Start Date is accurate and complete the time fields.**

- Travel Time – any time spent traveling to or from this service appointment. This will not be billed but is used for tracking.
- Documentation Time – any time spent documenting the service or related forms.



- Service Time – the length of the service time, even if the client was not present.
- c. Leave **Attending** and **Referring** blank.
- d. **If you are in a Mental Health program, you may enter any Evidenced Based Practices you provided.** This is used for CSI reporting, so you can only select up to 3 and the options are limited to CSI reporting values.
- e. **Enter whether Transportation Service was provided or not.** If the client does not have the Transportation Service checkbox checked in the Client Information, this will automatically populate as “No”. For services done via phone or telehealth, this may be marked “N/A.”
- f. **Check Interpreter Services Needed if applicable.**

The screenshot shows the 'Progress Note' form in a web application. The form is titled 'Progress Note' and has a toolbar with various icons and a 'Save' button. Below the toolbar, there is a header section with 'Effective' date (10/29/2025), 'Status' (To Do), 'Author' (Vera, Monique), and '10/28/2025'. A red circle with the number '2' is next to the 'Effective' date. Below the header, there are tabs for 'Service', 'Note', 'Billing Diagnosis', 'Add-On Codes', 'Warnings', and 'Disposition'. The 'Service' tab is selected. The form is divided into two columns. The left column contains fields for 'Status' (Show), 'Program' (MH Adult Outpatient), 'Procedure' (Assessment LPHA), 'Location' (Community Mental Health Center), 'Clinician' (Vera, Monique), 'Mode Of Delivery', 'Cancel Reason', 'Evidence Based Practices', and 'Transportation Service' (No). The right column contains fields for 'Start Date' (10/29/2025), 'Start Time' (8:00 AM), 'Travel Time' (0 Minutes), 'Documentation Time' (15 Minutes), 'Service Time' (45 Minutes), 'Attending', 'Referring', and 'Interpreter Services Needed' (checkbox). Red callouts 'a' through 'g' are placed around the form: 'a' points to the 'Status' dropdown, 'b' to the 'Program' dropdown, 'c' to the 'Start Date' date picker, 'd' to the 'Attending' dropdown, 'e' to the 'Evidence Based Practices' dropdown, 'f' to the 'Transportation Service' dropdown, and 'g' to the 'Interpreter Services Needed' checkbox. A red circle with the number '2' is also next to the 'Effective' date.

- h. **In the Custom Fields section, enter Interpreter and Language information if applicable.**
- Was Interpreter Utilized – If you mark Yes, indicate who the interpreter was. This could be an agency name or the name of a person. If an interpreter was not needed because you, the provider, did the service in the client’s native language, you can leave this blank.
  - **Indicate the language the service was provided in.**
- i. **In the Custom Fields section, there is a section for Comments.** This is usually used for no-shows and cancellations. Your Front Desk staff may also

put notes for you in this section, such as “the client called and will be 5 minutes late to the appointment.” Keep in mind that anything entered in this section will be considered part of the client’s record and can be viewed by the client at any time.

**Custom Fields**

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**Interpreter/Bilingual Service Information**

Was an interpreter utilized?  Yes  No      Language service was provided in

Interpreter Agency/Name

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**Other**

Comments

3. If the status of the service is **“Show”**, you may now click on the Note tab. **Complete the progress note tab.** This note type may look different depending on the procedure code you have chosen. Most will include 3 fields: the Problem List section, the Note section, and the Care Plan section.
  - a. If you want to add problems to the problem list, you can do so here. Search for the problem using either the Code or Description field, enter the start date, and select your program. Then click Insert.

**Progress Note**

Effective: 10/29/2025    Status: To Do    Author: Vera, Monique    10/28/2025    Sign

Service **Note** Billing Diagnosis Add-On Codes Warnings Disposition

General **3**

**Problem Details**

Code Search    Description Search    Start Date: 10/29/2025    End Date:    Program:    **Insert** **Clear**

**Problem List**

	Start Date	End Date	ICD 10 Code	ICD 10 Description	SNOMED CT Code	SNOMED Description	Program
X	05/01/2...		Z91.89	Other personal risk fac...	621081000124...	History of homelessness	MH Adult Outpatient

- b. **Select which problems you addressed** in today’s session. If you added a problem in step 3a above and don’t see the problem on this list, click the Refresh button.



Problems addressed during this session

Refresh

- Housing instability
- Positive screening for depression on Patient Health Questionnaire 2
- Anxiety disorder caused by methamphetamine

b

- c. **Enter your note** in the Information section. This should include all your usual clinical information, such as your interventions and the client's response to the interventions.
- d. **Enter your plan of care** in the Care Plan section. For services that require a treatment plan with specific items, this is where the treatment plan is entered. This information will pull forward from the most recent service note in the same program. There may be text templates available for specific treatment plan requirements.

Service	Note	Billing Diagnosis	Add-On Codes	Warnings	Disposition
<b>General</b>					
<b>Information</b> <input type="text" value="Choose Text Template"/>					
Describe current service(s), how the service addressed the beneficiary's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors).					
Summary of needs/Rationale that supports the level of care determination:					
Client's current needs:					
Client's goals:					
Transition/discharge planning:					
Recommendations/Plan of Care:					
<b>Care Plan</b>					
Indicate the goals, treatment, service activities, and assistance to address the objectives of the plan and the medical, social, educational, and other services needed by the beneficiary. Include how the beneficiary or their representative helped to develop the goals, and the progress toward meeting the established goals. Indicate transition plan if the individual has achieved the goals of the care plan.					
Providing resources for finding housing					

c

d

- 4. The Billing Diagnosis tab will show you which diagnoses will be pulled onto the billing. You should generally ignore this tab for ongoing services. However, if you need to change the billing order, for example you want this note to focus on the secondary diagnosis, you can re-order the diagnoses to match your service without changing the overarching diagnosis form.



Progress Note

Effective 10/29/2025 Status To Do Author Vera, Monique 10/28/2025 Sign

Service Note **Billing Diagnosis** Add-On Codes Warnings Disposition

Billing Diagnosis

ICD 10...

Order	ICD/ DSM - Description
1	F15.180 - Caffeine-induced anxiety disorder, With mild use disorder

[Re-Order Diagnosis](#) [Refresh Diagnosis](#)

5. When you are finished with your documentation, **click Sign**.

Progress Note

Effective 10/29/2025 Status To Do Author Vera, Monique 10/28/2025 Sign

Service Note **Billing Diagnosis** Add-On Codes Warnings Disposition

Billing Diagnosis

ICD 10...

Order	ICD/ DSM - Description
1	F15.180 - Caffeine-induced anxiety disorder, With mild use disorder

[Re-Order Diagnosis](#) [Refresh Diagnosis](#)

**Services will go through the Nightly Job and “pend” on the back end in specific billing EBP Bundled Rate billing plans until end of month review and edit of services provided to the client based on whether they meet threshold for either the Full or Partial Monthly Bundled Rate or should be edited to remove the BHC Monthly Bundled Rate MOD.**

### Review of EBP Services for Bundled Rate Claiming

EBP services are claimed and billed under the Monthly Bundled Rate based on the **services provided during a single calendar month**.

At the end of each calendar month, Program(s) should:

- Run the **COSD Client Services Report (My Office)** for all services provided for the calendar month no later than 5<sup>th</sup> of the month following the month in which you are claiming services. (See *Guidance on running COSD Client Services Report*)



- Providers are reminded that DHCS requires all services to be documented within 3 days of date of service; all services for the month must have been entered before running the COSD Client Services Report (My Office).
- **Review all services** provided to the client(s) to ensure all services were entered with the MOD for the BH Connect Monthly Bundled Rate
  - if the MOD is incorrect, the service note will need to be corrected before the claim is batched and submitted to DHCS for reimbursement
  - Incorrect MOD risks loss of revenue as the MOD is how claims are identified for the bundled rate and how DHCS will determine whether services provided receive the bundled rate.
- Edit any services that should be claimed as unbundled services by changing the MOD from “BHC Monthly Bundle” to the appropriate MOD to unbundle the service **Complete these edits no later than the 10th of the month following the month to be claimed.** Billing Unit will begin processing and batching bundled claims on the 15th of the month.

### End of Month – Review and Unbundling of Services

Run the COSD Client Services Report for all clients at the end of the month – reminder - all services for the month being reviewed for billing must be entered before running this report.

- a. Providers are reminded that DHCS requires all services to be documented within 3 days of date of service.
  - b. Recommend to run report on 5<sup>th</sup> of month to ensure all services have been entered into SmartCare for the previous month.
2. Filter Report by client and review service details to determine whether client contacts meet threshold for Monthly Bundled Rate and have correct MOD.

### Editing the Service Note to change MOD\*

1. Select Client
2. Open **Services (Client)** List Page
3. Open Service Note to be edited

Gurdy, Hurdy (200388767) + x

Jill Michalski

Services (5)

Show Services Only: All Statuses, All Clinician, Apply Filter

All Programs, DOS From: 04/01/2026, DOS To: , Include Services created from Claims

Only Include Services with Add On Codes, All Program Assignment

DOS	Procedure	Group Name	Units	Status	Clinician/Provider	Program	Location	Charge	Payment	Client Bal	3rd Party Bal	Add On Codes	Attachment(s)	Recurrence
04/22/2026 09:00 AM	TCM/ICC 15 Minutes		1.00	Complete	Michalski, Jill MD Me...	CRF S BAY IMPAC...	Telehea...	\$373.99			\$373.99			
04/14/2026 02:00 PM	TCM/ICC 20 Minutes		1.00	Complete	Michalski, Jill MD Me...	CRF S BAY IMPAC...	Telehea...	\$373.99			\$373.99			
04/09/2026 09:00 AM	Individual Therapy 30 Min...		1.00	Complete	Michalski, Jill MD Me...	CRF S BAY IMPAC...	Office	\$747.99			\$747.99			
04/08/2026 10:00 AM	Individual Therapy 30 Min...		1.00	Complete	Michalski, Jill MD Me...	CRF S BAY IMPAC...	Office	\$747.99			\$747.99			
04/02/2026 09:00 AM	Psychosocial Rehab - Indi...		3.00	Complete	Michalski, Jill MD Me...	CRF S BAY IMPAC...	Office	\$1,121.97			\$1,121.97			

#### 4. Select **Override Service Detail** Icon

Service Detail

Regenerate Charge

Service Detail | Billing Diagnosis | Add-On Codes | Authorization(s)

Service

Client: Wobbestone, Lu... Status: Show Start Date: 05/05/2026 Program: TELECARE VIDA ACT FACT

Procedure: Individual Therapy Modifier: Start Time: 10:00 AM Service Time: 45 Minutes

Clinician Name: Michalski, Jill End Date: 05/05/2026

Location: Office Attending Referring


Client was present (unused) Other Person(s) Present Cancel Reason

Group... Charge: \$1121.98 Balance Rate ID: 11079335

Billable  Do Not Complete

Mode Of Delivery: BHC - ACT/FACT Monthly Bundle

Travel Time: 0 Minutes Note



#### 6. Change the **MOD\*** from the BHC Monthly Bundle to the appropriate MOD for services that should be excluded from the bundled rate.

11-01-2025

Gurdy, Hurdy (200388767) + x

Jill Michalski

Service Detail

Regenerate Charge

Service Detail | Billing Diagnosis | Add-On Codes | Authorization(s)

Service

Client: Gurdy, Hurdy Status: Complete Start Date: 04/22/2026 Program: CRF S BAY IMPACT FSP

Procedure: TCM/ICC Modifier: Start Time: 9:00 AM Service Time: 15 Minutes

Clinician Name: Michalski, Jill End Date: 04/22/2026

Location: Telehealth - Audio and Video Attending Referring

Client was present (unused) Other Person(s) Present Cancel Reason

Group... Charge: \$373.92 Balance: \$ 373.99 Rate ID: 10295325

Billable  Do Not Complete

Mode Of Delivery: Face-to-face

Travel Time: utes Note

Documentation Type: Face-to-face


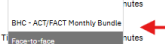
Evidence Based P Video Conference

Transportation Se: Written

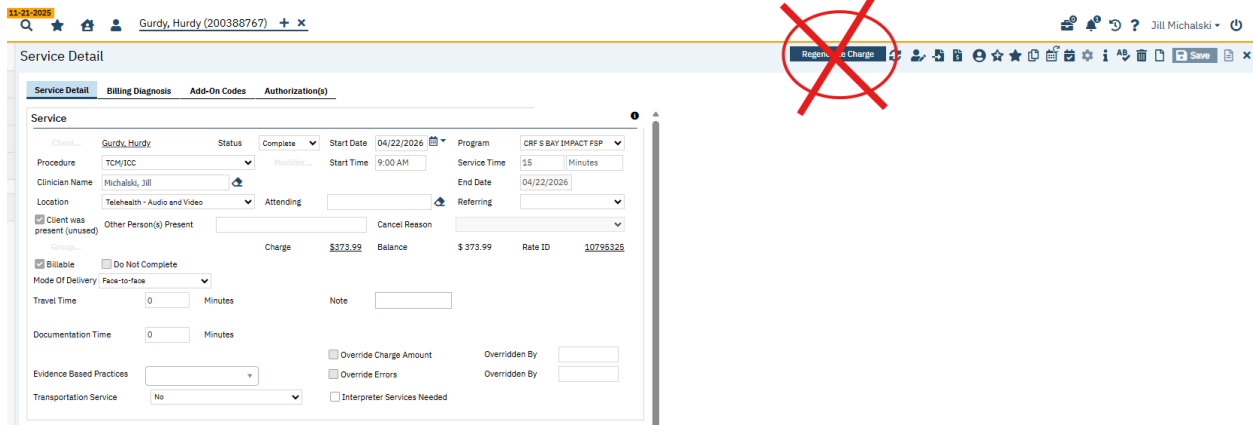
Override Charge Amount Overridden By

Override Errors Overridden By

Interpreter Services Needed

#### 7. Select **Save** – **do NOT** select the **“Regenerate Charge”** button.



*Not all services will require the MOD to be changed. MOD is dependent on whether the service will be part of the bundle or will be claimed separately as an unbundled service.*

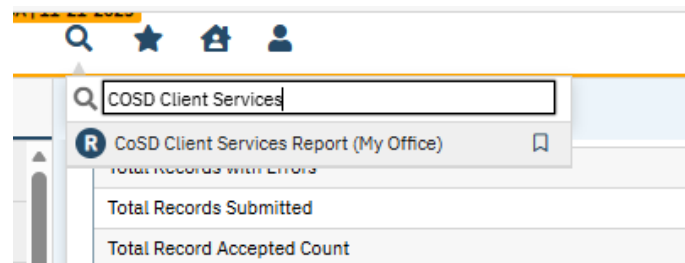
7. Once your program has changed the MOD for any services that should be billed as unbundled, notify MH Billing Unit that monthly services have been completed. This should occur no later than the 10<sup>th</sup> of the month following the month the services were provided.
8. No additional changes or edits should be made to service notes after the 10<sup>th</sup> of the month. If additional service corrections are needed, please reach out to the MH Billing Unit directly.

### **How to Run the COSD Client Services Report (My Office)**

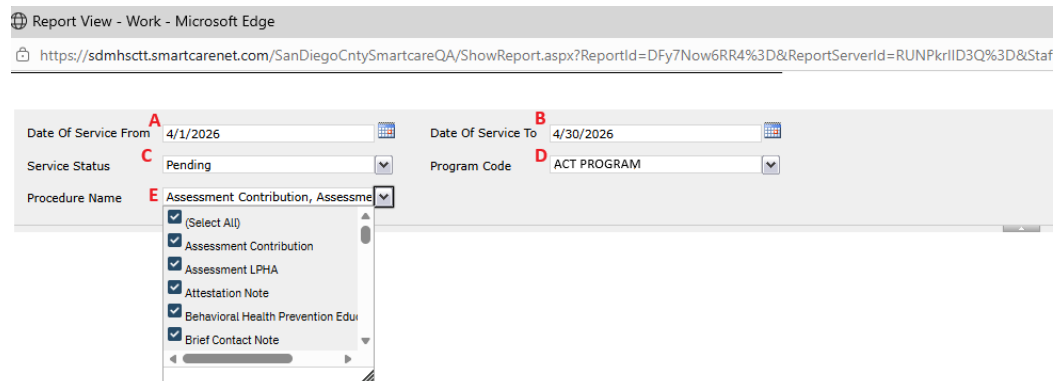
The COSD Client Services Report (My Office) provides a comprehensive view of client service activities, encompassing details on service delivery, client demographics, program participation, and staff involvement over the specified date range. This report will be used to review all services provided to the client for the specified month in order to determine if the threshold was met to claim the Monthly Bundled rate and to identify those services which may should be unbundled and claimed separately as FFS, *if applicable*. \*CalMHSA is developing and testing a BH-Connect EBP Monthly Bundled Rate Report, however timeline for release is pending.

### **How to Run the COSD Client Services Report (My Office)**

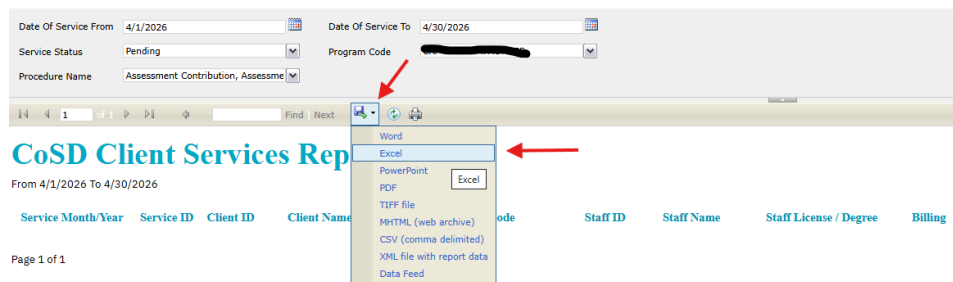
1. Click the Search Icon.
2. Type the Name of the report in the search bar.
3. Click to select the report.



4. A new window will open, **enter the parameters for the report:**
  - a. Enter Date of Service From (1<sup>st</sup> of month, i.e.: 4/1/2026)
  - b. Enter Date of Service To (last date of month, i.e.: 4/30/2026).
  - c. Enter Service Status as Pending
  - d. Enter Program Code (Name of Your Program)
  - e. Select All for Procedure Name(s)
    - i. you will want all services provided to the client by your program included to determine criteria for Full or Partial Month bundled rate and identify any services that may need to be unbundled.



5. **Click View Report.**
6. The report will be displayed. To export the report, **click the Save/Export button drop down arrow.**
7. **Select Excel** or other export option.



## 8. Filter Report by Client Name

- a. This will allow you to count the number of encounters/contacts provided to the client and whether the service is eligible for the bundled rate.
  - i. Was the encounter Face to Face with the client or was the contact a collateral contact or non-face to face encounter with client?
- b. Once you have identified whether the client will meet for the Bundled Rate or if there are services that will need to be unbundled or require MOD correction, you will need to edit the service details for each service note to prepare the services to be go through the nightly job and billing process following processes outlined above.