SmartCare Guide
BH Connect EBP Program:
Individual Placement & Support (IPS)/
Supported Employment
Entering Monthly Bundled Services
Workflow Version 2.0

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.

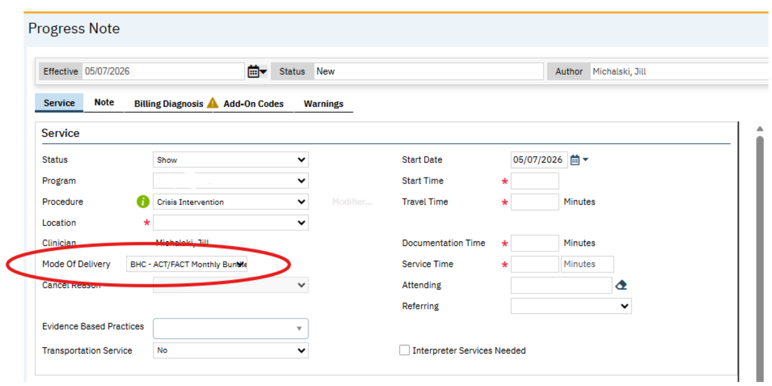
[SmartCare Workflow for MH-SUD 10.08.24.pdf]

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"**



      - 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.

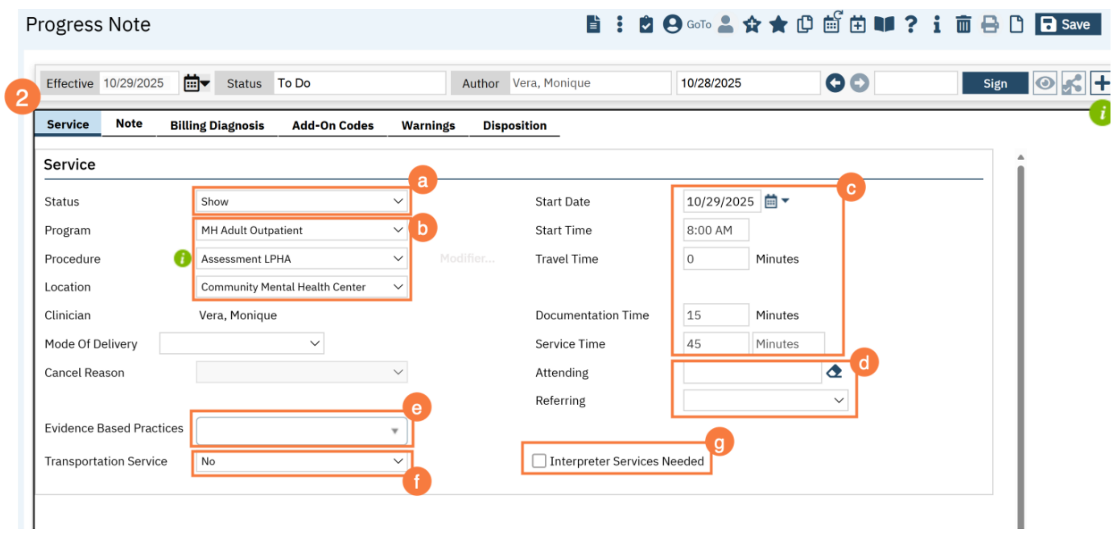
- Service Time – the length of the service time, even if the client was not present.

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."

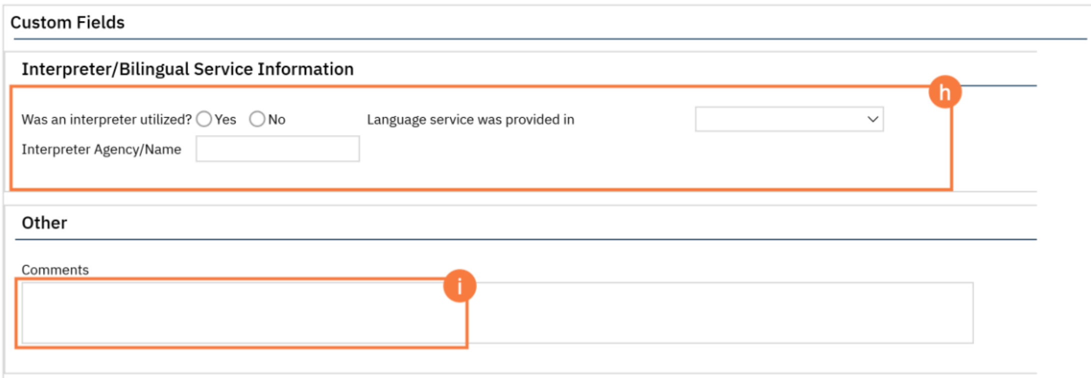
f. **Check Interpreter Services Needed if applicable.**



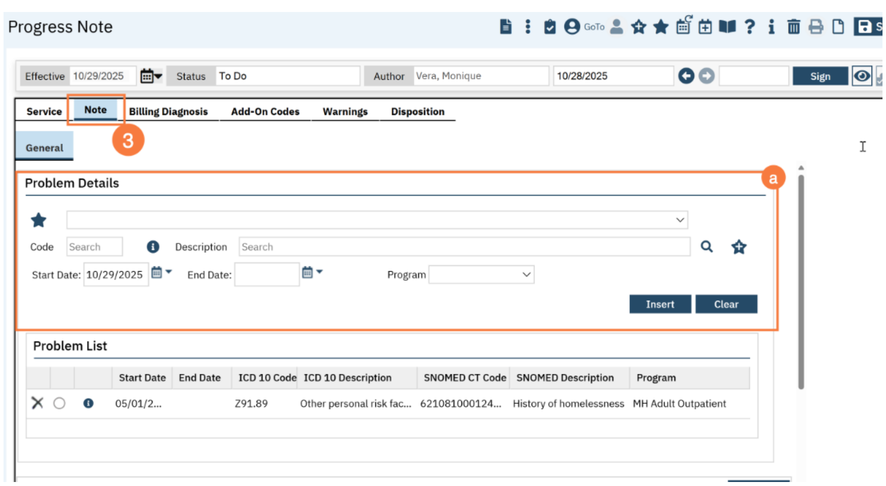
h. **In the Custom Fields section, enter Interpreter and Language information if applicable.**

- 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**.

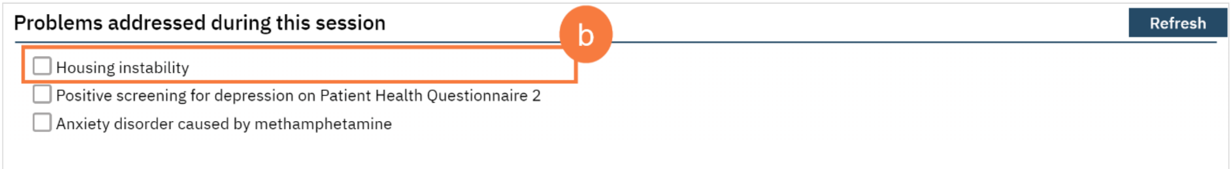
i. **In the Custom Fields section, there is a section for Comments.** This is usually used for no-shows and cancellations. Your Front Desk staff may also put notes for you in this section, such as “the client called and will be 5 minutes late to the appointment.” Keep in mind that anything entered in this section will be considered part of the client’s record and can be viewed by the client at any time.



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.

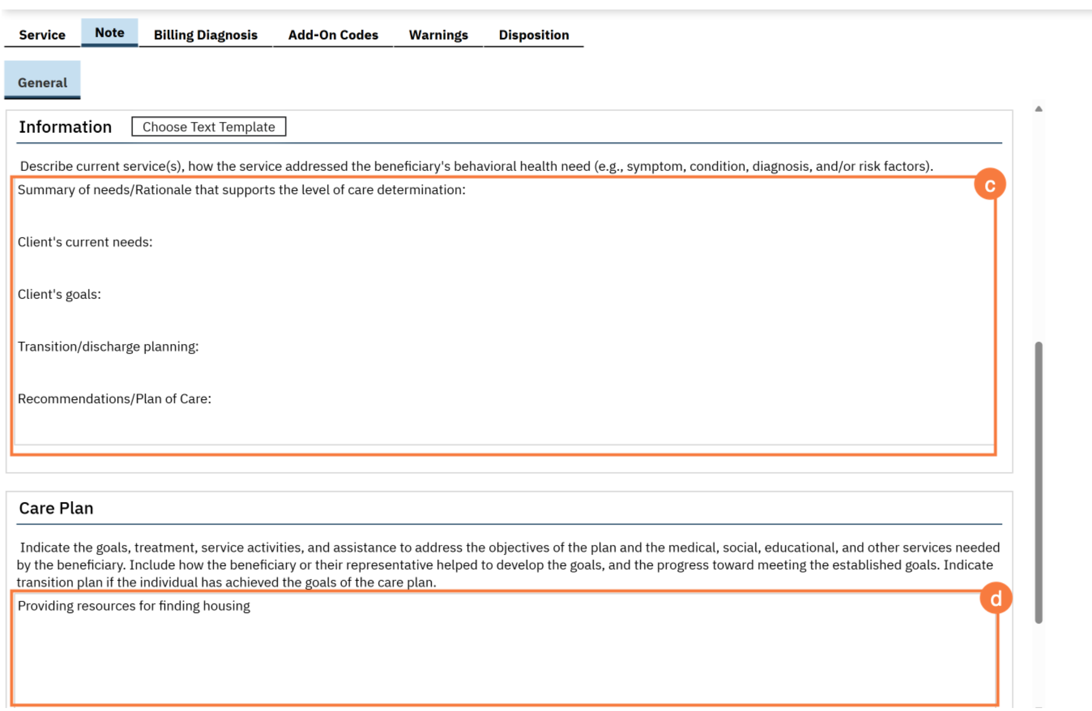


    b. **Select which problems you addressed** in today’s session. If you added a problem in step 3a above and don’t see the problem on this list, click the Refresh button.

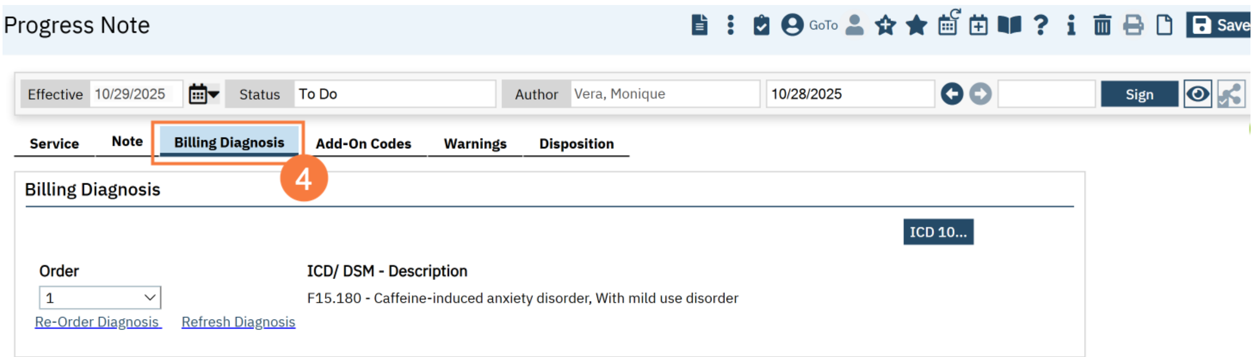


c. **Enter your note** in the Information section. This should include all your usual clinical information, such as your interventions and the client's response to the interventions.

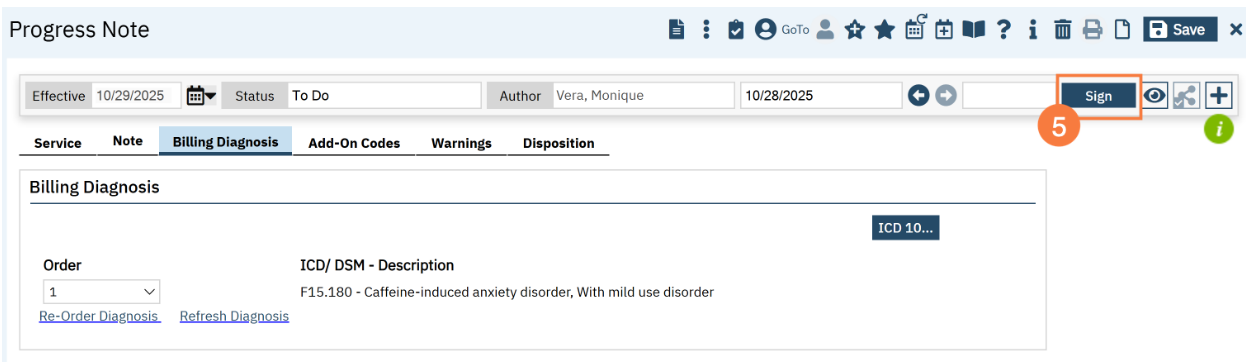
d. **Enter your plan of care** in the Care Plan section. For services that require a treatment plan with specific items, this is where the treatment plan is entered. This information will pull forward from the most recent service note in the same program. There may be text templates available for specific treatment plan requirements.



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.



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



Review of EBP Services for Bundled Rate Threshold and Claiming

EBP services are claimed and billed under either a Full Monthly Rate Bundle or a Partial 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 5th of the month following the month in which you are claiming services. *(See Pg 11 for 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

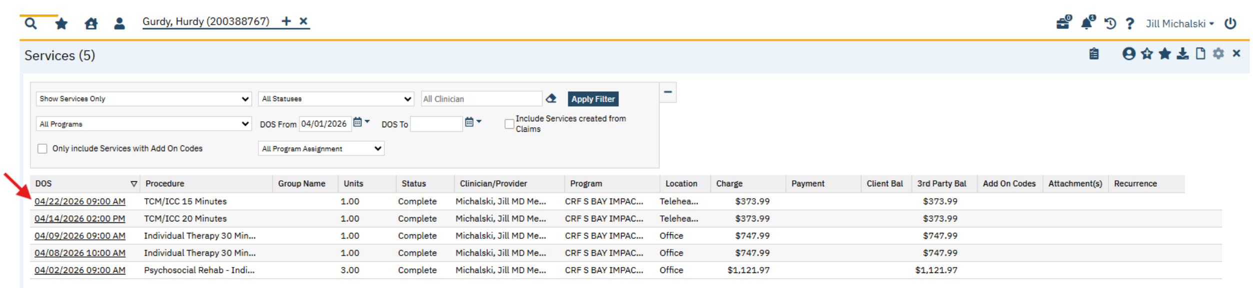
- Incorrect MOD risks loss of revenue as the MOD is how claims are identified for the bundled rate and how DHCS will determine whether services provided meet the threshold for either full or partial bundled rate.

- 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.

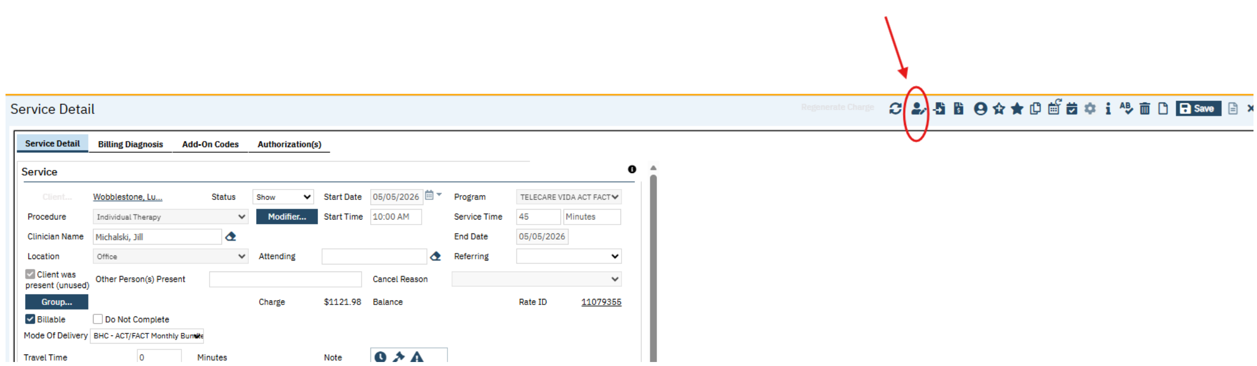
Correcting the MOD for BHC Monthly Bundled Rate

Editing the Service Note to change MOD*

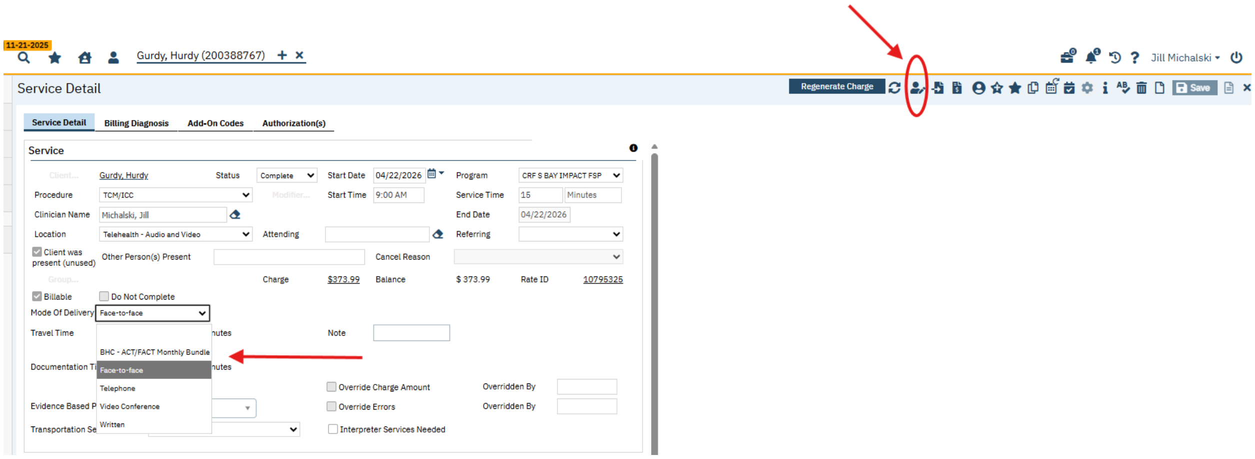
1. Select Client
2. Open **Services (Client)** List Page
3. Open Service Note to be edited



4.Select **Override Service Detail** Icon



6. **Change the MOD*** to BHC Monthly Bundled Rate if it was selected incorrectly.



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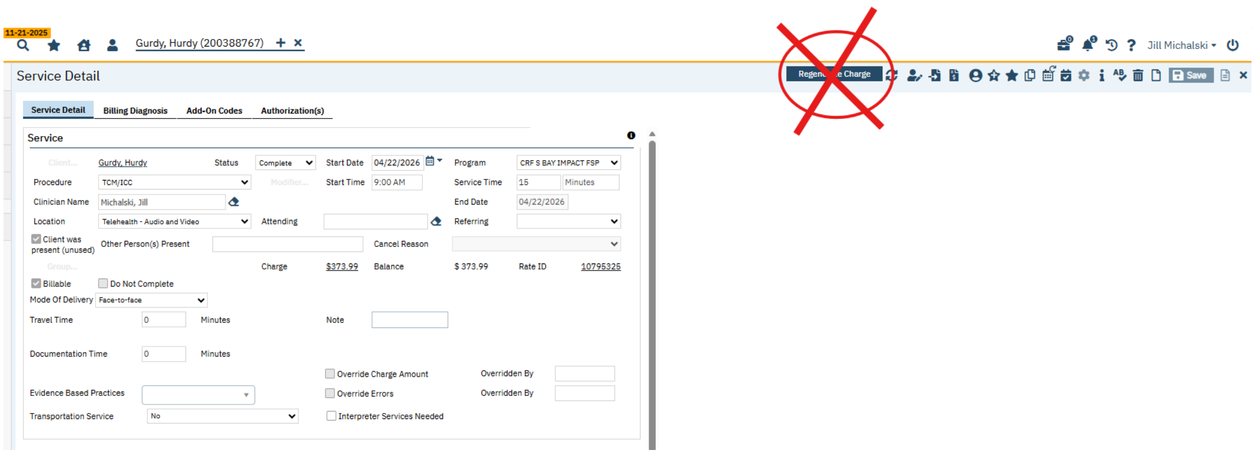
7. Select **Save** – **do NOT select the "Regenerate Charge" button**.



7. Once your program has changed the MOD for any services that required MOD correction, notify MH Billing Unit that monthly services have been completed. This should occur no later than the 10th of the month following the month the services were provided.

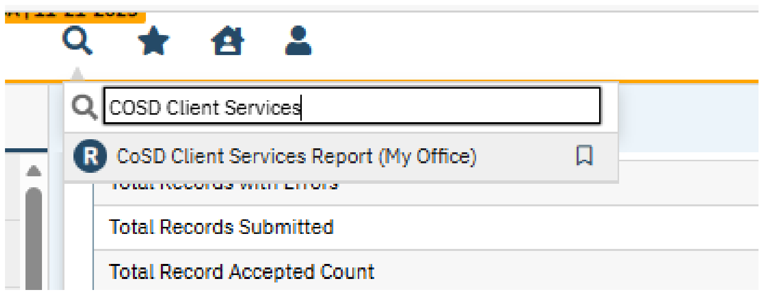
8. No additional changes or edits should be made to service notes after the 10th of the month. If additional service corrections are needed, please reach out to the MH Billing Unit directly.

COSD Client Services Report (My Office)

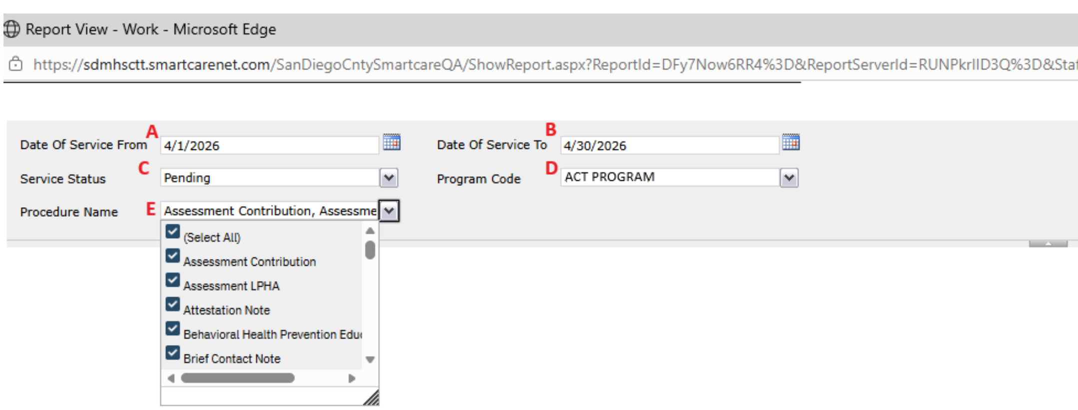
The COSD Client Services Report (My Office) provides a comprehensive view of client service activities, encompassing details on service delivery, client demographics, program participation, and staff involvement over the specified date range. This report will be used to review all services provided to the client for the specified month in order to determine if the threshold was met to claim the Full or Partial Monthly Bundled rate and to identify those services which may have incorrect MOD selected.

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

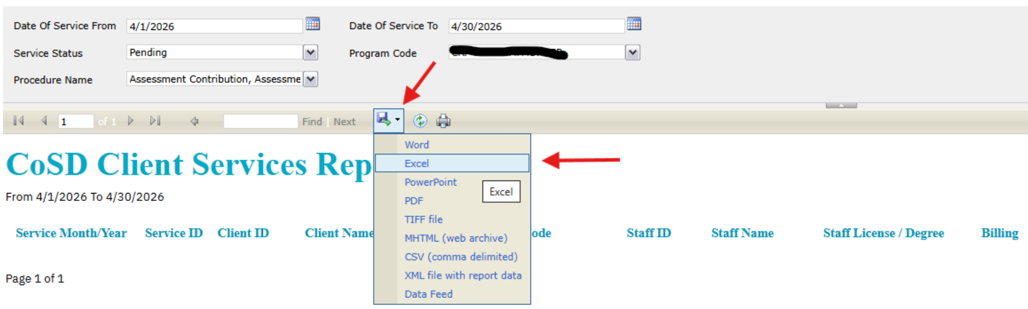
1. Click the Search Icon.
2. Type the Name of the report in the search bar.
3. Click to select the report.



4. A new window will open, **enter the parameters for the report**:
    a. Enter Date of Service From (1st 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 corrected for MOD.



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(s) meet the threshold for bundled rates.

EBP Service (Abbrev.)	Code	Minimum No. of Total Units per Month for Partial Rate	Minimum No. of Face-to-Face Units per Month for Partial Rate	Minimum No. of Total Units per Month for Full Rate	Minimum No. of Face-to-Face Units per Month for Full Rate
Supported Employment	H2023	2	1	4	3