Annual Quality Assurance Mental Health Knowledge Forum FY 2026-27

County of San Diego Health

Behavioral Health Services
Behavioral Health Plan – Quality Assurance Unit

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

Welcome! FY 26-27 Annual Forum Reminders

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

- Participants are muted upon entry
- Questions will not be answered during the training, but please put any questions you have regarding the presented info in the chat
  - QA will include all Q&As within the final slide publishing
- All information presented is accurate as of August 26, 2026
- For all future updates, please reference communications from BHS, including the monthly ‘Up To the Minute’ (UTTM)

FY 26-27 QA MH Annual Knowledge Forum Agenda

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

- State Updates
- QA MH Team Unit Introductions
- 274 Expansion and The System of Care Application
- DHCS BHIN's In-Review – 2026 Key Updates
  - *Break- 10 min*
- Quality Assurance Program Review (QAPR) Data Trends
- QAPR Tool and Audit FY 26-27 Updates
- Common QAPR Issues
- BHP/MCP MOU Annual Training
- H.R.1 and Impacts to San Diego Behavioral Health
- Eleos SMARTscribe and SMARTcomply

State Updates

Tabatha Lang, LMFT, Operations Administrator

BHS Health Plan Operations

Behavioral Health Services

Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)

Evidence-Based Practices (EBPs)

- To support Medi-Cal members living with significant behavioral health needs:
  - Assertive Community Treatment (ACT)
  - Forensic ACT (FACT)
  - Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)
  - Individual Placement and Support (IPS) Supported Employment
  - Enhanced Community Health Worker (CHW) Services
  - Clubhouse Services
- Coverage requirements for children and youth:
  - Multisystemic Therapy (MST)
  - Functional Family Therapy (FFT)
  - Parent-Child Interaction Therapy (PCIT)
  - High-Fidelity Wraparound (HFW)

BH-CONNECT, cont.

- Access, Reform, and Outcomes Incentive Program
  - Measurable improvements in access to behavioral health services, health outcomes, and quality improvement and population health capabilities.
- Workforce Initiative
  - Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP)
    - HCAI issued award letters to 1,615 grantees in Jan 2026 (over $134M)
  - Scholarship Program- launched Feb 2026
  - Community-Based Provider Training Program
    - AOD Counselors, CHW/Promotors, Reps and Peer Support Specialists
  - Fellowship Training Program (second cycle was Mar 2026)
    - Child and Adolescent Psychiatrists, Addiction Psychiatrists and Addiction Medicine Physicians

Behavioral Health Transformation (BHT) Goals and Performance Measures

Through BHT, California is establishing a population behavioral health approach to improve outcomes across 14 statewide behavior health goals:

↑ Goals for Improvement
Care experience
Access to care
Prevention and treatment of co-occurring physical health conditions
Quality of life
Social connection
Engagement in school
Engagement in work

↓ Goals for Reduction
Suicides
Overdoses
Untreated behavioral health conditions
Institutionalization
Homelessness
Justice-Involvement
Removal of children from home

Health equity is incorporated in each of the BH Goals

BHT Performance Measures

DHCS is developing 1-5 BHT performance measures for each of the statewide goals.

DHCS will calculate these measures using Medi-Cal and BHSA data, as well as data from other state agencies (e.g., Vital Records, HDIS).

Rates will be refreshed for county BHPs and MCPs monthly, and shared at least annually with the public.

BHT Performance Measures

How Measures Will Be Used

Planning
To inform planning, resource allocation, and population health initiatives

Population Health
To inform outreach, engagement, and interventions, using relevant individual-level data provided via Medi-Cal Connect

Accountability
To evaluate county BHP's use of BHSA funding and to monitor BHP and MCP performance on delivery of Medi-Cal services

BHT Performance Measures, cont.

DHCS will release the final BHT performance measures in the BHSA Policy Manual over the coming months.

DHCS will also release a specifications manual and a document summarizing how BHPs and MCPs can improve outcomes on each statewide goal.

DHCS is planning to release the first set of BHT Performance measure rates in 2026.

DHCS Implementation of ASAM 4th Edition

Draft BHIN updates forthcoming later this year

DHCS anticipates making updates to the State Plan, applicable waiver language and the DMC and DMC-ODS rates and billing manuals to reflect ASAM 4 implementation

DHCS ASAM-related guidance posted for final publication by **January 1, 2027.**

DHCS system updates and ASAM 4.0 policy changes go live, with ASAM 4.0 requirements effective **July 1, 2027.**

CalAIM Section 1115 Waiver Renewal

- DHCS is transforming Medi-Cal to ensure Californians can get the care they need to live healthier lives.
- This includes new initiatives and services that go beyond the traditional doctor's office or hospital setting to address social, physical, and mental health needs.
- CalAIM is a multi-year initiative to build a more coordinated, person-centered, and equitable health system that works for everyone.
- CalAIM is authorized through a variety of federal Medicaid authorities, including the **CalAIM Section 1115 demonstration, the CalAIM 1915(b) waiver, Medicaid State Plan, and managed care contracts.**
- In 2021, DHCS received authority for the CalAIM Section 1115 demonstration. DHCS is now seeking to renew the CalAIM Section 1115 demonstration for another five years to **build upon and consolidate the successes of the CalAIM initiative**

Updated CalAIM 1115 Demonstration Goals

- Strengthen the ability of DHCS, plans, and providers to identify and intervene early to manage member risk and need through whole person care approaches that optimize member experience.

- Continue to move Medi-Cal to a more consistent and seamless system by further reducing complexity, strengthening accountability, and improving program efficiency.

- Continue to improve quality outcomes and drive delivery system transformation and innovation through value-based initiatives that allow members to receive the right care, at the right time, in the right place, at the right cost.

Reentry Services for Justice-Involved Populations 90-Days Pre-Release

- Request: Continue to cover **targeted Medi-Cal services for justice-involved individuals for up to 90 days prior to release** from a state prison, county jail, or youth correctional facility.
- **Covered Services:**
  - Comprehensive reentry care management.
  - Medications for Addiction Treatment (MAT).
  - Physical and behavioral health clinical consultation.
  - Laboratory and radiology.
  - Medications and administration of covered medications.
  - Services provided by Community Health Workers and/or Peer Support Specialists with lived experience.
  - Provision of medically necessary durable medical equipment (DME) and medications in-hand upon release.

DMC-ODS – Waiver of IMD Exclusion for SUD Services

Request: Renew authority to waive the IMD exclusion* and permit federal reimbursement of short-term residential treatment services provided to eligible individuals with a SUD.

** The IMD exclusion prohibits use of federal Medicaid funds to pay for treatment delivered to individuals ages 21 through 64 residing in qualifying institutions with more than 16 beds.*

County Option to Cover Select Outpatient SUD Services

- **Request:**
- Continue authority to allow counties to opt-in to provide Peer Support Services, which are culturally competent services that promote recovery, to Medi-Cal members receiving care in the Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), or DMC-ODS delivery systems*.
- While not relevant to County of San Diego, DHCS is also requesting:
  - New authority for DMC counties to opt-in to cover Mobile Crisis Services.
  - New authority to allow DMC counties to opt in to cover certain outpatient SUD services that are currently limited to the DMC-ODS delivery system:
    - Care Coordination
    - Recovery Services
    - Peer Support Services
    - Partial Hospitalization
    - Withdrawal Management

**Delivery system authorities for SMHS and DMC-ODS are authorized through California's CalAIM 1915(b) waiver.*

Recovery Incentives (Contingency Management)

- **Objective:** Promote recovery among Medi-Cal members living with stimulant use disorder by promoting longer retention in treatment and reduced drug use to: Improve members' health outcomes.
- Reduce rates of ED utilization and inpatient stays.
- Increase community engagement.

- **Request:** Continue authority for Recovery Incentives, which are an evidence-based practice to reward participants with stimulant use disorder for meeting treatment goals, and expand opt-in option to DMC State Plan Counties.

Traditional Healers and Natural Helpers

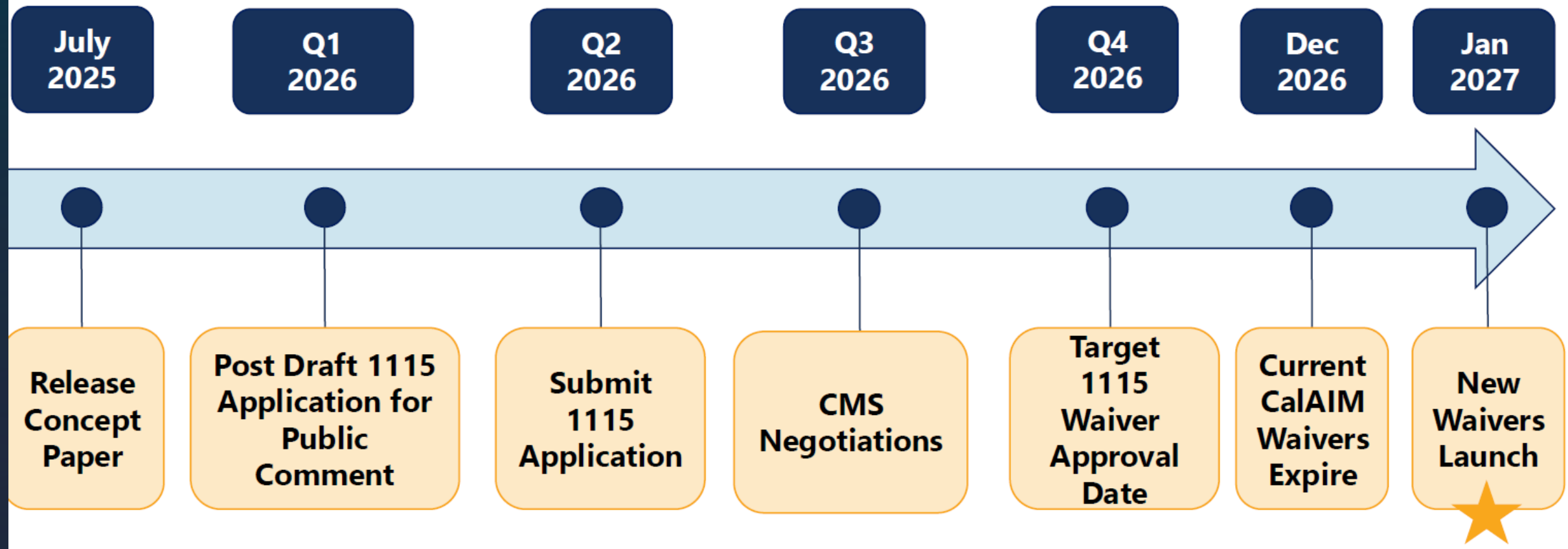
- **Objective:** Improve access to SUD treatment for American Indians and Alaska Natives through Indian Health Care Providers (IHCP) and promote access to culturally appropriate and evidence-based SUD treatment.
- **Request:** Continue to provide **coverage for culturally responsive SUD treatment** through IHCPs under the DMC-ODS delivery system.
- Retain authority to cover Traditional Healer and Natural Helper services for other conditions beyond SUD and for other delivery systems.

Covered Services:

- **Traditional Healer services**, which may use an array of interventions, including music therapy (such as traditional music and songs, dancing, drumming), spirituality (such as ceremonies, rituals, herbal remedies) and other integrative approaches.
- **Natural Helper services** may assist with navigational support, psychosocial skill building, self-management, and trauma support to individuals that restore the health of eligible Medi-Cal members

Waiver Renewal Timeline

California plans to submit its comprehensive application to renew its 1115 waiver by the end of Quarter 2 (Q2) 2026. California is committed to engaging with stakeholders on an ongoing basis throughout the design and implementation of the proposed demonstration.



Quality Assurance Mental Health Team

County of San Diego

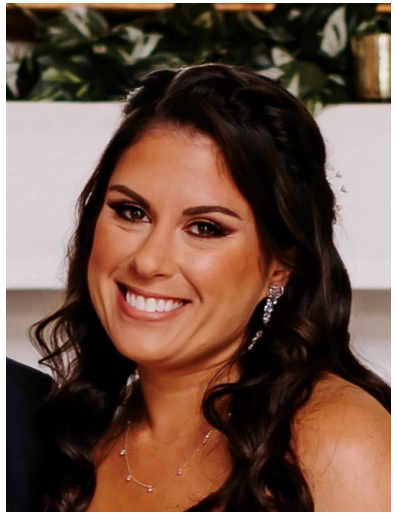
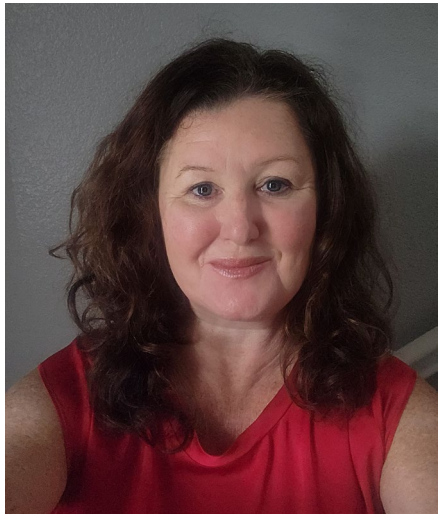
Behavioral Health Services
Health Plan Operations Unit

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

HPO MH Quality Assurance Team

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

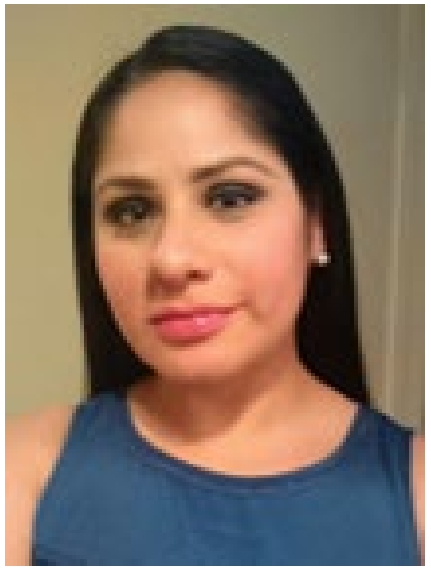


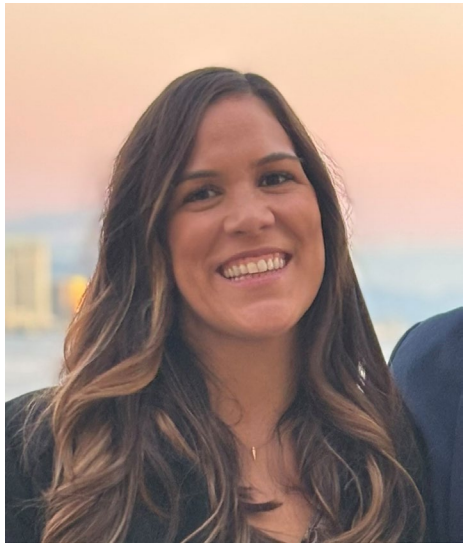




QA LEADERSHIP				
Makenna Lilya, LMFT	**Kristi Jones, LMFT**	**Elaine Mills, LMFT**	**Rachel Fuller, LPCC**	**Dawn Jennings, LMFT**
Behavioral Health Program Coordinator, MH QA Team	**QA Supervisor-** BHIN reviews, LPS Lead Supervisor, CAPS QA/UR Supervisor, IMD/FFP Lead, CAPS Inpatient Manual	**QA Supervisor-** Grievances/Appeals State Fair Hearing Lead, Conlan Claims, LTC Appeals, Presumptive Transfers, ACT/FACT SME	**QA Supervisor-** OPOH, Incident Reporting, ACL Reporting, Justice Involved Program SME, MMOC, Clubhouse SME	**QA Supervisor-** STRTP SME, IOP/PHP Day Treatment SME, HFW SME

HPO MH Quality Assurance Team

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES






QA SPECIALISTS			
Liliana Cerrillo, LMFT	**Emily Duval, Psy.D.**	**Brianna Gilbert, LPCC**	**Michelle Hemmings , Psy.D.**
Rady's CAPS UR Lead	Suicide Dashboard Mgmt	Grievance/Appeals	LPS Certification Review
CAPS MCE/URC Meeting Rep	Clinical Case Review	CCHEA/JFS Reviews	LPS Meeting Rep
Optum UR		Conlan Claims	

HPO MH Quality Assurance Team

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES





QA SPECIALISTS				
Besan Ritz, LMFT	**Olivia Martinez, LMFT**	**Taylor Tran, LMFT**	**Melissa Geiger, LMFT**	**Michelle Vidana, LPCC**
Incident Reporting SME Lead	Incident Reporting	Incident Reporting	Incident Reporting	LPS Certification Reviews
				Medication Monitoring Oversight Committee

HPO MH Quality Assurance Team

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

QA SPECIALISTS			
Lisa O'Connor, LMFT	**Monica Huezo, LPCC**	**Claudia Torres, LMFT**	**Katie Cheely, LCSW**
County Operations QA	Grievance/Appeals	Grievance/Appeals	LPS Certification Reviews
County CM/ICM QA	LTC Appeals	LTC Appeals	Inpatient Handbook
	ACL Test Calls	Conlan Claims	
		ACL Test Calls	

HPO MH Quality Assurance Team

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES



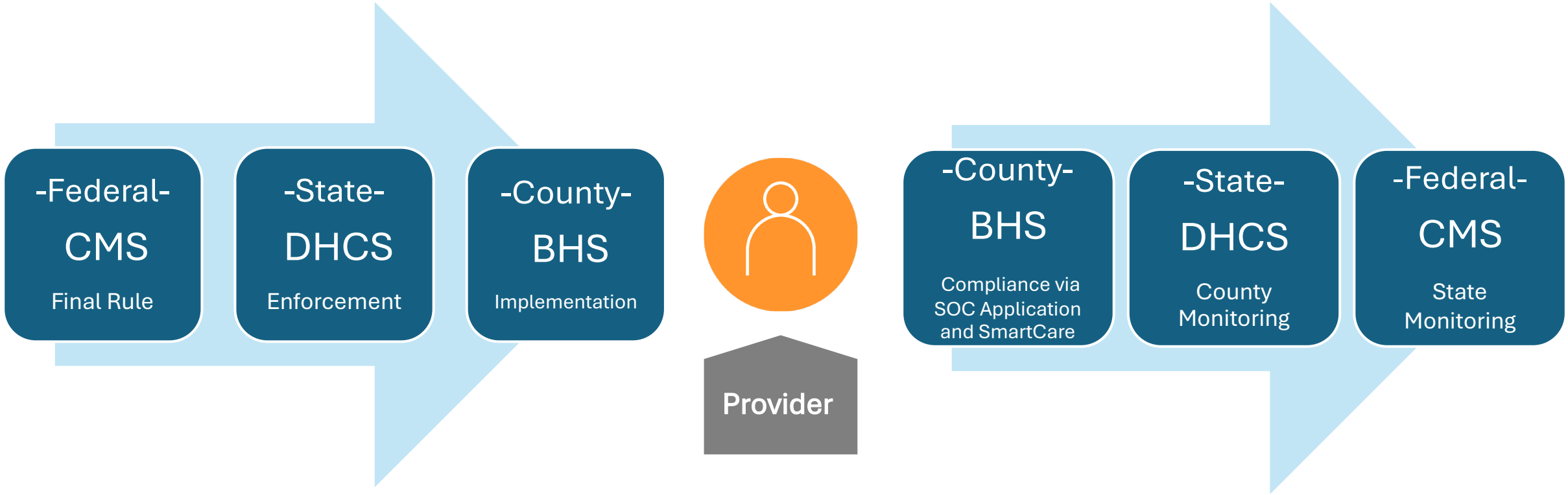


QA SPECIALISTS & QA SUPPORT				
Vicki Bynum, LMFT	**Gina Cordato, LCSW, MSOL**	**Crystal Gaza, LMFT**	**Trung Pham**	**Victoria Hamilton**
Justice Involved MH Programs SME	Optum UR	Rady CAPS UR	HPO- QA Office Support Specialist	HPO- QA Office Assistant
License Waivers	'Claim It Anyway'			
Justice Enhanced Treatment Mtg Rep	Rady CAPS UR			

274 Expansion and The System of Care Application

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

274 Expansion (previously NACT) Background and Flow of Data



CMS – Centers for Medicare and Medicaid Services
DHCS – Department of Health Care Services
MHP – Mental Health Plan (County of San Diego)
SOC – System of Care

Reporting Standard

274 Expansion Project

- Based on X12 274 Health Provider Directory standard selected by DHCS to ensure all provider network data is consistent, uniform, and aligns with national standards. (BHIN 22-032)

- DMC-ODS Providers
  - 274 reporting requirements for DMC-ODS have been deployed into production since October 2023. (BHIN 23-042)

Reporting Standard

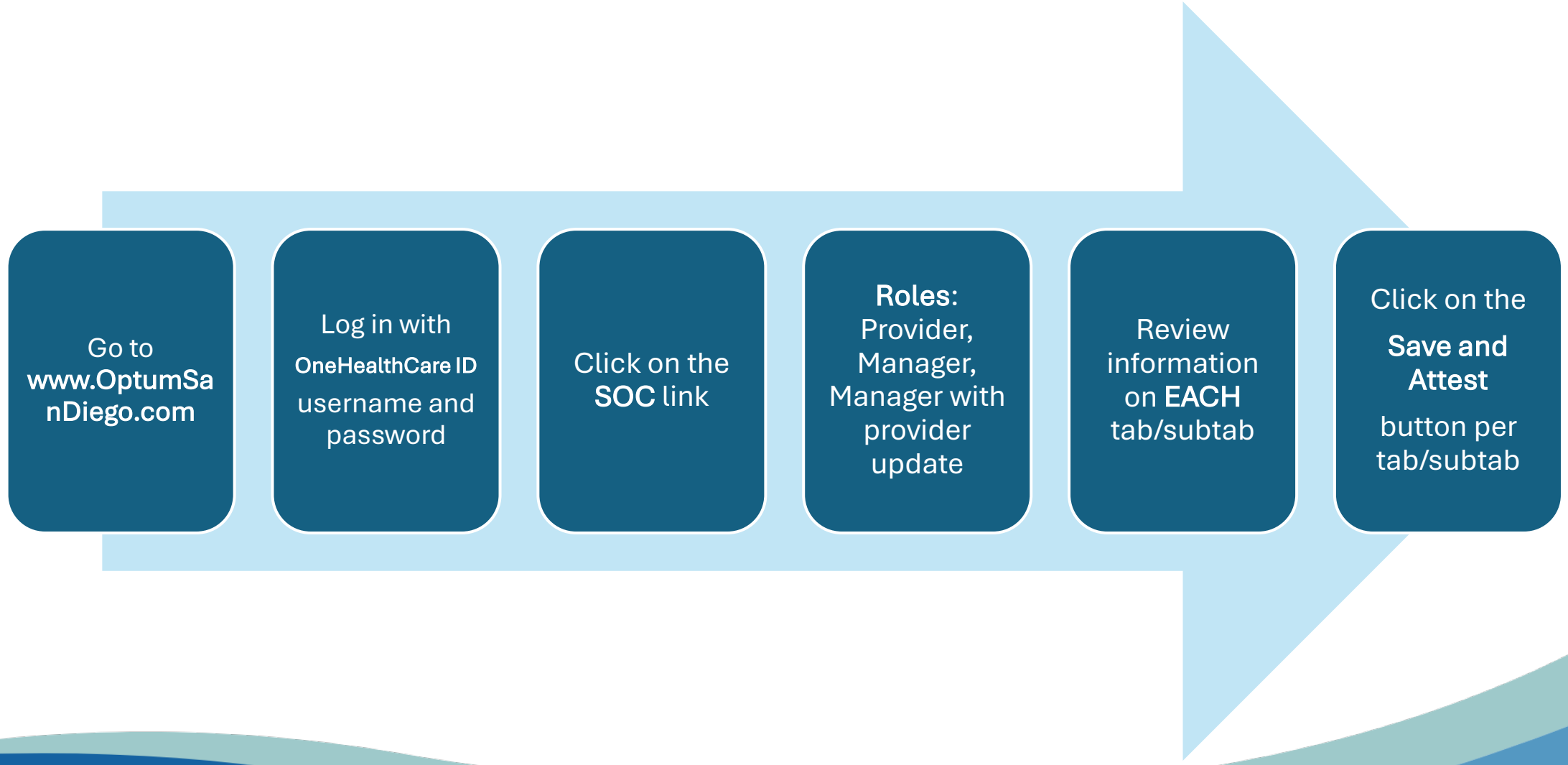
Registration

- New hires and program transfers are required to **register promptly and** attest to information once registration is completed.

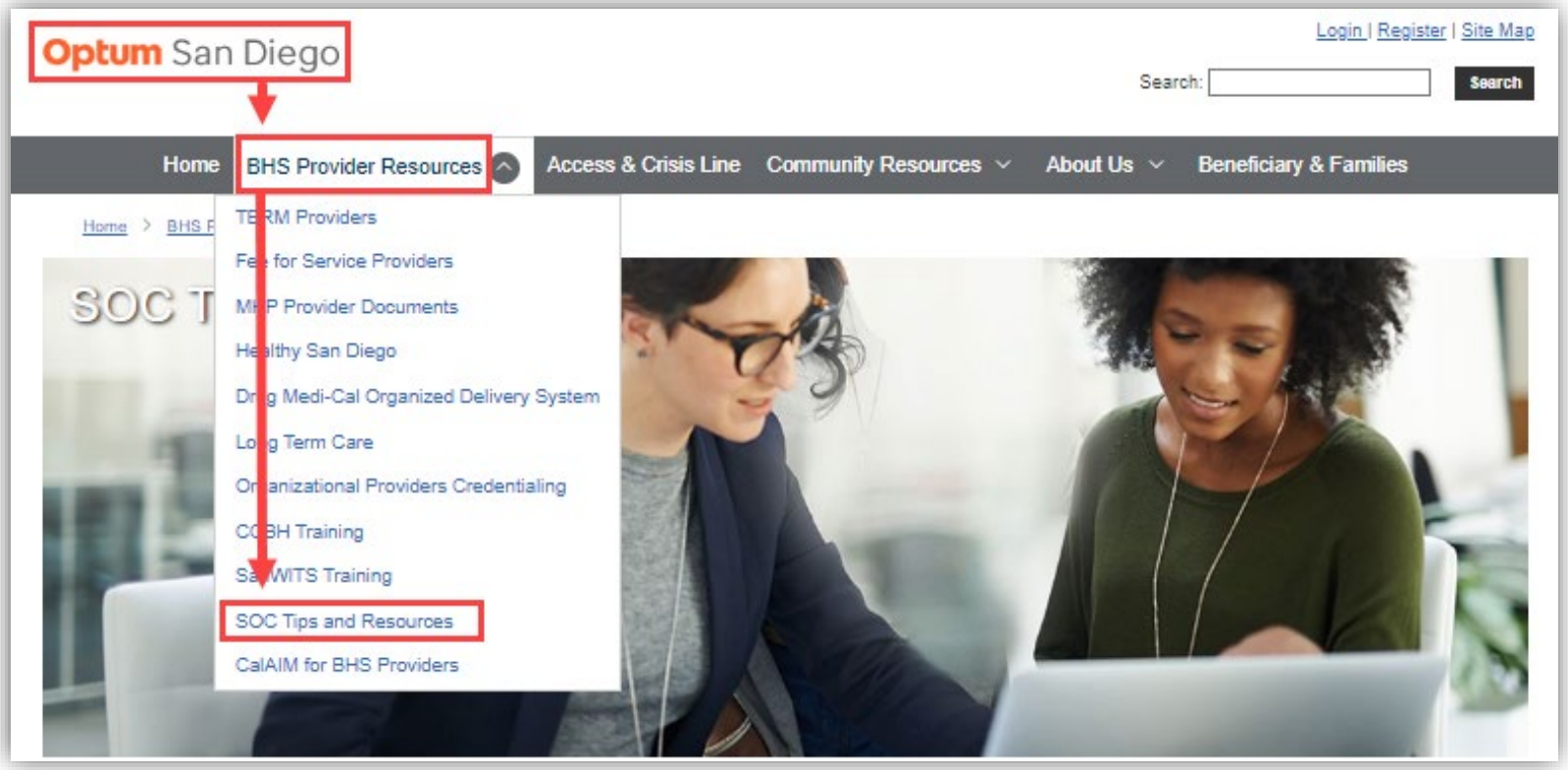
Monthly attestations

- Effective immediately, Staff/Providers and Program Managers are required to attest to all SOC information **monthly**.
- Program Managers are expected to visit the SOC app to review their programs' information and attest to information **monthly**.
- Providers are expected to update their current profile in the SOC app **as changes occur** to show accurately on the provider directory.

Monthly SOC Attestation Process



Tips and Resources



OptumSanDiego.com

Optum Support Desk

- 1-800-834-3792
- sdhelpdesk@optum.com

Information Guide

Provider Directory accuracy depends on:

- **SmartCare data integrity**
  - Source of truth
  - ARF information
- **SOC application attestations**
  - Pulls information from SmartCare
  - Provider/Manager review and updates
  - Provider information per site
- **274 reporting validations**
  - Information from SmartCare and SOC
  - Reporting requirements set by DHCS
  - Three levels of reportability
    - Organization
    - Site
    - Provider

2026-27 Key Behavioral Health Information Notices

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

DHCS BHIN 26-001

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

- The purpose of this Behavioral Health Information Notice (BHIN) is to provide guidance to behavioral health plans (BHPs) regarding medical necessity criteria for coverage of inpatient specialty mental health services (SMHS), including psychiatric inpatient hospital services, psychiatric inpatient hospital professional services, and psychiatric health facility services.

- Inpatient services are medically necessary if they meet the standard set forth in W&I Code section 14059.5, subdivision (a) or (b).

DHCS BHIN 26-002

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

▪The purpose of this BHIN is to provide County BHPs with updated guidance on Access Criteria for the SMHS delivery system and medical necessity. Updates guidance on DHCS-approved youth trauma screening tools for a member to access the SMHS delivery system.

▪Access Criteria for Members 21 Years of Age or Older to Access the Specialty Mental Health Services Delivery System are codified in W&I Code sections 14184.402(c) and (d)

- The member has one or both of the following:
  - Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.
  - A reasonable probability of significant deterioration in an important area of life functioning.

AND

- The members condition is due to either of the following:
  - A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Statistical Classification of Diseases and Related Health Problems (ICD).
  - A suspected mental disorder that has not yet been diagnosed.

DHCS BHIN 26-002 Continued

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

▪Access Criteria for Members under Age 21 to Access the Specialty Mental Health Services Delivery System are pursuant to Section 1396d(r) of Title 42 of the United States Code.

- Covered SMHS shall be provided to members who meet either of the following criteria, (1) or (2) below:
  - The member has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following:

    1. Scoring in the high-risk range under a trauma screening tool approved by the department, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.

    If a member under age 21 meets the criteria as described in 1. above, the member meets criteria to access the SMHS delivery system, it is not necessary to establish criteria in 2. below.

    OR

    2. The member meets both of the following requirements in a) and b), below:

       a) The member has at least one of the following:
          i. A significant impairment
          ii. A reasonable probability of significant deterioration in an important area of life functioning
          iii. A reasonable probability of not progressing developmentally as appropriate
          iv. A need for SMHS, regardless of presence of impairment, that are not included within the mental health benefits that a MCP is required to provide

DHCS BHIN 26-002 Continued

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

AND

b) The member's condition as described in subparagraph (2) above is due to one of the following:
   i. A diagnosed mental health disorder, according to the criteria of the current editions of the DSM11 and the ICD
   ii. A suspected mental health disorder that has not yet been diagnosed
   iii. A Significant trauma placing the member at risk of a future mental health condition, based on the assessment of a licensed mental health professional

DHCS BHIN 26-003

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

§The purpose of this BHIN is to notify stakeholders of expanded LPS Act data reporting and collection requirements under SB1184

- This BHIN implements the expanded data collection requirements specified in SB 1184.
  - LPS Designated facilities report on additional data elements:
    - The date and time when the physician or facility originally filed a petition with the superior court to request a hearing to determine a person's capacity to refuse treatment with antipsychotic medication.
    - The date and time when the detention period described in W&I Code Section 5150 or 5250, as applicable, was scheduled to expire.
    - The date and time when the treating physician documented exigent circumstances to continue involuntary antipsychotic medication into a detention period described in W&I Code section 5260, 5270.15, or 5270.70 in the person's medical record.
    - The reason for the delay of the originally requested capacity hearing.
    - The date and time when the capacity hearing was held on an expedited basis.

DHCS BHIN 26-005

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

§The purpose of this BHIN is to provide guidance to Behavioral Health Plans regarding reimbursement for covered Medi-Cal services for Medi-Cal members receiving involuntary treatment for a severe SUD only.

§BHPs may seek Medi-Cal reimbursement for the following inpatient SMHS provided by inpatient facilities to members receiving involuntary treatment for a severe SUD only.

§ BHPs must meet the requirements for authorization of inpatient SMHS outlined in BHIN 26-001 and BHIN 22-017.

§ In facilities that provide psychiatric inpatient hospital services, providers authorized by law and acting within their scope of practice may prescribe and administer medications for addiction treatment (MAT) directly to members on site.

§ BHPs may seek reimbursement for the following rehabilitative mental health services provided by MHRCs, Crisis Stabilization Units (CSUs), and PHFs to members receiving involuntary treatment for a severe SUD only

DHCS BHIN 26-009

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

§ The purpose of this BHIN is to provide notification of the immediate implementation of the LPS Facility Designation Interim Regulations. These interim regulations have been established pursuant to SB 1238

§ DHCS has the sole authority to approve county designation of facilities to provide treatment under the LPS Act.

- The interim regulations are effective immediately and apply to all new applications for facility designation approval.

- For facilities that are currently designated, counties must reapply for designation approval no later than September 1, 2027.

DHCS BHIN 26-013

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

§ The purpose of this BHIN is to provide County Mental Health Plans (MHPs) with guidance regarding their responsibilities for real time data sharing, including ensuring data privacy and security.

- BHPs are currently obligated to share data in a timely and frequent manner with MCPs.
- This is required in order to facilitate care coordination in accordance with existing federal laws, interoperability regulations, and state guidance, including the behavioral health contracts, MOUs, and the No Wrong Door policy.
- This necessitates bidirectionally sharing the minimum necessary Member data in “real time” with each other and with contracted providers, CBOs, and other Medi-Cal Partners to support service delivery, care coordination, referrals, closed loop referrals, and care transitions.
- That information includes, but is not limited to, Member demographic information, Admission Discharge Transfer event notifications, services and treatment rendered, diagnoses, assessments, medications prescribed, and laboratory results.
- Adoption of the ASCMI form is statewide form BHPs and MCPs.

DHCS BHIN 26-015

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

§ 2026 Behavioral Health Network Adequacy Certification Requirements

§The purpose of this BHIN is to establish and clarify network adequacy certification submission requirements.

§ This BHIN establishes and clarifies network adequacy certification submission requirements for County Behavioral Health Plans.

DHCS BHIN 26-017

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

§The purpose of this BHIN is to provide county data reporting requirements and standards for monitoring and evaluating the performance of CARE Act implementation.

§ This BHIN also provides guidance on:

- (1) the data measures and specifications that will be used to examine the scope of impact and monitor the performance of CARE Act implementation (described in the CARE Act Data Dictionary); and

- (2) the collection of CARE Act data provided by county behavioral health agencies and any other state or local governmental entity, as identified by the department, in order to develop the annual report and the independent evaluation.

DHCS BHIN 26-018

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

§ The purpose of this BHIN is to provide guidance to the county mental health plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) plans about Medi-Cal mobile crisis data requirements and updates to reporting frequency.

§ Behavioral health delivery systems must report mobile crisis data to DHCS quarterly, no later than 30 calendar days following the end of each quarter.

§Behavioral health delivery systems must provide DHCS with data for each mobile crisis service encounter. A data Java Script Object Notation (JSON) Schema and Technical Guide have been provided to behavioral health delivery systems that provide more information on the specific data elements required for submission.

DHCS BHIN 26-024

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

§The purpose of this BHIN is to notify Counties that the Mental Health Services Act (MHSA) regulations are superseded, effective July 1, 2026, by the Behavioral Health Services Act (BHSA) County Policy Manual. The Manual will be the authoritative source until July 1st, 2033.

DHCS BHIN 26-025

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

§ The purpose of this BHIN is To publish licensing requirements for PHFs and MHRCs that elect to apply for Department of Health Care Services (DHCS) approval to admit individuals diagnosed solely with severe substance use disorders.

§ A PHF or MHRC may admit individuals diagnosed only with severe SUDs if DHCS approves its MAT policy and it complies with all other requirements set forth in Welf. & Inst. Code section 4080.5 (PHFs) or 5675.05 (MHRCs).

§ In addition to the required MAT policy described above, MHRCs and PHFs electing to admit individuals diagnosed solely with severe SUDs must adopt written policies and procedures (P&Ps) for the provision of SUD treatment. Facilities must submit their SUD P&Ps to DHCS for review and approval prior to admitting individuals diagnosed solely with severe SUDs.

§MHRCs and PHFs seeking approval to admit individuals diagnosed solely with severe SUDs will need to follow the DHCS Application process.

Break Time

Please return in 10 minutes

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

FY 25-26 Quality Assurance Program Reviews QAPR Results & Trends

COUNTY OF SAN DIEGO
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QAPR Results FY 25-26

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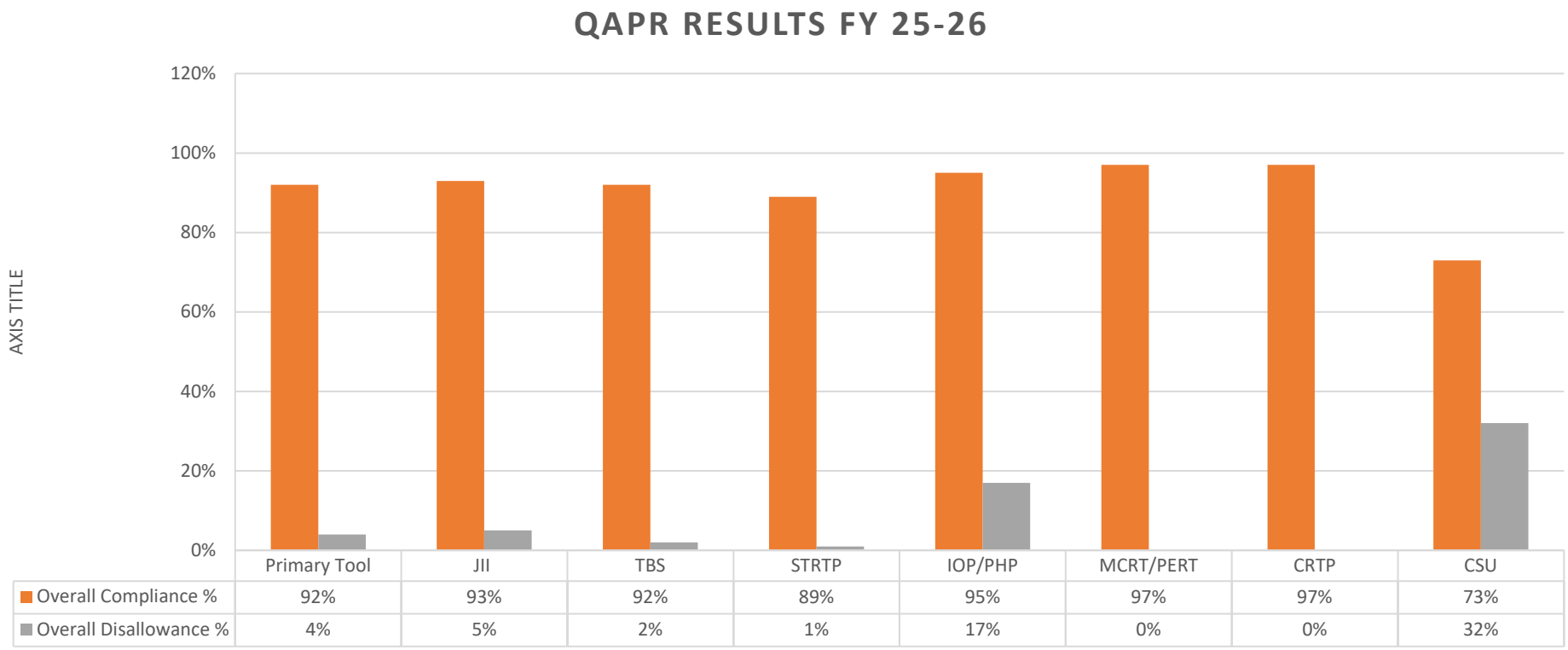
BEHAVIORAL HEALTH SERVICES



	Primary Tool	JII	TBS	STRTP	IOP/PHP	MCRT/PERT	CRTP	CSU
Overall Compliance %	92%	93%	92%	89%	95%	97%	97%	73%
Overall Disallowance %	4%	5%	2%	1%	17%	0%	0%	32%

FY 26-27 Quality Assurance Program Reviews QAPR Changes

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

QAPR Revision FY 26-27

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

FY 26-27

- Reviewing charts for all programs
- Min. 50 services/ Max. 10 charts- 10% of services within up to 2 months review period
- Focus on reviewing as many providers as possible and a variety of different service types
- All subsections are on the same tab for each chart.

FY 25-26

- Reviewing charts for all programs
- Min. 50 services/ Max. 20 charts- 10% of services
- All subsections are on the same tab for each chart.

QAPR Updates FY 26-27

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

Sections

- Instructions - *New
- Chart Review Info
- Review Results
- Service Change Summary
- Trend Analysis- *New
- Policy & Procedures - *New- previously integrated into Attestation
- Program Compliance- *New
- Quality Indicators - *New
- Pharmaceutical Review- *New (results are not factored into final score)
- Chart Tabs

New QAPR Sections FY 26-27

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

Trend Analysis

- *Strengths and Commendable efforts* will continue to be found on the *review results* tab as last year
- *Resolved trends* are concerns that were indicated during a previous QAPR but have since been resolved during this year's review
- *Emerging trends* are new issues that came up during this years QAPR
- *Systemic trends not resolved* are concerns that were indicated during previous QAPRs and continue to be seen as concerns. These issues will be a focus during the review and programs should be prepared to discuss how they will be addressing these going forward

New QAPR Sections FY 26-27

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

Policies & Procedures and Provider Compliance

- The Program Attestation items that are part of the QAPR review this year will be shown on the QAPR tool in two sections- the P&P tab and the Provider Compliance tab
- Most items on these 2 tabs and part of the Attestation are the same as previous years, although they might be worded slightly differently
- New item on the Policies and Procedures tab is regarding AI and Elios. This year it is an informational question only and does not impact the programs QAPR score. For those that are planning to use AI, this will be a discussion during the Exit to make sure programs have P&P in place to begin using AI and Elios
- New item on the Attestation relates to the reporting of Critical Incidents and the programs reflection on the strategies they have implemented to mitigate future risk and prevent reoccurrence

New QAPR Sections FY 26-27

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

Quality Indicators

- Progress Note Timelessness is being monitored this year within the whole program rather than by individual charts. Results will be discussed during the exit. Programs are reminded that DHCS has an expectation of 100% compliance on these guidelines so next year our goal is for 100% on this item
- Last date of service is a report aimed to ensure that clients are receiving necessary services and there are not unexplained gaps in these services.

New QAPR Sections FY 26-27

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

Charts

- This year there are questions that were combined to avoid duplication and make questions more concise
- Separate questions to address individual progress notes and group progress notes
- CSI and ASMCI forms are part of what the Specialists will be checking for the selected charts instead of being part of the Attestation
- If there are incorrect service indicators these will need to be corrected

Common QAPR Issues

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

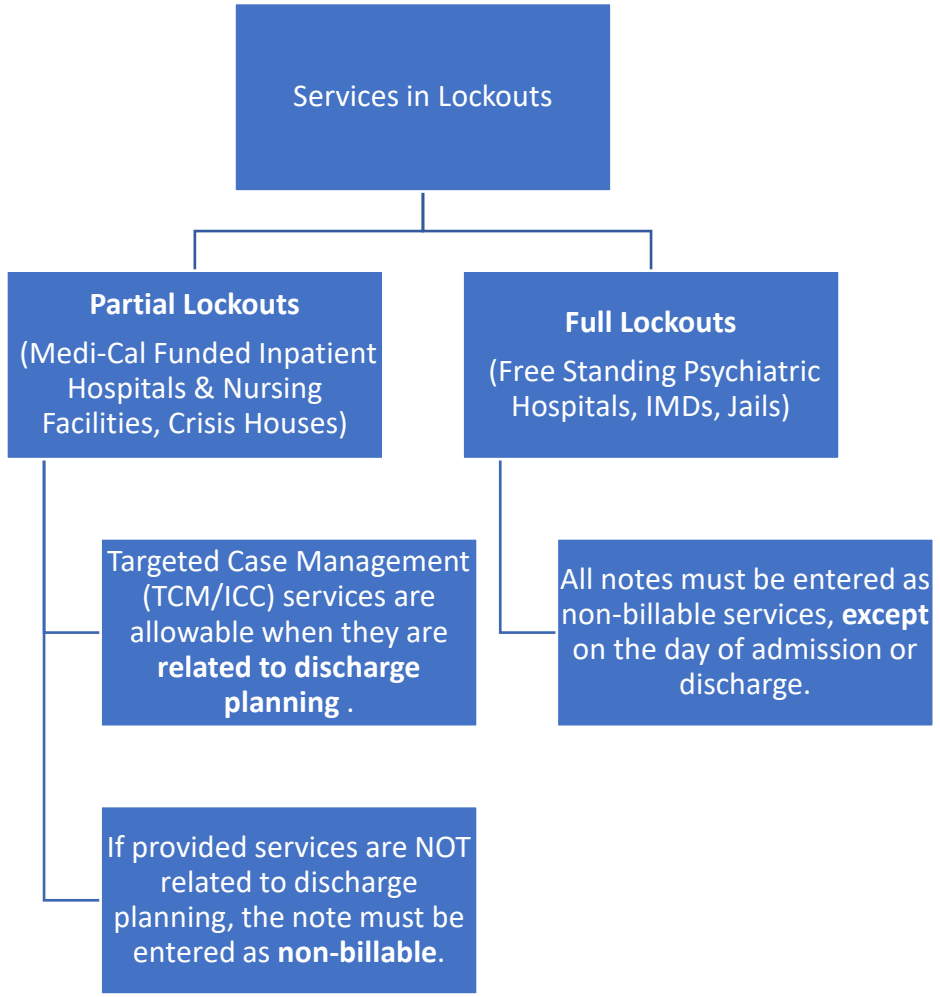
COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

Incorrect Telehealth Indicators

Telephone (Client is at home)	• Location-Audio Only Home • Mode of Delivery-Telephone
Telephone (Client is outside of home)	• Location-Audio Only • Mode of Delivery-Telephone
Telehealth/Telehealth (Client is home)	• Location-Telehealth Audio / Video Home • Mode of Delivery-Video Conference
Telehealth/Telehealth (Client is outside of home)	• Location-Audio and Video • Mode of Delivery-Video Conference
Telehealth (Client is in a lockout setting)	Do not select Telehealth as the location of service, instead select the actual lockout location in SmartCare

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

Billing in Lockout Settings



Resource: Optum Website> MH Resources> References> *Billing Lockout Settings and Non-Reimbursable/Reimbursable Activities*

Incomplete MSEs

- Domain 1 of the Mental Health Assessment (MHA), must include the current mental status of the client.

MSE Domain	What to Observe
Appearance	Grooming, clothing, hygiene, posture, gait
Behavior	Attitude, gestures, mannerisms, motor activity
Speech	Rate, quantity, fluency, tone, rhythm
Mood	Subjective emotional state
Affect	Objective observation of emotional expression
Thought Process	Organization, flow, and connection of ideas
Thought Content	Themes, beliefs, obsessions, delusions
Perception	Hallucinations, illusions, derealization
Cognition	Orientation, memory, attention, concentration
Insight & Judgment	Awareness of condition, decision-making capacity

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

Missing Next Steps

BHIN 23-068: Updates to Documentation Requirements for all SMH Services: "*Progress notes for all non-group services shall include… A brief summary of next steps*"

Next steps may include:

- Planned action steps by the provider/member
- Collaboration with the member
- Collaboration with other provider(s)
- Goals and actions to address health, social, educational, and other services needed by the member
- Referrals;
- Discharge
- Continuing care planning

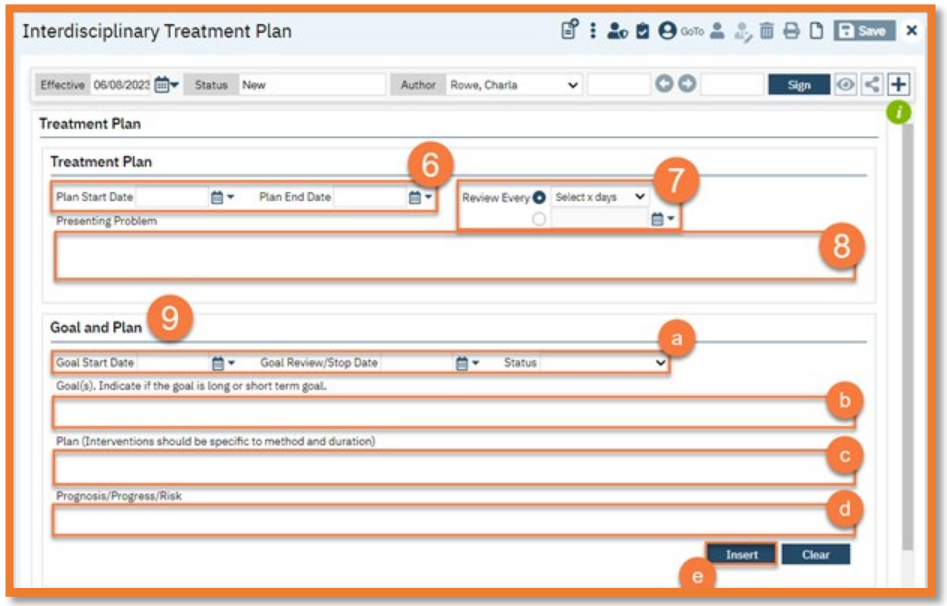
COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

Missing Next Steps

Planned action steps by provider/client	• i.e. "Client will work on guided meditation at home at least 2x prior to next session"
Goals and actions	• i.e. "Client has a goal to walk for 20 min 3x before next session"
Collaboration with the member/ other providers	• i.e. "Client will reach out to her case manager and ask about housing options"
Referrals	• i.e. "Clinician will make a referral to SBCM for client"

Missing Care Plan for Specific Services

- Care Planning Requirements: *DHCS no longer requires prospectively completed, standalone client plans for Medi-Cal SMHS. There are some programs, services, and facility types for which federal or state law continues to require the use of care plans and/or specific care planning activities* (BHIN 23-068 Enclosure 1a: Care Planning Requirements that Remain in Effect)



Care Plan

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.

Domain 7: List/Describe Clinical Summary and Recommendations, Diagnostic Impression, and Medical Necessity Determination/Level of Care/Access Criteria.

Missing Care Plans for Specific Services

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

Community Health Worker
Crisis Houses
TRTP/RTP (Transitional Residential Treatment Program/ Residential Treatment Program)
Full-Service Partnership (FSP) Individual Services and Supports Plan (ISSP)
TCM/ICC
Peer Support Services
Short-Term Residential Therapeutic Programs (STRTPs)
Therapeutic Behavioral Services (TBS)
Medi-Medi

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

Incorrect Mode of Delivery

"Mode of Delivery refers to how the service is "delivered" or conveyed to the client (i.e. face to face, written, telephone, etc)

Service entry: When documenting a service, select the appropriate **Mode of Delivery** from the dropdown in the Service Detail screen

Choose carefully: The MOD must match the service delivery and billing requirements for the program.

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

Missing Staff Credentials

All progress notes must include typed or legibly printed name, credentials, signature of the service provider/co-signer, and date of signature (BHIN 23-068).

If you have documents not showing staff credentials, please correct utilizing this CalMHSA guidance- How to Set-Up Your Signature – 2023 CalMHSA or by sending an email to MIS with the affected staff name and program information.

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

Forgetting Co-Signatures

Progress Notes- Clinical Trainees

Care Plans- Clinical Trainees, Licensed Vocational Nurse, MHRS, and Peer Support Specialists

Assessment- If sections are completed by a non-licensed, registered or waivered staff member Risk Assessment- MHRS, clinical trainees, LVNs require co-signatures

Medi-Medi care plan- Co-signed by an MD

ASCMI

Effective April 1, 2026 the CCC is no longer available. Our system will use the ASCMI (Non AB 133)

Only one is required per member in SmartCare. If the member already has an ASCMI form in SmartCare it does not need to be re-completed. The ASCMI form needs to be updated annually.

The ASCMI is required to be offered to every member. Even if members decline to sign the form, it still must be completed and their option to decline can be marked on the form.

If completed on paper, the ASCMI must be entered electronically into SmartCare so the data can be provided to the State.

Outcome Measures & UMs Outside of Timelines

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

Adults

- **LOCUS** - Completed within thirty (30) days of their initial intake assessment, every six (6) months, and at discharge.
  - Should be entered electronically into SmartCare

- **UM-** For adult clients as needed for continued treatment justification/ a LOCUS rating of 2 or lower.

CYF

- **CANS** – Completed at intake, every six (6) months, and at discharge (if CLT's only program).
  - Should be entered electronically into SmartCare

- **PSC-** Completed at intake, every six (6) months, and at discharge
  - Should be entered electronically into SmartCare

- **UM-** Completed every three to six (3-6) months depending on the program.

MOU Requirements Between Medi-Cal SMHS/DMC-ODS and Medi-Cal Managed Care Plans

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

County of San Diego
Behavioral Health Plan (BHP)

Mental Health Plan (MHP)

Drug Medi-Cal Organized Delivery System (DMC-ODS)

and

Medi-Cal Managed Care Plans (MCPs)

Community Health Group | Kaiser Permanente | Molina Healthcare | blue california Promise Health Plan

PURPOSE

This presentation provides guidance, regulatory information, and reference resources to support care coordination, collaboration, and service delivery across the Behavioral Health Plan and Managed Care Plan systems serving Medi-Cal members in San Diego County.

Regulatory Requirements: County and MCP Coordination

DHCS Screening & Transition Tools

APL 25-010 / BHIN 22- 065: Incorporate the DHCS standardized tool for initial screening for adults & youth (for new members) and transitions of care referral (TOC) form (for existing patients).

No Wrong Door - Non-Specialty & Specialty MH Services

BHIN 22-011 / APL 22-005 / APL 26-002: Increased coordination & billing between MCP & the County so that members can access or transition services to the appropriate delivery system.

Eating Disorders (EDO)

APL 22-003 / BHIN 22-009 MCPs and MHPs share a joint clinical responsibility to "provide medically necessary services to Medi-Cal beneficiaries with eating disorders" and shared financial responsibility for eating disorders, including "partial hospital and residential eating disorder programs" as the "treatment typically involves blended physical health and mental health interventions."

SUD Screening & Early Intervention

APL 21-014 / BHIN 24-001: SUD screening for all Medi-Cal members age 11+ along with brief interventions.

Medications for Addiction Treatment (MAT)

APL 21-014 / APL 22-005 / BHIN 21-024 : Individuals can access MAT (alcohol, opioid & stimulant medications) services through MCP and County

Enhanced Care Management (ECM) & Community Supports (CS)

DHCS ECM & CS homepage

Transportation

APL 22-008 / BHIN 22-031

Pharmacy

DHCS Pharmacy homepage

NO WRONG DOOR

These requirements establish how MCPs and County Behavioral Health Plans coordinate care, referrals, and member transitions.

APL 22-005 No Wrong Door was developed as part of California's CalAIM initiative to improve coordinated, whole-person behavioral health care by ensuring Medi-Cal Members can access timely mental health services regardless of whether they first present to the county or to the managed care plan. MHPs are required to provide or arrange for the provision of medically necessary specialty mental health services (SMHS) for beneficiaries in their counties who meet access criteria for SMHS as described in BHIN 21-073, whereas MCPs are required to provide or arrange for the provision of the non-specialty mental health services (NSMHS).

As described in APL 22-028 and BHIN 22-065, when a member contacts the mental health delivery system directly about care, services may begin prior to diagnosis determination, during the assessment period, consistent with the NWD Policy APL 22-005 and BHIN 22-011. A Member who is not currently receiving mental health services that contacts the County and/or MCP for mental health services, must be screened to guide a referral to the appropriate Medi-Cal mental health delivery system (i.e., MCP or MHP).

As a member may move between different levels of care, it is vital that service providers complete a **warm hand off** with each other to provide continuity of care.

ASSESSMENT OF BEHAVIORAL HEALTH CONCERNS

When members are screened and assessed for Behavioral Health concerns, including Substance Use Disorders, there is a determination of acuity: Mild, Moderate, Severe to indicate the appropriate delivery system

- Criteria 21+ years old is based on impairment severity, NOT diagnosis
- Criteria under 21 years old is based on risk or potential harm. NO diagnosis is required
- Clinical judgement and team-based care is used to determine severity

Clinical Need	Service Type	Delivery System
Mild to Moderate Mental Health	Non-Specialty Mental Health (NSMH) Services**	Medi-Cal Managed Care Plan (MCP) Providers
Moderate to Severe Mental Illness (SMI)	Specialty Mental Health (SMH) Services	County Mental Health Plan (MHP) Providers
Substance Use Disorder (SUD)	Drug Medi-Cal Organized Delivery System (DMC-ODS) Services	County DMC-ODS Plan Providers

**For additional information, refer to APL 26-002 Medi-Cal Managed Care Health Plan Responsibilities for Non-specialty Mental Health Services

MEDI-CAL BEHAVIORAL HEALTH SERVICES

Substance Use Disorder (SUD) services through County Drug Medi-Cal Organized Delivery System (DMC-ODS) Providers = *County BHS providers*

Screening, Brief Intervention, Referral to Treatment and Early Intervention Services (for members under age 21) - ASAM Level 0.5	Early Periodic Screening, Diagnosis, and Treatment	Enhanced Community Health Worker Services	Justice Involved BH Linkages	Certified Peer Support Services (delivered within treatment programs)	Withdrawal Management Services (residential and ambulatory)
Medications for Addiction Treatment (also known as Additional Medication Assisted Treatment or MAT)	Residential Treatment Services – ASAM Levels 3.1, 3.3, and 3.5	Partial Hospitalization – ASAM Level 2.5	Narcotic Treatment Programs	Outpatient Treatment Services – ASAM Level 1	Intensive Outpatient Treatment Services – ASAM Level 2.1
Contingency Management Services (delivered through select providers as part of the pilot period)	Care Coordination (delivered within treatment programs)	Recovery Services	Clinician Consultation	Traditional Health Care Practices	Supported Employment (Planned for FY26-27)

Intensive Inpatient Services – ASAM Levels 3.7 and 4.0 (Planned for FY26-27)

MEDI-CAL BEHAVIORAL HEALTH SERVICES

Specialty Mental Health (SMH) services through County Mental Health Plan (MHP) Providers = *County BHS providers*

Mental Health Services	Medication Support Services	Crisis Intervention (including mobile crisis services)	Crisis Stabilization	Assertive Community Treatment (ACT)	Forensic Assertive Community Treatment (FACT)
Adult Residential Treatment Services	Crisis Residential Treatment Services	Psychiatric Health Facility Services	Psychiatric Inpatient Hospital Services	Targeted Case Management	Certified Peer Support Services (typically delivered within treatment programs)
Day Treatment Intensive Services	Day Rehabilitation	Justice Involved BH Linkages	Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)	Clubhouse Services	Enhanced Community Health Worker (CHW) Services
		Supported Employment			

MEDI-CAL BEHAVIORAL HEALTH SERVICES

For members under the age of 21, all medically necessary specialty mental health services required pursuant to Section 1396d(r) of Title 42 of the United States Code (Welf. & Inst. Code 14184.402 (d)), in addition to:

Specialty Mental Health (SMH) services through County Mental Health Plan (MHP) Providers
= County BHS providers

Screening, Brief Intervention, Referral to Treatment and Early Intervention Services (for members under age 21) - ASAM Level 0.5	Intensive Home- Based Services	Intensive Care Coordination	Therapeutic Behavioral Services
Therapeutic Foster Care	Parent-Child Interaction Therapy	Functional Family Therapy	Multisystemic Therapy

MEDI-CAL BEHAVIORAL HEALTH SERVICES

Non-specialty Mental Health (NSMH) services through Medi-Cal Managed Care Plans (MCPs) = Blue Shield, CHG, Kaiser, Molina

Mental health evaluation and treatment, including individual, group and family psychotherapy	Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition	Outpatient services for purposes of monitoring drug therapy	Psychiatric consultation
Outpatient laboratory, drugs, supplies, and supplements	Care in Emergency Departments	Additionally, Medication for Addiction Treatment (MAT) provided in primary care, inpatient hospital, EDs, and other medical settings	Alcohol and Drug Screening, Assessment, Brief Intervention, and Referral to Treatment (SABIRT) in Primary Care settings

SCREENING FOR MEDI-CAL MH SERVICES

Adult and Youth Screening Tools: The Adult and Youth Screening Tools help decide which mental health system a member should be referred to when they are not currently receiving mental health services and contact the MCP or MHP for help.

As described in APL 25-010 and BHIN 22-065, when a member contacts the mental health delivery system directly about care, services may begin prior to diagnosis determination, during the assessment period, consistent with the No Wrong Door Policy APL 22-005 and BHIN 22-011.

TRANSITION OF CARE FOR MEDI-CAL MH SERVICES

The Transition of Care Tool (Adult and Youth) leverages existing clinical information to document an individual's mental health needs and facilitate a referral to the individual's Medi-Cal Managed Care Plan (MCP) or county Mental Health Plan (MHP) as needed.

The Transition of Care Tool's intended use is for transitions between providers. It is to be used when an individual who is receiving mental health services from one delivery system experiences a change in their service needs **and** 1) their existing services need to be transitioned to the other delivery system **or** 2) services need to be added to their existing mental health treatment from the other delivery system.

Process: The determination to transition services to and/or add services from the other mental health delivery system must be made by a clinician via a patient-centered shared decision-making process in alignment with the Plan's protocols. Once the decision has been made to transition care or refer for services, all the following actions must be taken:

1. Complete the Transition of Care Tool.
2. Send the Transition of Care Tool and any relevant supporting documentation to the Plan the member is being referred to. Use the Screening and Transition of Care Contact Card for Plan contact information.
3. Continue to provide necessary mental health services and coordinate the transition of care or service referral with the receiving Plan, including follow up to ensure services have been made available to the individual.

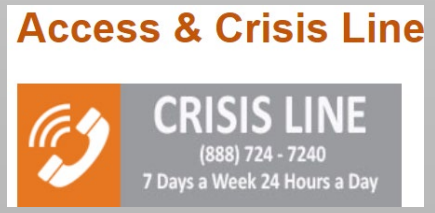
Transition of Care Process Maps are available for reference on the HSD BH Ops webpage:

- Transition of Care Process Map - County Provider Identifies Member (pdf)
- Transition of Care Process Map – MCP identifies a member (pdf)

EATING DISORDERS

Reference APL 22-003 and BHIN 22-009:

- MCPs are responsible for the physical health components of eating disorder treatment and NSMHS and MHPs are responsible for the SMHS components of eating disorder treatment.
- MHPs must provide, or arrange and pay for, medically necessary psychiatric inpatient hospitalization and outpatient SMHS.
- Any medically necessary service requiring shared responsibility (such as partial hospitalization and residential treatment for eating disorders) requires coordinated case management and concurrent review by both the MCP and the MHP.
- DHCS recommends that MCPs and MHPs agree on the division of the financial responsibility and requires that MCPs and MHPs have a memorandum of understanding (MOU) in place.
- Should disputes arise between parties that cannot be resolved at the MCP and MHP level, MCPs are required to follow the dispute resolution process contained in APL 21-013. MHPs are required to follow a parallel dispute resolution process contained in BHIN 21-034.



MEDI-CAL TRANSPORTATION BENEFIT

Nonemergency medical transportation (NEMT) is transportation by ambulance, wheelchair van, or litter van for members who cannot use public or private transportation to get to and from covered Medi-Cal services, and who need assistance to ambulate.

- NEMT is available to all members when their medical and physical condition does not allow them to travel by bus, passenger car, taxicab, or another form of public or private transportation. Services must be prescribed by a health care provider.

Nonmedical transportation (NMT) is private or public transportation to and from covered Medi-Cal services for eligible members.

- NMT services are available to all members with full-scope Medi-Cal and to pregnant women, including to the end of the month in which the 60th day postpartum falls. Members will need to verbally let the transportation provider know that there is no other way for them to get to their appointment.
- Members will need to attest to the provider verbally or in writing that they have an unmet transportation need and all other currently available resources have been reasonably exhausted. Reasons for needing NMT can include any of the following:
  - No valid driver's license.
  - No working vehicle available in the household.
  - Not being able to travel or wait for covered Medi-Cal services alone.
  - Having a physical, cognitive, mental, or developmental limitation.
  - No money for gas to get to appointment.

MEDI-CAL TRANSPORTATION BENEFIT *(CONTINUED)*

Transportation is only available to and from covered Medi-Cal services, which includes:

- Medical appointments, including family planning, mental health, and substance use disorder services
- Dental appointments
- Picking up prescriptions
- Picking up medical supplies and equipment

Who can provide NEMT and NMT Services? Licensed, professional medical transportation companies approved and enrolled by Medi-Cal. In addition, Medi-Cal managed care plans also directly contract with other transportation providers for services for plan members.

When to request transportation? Be sure to contact a transportation provider as soon as an appointment is made. It is helpful to request the service at least five business days before an appointment. If there are more than one appointment that is ongoing, transportation can be requested to cover those appointments. ***Note:*** One assistant, such as parent/guardian or spouse, may accompany a member on a trip provided by NMT. However, transportation is not available for more than one assistant.

To access transportation benefits, call the health plans member services department:

- Community Health Group (1-800-224-7766)
- Blue Shield CA Promise Health Plan (1-855-699-5557)
- Kaiser Permanente (1-800-464-4000)
- Molina (1-888-665-4621)

MEDI-CAL PHARMACY BENEFIT (MEDI-CAL RX)

Effective January 1, 2022 all pharmacy benefits for Medi-Cal members including those in a Medi-Cal Managed Care Plan will be covered by the Department of Health Care Services (DHCS) stated-wide pharmacy benefit called Medi-Cal Rx.

The change to a state-wide pharmacy benefit does not apply to the following: Programs of All-Inclusive Care for the Elderly (PACE) plans, Senior Care Action Network (SCAN), Cal MediConnect health plans, Major Risk Medical Insurance Program (MRMIP)

DHCS has contracted with Magellan Medicaid Administration to provide administrative services and supports relative to the Medi-Cal pharmacy benefit.

Medi-Cal Rx will be responsible for managing and resolution of complaints and grievances raised by Managed Care Plan members, their Authorized Representatives, or other interested parties, regarding a Medi-Cal Rx complaint or grievance as well as managing member appeals involving disagreement with benefit-related decisions, such as coverage disputes, disagreeing with and seeking reversal of a request involving medical necessity etc.

Resources:

- Medi-Cal Rx
- DHCS Medi-Cal Rx Customer Service (800) 977-2273
- Consumer Center for Health Education & Advocacy (877) 734-3258
- Medi-Cal Managed Care Plan Customer Service Health Plan ID Card
- San Diego County Access & Crisis Line (888) 724-7240

MCP ENHANCED CARE MANAGEMENT (ECM)

ECM is available for select Medi-Cal members with complex needs. Enrolled members receive comprehensive case management from a lead care manager who coordinates health and social services.

To connect an individual to ECM

1. Confirm the individual has active Medi-Cal and identify their Managed Care Plan (MCP).
2. Ensure the individual meets the eligibility criteria for ECM in the ECM Policy Guide.
3. Complete the universal or plan specific ECM referral form linked below and email the form to the assigned MCP's designated email address.
   The Universal ECM Referral Form (Child/Youth) and Universal ECM Referral Form (Adult) are accepted by all plans.

MCP	Email Address	Member Services Phone Number
Blue Shield	ECM@blueshieldca.com	1-855-699-5557
Community Health Group	ecm-cs@chgsd.com	1-800-224-7766
Kaiser	RegCareCoordCaseMgmt@KP.org	1-800-464-4000
Molina	MHC_ECM@Molinahealthcare.com	1-888-665-4621

Note that the MCP should authorize ECM services within 5 working days for routine authorizations and within 72 hours for expedited requests. If you have not received a response, email or call the MCP for an update.

MCP COMMUNITY SUPPORTS (CS)

CS are medically appropriate and cost-effective services provided by MCPs to help members address their health-related social needs. CS are available to a wide range of members, including those with complex needs and those who are enrolled in ECM. However, members do not need to be enrolled in ECM to access Community Supports.

To connect an individual to Community Supports:

1. Confirm the individual has active Medi-Cal and identify their Managed Care Plan (MCP).
2. Ensure the individual meets the eligibility criteria for Community Supports in the Community Supports Policy Guide.
3. Complete the plan specific Community Supports referral form linked below for each service needed and email the form(s) to the assigned MCP's designated email address.

MCPs	Link to Referral Form	Email Address	Member Services Phone Number
Blue Shield Promise	Community Supports Referral Form (blueshieldca.com)	SDCommunitySupports@blueshieldca.com	1-855-699-5557
Community Health Group	Community Supports Referral Form (chgsd.com)	ecm-cs@chgsd.com	1-800-224-7766
Kaiser Permanente	Community Supports Referral Form (kaiserpermanente.org)	RegCareCoordCaseMgmt@KP.org	1-800-464-4000
Molina	Community Supports Referral Forms (molinahealthcare.com)	MHC_CS@MolinaHealthcare.com	1-888-665-4621

MCP COMMUNITY SUPPORTS (CS)

Community Supports Available through all San Diego MCPs
Housing Transition/ Navigation
Housing Deposits
Housing Tenancy & Sustaining Services
Short-Term Post Hospitalization Housing
Recuperative Care (Medical Respite)
Respite Services
Day Habilitation Programs
Nursing Facility Transition/ Diversion
Community Transition Services/ Nursing Facility Transition to a Home
Personal Care and Homemaker Services
Environmental Accessibility Adaptations
Medically- Supportive Food/ Meals/ Medically Tailored Meals
Sobering Centers
Asthma Remediation

Source: https://www.dhcs.ca.gov/Documents/MCQMD/Community-Supports-Elections-by-MCP-and-County.pdf

DATA EXCHANGE

- Goals include improving care coordination and referral processes, in accordance with federal and state privacy laws, including but not limited to (HIPAA) and 42 CFR Part 2. Data exchange also assists with population health management and outcome metrics.
- Additional information about each plan, its provider network (directory), and patient portal are available, as follows:

	BlueShield	CHG	Kaiser	Molina	County of San Diego Behavioral Health Plan
Provider Network Search Link	Blue Shield Provider Search	CHG Provider Search	Kaiser Provider Search	Molina Provider Search	County of San Diego Behavioral Health Provider Directory
API Provider Directory		CHG Provider Directory API			County of San Diego Behavioral Health Provider Directory API
Patient Portal	Blue Shield Patient Portal	CHG Patient Portal	Kaiser Patient Portal	Molina Patient Portal	
General Info/Plan Home Page	Blue Shield Home Page	CHG Home Page	Kaiser Home Page	Molina Home Page	County of San Diego Behavioral Health Services
Behavioral Health Landing Page	Blue Shield BH Page	CHG BH Page	Kaiser BH Page		County of San Diego Behavioral Health Services

DISPUTE RESOLUTION

- County and MCPs collaborate to resolve issues related to coverage or payment of services, conflicts regarding the respective roles for care management for specific members, or other issues.
- If there is a dispute, County and MCPs shall complete the plan-level dispute resolution process.
- Pending resolution of any such dispute, services & payments must continue to be provided without delay.
- Unresolved disputes are reported to the State.

Click here for Healthy San Diego Behavioral Health Operations page

-Forms -Contact Cards -Signed MOUs -P&Ps

RESOURCES

Healthy San Diego

Medi-Cal Managed Care Plan Contact Card

Health Plan	Member Services/Transportation	Behavioral Health	Telephone Medical Advice Line	Vision Services	Medi-Cal RX	Denti-Cal
Blue Shield CA Promise Health Plan	1-855-699-5557	(855) 321-2211	1-800-609-4166	1-855-699-5557	(800) 977-2273	(800) 322-6384
Community Health Group	1-800-224-7766	(800) 404-3332	1-800-647-6966	Vision Service Plan 1-800-877-7195	(800) 977-2273	(800) 322-6384
Kaiser Permanente	1-800-464-4000	(833) 579-4848	1-800-290-5000	1-800-464-4000	(800) 977-2273	(800) 322-6384
Molina Healthcare	1-888-665-4621	(888) 665-4621	1-888-275-8750	March Vision Services 1-888-463-4070	(800) 977-2273	(800) 322-6384

County Mental Health Plan To access Specialty Mental Health and the Drug Medi-Cal Organized Delivery System 1-888-724-7240	**Jewish Family Service** Patient Advocacy Program Complaints & Grievances/Inpatient & Residential 1-800-479-2233	**Consumer Center for Health Education & Advocacy** Patient Advocacy Program Complaints & Grievances/Outpatient services 1-877-734-3258

Pharmacy benefits for all Medi-Cal recipients are covered by the State's Medi-Cal Rx. Program (800) 977-2273

blue california Promise Health Plan · Community Health Group · Kaiser Permanente · Molina Healthcare

10/2025 Medi-Cal Managed Care Plans cover transportation to all Medi-Cal covered services including Specialty Mental Health, Drug Medi-Cal Organized Delivery System and Denti-Cal

- Click here for the most recent version(s) of the Contact Card

RESOURCES

SB 1019 Non-Specialty MH Services Outreach and Education Plan

- Effective January 1, 2025, SB 1019 requires MCPs to develop a DHCS-approved outreach and education plan for members and primary care physicians regarding covered mental health benefits.
- APL 24-012: Provides guidance to MCPs regarding requirements for member outreach, education, and assessing member experience for Non-Specialty Mental Health Services as required by SB 1019.
  - Stigma reduction resources are available at:
    - https://www.nami.org/Get-Involved/Pledge-to-Be-StigmaFree
    - Stigma and Discrimination Research Toolkit - National Institute of Mental Health (NIMH) (nih.gov).

H.R.1 and its Impacts to San Diego Behavioral Health

County of San Diego

Behavioral Health Services

H.R.1 & Behavioral Health Coverage Stability

As of May 2026, DHCS estimates H.R.1 will cause **up to ~1.1 million Medi-Cal disenrollments statewide**, largely due to new requirements:

- Work reporting
- Six-month renewals
- Automated address, death-file, and duplicate-enrollment checks

At the same time, DHCS intends to make eligibility continuation as seamless as possible by using automated Medi-Cal data systems to identify individuals who qualify to be exempt from work reporting requirements, including those who are medically frail.

For San Diego BHS, coverage retention depends on whether qualifying SMH and SUD services are delivered and reflected in Medi-Cal data. DHCS is expected to use Medi-Cal data to help identify individuals who may qualify for exemptions.

Who is Regulated — and Who is Affected?

Federally regulated

The New Adult Group subject to work rules, six-month renewals, reduced retroactivity, and cost sharing (Oct 2028)

- Ages 19–64
- Under 138% FPL

Important clarification on the “New Adult Group” referenced in H.R.1

- In California, this generally means adults ages 19–64 with incomes up to 138% of the federal poverty level, unless they qualify for an exemption.
  - The 2014 Affordable Care Act (ACA) created a new category for Adults ages 19–64 solely based on income (≤138% FPL), not based on disability or parent status or age.
  - The same group is also subject to six-month renewals beginning in 2027

H.R.1 Work Reporting Requirements

Beginning January 1, 2027, affected Individuals aged 19-64 (who are not pregnant, are not eligible for Medicare, or who qualify for Medi-Cal based on income alone) **MUST** meet a monthly work and community engagement requirement to keep Medi-Cal coverage**:

- Monthly income of at least 80x the federal hourly minimum wage (currently $580) *or*
- A combination of qualifying activities totaling 80 hours per month:
  - Work
  - Community service
  - Participation in a work program
  - Enrolled at least half-time in an educational program

***unless exempted*

“Medically Frail” | DHCS Determination

Adults are exempt from work rules if they are **medically frail**, including people with:

- Mental illness or substance use disorder
- Disability, functional impairments, or complex medical conditions, pregnancy
- Recent inpatient psychiatric or residential SUD treatment records

Medi-Cal eligibility will automatically continue if related claims data available

Eligibility rules by age:

- Under 19 → Protected
- 65 and over → Protected
- Ages 19–64 → Subject to work reporting and six-month renewals unless medically frail or otherwise exempt

“Medically Frail” | DHCS Determination

- DHCS is proposing to use backend **automation** to check whether qualifying evidence already exists in Medi-Cal data systems. These systems form the exemption engine:
    - Short-Doyle
    - Claims & encounters
    - Inpatient psych & SUD residential treatment records
    - via MCPs
        - ECM & Community Supports
        - Medi-Cal Rx
- If qualifying Behavioral Health data is present in these systems, the person is treated as **medically frail and exempt from work reporting**.
- An accepted behavioral health claim can trigger an exemption.
- **Data integrity** now has direct Medi-Cal eligibility impacts, not just financial and clinical consequences.

Data Quality Risks

New Adult Group members must renew **twice per year.**
If data cannot verify income or frailty, members must respond or are terminated.

This doubles the number of times the Member must complete re-eligibility steps.

Key operational concerns: outreach, renewal support, data quality, and monitoring coverage churn.

Lack of Medi-Cal claims or incomplete data will require work activity reporting every six months and may result in disenrollment

Timeline

June 1, 2026:

CMS issued the Interim Final rule implementing Medicaid work requirements

1 Jan. 2027***

California begins work requirements and six-month renewals for affected adults.

Mid-2026 – Dec-2026: DHCS refining California implementation and awaiting additional CMS clarification

Now – Dec-2026

*****Federal framework issued; state implementation details continue to evolve**

- California operational details may continue to evolve as DHCS finalizes workflows, data matching, notices, and verification processes ahead of January 1, 2027.

Key Takeaway

Under the current federal framework: San Diego BHS's clinical, documentation, and billing systems support both care delivery and helping ensure qualifying BH info is available for Medi-Cal eligibility verification.

Questions?

Health Plan Administration (HPA) Team

BHS-HPA.HHSA@sdcounty.ca.gov

Eleos SMARTscribe and SMARTcomply

Eileen Quinn-O'Malley, LMFT
Chief, Agency Operations
EHR Project Team

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

Eleos Overview

Eleos Ambient AI	• SMARTscribe • SMARTcomply
Improves Documentation	• Quality and compliance • Integrates with SmartCare EHR
Implementation Plan	• Weekly meetings with Eleos • Super user testing • SOC training • Go-Live

What is Eleos SMARTscribe?

- AI-Driven Note Generation: Provides real-time suggestions for clinical notes, assessments, and treatment plans, helping clinicians capture accurate and comprehensive documentation
  - Converts audio session or provider-supplied key points into structured, clinically relevant and compliant note suggestions
  - Provider is required to review and select content using clinical expertise to complete final documentation.
  - Embedded solution with SmartCare via a browser extension – does not require API
    - Supports 110+ languages

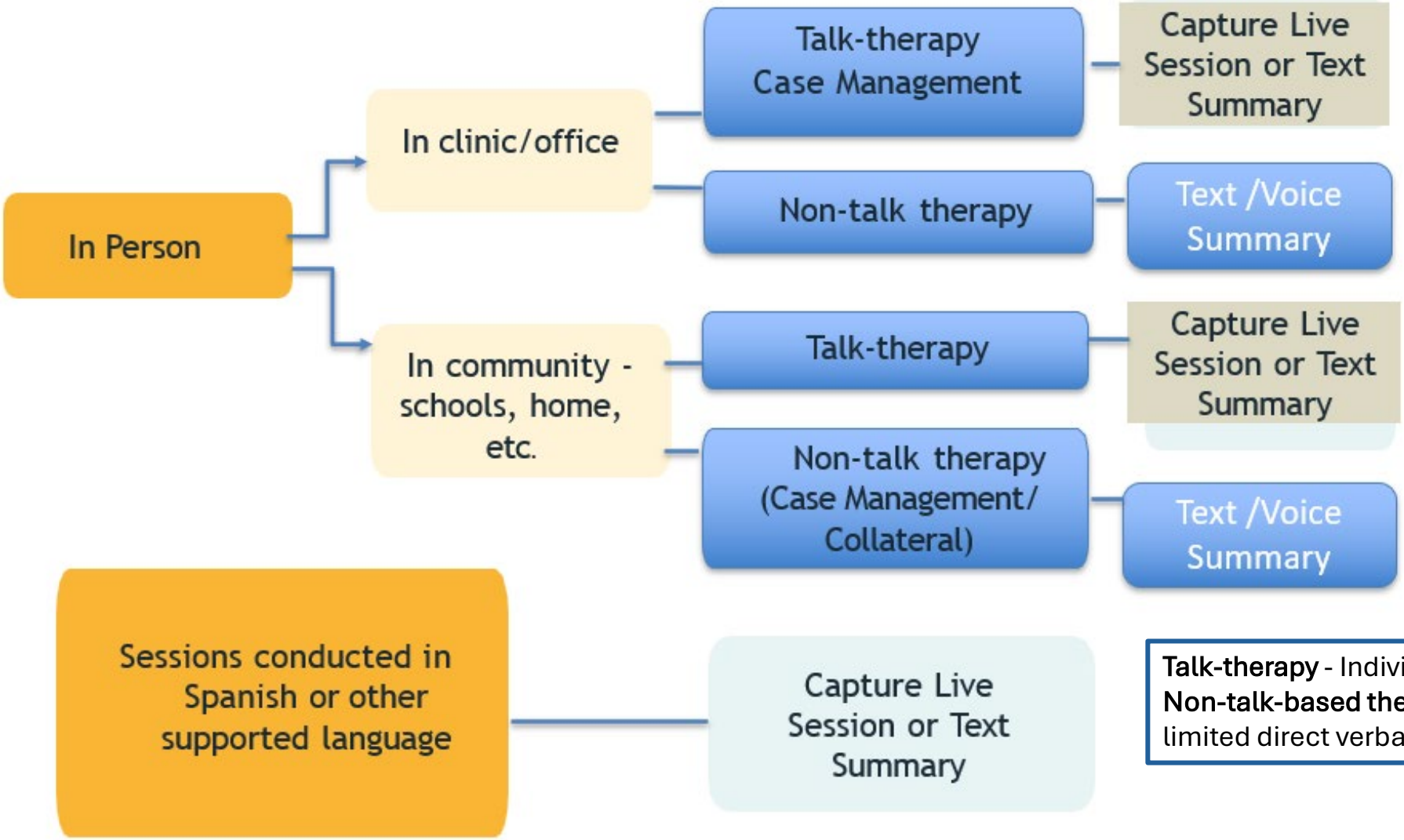
Eleos SMARTscribe Outcomes

- More Time with Clients
  - 70% Less Admin Time
- Eleos populates 80% of progress note content in minutes
- 90% of Eleos users report less daily stress due to documentation
- Opportunities for increased Medi-Cal revenue through more complete and timely documentation

SMARTscribe in Practice

- Eleos can be utilized during Individual therapy, groups, rehab, planning, peer support, medical services, mobile case management
  - Live desktop feature
  - Mobile feature: Text and Voice Summary
- Adjusts documentation by service type and provider role

Eleos User Mapping



Talk-therapy - Individual and group talk-based therapy
Non-talk-based therapy - Play Therapy, art/media therapy, limited direct verbal interaction with client

What is Eleos SMARTcomply?

- SMARTcomply integrates real-time compliance checks directly into clinical workflows, ensuring that documentation is accurate, complete, and audit-ready before submission
  - Checks completeness of note for interventions, progress, care plan alignment, client response
  - Automatically scans 100% of eligible progress notes for documentation errors
  - Catches documentation issues early and reduces the need for error corrections and/or recoupment of services

SMARTcomply Key Features

- Automatic detection of potential documentation gaps
- Real-time feedback directly within the note
- Flags high-risk elements (missing interventions, incomplete goals, etc.)
- Clear, actionable recommendations for correction
- Verifies ‘Golden Thread’ alignment

SMARTcomply Outcomes

- Accurate documentation
- Lower compliance risk
- Higher organizational performance
- Better support for providers and clients

AI Policy, Consent, Ethical Use

- Required AI policies for Legal Entities
  - County Board Policy A-140
- CalMHSA AI Consent
- Verbal consent reviewed and documented each session.
  - Clients may opt out
- Review all session summaries prior to pulling in progress note

Next Steps: Training and Resources

- Trainings
  - Live Virtual and recorded webinars
- Provider resources
  - Scripting examples
  - FAQs

Introducing Eleos to Clients

If a client asks about the use of Eleos—or if you just want to get ahead of any questions you may receive—here are some ideas for approaching the conversation.

Our organization wanted us to be able to focus more on client sessions, so they found this awesome new tool to help us take notes.

Think of Eleos as a note-taking robot.

Eleos is completely secure.

Eleos doesn't record our conversation. It just creates a written summary to help me write the note that I'm required to submit.

When I don't have to worry about taking notes during our session, it's easier to focus on you and the conversation we're having.

There are a lot of requirements for these notes, and it can add a lot of hours to my week. Eleos helps make sure I don't have to spend time writing notes after hours.

I still review and sign off on every note. Nothing gets submitted without my approval.

Thank you!

Eileen.Quinn-OMalley@sdcounty.ca.gov

Authorization to Share Confidential Member Information (ASCMI)

Jill Michalski, LCSW
Behavioral Health Program Coordinator
BHS EHR Project Team Clinical Lead
Aug 26, 2026

ASCMI Initiative - Overview

The ASCMI Initiative is a statewide effort to promote and standardize the exchange of Clients' protected information, including certain physical health, behavioral health, and social services information, between Care Partners (e.g., providers, health plans, county agencies, social services organizations, etc.).

Care Partners may use the ASCMI Form to obtain their Clients' consent to share their information for the purposes of coordinating their care, delivering treatment, or payment and health care operations.

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

ASCMI Form replaced the Coordinated Care Consent in SmartCare **effective April 1, 2026** for all COSD BHS county-operated and county contracted providers.

Beginning **January 1, 2027**, Mental Health Plans (MHPs), Drug Medi-Cal Organized Delivery Systems (DMC-ODS), Drug Medi-Cal (DMC) State Plan Counties and Managed Care Plans (MCPs) are required to use the ASCMI Form as their standardized consent form (BHIN 26-013).

ASCMI Form
AB 133 vs Non-AB 133

ASCMI Form: Two versions

ASCMI Form AB 133

- Valid only for Medi-Cal beneficiaries enrolled in Medi-Cal managed care, receiving behavioral health services under Medi-Cal, or receiving pre-release services through the Justice-Involved Reentry Initiative

ASCMI Form Non-AB 133

- Non-Medi-Cal clients or clients for whom the above conditions do no apply
- Valid for all Californians, regardless of Medi-Cal status or insurance coverage
- **CalMHSA has vetted and approved use of Non-AB 133 for use in SmartCare for all Clients regardless of Medi-Cal status – this version is in SmartCare that should be used by all providers.**

ASCMI
Consent Management Portal (CMP)

The Consent Management Portal (CMP) is the statewide database/portal which will allow counties to query and identify if a client has an active ASCMI in another county.

The ASCMI Form is a ***Client Level*** document - only one valid, signed ASCMI is required for a client, regardless of the program or county that completed the form.

Currently being piloted in two counties – Stanislaus and Placer

Two data types removed from CMP web portal – responses being suppressed while undergoing DHCS legal review:

HIV Test Results

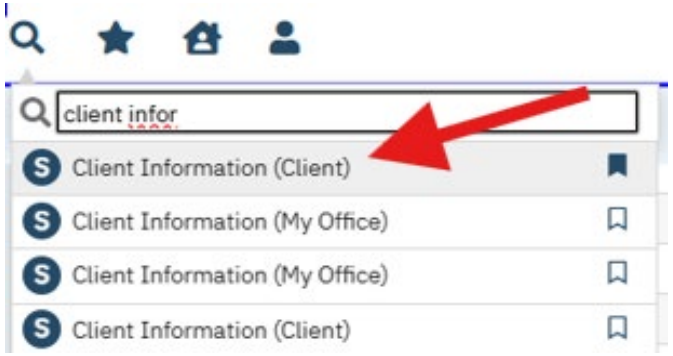
Genetic Testing

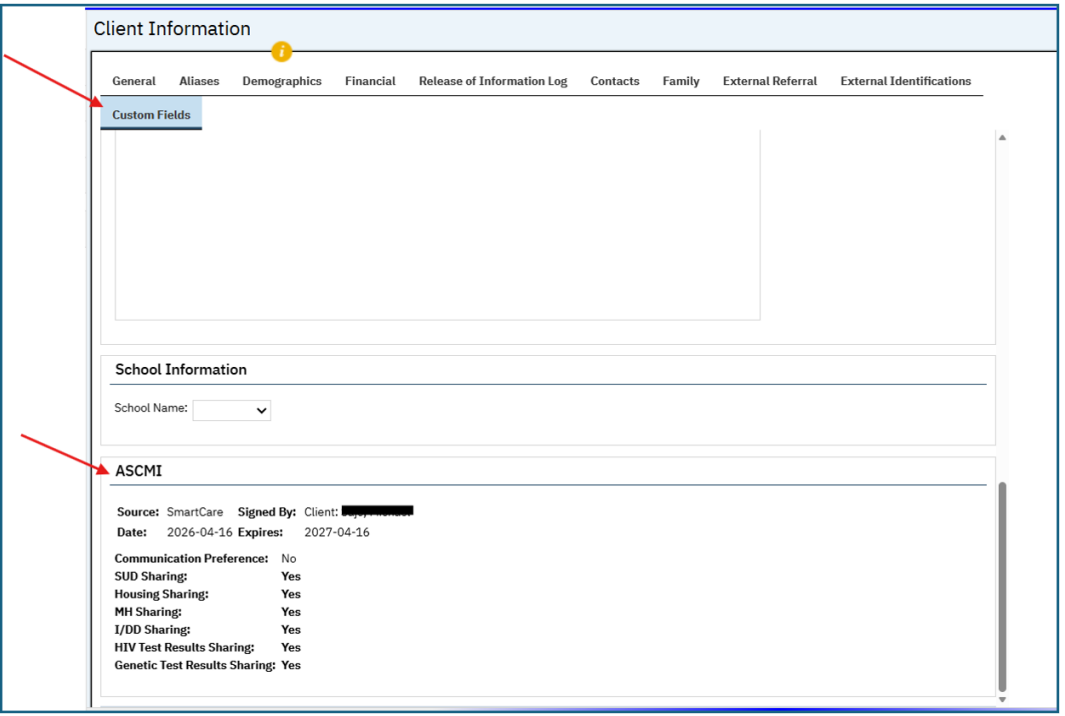
Statewide “Go Live” date for the Consent Management Portal - TBD

CalMHSA 121
ASCMI Completion Report

- Answers the question *"Which clients that should have a completed ASCMI actually have one?"*
- Identifies clients with enrollments and returns the most recent ASCMI on file in **SmartCare**
- Prioritizes signed versions over unsigned or in-progress documents
- If no ASCMI exists for a client where the client/guardian has signed, the report will find the most recent ASCMI that a staff member has signed or an ASCMI that is in progress
- Does **not** provide a full list of ASCMIs that exist in SmartCare, it focuses on completion status for enrolled clients.

ASCMI Preferences Visibility
Client Information





- Client's ASCMI consent preferences can be viewed in Client Information (Client) Screen in the Custom Fields tab
  - Summary of the client's ASCMI data sharing preferences for each data type
  - Date of signature
  - Form expiration date

- This will automatically update with any new ASCMI data captured within SmartCare on per-client basis

ASCMI – Key Points

- ASCMI is a client-level document and does not need to be completed at each new enrollment.
- Verify if there is a current ASCMI for client and review client preferences
- If client confirms consent preferences remain, no new ASCMI required.
- If client changes consent preferences or revokes consent, complete new ASCMI to reflect changes
- Effective date is the date that the ASCMI is completed with and signed by client
- Do **not** backdate ASCMI forms.
- Consent expires one year from date of client signature (clients 18+)
- For clients 17 or under, consent will only last until they turn 18 or until their guardianship changes.
- Verbal Consent option should not be used for client/guardian signature
- Electronic signature or signature on hard copy/paper form required
- ASCMI Form should be scanned/uploaded into SmartCare and associated to client medical record and electronic ASCMI document
- Use ASCMI Completion Report to review signature methods
- Client signature triggers CDAG rules and impacts data sharing within Connex
- Do not "pre-complete" or sign an ASCMI before meeting with or obtaining client signature
- ASCMI should be completed with client and signatures of client and provider should match and align to the date the ASCMI was completed
- You should still document your Client's consent preferences, even if they decline the disclosure of any data authorized by the Form by selecting the "No" checkbox.
- Signing the Form is optional, and your Client may decline to complete the Form. Best practice is to have the client sign the form, when possible.
- Do not modify, strike or amend any sections of the ASCMI Form.
- The ASCMI Form is not a requirement to receive treatment.
- The ASCMI Form authorizes disclosure of information and does not authorize treatment.
- If you are a Part 2 provider and client declines to sign the ASCMI, if you need to obtain payment in order to submit payment information, you will need to obtain client signature on another payment-specific authorization

ASCMI – Additional Resources

CalMHSA SmartCare:

- ASCMI – 2023 CalMHSA
- ASCMI Form Webinar and Resources – 2023 CalMHSA
- How to Complete the ASCMI – 2023 CalMHSA
- How to Document an ASCMI Done on Paper or PDF – 2023 CalMHSA
- CalMHSA 121 – ASCMI Completion Report - 2023 CalMHSA

BHS:

- 2026-03-23 BHS Info Notice: Transition to ASCMI Form and Deactivation of the Coordinated Care Consent Form

DHCS:

- DHCS CalAIM ASCMI Initiative WebPage
  - Overview
  - ASCMI Forms, Language Translations
  - ASCMI FAQs for Care Partners, Clients
- DHCS CalAIM Data Sharing Authorization Guidance
- Substance Use Confidentiality Regulations

Q&As From Live Forum

123

Q&As From Live Forum

Q: What mode of delivery should be selected for text communication with clients?

A: Text communication is not billable. It is not an acceptable form of providing a service so there is no appropriate mode. You could enter a non-billable note to record any required information.

Q: CANS and PSC aren't necessarily done at intake and discharge due to it being a client and shared document with other programs?

A: Yes, they follow the client, so they are done on the timeline of the client.

Q: Does a Risk Assessment in SmartCare by registered clinician require an actual Co-Signature by a Licensed Clinician? In Cerner, it used to be that in the HRA, it just document that they consulted with the Clinical Supervisor (not that it had to have co-signature)?

A: They need to document review with their Supervisor if they are registered/waivered. All documentation completed by trainees must be co-signed by a licensed provider. If the supervisor is registered, that is okay.

Q&As From Live Forum Continued…

Q: Do staff have to re-sign the note of the MOD if corrected by the billing specialist, while the service is still in pending status?

A: Yes, if a progress note is edited while in pending status, the note will need to be signed again to complete the note.

Q: Is that the case for bundled rates billing? Would the note need to be re-signed if the billing person changes the MOD because the client ended up not meeting the bundled rate?

A: These services should not need to be re-signed as long as staff use the override service details for MOD changes.

Thank you

Looking forward to a great year ahead!

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES