Up To The Minute!

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

MH PROVIDER EDITION | NOVEMBER 2026

General Updates

SMARTscribe Ambient Listening AI Roll-Out & Go Live

Phase One rollout and training for SMARTscribe AI ambient listening and documentation concluded on October 30th for programs that submitted an Expression of Interest (EOI) form, user requests, and the Legal Entity AI Policy and Procedure by the original due date of July 30, 2026.

A Provider Communication will be forthcoming with information for Phase Two SMARTscribe access requests and user approvals. Moving forward, programs will need to complete the appropriate Access Request Form (ARF) along with their organization's agency-wide AI P&P for review/approval and attestation prior to SMARTscribe access.

SMARTscribe is intended for use by direct-service providers who currently document in the SmartCare EHR.

For more information, please contact Eileen.Quinn-OMalley@sdcounty.ca.gov or Jill.Michalski@sdcounty.ca.gov.

SMARTscribe AI Consent Requirements

California Law requires explicit, signed consent prior to the use of any ambient listening AI technology. Providers must review and obtain client signature on the "Consent to Use AI" form in SmartCare prior to the use of SMARTscribe ambient listening AI.

Additionally, BHS requires that verbal consent is obtained at the start of each session in which SMARTscribe ambient listening AI will be used and when SMARTscribe ambient listening AI and/or text or voice summary is used to assist in generating clinical documentation/progress notes. Providers must include the SMARTscribe consent key phrase in all service notes and documentation which utilized SMARTscribe.

Requirements Workflow: *CoSD - Consent Requirements - SmartScribe Ambient AI Listening - Keyphrase 10.28.26.pdf*

New QI Matters Email Address - Now Active!

The QI Matters email address has changed from QIMatters.HHSA@sdcounty.ca.gov to QIMatters.BHS@sdcounty.ca.gov.

Please send all QI Matters-related questions and concerns to the new email address moving forward.

Upcoming Events

SmartCare User Group Meeting

- Date: Monday, November 16, 2026
- Time: 11:00am - 12:00pm

Click to Join the Meeting

[Ad Hoc] MH Quality Improvement Partners (QIP) Meeting

- Date: Wednesday, December 9, 2026
- Time: 1:00pm - 3:00pm

Click to Join the Meeting

[Note: This meeting uses a different link than the usual recurring meetings]

Audit Leads Practicum

- Date: TBD
- Time: TBD

Coming Soon!

Progress Notes Practicum

- Date: Thursday, November 19, 2026
- Time: 12:30pm – 3:30pm

Session is Full

General Updates Continued…

BHS Logo Updates & Beneficiary Materials

All materials posted on the Optum SMH & DMC-ODS Health Plans page under the "Beneficiary" tab and Beneficiary & Families page are current and include the generic County of San Diego logo.

Logo updates will be made to the BHS logo when larger updates occur on the publication.

Programs shall continue utilizing the materials currently posted, which are also available for ordering via the Behavioral Health Plan Informing Materials Order Form.

Reminder: Integrated Behavioral Health Member Handbook Update for 2027

DHCS released BHIN 26-029 on 08/17/2026 with the new handbook templates.

BHS QA is working on the Notification of Significant Changes and Summary of Changes that will go out to providers by 12/01/2026.

- Communication on this will be forthcoming and will provide information on how to notify members of these changes.

The new handbook will be effective 01/01/2027 and will be available in all threshold languages.

- Communication will be sent out when it is available for printing and ordering.

Reminder: BHP-MCP MOU Training Requirement

Provider staff with responsibilities under the BHP-MCP Memorandum of Understanding (MOU) must complete training annually, in accordance with DHCS BHIN 23-056 and BHIN 23-057.

- Staff who attended the 2026 Annual MH or SUD Forum have met this year's requirement.
- Staff who did not attend either forum must complete the BHP-MCP MOU Resource Training requirement by December 31, 2026.

New staff assigned MOU responsibilities must complete training before performing those duties.

Providers are responsible for tracking and reporting training completion in accordance with BHS requirements.

NOABD Reminder

Programs are reminded that functionality of NOABDs in SmartCare is still being developed. Program should not utilize or provide members the NOABD templates in SmartCare. Instead, Providers shall use the NOABD templates on the SMH & DMC-ODS Health Plans page on Optum within the “NOABD” tab.

You may reference the NOABD Process and blank NOABD Tracking log template posted on the Optum site under the “NOABD” tab.

Follow Up: Client Present Checkbox in SmartCare

Following last month’s update regarding the new Client Present checkbox and Collateral Person Present text field, SmartCare automatically defaults the Client Present field to checked. Providers must manually uncheck the Client Present box when the client is not physically present for the service being delivered. Please ensure this field accurately reflects the individual receiving the service to support accurate data reporting.

General Updates Continued…

Clarifying ASCMI Procedures When Clients Decline Consent

To ensure consistency across programs, we are providing clarification on the process for handling situations where a client declines the ASCMI consents. When a client chooses not to consent to the ASCMI form and release, staff do not need to complete the full ASCMI. Instead, staff could enter a client non billable service on the date of the assessment (or when the ASCMI was offered), documenting that the ASCMI was reviewed for collaboration purposes and that the client declined consent. This documentation will indicate why no ASCMI was entered into the client chart when audited for the QAPR.

If a client declines the form and staff select the “decline” signature option within the ASCMI, the form remains unsigned, and the CDAG wall stays in place.

During QAPR, if specialists do not see an ASCMI and there is no accompanying documentation showing that the ASCMI was offered and declined, the chart will be marked out of compliance.

Important Reminder:

If a client verbally declines the ASCMI consents but an active ASCMI already exists with accepted options, the client must sign a new ASCMI indicating “no” selections to replace the existing form and lift or maintain the CDAG as appropriate. Programs are encouraged to review these consents with clients at intake to ensure their preferences are clearly documented and accurately reflected.

Update: Removal of LOCUS Requirement from Adult UM/UR

We are streamlining the Adult Utilization Management/Utilization Review (UM/UR) process by removing the requirement to utilize the LOCUS score as part of UM determinations. Moving forward, UM/UR decisions will be based solely on clinician assessment and Legal Entity policy. Programs must continue to conduct UM/UR reviews at least quarterly.

Legal Entities should ensure they have clearly defined UM/UR processes in place, including criteria for selecting charts for review, documentation standards, and designated committee members.

Please note that while the LOCUS is no longer used for UM decisions, staff are still required to complete the LOC tool at intake, every 6 months, and at discharge. These scores will continue to be part of clinical documentation but will not factor into UM review outcomes.

Out of County (OOC) Youth CFT Facilitation Update

Effective January 1, 2027 the Child and Family Team (CFT) meeting for Out of County (OOC) Youth receiving services under a San Diego BHS contract, will be managed through the BHS program that is serving the youth.

The BHS provider (inclusive of outpatient and STRTPs) will coordinate with the OOC placing agency to determine who will facilitate the required CFT meeting at the appropriate intervals. The BHS provider may either:

- Conduct the CFT meeting directly, **or**
- Ensure, through coordination, that the OOC placing agency conducts the CFT meeting.

General Updates Continued…

The BHS Provider utilizes the CFT Meeting Summary & Action Plan form to document and support the CFT meeting facilitation for all OOC youth. The BHS Provider uploads the form to SmartCare under the following naming convention: CFT Meeting & Summary Action Plan. The form is available in the Uniform Clinical Record Manual (UCRM). If the OOC placing agency utilizes and provides a different form, it can be uploaded in lieu of the local form.

The Fred Finch Facilitation contract will continue to facilitate CFT meetings for all other youth.

New High Fidelity Wraparound (HFW) Forms

In alignment with Department of Health Care Services (DHCS) and California Department of Social Services (CDSS) requirements for HFW services, three new local forms have been developed and incorporated into the BHS Uniform Clinical Record Manual (UCRM) accessible through Optum as of November 2026. Each HFW Form has a corresponding Explanation Sheet.

HFW providers work with the HFW team members to complete these forms according to established timelines and upload the document to the youth's Electronic Health Record using a specified naming convention. Once uploaded, the forms are available to other providers working with the youth and help inform the overall treatment approach.

- HFW Plan of Care
- HFW Crisis & Safety Plan
- HFW Strengths, Needs, Culture & Vision Discovery

The completion and ongoing maintenance of these documents are essential to demonstrating fidelity to the HFW model and ensuring youth and families receive coordinated, individualized, and effective services.

Instructions for document upload in the EHR (SmartCare) can be found on the CalMHSA website: *How to Scan or Upload Documents into the Client's Record - 2023 CalMHSA*

Individual Service Level (ISL) Codes – Upcoming January 1, 2027 Implementation

Beginning January 1, 2027, counties will be required to report Individual Service Level (ISL) encounters to DHCS in alignment with BHSA advancements. ISL reporting captures individual-level behavioral health services and supports that are not reimbursable through Medi-Cal and typically documented as client non-billable services. Providers are encouraged to begin to familiarize themselves with the upcoming ISL requirements and available resources as implementation approaches.

Additional information and guidance regarding roll-out, applicable codes for San Diego, workflows, and tracking expectations will be shared in the coming weeks. ISL Training will take place at the December QIP Meeting.

Additional Resources:

- ISL Resources for Counties - California Mental Health Services Authority
- Individual Service Level Encounter Reporting | DHCS
- Individual Service Level FAQs | DHCS

General Updates Continued…

Child and Family Team (CFT) Meeting Observation
ACL 26-74 | BHIN 26-032 & ACL 25-54
Effective 2027, in adherence with State guidance, local placing agencies will implement practices to ensure the fidelity of Child and Family Team (CFT) meetings. Consistent with ACL 25-54 and the CDSS IP-CANS/CFT Fidelity Plan, counties may utilize the Child and Family Team Meeting Observation Tool and designated observers to assess fidelity and quality of CFT practice.

To support statewide fidelity and continuous quality improvement efforts, a designated observer may periodically attend some of the Child and Family Team (CFT) meetings for observation purposes. When observations occur, the observer's role is limited to evaluating adherence to CFT practice standards and meetings quality and is not intended to participate in case decision-making or service planning activities.

Management Information Systems (MIS)

System Access
System Access can be reached at BHS_EHRAccessRequest.BHS@sdcounty.ca.gov.

- New **Treatment Program ARF dated 10.19.26** is now available in the Optum website under Access section.
  - Outdated ARFs will be rejected starting Dec. 1, 2026.
- New Access email address: **EHRAccessRequest.BHS@sdcounty.ca.gov**
- Password reset and login issues for Eleos and SmartCare (PROD and TRAIN), please contact the following:
  - **SmartCare Login Screen**: Use the "Forgot your password" feature.
  - **CalMHSA Help Desk:** Live Chat Support 8:00am – 5:00pm, M-F.
  - **Optum:** Call (800) 834-3792 or email SDHelpdesk@optum.com (4:30am – 11:00pm daily) for SmartCare only.
- Residential/CSU staff are required to take a separate residential/CSU training in addition to the LMS training.
  - Training can be taken by registering at Online Registration Software for SmartCare User Training or through video tutorials SmartCare Training.
  - Contact Optum at sdu_sdtraining@optum.com or call 1-800-834-3792, Option 3 for any questions.

System of Care Application Updates

System of Care (SOC) Application
Reminder for required monthly attestation in the SOC application and completion or update of Cultural Competency section.

- See SOC Tips and Resources for more information.
- Contact Optum for assistance in updating SOC fields.

Billing Reminders/Announcements

No updates this month.

Data Science

No updates this month.

Population Health

Clinical MH PIP: Improve Follow-Up After Emergency Department Visit for Mental Illness (FUM)

- UCSD presented PIP findings at the Healthy San Diego Behavioral Health Quality Improvement Workgroup meeting in October.
- Continued discussion on how to automate the matching process between MCPs and BHS.

Non-Clinical MH PIP: Improve Timely Access From First Contact From Any Referral Source to First Offered Appointment For Any Specialty Mental Health Service (SMHS)

- Updated TADT reports (compliance rates and TADT Data entry errors) were provided to CORs and Programs.
- BHS and UCSD began reviewing and analyzing demographic data tables to develop a dataset for year-two PIP interventions.

DHCS Announcement

DHCS announced that all clinical and non-clinical PIPs must conclude their current projects by December 31, 2026. Further direction is pending regarding new PIPs that should start January 1, 2027.

QI Matters Frequently Asked Questions

Q: Which order form should be used to request Behavioral Health Plan Beneficiary Materials for a Medi-Cal Certification/Recertification?

A: Programs contracted within the SOC should use the Smartsheet Behavioral Health Plan Informing Materials Order Form – (Optum > "Beneficiary" tab).

(The San Diego Medi-Cal Fee-For-Service Provider Beneficiary Material Request Form should be used only for Fee-for-Service programs).

QI Matters Frequently Asked Questions Continued…

Q: If a clinician consults with a psychiatrist and the discussion results in a medication change or an update to the client's treatment goals, what service code should be used? Would this be considered Plan Development?

A: These activities may be billable as **Specialty Mental Health Services (SMHS)**, including **Plan Development**, depending on the service provided. Refer to the Interdisciplinary Consultation Reference Sheet (Optum > MH Resources > References) for coding and documentation requirements.

Please note that **Team Case Conference (Client/Family Absent)** and **Medical Team Conference, Participation by Physician (Patient and/or Family Not Present)** CPT codes require a minimum of three participants from different disciplines and a meeting duration of at least 30 minutes. If these criteria are not met, a different service code may be appropriate.

Q: When completing documentation for a session involving siblings, what is the correct process for entering group notes? Additionally, if a service should not be billed for one of the participants, are there additional steps needed to ensure accurate documentation and billing?

A: In accordance with the Billing SMHS for Sibling Sets Guidelines rev. 2.17.26 (Optum > MH Resources > References), each sibling may have a billable group service note when participating in a group with other members. Please reference the guidelines for the procedures for billing sibling sets, preventing duplicate billing, and non-billable service instructions.

Recent Communications

No updates this month.

Resources

Behavioral Health Information Notices (BHINs)

- Behavioral Health Information Notices (BHINs) – DHCS notifies County BH Plans and providers of P&P changes via BHIN's as well as draft BHIN's for public input. Feedback can be sent directly to DHCS or HPA.BHS@sdcounty.ca.gov.

Medi-Cal Transformation

- Medi-Cal Transformation (aka CalAIM) – info also available at the Optum CalAIM Webpage for BHS Providers for updates on Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant BHINs from DHCS. For general questions on local implementation of Medi-Cal Transformation, email: HPA.BHS@sdcounty.ca.gov.

Resources Contunued…

DHCS Licensing & Certification Guide:

- DHCS has released a Licensing and Certification Reference Guide for each MH and SUD facility type with mandatory and voluntary elements that are determined by County. You can access the resource linked here: 10.31 Licensing and Certification Infographic.pdf.

Email Contacts

- ARFs and Access questions? - Contact: EHRAccessRequest.BHS@sdcounty.ca.gov
- EHR questions? - Contact: EHRSupport.BHS@sdcounty.ca.gov
- Billing questions? - Contact: MHBillingUnit.BHS@sdcounty.ca.gov
- CalAIM Q&As? - Contact: HPA.BHS@sdcounty.ca.gov
- SMHS Documentation Standards/OPOH/UCRM questions? - Contact: QIMatters.BHS@sdcounty.ca.gov

PLEASE NOTE: Our organization has updated several of our email inbox addresses. Please use the applicable updated email addresses listed above when sending email communications moving forward.

All BHS communications are distributed through GovDelivery.

Review the GovDelivery flyer for information on how to subscribe to receive our emails

Is this information filtering down to your clinical and administrative staff?

Please share UTTM with your staff and keep them *Up to the Minute!*

Send all other questions to QIMatters.BHS@sdcounty.ca.gov.

Up To The Minute!

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

MH PROVIDER EDITION | OCTOBER 2026

General Updates

Integrated Behavioral Health Member Handbook Update for 2027
DHCS released BHIN 26-029 on 08/17/2026 with the new handbook templates.

BHS QA is working on the Notification of Significant Changes and Summary of Changes that will go out to providers by 12/01/2026.

- Communication on this will be forthcoming and will provide information on how to notify members of these changes.

The new handbook will be effective 01/01/2027 and communication will be sent out when it is available for printing and ordering.

Reminder: Annual BHP-MCP MOU Training
DHCS requires staff to complete the BHP-MCP MOU Training before carrying out responsibilities covered by the MOU at least once each year. MOU responsibilities include activities that help Medi-Cal members get the services they need and coordinate care between the BH program and the member's Medi-Cal Managed Care Plan (MCP). Examples include assisting a member access services, making or receiving a referral, coordinating care with an MCP, helping a member transition between BHS and an MCP, and sharing information needed to coordinate care.

Staff can meet the annual training requirement by either:

- Attending the applicable Annual Mental Health (MH) Forum or Annual Substance Use Disorder (SUD) Forum; or
- Completing the BHP-MCP MOU Training available on Optum's HSD BH Operations webpage.

New staff, or staff taking on MOU responsibilities, must complete the training before performing those responsibilities if they have not already completed it during the current calendar year.

Providers are responsible for making sure required staff complete the training and for tracking and reporting completion according to BHS requirements.

References: DHCS *BHIN 23-056* and *BHIN 23-057*.

Upcoming Events

SmartCare User Group Meeting

- Date: Monday, October 19, 2026
- Time: 11:00am - 12:00pm

Click to Join the Meeting

MH Quality Improvement Partners (QIP) Meeting

- Date: Wednesday, October 28, 2026
- Time: 1:00pm - 3:00pm

Click to Join the Meeting

Progress Notes Practicum

- Date: Thursday, November 5, 2026
- Time: 8:30am – 11:00am

Registration Opening Soon!

Audit Leads Practicum

- Date: Thursday, November 19, 2026
- Time: 12:30pm – 3:30pm

Registration Opening Soon!

General Updates Continued…

Reminder: Medication Monitoring Submission Dates

Medication Monitoring submission is due quarterly to the QA unit by the fifteenth (15th) of each month following the end of each quarter:

- **Q1**: October 15, 2026
- **Q2**: January 15, 2027
- **Q3**: April 15, 2027
- **Q4**: July 15, 2027

Please **do not** submit medication monitoring early in order to ensure that all client samples are being captured thoroughly through the end of the quarter.

Update: Disaster Services Worker Training

Effective immediately, the BHS Facilities Team will no longer accept the Disaster Service Worker (DSW) form. Completion of DSW training will now be tracked by the COR teams through each program's respective Monthly/Quarterly Status Report (M/QSR) or Staffing Status Report (SSR).

California's Data Exchange Framework (DxF)

California's Data Exchange Framework (DxF) is the statewide initiative designed to ensure timely, secure sharing of health and social services information so providers can deliver more coordinated, whole-person care. The DxF is administered by the Department of Health Care Access and Information (HCAI), the state agency responsible for overseeing DxF implementation and compliance.

To support this effort, San Diego Health Connect—our region's health information exchange—has been formally designated by the state as a Qualified Health Information Organization (QHIO). QHIOs are state-approved intermediaries that meet all DxF requirements for secure data exchange, and they provide a compliant pathway for organizations to meet DxF obligations. For programs within the County's BHP network, the County is coordinating with CalMHSA and San Diego Health Connect (QHIO) to meet DxF requirements. If additional provider-level actions are required, the County will issue specific instructions. Programs outside the BHP network should consult HCAI/DxF communications and ensure their organization's compliance.

Reminder: Program Fire Clearance

Programs are to ensure that they have an up-to-date, active fire clearance at all times. Active fire clearance is required to be presented at Medi-Cal Certification, Re-Certification or at Relocation. As a reminder, services cannot be provided unless the program has an active fire clearance. Lack of compliance may result in recoupment of services.

Assessment Contribution Notes Completed by Non-LPHA Require LPHA Co-signature

If an Assessment Contribution note is completed by a Non-LPHA (i.e. MHRS, Other Qualified Provider) then it must be cosigned by an LPHA. Co-signatures are required for the Assessment Contribution notes as a way to document that the LPHA reviewed the information for the assessment since Non-LPHA information within an assessment requires a co-signature. It also validates that the MHRS information provided was within their scope.

General Updates Continued…

BHC Bundled Rate MOD – Use of Add-on Procedure Codes T1013, 90875

Programs that provided EBP Bundled Rate services and claim monthly bundled rates via the BHC Monthly Bundled Rate MOD should not use the add-on procedure codes **T1013 Sign Language or Oral Interpretive Services or 90875 Interactive Complexity** when providing services as the Monthly Bundled Rate is all-inclusive. Use of the add-on code results in the service not being able to be batched within the bundled claim and risks the service being included towards the bundled rate and possible denial.

New Client Present Checkbox and Collateral Person Present

Service Notes now contain a new Client Present checkbox and a Collateral Person Present text field that are required to be completed to ensure accurate billing and data reporting. If the client was present for the session, providers are required to check off the box next to Client Present field. If there were others present during the session, (i.e. Mother, Father, Sibling), then providers are required to document that in the Collateral Person Present text field. The Collateral Person Present text field defaults to blank. For bundled rate programs, these fields are required as well as it adds the UK modifier for collateral. These fields will be added to the COSD Client Services and COSD Charges/Claims Reports.

Upcoming Change: New QI Matters Email Address

The QI Matters email address will soon be changing from QIMatters.HHSA@sdcounty.ca.gov to QIMatters.BHS@sdcounty.ca.gov.

Please continue to send any questions or concerns to QIMatters.HHSA@sdcounty.ca.gov until we confirm the transition has been complete.

Management Information Systems (MIS)

No Updates This Month.

Optum Website Updates

SmartCare Tab:

SMH & DMC-ODS Health Plans Page > SmartCare > Town Hall & User Group PowerPoints

- COSD SmartCare User Group Slides 09.22.26 – ***New***

Training Tab:

SMH & DMC-ODS Health Plans Page > Training > MH Only

- Program Manager Orientation – ***Updated***
- QA MH Annual Knowledge Forum FY 26-27 – ***New***

Optum Website Updates Continued…

UCRM/SUDURM Tab:

SMH & DMC-ODS Health Plans Page > UCRM/SUDURM > MH Only (UCRM) > IOP and PHP Prior Authorization – Day Services Request Form (DSR)

- IOP and PHP Prior Authorization Day Services Request – ***Updated***
- IOP and PHP Prior Authorization Day Services Request Explanation Sheet – ***Updated***

SMH & DMC-ODS Health Plans Page > UCRM/SUDURM > MH Only (UCRM) > Mental Health Assessment

- Mental Health Assessment Explanation Sheet – ***Updated***

OPOH/SUDPOH Tab:

SMH & DMC-ODS Health Plans Page > OPOH/SUDPOH > MH (OPOH) > Full Handbook & Summary of Changes

- OPOH – Organizational Providers Operation Handbook – ***Updated***
- OPOH Summary of Changes – updated September 2026 – ***New***

SMH & DMC-ODS Health Plans Page > OPOH/SUDPOH > MH (OPOH) > By Section

- OPOH Table of Contents – ***Updated***
- OPOH Section A –System of Care – ***Updated***
- OPOH Section B – Providing Specialty Mental Health Services – ***Updated***
- OPOH Section C – Practice Guidelines – ***Updated***
- OPOH Section F – Accessing Services – ***Updated***
- OPOH Section G – Quality Assurance – ***Updated***
- OPOH Section H – Cultural Competency – ***Updated***
- OPOH Section J – Facility Requirements – ***Updated***
- OPOH Section L – Data Requirements – ***Updated***
- OPOH Section N – BHSA – ***Updated***
- OPOH Section P – Fiscal & Billing – ***Updated***

MH Resources Tab:

SMH & DMC-ODS Health Plans Page > MH Resources > References

- Billing Corrections Tip Sheet – ***Updated***

SMH & DMC-ODS Health Plans Page > MH Resources > Therapeutic Behavioral Services (TBS)

- TBS Brochure – Rev. 2026 – ***Updated***

SMH & DMC-ODS Health Plans Page > MH Resources >IPS Supported Employment

- IPS Handbook – Rev. 09.08.26 – ***Updated***

SMH & DMC-ODS Health Plans Page > MH Resources > Clubhouse Services

- Clubhouse Handbook – Rev. 09.03.26 – ***New***

Optum Website Updates Continued…

Monitoring Tab:

SMH & DMC-ODS Health Plans Page > Monitoring > MH

- FY 26-27 QAPR Program Compliance Attestation – ***Updated***

Healthy San Diego Page

Healthy San Diego Page > Training / Education for Members

- For Member | San Diego BHP-MOU Resource.Education-Arabic – ***Updated***
- For Member | San Diego BHP-MOU Resource.Education-Farsii – ***Updated***
- For Member | San Diego BHP-MOU Resource.Education-Russian – ***Updated***

For Member | San Diego BHP-MOU Resource.Education-Somali – ***Updated***

Beneficiary & Families Page

Beneficiary & Families Page > Educational Material for Medi-Cal Members (DMC-ODS & SMHS)

- For Member | San Diego BHP-MOU Resource.Education-English – ***Updated***
- For Member | San Diego BHP-MOU Resource.Education-Arabic – ***Updated***
- For Member | San Diego BHP-MOU Resource.Education-Chinese – ***Updated***
- For Member | San Diego BHP-MOU Resource.Education-Farsi – ***Updated***
- For Member | San Diego BHP-MOU Resource.Education-Korean – ***Updated***
- For Member | San Diego BHP-MOU Resource.Education-Russian – ***Updated***
- For Member | San Diego BHP-MOU Resource.Education-Somali – ***Updated***
- For Member | San Diego BHP-MOU Resource.Education-Spanish – ***Updated***
- For Member | San Diego BHP-MOU Resource.Education-Filipino-Tagalog – ***Updated***
- For Member | San Diego BHP-MOU Resource.Education-Vietnamese – ***Updated***

System of Care Application Updates

System of Care (SOC) Application

Reminder for required monthly attestation in the SOC application and completion or update of Cultural Competency section.

- See SOC Tips and Resources for more information.
- Contact Optum for assistance in updating SOC fields.

Billing Reminders/Announcements

No updates this month.

Data Science

Reported Errors in SmartCare

Providers are reminded that since the resolution of the bulk error backlog, the Data Science's Data Quality team is now using a ticket system to track and resolve submitted errors individually, and the Bulk Reported Error process has sunset.

When completing a ticket, please include the **Service ID**, **Date of Service**, **Client ID**, and **all other fields** to ensure the correct service is found and errored out. Each ticket should only address one error. Please do not submit a ticket with multiple errors.

Population Health

Clinical MH PIP: Improve Follow-Up After Emergency Department Visit for Mental Illness (FUM)

- Preparing to present at the next Healthy San Diego Behavioral Health Quality Improvement Workgroup.
- Final collaboration with IHI Collaborative where key accomplishments and knowledge obtained were highlighted.

Non-Clinical MH PIP: Improve Timely Access From First Contact From Any Referral Source to First Offered Appointment For Any Specialty Mental Health Service (SMHS)

- Timely Access Data Tool (TADT) data from January to August 2026 was analyzed and updated in the Timely Access dashboard, which allows filtering by individual CORs for meaningful review.
- Will provide continued assistance with program corrections for TADT errors.

QI Matters Frequently Asked Questions

Q: Is it permissible for our program to use our legal entity's version of the Coordination of Care with Primary Care Physicians & Behavioral Health services form?

A: Yes, provided that the legal entity form includes all the sections that appear in the current standard version on the Optum site **and** a copy of the form has been submitted to QA for approval. It is the expectation that all required sections shall be completed.

Please reference the guidelines in the Explanation sheet, COORDINATION WITH PRIMARY CARE PHYSICIAN BEHAVIORAL HEALTH SERVICES, also located in the UCRM tab.

Q: Can we use Add-on codes in the Bundled Rate Mode of Delivery?

A: At this time, the Add-on codes are not compatible with the bundled rate claims. Providers are advised to avoid using the add-ons for bundled services, until further notice.

Recent Communications

No updates this month.

Resources

Behavioral Health Information Notices (BHINs)

- Behavioral Health Information Notices (BHINs) – DHCS notifies County BH Plans and providers of P&P changes via BHIN's as well as draft BHIN's for public input. Feedback can be sent directly to DHCS or BHS-HPA.HHSA@sdcounty.ca.gov.

Medi-Cal Transformation

- Medi-Cal Transformation (aka CalAIM) – info also available at the Optum CalAIM Webpage for BHS Providers for updates on Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant BHINs from DHCS. For general questions on local implementation of Medi-Cal Transformation, email: BHS-HPA.HHSA@sdcounty.ca.gov.

DHCS Licensing & Certification Guide:

- DHCS has released a Licensing and Certification Reference Guide for each MH and SUD facility type with mandatory and voluntary elements that are determined by County. You can access the resource linked here: 10.31 Licensing and Certification Infographic.pdf.

Email Contacts

- ARFs and Access questions? - Contact: BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov
- EHR questions? - Contact: BHS_EHRSupport.HHSA@sdcounty.ca.gov
- Billing questions? - Contact: MHBillingUnit.BHS@sdcounty.ca.gov
  - NOTE: Our organization has updated to a new mailbox system. Effective immediately, please send all MH billing-related emails to MHBillingUnit.BHS@sdcounty.ca.gov. Our old email address, MHBillingUnit.HHSA@sdcounty.ca.gov, is no longer functional as of 08/31/2026.
- CalAIM Q&As? - Contact: BHS-HPA.HHSA@sdcounty.ca.gov
- SMHS Documentation Standards/OPOH/UCRM questions? - Contact: QIMatters.HHSA@sdcounty.ca.gov

All BHS communications are distributed through GovDelivery.

Review the GovDelivery flyer for information on how to subscribe to receive our emails

Is this information filtering down to your clinical and administrative staff?

Please share UTTM with your staff and keep them *Up to the Minute!*

Send all other questions to QIMatters.HHSA@sdcounty.ca.gov.

Up To The Minute!

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

MH PROVIDER EDITION | SEPTEMBER 2026

General Updates

Error Correction Ticket Completion

When filling out tickets for error correction in SmartCare, please make sure ALL elements of the tickets are filled out (i.e. Client ID, Program, Service ID, Date of Service, etc).

Incomplete error requests will be sent back to the submitting program for completion.

Scheduling Client Appointments Now Limited to 180 Days Out in SmartCare

SmartCare will now only allow recurring scheduled appointments to extend out 180 days. If programs attempt to schedule a recurring appointment beyond 180 days, those appointments will not be scheduled in the system.

It is best practice to not schedule client appointments in SmartCare beyond the UM Cycle. This creates potential issues with services that may be left on the calendar and that may incur charges to BHS once we go live with the patient portal and appointment reminder messages. It also remains on provider dashboards and causes issues when terminating providers in the system.

Programs should review and revise their workflows if their workflows currently include scheduling appointments beyond 6 months into the future.

Non-Billable Services, Must Document Procedure Code(s)

Effective August 28, 2026, CalMHSA reverted the ISL Non-Billable Service, Must Document procedure code back to “Non-Billable Service, Must Document” and added a new “ISL Non-Billable Service, Must Document” procedure code, based on feedback from counties that there may be non-ISL activities or services that require documentation and should be distinguished from ISL activities or services.

At this time, providers are advised to only utilize the “Non-Billable Service, Must Document” until the BHP implements ISL tracking.

Further communications and guidance regarding ISL tracking will be forthcoming for “soft roll out” in Q3 and required DHCS implementation on January 1, 2027.

Upcoming Events

SmartCare User Group Meeting

- Date: Tuesday, September 22, 2026
- Time: 11:00am - 12:00pm

Click to Join the Meeting

MH Quality Improvement Partners (QIP) Meeting

- Date: Wednesday, September 30, 2026
- Time: 1:00pm - 3:00pm

Click to Join the Meeting

Progress Notes Practicum

- Date: TBD
- Time: TBD

Coming Soon!

Audit Leads Practicum

- Date: TBD
- Time: TBD

Coming Soon!

General Updates Continued…

NOABD Monitoring and Submission

Reminder: NOABD Logs for Quarter 1 are due to QI Matters by **October 15, 2026**.

PLEASE NOTE: Only Excel logs will be accepted. Handwritten or faxed versions will not be accepted and will be returned.

While NOABD functionality is being developed in SmartCare, generating and tracking of NOABD's are on hold in SmartCare. In the interim, programs shall:

- Utilize the NOABD templates on the SMH & DMC-ODS Health Plans page on Optum under the "NOABD" tab.
- Utilize the NOABD Tracking Log to track NOABD information and submit this log to QA on a quarterly basis.

See the NOABD Process and blank NOABD Tracking log template posted on the Optum site under the "NOABD" tab.

IMPORTANT PRIVACY REMINDER: Due to PHI being included, please encrypt NOABD logs when sending.

- Please note that programs/legal entities on the County Transport Layer Security (TLS) secure email list have automatic encryption in place.
- If you are unsure if your program/legal entity is on the TLS list with automatic encryption, please encrypt as a precaution.

If your program has not sent in NOABD logs for any of the previous Quarters, please do so as soon as possible to ensure compliance.

SMH Medi-Cal Provider Certification

An FAQ Tip Sheet was created to inform Legal Entities and Programs about MC Provider Certification requirements.

It is posted on the Optum site under the "Provider Certification" tab in the SMH section. It is revised monthly for potential revisions.

Reminder – DHCS requires counties to act as a liaison for Medi-Cal Provider Certification, including submitting all certification forms and evidence to DHCS for program setup and certification steps.

CoSD Little y Suspense Report

QA has put out guidance regarding billing when a client is in a Partial Lockout location or Full Lockout location. For Partial Lockout locations, Targeted Case Management (TCM/ICC) services bill as usual in this lockout setting and does not lockout in SmartCare. TCM/ICC is only allowable in this lockout setting when the service is related to discharge planning. If the client is in this lockout setting and the provided TCM/ICC services is not related to discharge planning, the note must be entered as a non-billable. SmartCare cannot distinguish if the service is discharge related. For Full Lockout locations, TCM/ICC services need to be entered as a non-billable service except for date of admission or date of discharge and the location should not be the lockout location.

General Updates Continued…

If a client is enrolled in a mental health skilled nursing facility (e.g. Lakeside), all services must be entered utilizing the non-billable code as SmartCare classifies SNF and Nursing Facility locations as medical nursing facilities and will not lock out the service when these locations are selected. The creation of this report will allow programs to be able to run and identify if they missed any services while client was enrolled in a lockout location. If programs identify that services were claimed inappropriately while client was in a lockout location, they should complete the appropriate PRF for the claim to be voided and follow the My Reported Errors correction process with entry of a non-billable service. There is no longer a Claim It Anyway process. Programs are responsible for running the report and ensuring they make the corrections as appropriate.

Clubhouse Services Available to Support Medi-Cal Members

Clubhouses have been a long-standing resource in the San Diego Community. As of this FY, there are eight Clubhouse sites active, with two more locations opening soon. These services are an available benefit for Medi-Cal and Medi-Cal-eligible adults who meet medical necessity criteria for Specialty Mental Health Services (SMHS). Clubhouses are community-based settings that support members with behavioral health needs while fostering connection, purpose, independence, and a sense of belonging. Unlike traditional clinic settings, Clubhouses are non-clinical environments. Rather than focusing on "treatment," Clubhouses engage members and staff in a structured work-ordered day, where they collaboratively operate and maintain the Clubhouse.

Some examples include:

- Administrative and organizational tasks
- Meal preparation
- Cleaning, organizing, and maintaining the Clubhouse
- Creating newsletters and social media updates
- Supporting Clubhouse communications and outreach
- Planning and organizing evening, weekend, and holiday programming

Clubhouses may also provide support in areas such as: Employment and Education Support, Linkages to Services, and Housing Support.

Clubhouse services can be provided simultaneously with other outpatient SMHS services.

A Clubhouse may be helpful for individuals who could benefit from:

- Increased social connection and a sense of community
- Opportunities to develop or strengthen daily living and vocational skills
- Employment or education support
- Assistance maintaining housing stability
- Increased community integration
- Meaningful structure and purposeful activity
- Additional support in maintaining progress toward their behavioral health goals

Providers are encouraged to reach out to their local Clubhouse to discuss individuals on their caseload who may benefit from Clubhouse participation.

For more information, please visit the BHS Support Services Website | Clubhouses.

General Updates Continued…

IHBS Prior Authorization Discontinued

On August 19, 2026 the Department of Health Care Services (DHCS) released BHIN 26-030 Authorization of Outpatient Specialty Mental Health Services (OSMHS). The guidance stipulates that:

Mental Health Plans (MHPs) shall not require prior authorization for the following services/service activities:

- Intensive Home-Based Services
- Crisis Intervention
- Crisis Stabilization
- Mental Health Services, including initial assessment
- Targeted Case Management
- Intensive Care Coordination
- Peer Support Services
- Medication Support Services
- Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)
- Individual Placement and Support (IPS) Supported Employment
- Clubhouse Services
- Parent-Child Interaction Therapy (PCIT)
- Multisystemic Therapy (MST)
- Functional Family Therapy (FFT)
- High Fidelity Wraparound (HFW)
- Enhanced Community Health Workers

Prior authorization or MHP referral is required for the following outpatient services:

- Day Treatment Intensive
- Day Rehabilitation
- Therapeutic Behavioral Services
- Therapeutic Foster Care
- Assertive Community Treatment (ACT)
- Forensic ACT (FACT)

Consistent with this guidance, the IHBS Prior Authorization requirement is discontinued effective immediately.

CSI Update

When completing the CSI Standalone form, and the Individualized Education Plan is selected from Special Populations, the district of residence will now be available as a drop down rather than a free text field. This will allow for standardized reporting to CSI. If a district is missing, please contact MIS at BHS_EHRSupport.HHSA@sdcounty.ca.gov to have it added.

General Updates Continued…

FSP Service Partnership Program Screening Requirements

The BHSA Policy Manual makes clear that Full Service Partnerships (FSPs) are responsible for conducting ASAM screening as part of an integrated assessment.

Referenced: BHSA County Policy Manual

Section B3 Full Service Partnership Program Requirements

- FSP services shall be provided in accordance with demonstrated clinical need and in alignment with the required high intensity service models: Assertive Community Treatment (ACT), Forensic ACT (FACT), FSP Intensive Case Management (ICM), and High Fidelity Wraparound (HFW).

Section: B5 Full Service Partnership Co-Occurring Capabilities

- Conducting ASAM screening as part of an integrated assessment upon intake into the FSP, and connecting individuals to SUD providers, as appropriate.

BQuIP

The BQuIP is an adult SUD screening tool developed in partnership between UCLA-ISAP and DHCS as a brief screening for initial placement into SUD services. It is structured to ask questions across each of ASAM's 6 dimensions, flagging urgent or high-priority items like withdrawal management, MAT needs, and co-occurring conditions. Its algorithm also iterates on certain questions depending on member responses, thus areas where additional questions are needed are asked because the tool directs the screener to ask them.

Youth under 18 will continue to use the current CRAFT for HFW programs.

What about 42 CFR Part 2:

The nature of the screening does not, by itself, create additional Part 2 considerations. Whether information is protected under Part 2 depends on whether the program qualifies as Part 2, not whether the information relates to SUD. If the FSP is not a Part 2 program, SUD screenings like the BQuIP would not subject members' information to Part 2 protections. If questions on Part 2 applicability for FSPs arise because of these BHSA requirements, we recommend legal entities discuss with their counsel to determine if their program qualifies as Part 2.

Next Steps:

- BQuIP Tool Provider training – a 5–10-minute training **(required)** – UCLA The Brief Questionnaire for Initial Placement
- Approved for use by clinical and non-clinical staff
- BQuIP User Manual
- BQuIP FAQs
- Review SmartCare BQuIP workflow guidance: How to Complete a BQuIP SUD Screening Tool - 2023 CalMHSA

General Updates Continued…

Individual Placement and Support (IPS) Supported Employment Services Available to Support Medi-Cal Clients

Through BH Connect, Medi-Cal and Medi-Cal-eligible adults who meet medical necessity criteria for Specialty Mental Health Services (SMHS) have access to the IPS EBP. The IPS model of Supported Employment is designed to support individuals living with behavioral health needs in obtaining and sustaining competitive employment in the community to support their recovery.

IPS has been shown to be effective among a wide range of individuals living with mental health conditions, Substance Use Disorders (SUDs), and co-occurring mental health conditions.

IPS services can be provided simultaneously with other levels of care and other service lines such as ACT, CSC, and outpatient programs. A team of employment specialists collaborates with each client to help them in their initial job search and with ongoing follow-along supports once they secure employment.

How Providers Can Connect Clients: IPS staff have begun attending staff meetings at some County clinics to help identify individuals who may benefit from IPS services. Providers are also encouraged to reach out to IPS contacts to make a referral.

Contact Information: https://www.neighborhoodhouse.org/nha-programs/career-core/

New Resource: Activity Funds

The Department of Health Care Services (DHCS) landing page on Activity Funds | DHCS offers an overview of a new resource for Medi-Cal members with child welfare involvement.

Children and youth who meet eligibility will have access to up to $1000 per year to participate in activities that promote physical and behavioral health outcomes, such as camps, soccer, dance, music lessons, activity equipment, and more.

Providers will access an online portal to enroll their clients who will work with Public Partnership LLC | PPL as the DHCS fiscal intermediary. PPL will be responsible for enrolling activity providers, managing the online portal fund disbursement system, and data reporting. Licensed Mental Health Professionals (LMHPs) who are qualified to direct Specialty Mental Health Services (SMHS) will play a critical role in making the connection to the appropriate activities.

Please view the one hour **California BH-CONNECT Activity Funds: LMHP Training | California BH-CONNECT Activity Funds: LMHP Training** to start learning about Activity Funds and the role of SMHS providers. Additional information will be forthcoming.

New Quality Assurance Specialist on the MH QA Team!

Shobhana Ghimire is an LCSW with several years of Utilization Management experience at Optum, where she completed utilization reviews for medical necessity, level of care, and regulatory compliance. Prior to that, she worked as a Psychiatric Social Worker at Sharp Mesa Vista, supporting patients and families with a wide range of mental health needs.

She is excited to bring her clinical and UM experience to the County, continue learning, and contribute to strengthening MH services in our community.

Management Information Systems (MIS)

Batch Service Upload

The Batch Service Upload template has been updated to include **Mode of Delivery** as a required field. Beginning Monday, August 24th, providers submitting services through the Batch Service Upload must use the updated template for all uploads into SmartCare.

Templates that do not include the new Mode of Delivery field will no longer be accepted after this date. The new template is available on the CalMHSA website and should be used for all future Batch Service uploads.

Additionally, the **CoSD Batch Upload Reference Guide** has been updated to include Mode of Delivery. Please be sure to download and use the latest version of this report moving forward.

Reminder on Available SmartCare Training Opportunities

CSU and Residential/Crisis Residential Program Staff

- Step 1 - Complete the SmartCare Basics for All Users CalMHSA LMS module
- Step 2 - Submit EHR Access Request Form
- Step 3 - Choose from the three available Optum training options:
  - In-person
  - Live virtual
  - Video tutorials and knowledge check

Other Program Staff

- Step 1 - Complete the necessary CalMHSA LMS module(s) based on role
- Step 2 - Submit EHR Access Request Form
- Optional, but recommended:
  - In-person training or live virtual training

Benefit of CalMHSA LMS module only:

- Convenience- Available on demand and no travel necessary

Benefits of Optum in-person training:

- Opportunity to log in and navigate the SmartCare system
- Fewer distractions than learning in the workplace or at home
- Ease of support and feedback from trainer
- Aligns with San Diego workflows
- Includes requirements not covered in CalMHSA LMS module
- Excludes functions that do not pertain to individual staff roles (CalMHSA LMS modules cover certain functions that program staff do not have access to)

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- Includes requirements not covered in CalMHSA LMS module
- Excludes functions that do not pertain to individual staff roles (CalMHSA LMS modules cover certain functions that program staff do not have access to)

Management Information Systems (MIS) Continued…

Benefits of Optum live virtual training:

- Opportunity to log in and navigate the SmartCare system
- No travel necessary
- Aligns with San Diego workflows
- Includes requirements not covered in CalMHSA LMS module
- Excludes functions that do not pertain to individual staff roles (CalMHSA LMS modules cover certain functions that program staff do not have access to)

Refresher video tutorials now available on demand on the "Training" tab of the Optum website:

- Billing
- Medical
- Reports

If you have any questions, please contact Optum at SDU_sdtraining@optum.com or 1-800-834-3792, Option 3.

Optum Website Updates

SmartCare Tab:

SMH & DMC-ODS Health Plan Page > SmartCare > Workflows and Documentation

- Clearing CoSD Service Error Report (My Office) – ***Updated***
- Accessing the COSD Authorizations Report in SmartCare – ACT/FACT Bundled Authorizations – ***Updated***

SMH & DMC-ODS Health Plans Page > SmartCare > Billing

- SmartCare Client Plan Request – ***Replaced***

SMH & DMC-ODS Health Plans Page > SmartCare > Town Hall & User Group PowerPoints

- COSD SmartCare User Group Slides 08.18.26 – ***New***

NOABD Tab:

SMH & DMC-ODS Health Plans Page > NOABD

- NOABD Tracking Log – ***Updated***

The notices within the NOABD tab have been updated in the following languages:

- English
- Arabic
- Korean
- Persian (Farsi & Dari)
- Russian

SMH & DMC-ODS Health Plans Page > NOABD

- Non-Discrimination Notice – ***Updated***
- Delivery System Notice – ***Updated***
- Denial of Authorization Notice – ***Updated***

Optum Website Updates Continued…

- Authorization Delay Notice – ***Updated***
- Financial Liability Notice – ***Updated***
- G&A Timely Resolution Notice – ***Updated***
- Modification Notice – ***Updated***
- Payment Denial Notice – ***Updated***
- Termination Notice – ***Updated***
- Timely Access Notice – ***Updated***
- Notice of Grievance Resolution – ***Updated***
- Notice of Appeal Resolution – Adverse Benefit Determination Overturned – ***Updated***
- Notice of Appeal Resolution – Adverse Benefit Determination Upheld – ***Updated***
- Notice of Appeal Resolution – Your Rights – ***Updated***
- NOABD Your Rights – ***Updated***

Incident Reporting Tab:

SMH & DMC-ODS Health Plans Page > Incident Reporting > Critical Incidents

- Critical Incident Reporting FAQ/Tip Sheet – ***Updated***
- Report of Findings (ROF) FAQ/Tip Sheet – ***Updated***

UCRM/SUDURM Tab:

SMH & DMC-ODS Health Plans Page > UCRM/SUDURM > MH & DMC-ODS > Risk Assessment

- Risk Assessment Explanation Sheet – ***Updated***

SMH & DMC-ODS Health Plans Page > UCRM/SUDURM > MH & DMC-ODS > Safety Plan

- Safety Plan Explanation Sheet – ***Updated***

SMH & DMC-ODS Health Plans Page > UCRM/SUDURM > MH Only (UCRM) > Locus Adult Outcomes

- Adult Outcomes Explanation Sheet - LOCUS – ***Updated***

SMH & DMC-ODS Health Plans Page > UCRM/SUDURM > MH Only (UCRM) > LOCUS Quick Guide

- LOCUS Quick Guide – ***Updated***

OPOH/SUDPOH Tab:

SMH & DMC-ODS Health Plans Page > OPOH/SUDPOH > MH (OPOH) > Full Handbook & Summary of Changes

- OPOH – Organizational Providers Operation Handbook – ***Updated***
- OPOH Summary of Changes – August 2026 – ***New***

SMH & DMC-ODS Health Plans Page > OPOH/SUDPOH > MH (OPOH) > By Section

- OPOH Table of Contents – ***Updated***
- OPOH Section B – Providing Specialty Mental Health Services – ***Updated***
- OPOH Section C – Practice Guidelines – ***Updated***
- OPOH Section G – Quality Assurance – ***Updated***
- OPOH Section I – Staff Qualifications – ***Updated***
- OPOH Section O – Contracting – ***Updated***

Optum Website Updates Continued…

MH Resources Tab:

SMH & DMC-ODS Health Plans Page > MH Resources > References

- San Diego County BHS Abbreviations List – ***Reposted***

SMH & DMC-ODS Health Plans Page > MH Resources > Therapeutic Foster Care (TFC) > TFC Prior Authorization Request

- TFC Prior Authorization Request – ***Updated***
- TFC Prior Authorization Request Explanation Sheet – ***Updated***

SMH & DMC-ODS Health Plans Page > MH Resources > Therapeutic Behavioral Services (TBS) > TBS Prior Authorization Request & Referral Form

- TBS Prior Authorization Request and Referral – ***Updated***
- TBS Prior Authorization Request and Referral Explanation Sheet– ***Updated***

SMH & DMC-ODS Health Plans Page > MH Resources >Mobile Crisis Response

- Mobile Crisis Billing Tip Sheet – ***Updated***

SMH & DMC-ODS Health Plans Page > MH Resources > Clubhouse Services

- Clubhouse Day Rate Service Entry in SmartCare without a Progress Note (Admin Service Entry) Workflow – ***New***
- Clubhouse Handbook – ***New***
- Clubhouse Service Note Template – ***New***
- Member Daily Reflection Template – ***New***
- SmartCare Workflow for Clubhouses – ***New***

Monitoring Tab:

SMH & DMC-ODS Health Plans Page > Monitoring > MH

- Medication Monitoring Submission Form – ***Replaced with Smartsheet***
- Medication Monitoring Process Flow Chart for Org Providers – ***Updated***
- FY 26-27 QAPR Program Compliance Attestation – ***New***
- FY 26-27 QAPR Tool – ***New for all LOCs/Service Lines***

Forms Tab:

SMH & DMC-ODS Health Plans Page > Forms > MH

- Request for Verification of Veterans Eligibility – ***Updated***

Provider Certification Tab:

SMH & DMC-ODS Health Plans Page > Provider Certification > SMH

- FAQ Tip Sheet for SMH Legal Entities – ***Updated***

Healthy San Diego Page

Healthy San Diego Page > Training / Education for Members

- For Member | San Diego BHP-MOU Resource.Education-Chinese – ***Updated***
- For Member | San Diego BHP-MOU Resource.Education- Filipino-Tagalog – ***Updated***
- For Member | San Diego BHP-MOU Resource.Education-Korean – ***Updated***

System of Care Application Updates

System of Care (SOC) Application

Reminder for required monthly attestation in the SOC application and completion or update of Cultural Competency section.

- See SOC Tips and Resources for more information.
- Contact Optum for assistance in updating SOC fields.

Billing Reminders/Announcements

No updates this month.

Data Science

No updates this month.

Population Health

Clinical MH PIP: Improve Follow-Up After Emergency Department Visit for Mental Illness (FUM)

- The PIP team is analyzing and preparing data collected to present at the next San Diego County IHI (Institute for Healthcare Improvement) collaborative meeting.

Non-Clinical MH PIP: Improve Timely Access From First Contact From Any Referral Source to First Offered Appointment For Any Specialty Mental Health Service (SMHS)

- TADT (Timely Access Data Tool) data was analyzed from January through July 2026 to create the new Timely Access Dashboard.
- Refinement of TADT report for programs was done to include a list of TADT data entry errors.

QI Matters Frequently Asked Questions

Q: Now that we account for Travel Time in progress notes, can we claim for services during car rides?

A: Programs are reminded that if claiming for billable services during car rides/whilst transporting the member, documentation must include Specialty Mental Health services. For example, a TCM service/check-in during transportation must include the clinically appropriate intervention, member response, and any relevant next steps.

Time spent on non-billable activities (not SMHS) must be excluded from the time claimed for TCM. Providers are expected to follow safety precautions when operating a vehicle and providing SMHS.

QI Matters Frequently Asked Questions Continued...

Q: Can providers include the Mental Status Exam within in the Mental Health Assessment (MHA)?

A: Programs are encouraged to complete the stand-alone MSE in SmartCare to ensure that all applicable elements are covered. If not using this form, the qualified provider must capture all relevant MSE information and document this in **Domain 1** of the MHA. Missing appropriate MSE documentation will result in a mark out of compliance.

Recent Communications

No updates this month.

Resources

Behavioral Health Information Notices (BHINs)

- Behavioral Health Information Notices (BHINs) – DHCS notifies County BH Plans and providers of P&P changes via BHIN's as well as draft BHIN's for public input. Feedback can be sent directly to DHCS or BHS-HPA.HHSA@sdcounty.ca.gov.

Medi-Cal Transformation

- Medi-Cal Transformation (aka CalAIM) – info also available at the Optum CalAIM Webpage for BHS Providers for updates on Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant BHINs from DHCS. For general questions on local implementation of Medi-Cal Transformation, email: BHS-HPA.HHSA@sdcounty.ca.gov.

DHCS Licensing & Certification Guide:

- DHCS has released a Licensing and Certification Reference Guide for each MH and SUD facility type with mandatory and voluntary elements that are determined by County. You can access the resource linked here: 10.31 Licensing and Certification Infographic.pdf.

Email Contacts

- ARFs and Access questions? - Contact: BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov
- EHR questions? - Contact: BHS_EHRSupport.HHSA@sdcounty.ca.gov
- Billing questions? - Contact: MHBillingUnit.BHS@sdcounty.ca.gov
    - NOTE: Our organization has updated to a new mailbox system. Effective immediately, please send all MH billing-related emails to MHBillingUnit.BHS@sdcounty.ca.gov. Our old email address, MHBillingUnit.HHSA@sdcounty.ca.gov, is no longer functional as of 08/31/2026.

Resources Continued…

- CalAIM Q&As? - Contact: BHS-HPA.HHSA@sdcounty.ca.gov
- SMHS Documentation Standards/OPOH/UCRM questions? - Contact: QIMatters.HHSA@sdcounty.ca.gov

All BHS communications are distributed through GovDelivery.

Review the GovDelivery flyer for information on how to subscribe to receive our emails

Is this information filtering down to your clinical and administrative staff?

Please share UTTM with your staff and keep them *Up to the Minute!*

Send all other questions to QIMatters.HHSA@sdcounty.ca.gov.

Up To The Minute!

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

MH PROVIDER EDITION | AUGUST 2026

General Updates

Travel and Documentation Time Tracking: UPDATE

*Requirements for entering Travel Time and Documentation Time have gone live in SmartCare as of **Monday, August 3**.*

Degree Requirements for Group Services

As of 7/23/26 SmartCare should ensure that the clinician selected for a group service meets the degree requirements defined for the associated procedure. The system will produce an error message preventing creation of the group service if the clinician degree doesn't allow providing/billing the procedure.

ASCMI (Authorization to Share Confidential Member Information) Reminders

- ASCMI is a statewide release of information form developed by DHCS to standardize the exchange of client protected information between Care Partners. The ASCMI form may be used to obtain client consent for the purpose of coordinating care, delivering treatment, or payment and health care operations.
- Providers should only complete the **Non-AB 133 version** of the ASCMI if completing on paper to align with the Non-AB 133 version utilized in SmartCare.
- The ASCMI is a client-level document and does not need to be completed by each program they enroll with. Providers are to confirm there is a current, valid ASCMI in the clinical record, review and confirm the client's preferences, and only complete a new ASCMI if the client wishes to change their preferences.
- Consents will expire **one year** from the date of client signature. If your client is 17 years old, their consent will be effective until they are 18, which may be less than one year.
- **The ASCMI is not valid until it is signed by the client. The client may sign electronically, via mousepad or wet signature. Verbal consent is not permitted and will invalidate the consent.**
- If the client refuses to sign the ASCMI, you may document your client's consent preference, even if they decline the disclosure of any data authorized by the ASCMI by selecting the "No" check box. Signing the ASCMI is optional if your client declines to complete the form. Care Partners are to make clients aware that some of their

Upcoming Events

SmartCare User Group Meeting

- Date: Tuesday, August 18, 2026
- Time: 10:00am - 11:00am

Click to Join the Meeting

MH Quality Improvement Partners (QIP) Meeting

- *Replaced this month by MH Annual Knowledge Forum*

Progress Notes Practicum

- Date: Thursday, August 13, 2026
- Time: 12:30pm - 3:30pm

Session is Full

Audit Leads Practicum

- Date: Thursday, August 20, 2026
- Time: 9:00am - 12:00pm

Session is Full

13th Annual Mental Health Quality Assurance Knowledge Forum*

- Date Wednesday, August 26, 2026
- Time: 1:00pm - 3:30pm
- Location: This live session will be held virtually

General Updates Continued…

data may still be shared and they may get asked again to complete the form in the future.

You may find more information about the ASCMI by contacting:

- QIMatters.HHSA@sdcounty.ca.gov

Or by reviewing the following resources:

- CalAIM ASCMI Initiative | DHCS
- Authorization to Share Confidential Member Information | DHCS
- 03-23-26 BHS Info Notice: Transition to Authorization to Share Confidential Member Information (ASCMI) Form - Deactivation of the Coordinated Care Consent Form

Update to ASCMI Preferences Visibility

Staff can now more easily review a client's ASCMI consent preferences as captured within SmartCare by navigating to the Client Information Screen (Custom Fields tab) and viewing the summary of the client's ASCMI data sharing preferences for each data type, as well as the date of signature and form expiration date.

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

Update to Diagnosis Document: "Other General Medical Conditions" Field

To support documentation consistency and prevent an unintentionally blank field, the “Other General Medical Conditions” field in the SmartCare Diagnosis document will now automatically populate with 'N/A' by default.

What this means for staff:

- If the person you are supporting has no other significant general medical conditions, no action is needed – ‘N/A’ will remain in the field.
- If there are relevant medical conditions to document, simply delete the text and enter the appropriate clinical information.

This update has been deployed to the production environment as of July 16.

Questions about documentation practices can be directed to EHR@calmhsa.org.

Scheduling Client Appointments In SmartCare Best Practice

It is best practice to not schedule client appointments in SmartCare beyond the UM Cycle.

We have discovered during a deep dive of active and inactive staff in SmartCare that a high number of terminated staff still had recurring appointments on the calendar scheduled up a year out. This creates potential issues with services that may be left on the calendar and that may incur charges to BHS once we go live with the patient portal and appointment reminder messages. It also remains on provider dashboards and causes issues when terminating providers in the system.

Programs should review and revise their workflows if they currently include scheduling appointments more than beyond 6 months into the future.

Upcoming Events Cont...

- Intended audience: SOC Program leadership, Program QI/Compliance staff, front line staff

Click to Join the Meeting

General Updates Continued…

Medication Monitoring Submission Form Update

- QA has created a streamlined Smartsheet form for the Medication Monitoring Submission Form.
  - This will eliminate the need to send a separate submission form.
- To access the form, please visit the following link: BHS QA Medication Monitoring Smartsheet Form. Please read all instructions before submitting.
  - The link to the form will also be available on the Optum SMH & DMC-ODS Health Plans page under the "Monitoring" tab.
- Programs shall begin utilizing the new form for FY 26-27 Quarter 1 submissions due by **October 15, 2026**.
  - Programs shall continue to submit the following forms via QI matters or secure fax: Medication Monitoring Tool(s)
  - McFloop Form(s) (only if applicable)
- For questions on the forms and the medication monitoring process, please email QIMatters.HHSA@sdcounty.ca.gov.

Program CME Requests for Client Deaths

As a reminder, in addition to notifying the HIMS department and the County MEDS Coordinator, programs should request the CME report from the medical examiner's office. You will need a copy of the CME report to complete the ROF / RCA (if applicable). If the CME report indicates that the manner of death was suicide, you must complete an RCA.

To request the CME report, email the County Medical Examiner's Office at: Records.MX@sdcounty.ca.gov.

Tell them you are requesting the CME report and give them the following information:

- Name of Program
- Name of Client
- DOB
- Date of Incident

You will receive a confirmation email from the CME office that they have received your request.

Accurate Note Coding

Under the new BHSA framework, counties must submit standardized reports that give DHCS and the public a clear picture of how behavioral health services are delivered and funded. This improves accountability and transparency. DHCS and BHS will be reviewing data closely for accuracy. With this increased oversight, it is critical that coding by program staff at the point of service is correct.

As a reminder, programs need frontend checks in place to catch and fix errors early, avoiding time-consuming corrections later. Accurate entries should be prioritized ensuring the right CPT codes are utilized for the services delivered, the correct modifiers and indicators are applied, time is documented appropriately and scope of practice is confirmed. Any errors that are identified must be corrected to stay compliant with reporting and funding requirements.

Please continue to refer to the SmartCare Services Data Correction and Resolution Steps resource for detailed guidance.

Management Information Systems (MIS)

System Access

System Access can be reached at BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov.

- To avoid delay in access, required LMS training must be completed before submitting an ARF. Training information can be found at the Optum website SmartCare Training
- LMS trainings are available at: CalMHSA LMS
- Revised ARFs dated ***5-20-26*** must be used and can be found on the Optum SMH & DMC-ODS Health Plans page under the "Access" tab. All outdated ARFs will be rejected.
- NPI and taxonomy must be provided for clinical staff and must match the information listed on the NPPES Registry.
- A Termination ARF must be submitted for staff who are no longer at your program or no longer need access to SmartCare.
- For login issues and password resets, please contact the following support teams.
  - **SmartCare Login Screen**: Use the 'Forgot your Password' feature.
  - **CalMHSA Help Desk**: Live Chat Support 8:00am – 5:00pm, M-F.
  - **Optum**: Call (800) 834-3792 (4:30am – 11:00pm daily).

System Admin

- All requests to have documents and/or services placed into **Error** status must be submitted through **My Reported Errors**.
- When submitting your ticket, please include the following information:
  - Client ID
  - Date(s) of Service
  - Document and/or Service ID(s), if available
  - The reason the item needs to be placed into **Error** status
  - Any additional details that may assist with the review

Optum Website Updates

SmartCare Tab:

SMH & DMC-ODS Health Plan Page > SmartCare > Workflows and Documentation

- ACT/FACT Entering Monthly Bundled & Unbundled Services Workflow V2.0 – ***Updated***
- SmartCare Guide CSC FEP Entering Monthly Bundled & Unbundled Services Workflow V2.0 – ***Updated***
- SmartCare HFW EBP BH Connect Monthly Bundled Service Entry Interim Workflow v1.5 – ***Updated***
- SmartCare IPS EBP BH Connect Monthly Bundled Service Entry Workflow V2.0 – ***Updated***

SMH & DMC-ODS Health Plans Page > SmartCare > Town Hall & User Group PowerPoints

- SmartCare User Group Presentation July 21, 2026 – ***New***

NOABD Tab:

SMH & DMC-ODS Health Plans Page > NOABD

- NOABD Process for Reporting Tip Sheet – ***Updated***

Optum Website Updates Continued…

Incident Reporting Tab:

SMH & DMC-ODS Health Plans Page > Incident Reporting > Non-Critical Incidents

- Non-Critical Incident Reporting FAQ/Tip Sheet – ***Updated***

SMH & DMC-ODS Health Plans Page > Incident Reporting > Critical Incidents

- Report of Findings (ROF) FAQ/Tip Sheet – ***Updated***

UTTM Tab:

SMH & DMC-ODS Health Plans Page > UTTM > MH > Current FY

- UTTM Year-to-Date FY26-27 (MH) – ***Updated***

SMH & DMC-ODS Health Plans Page > UTTM > MH > Previous FY

- UTTM Combined FY25-26 (MH) – ***New***

Training Tab:

SMH & DMC-ODS Health Plans Page > Training > MH & DMC-ODS

- New Contractor Orientation Resources – ***Updated***

SMH & DMC-ODS Health Plans Page > Training > MH Only

- New Program Manager Orientation FY 26-27 – ***Updated***

UCRM/SUDURM Tab:

SMH & DMC-ODS Health Plans Page > UCRM/SUDURM > MH Only (UCRM) > Adult / Older Adult UM Form

- Adult Outpatient UM Form – ***Updated***
- Adult Outpatient UM Explanation Sheet – ***Updated***

SMH & DMC-ODS Health Plans Page > UCRM/SUDURM > MH Only (UCRM) > Locus Adult Outcomes

- LOCUS Instrument 20 – ***New***
- Adult Outcomes Explanation Sheet - LOCUS – ***Updated***

OPOH/SUDPOH Tab:

SMH & DMC-ODS Health Plans Page > OPOH/SUDPOH > MH (OPOH) > Full Handbook & Summary of Changes

- OPOH - Organizational Providers Operation Handbook – ***Updated***
- OPOH Summary of Changes - July 2026 – ***New***

SMH & DMC-ODS Health Plans Page > OPOH/SUDPOH > MH (OPOH) > By Section

- OPOH Table of Contents – ***Updated***
- OPOH Section A – System of Care – ***Updated***
- OPOH Section B – Providing Specialty Mental Health Services – ***Updated***
- OPOH Section C – Practice Guidelines – ***Updated***
- OPOH Section D – Compliance and Confidentiality – ***Updated***
- OPOH Section E – Member Rights, Grievance, Appeals – ***Updated***
- OPOH Section H – Cultural Competency – ***Updated***

Optum Website Updates Continued…

- OPOH Section I – Staff Qualifications – ***Updated***
- OPOH Section J – Facility Requirements – ***Updated***
- OPOH Section L – Data Requirements – ***Updated***
- OPOH Section N – Mental Health Services Act & BHSA – ***Updated***
- OPOH Section O – Contracting – ***Updated***
- OPOH Section Q – Quick Reference – ***Updated***

MH Resources Tab:

SMH & DMC-ODS Health Plans Page > MH Resources > Assertive Community Treatment (ACT/FACT)

- ACT / FACT Bundled Rates SmartCare Entry and Claiming Presentation – ***Updated***
- ACT-FACT EBP Services Explanation Guide – ***Updated***
- ACT_FACT Bundled Rate Rules - Counting Contacts Guide – ***New***

SMH & DMC-ODS Health Plans Page > MH Resources > References

- Billing Corrections Tip Sheet – ***Updated***
- FWA Reference Document – ***Updated***
- Reasons for Recoupment SMHS – ***Updated***

SMH & DMC-ODS Health Plans Page > MH Resources > STRTP

- STRTP Admission Statement – Form Fill – ***Updated***
- STRTP Admission Statement Explanation Form – ***Updated***

SMH & DMC-ODS Health Plans Page > MH Resources > Therapeutic Foster Care (TFC) > Annual TFC Parent Eval Form

- TFC Annual Parent Evaluation - Agency Version – ***Updated***
- TFC Annual Parent Evaluation -Explanation Sheet (Agency Version) – ***Updated***

SMH & DMC-ODS Health Plans Page > MH Resources > Therapeutic Foster Care (TFC) > Annual TFC Parent Self Eval Form

- TFC Annual Parent Evaluation Explanation Sheet – ***Updated***
- Annual TFC Parent Self-Evaluation – ***Updated***

SMH & DMC-ODS Health Plans Page > MH Resources > High Fidelity Wrap

- HFW EBP Bundled Rate Claiming Interim Workflow Presentation Slide Deck – ***New***

SMH & DMC-ODS Health Plans Page > MH Resources > IPS Supported Employment

- IPS EBP Monthly Bundled Rate Explanation Guide – ***New***
- IPS Service Activities Procedure Code Crosswalk – ***New***

SMH & DMC-ODS Health Plans Page > MH Resources > Coordinated Specialty Care for FEP

- CSC FEP EBP Monthly Bundled Rate Explanation Guide – ***New***
- CSC FEP Bundled Rate Claiming Presentation Slide Deck – ***New***

Healthy San Diego Page

Healthy San Diego Page > Training / Education for Members

- For Member | San Diego BHP-MOU Resource.Education-English – ***Updated***

System of Care Application Updates

System of Care (SOC) Application

Reminder for required monthly attestation in the SOC application and completion or update of Cultural Competency section.

- See SOC Tips and Resources for more information.
- Contact Optum for assistance in updating SOC fields.

Billing Reminders/Announcements

No updates this month.

Data Science

Reported Errors in SmartCare

Providers are reminded that since the resolution of the bulk error backlog, the Data Science's Data Quality team is now using a ticket system to track and resolve submitted errors individually, and the Bulk Reported Error process has sunset. When completing a ticket, please include the Service ID, Date of Service, Client ID, and all other fields to ensure the correct service is found and errored out. Each ticket should only address one error. Please do not submit a ticket with multiple errors.

Updates to the CoSD Charges and Claims Report

As of 8/7, two changes have been made to improve the CoSD Charges and Claims Report.

1. For clients who have multiple coverage plans, the claims report was sometimes showing an older charge instead of the most recent one. Previously, charge/claim would remain with the primary plan even though the charge had already been transferred to another payer or Medi-Cal. The report logic has now been updated to consistently display the latest charge.
2. Place of Service has been added as a parameter to the report.

Population Health

Removal of Harm Reduction Training Requirement

Effective immediately, Behavioral Health Services (BHS) has removed the County's supplemental harm reduction training requirement previously outlined in the April 14, 2022, information notice.

This change is intended to reduce administrative burden and avoid duplicative training requirements for clinicians. Training is still strongly encouraged for any staff who have not already received education on harm reduction principles and practices as part of standard clinical care.

Population Health Continued…

Promoting harm reduction practices should continue to be an important component of service delivery. This includes evidence-based practices such as naloxone distribution for overdose prevention, consistent with guidance from the American Society of Addiction Medicine (ASAM).

Harm reduction, overdose prevention, and naloxone practices remain guided by the Organizational Provider Operations Handbook (OPOH).

Please contact your Contracting Officer's Representative (COR) or the BHS Population Health Unit (BHSPopHealth.HHSA@sdcounty.ca.gov) with any questions.

Clinical MH PIP: Improve Follow-Up After Emergency Department Visit for Mental Illness (FUM)

- San Diego County Institute for Healthcare Improvement (IHI) Collaborative Team attended a 2-day in-person learning session.
- Continued working through matching, program notifications, and follow-up data process.

Non-Clinical MH PIP: Improve Timely Access From First Contact From Any Referral Source to First Offered Appointment For Any Specialty Mental Health Service (SMHS)

- Prepared and disseminated first reports utilizing the new Access Times dashboard system to CORs and programs.

QI Matters Frequently Asked Questions

Q: Which version of the ASCMI form should we use in SmartCare?

A: SmartCare uses the **Non-AB 133 version**, that can be used with or without Medi-Cal. If completing on paper, only use the Non-AB 133 to align with the version utilized in SmartCare.

Q: Does the member need to sign the ASCMI, and what if they refuse to complete or sign it?

A: The ASCMI is only valid with a member signature—electronic, mousepad, or wet signature. Verbal consent is not allowed.

If the member refuses to sign it, document their consent preference by selecting "No." Members should be informed that some data may still be shared, and they may be asked to complete the form again in the future.

Q: Do I need to complete a new ASCMI form for every member when they enroll in my program, and how long is it valid for?

A: The ASCMI is a member-level document and does not need to be completed by each program that they are enrolled with. Providers should confirm whether there is a current, valid ASCMI in SmartCare before completing a new ASCMI form. If there is a valid, current ASCMI in the clinical record, providers should review and confirm the member's preferences with them and only complete a new ASCMI if the member wishes to make changes.

QI Matters Frequently Asked Questions Continued…

Consent will expire **one year*** from the date of member signature.

**if the member is 17, their consent will only last until they turn 18 or until their guardianship changes, which may be less than one year.*

For reminders on ASCMI:

- CalAIM ASCMI Initiative | DHCS
- Authorization to Share Confidential Member Information | DHCS FAQs
- 03-23-26 BHS Info Notice: Transition to Authorization to Share Confidential Member Information (ASCMI) Form - Deactivation of the Coordinated Care Consent Form

Q: Where do I find the most currently approved *BHS Abbreviations* and *BHS Acronyms* lists?

A: Currently, both the BHS Acronym list (revised October 2024) and a BHS Abbreviations list (July 2024) are available on the Optum site under the MH Resources tab > References.

As a distinction, the Abbreviations list features shorthand notations, initialisms, and acronyms to simplify documentation narratives frequently used by prescribing staff. (e.g., “B.I.D” referring to medication taken twice a day, or “K+” for Potassium, etc.).

The Acronym list forms the initial letters of a series of words for a commonly used phrase or technique (e.g., “CASE” for the Chronological Assessment of Suicide Events, or “ECMH” for Early Childhood Mental Health).

You may find some overlap between the lists – both are intended to serve as approved resources for efficiency, consistency, and accuracy in medical record documentation.

Recent Communications

No updates this month.

Resources

Behavioral Health Information Notices (BHINs)

- Behavioral Health Information Notices (BHINs) – DHCS notifies County BH Plans and providers of P&P changes via BHIN’s as well as draft BHIN’s for public input. Feedback can be sent directly to DHCS or BHS-HPA.HHSA@sdcounty.ca.gov.

Medi-Cal Transformation

- Medi-Cal Transformation (aka CalAIM) – info also available at the Optum CalAIM Webpage for BHS Providers for updates on Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant BHINs from DHCS. For general questions on local implementation of Medi-Cal Transformation, email: BHS-HPA.HHSA@sdcounty.ca.gov.

Resources Continued…

DHCS Licensing & Certification Guide:

- DHCS has released a Licensing and Certification Reference Guide for each MH and SUD facility type with mandatory and voluntary elements that are determined by County. You can access the resource linked here: 10.31 Licensing and Certification Infographic.pdf.

Email Contacts

- ARFs and Access questions? - Contact: BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov
- EHR questions? - Contact: BHS_EHRSupport.HHSA@sdcounty.ca.gov
- Billing questions? - Contact: MHBillingUnit.HHSA@sdcounty.ca.gov
- CalAIM Q&As? - Contact: BHS-HPA.HHSA@sdcounty.ca.gov
- SMHS Documentation Standards/OPOH/UCRM questions? - Contact: QIMatters.HHSA@sdcounty.ca.gov

All BHS communications are distributed through GovDelivery.

Review the GovDelivery flyer for information on how to subscribe to receive our emails.

Is this information filtering down to your clinical and administrative staff?

Please share UTTM with your staff and keep them *Up to the Minute!*

Send all other questions to QIMatters.HHSA@sdcounty.ca.gov.

Up To The Minute!

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

MH PROVIDER EDITION | JULY 2026

General Updates

Critical Incident Report (CIR) and ROF Form Updates Effective 07/01/2026

- Section 1: Program Type - Added “Fee-For-Service Provider” as provider type.
- All sections: Updated language to align with DHCS language requirements.
    - Updated “client” to “member”.
    - Updated “Non-BHS Client” to “Non-BHS Plan Member” – same definition still applies.

CIR Form ONLY (also effective 07/01/2026)

- New Section for Section 6 NOTIFICATIONS **(MEMBER DEATH ONLY)**.
    - Includes information and instructions for required reporting of deaths of members to:
        - HIMS Department
            - Submit a BHS 025 Form with date of member death in the comments. Please follow instructions at the top of the form.
            - Retain a copy of the email or fax as documentation of compliance.
        - County MEDS Coordinator
            - Send an email to 37Crdnt.HHSA@sdcounty.ca.gov with information below:
                - Member Name
                - Social Security Number
                - Date of Birth
                - Date of Death
            - Retain a copy of the email as documentation of compliance.

Payment Recovery Form (PRF) Revision – Effective 07/01/2026

- Updated to include “Timeliness of Reporting” for ensuring disallowances or overpayments are reported within 60 days of being identified.
- The tool is automated and will calculate days lapsed and if the report was timely or not.

Upcoming Events

SmartCare User Group Meeting

- Date: Tuesday, July 21, 2026
- Time: 10:00am - 11:00am

Click to Join the Meeting

MH Quality Improvement Partners (QIP) Meeting

- Date: Wednesday, July 29, 2026
- Time: 1:00pm - 3:00pm

Click to Join the Meeting

Progress Notes Practicum

- Date: TBD
- Time: TBD

Coming Soon!

Audit Leads Practicum

- Date: TBD
- Time: TBD

Coming Soon!

Save the Date! 13th Annual Mental Health Quality Assurance Knowledge Forum

- Date Wednesday, August 26, 2026
- Time: 1:00pm – 3:30pm
- Location: This live session will be held virtually

General Updates Continued…

- Includes a space for providers to include a reason for late reporting. Not required if the report is timely.
- If the reason is blank and the report is not timely, QA will follow up and request a late reason.
- The PRF will be available on the Optum site on 07/01/2026.

Upcoming Events Cont...

- Intended audience: SOC Program leadership, Program QI/Compliance staff, front line staff

Coming Soon!

DOCUMENTATION AND TRAVEL TIME FIELDS TO BECOME MANDATORY FOR NOTE COMPLETION!

CalMHSA will be updating the service indicator fields in service notes to be mandatory for travel and documentation time. CalMHSA is currently working on the update to service notes for these new requirements and an effective date is pending, however programs are encouraged to begin ensuring all staff are entering their travel and documentation time accurately when completing their services.

Once this update is completed, providers will not be able to sign their completed documentation if these fields are left blank. This information is important as it is used to inform future payment rates and captures productivity. Documentation time will also be used to track/monitor documentation improvements and progress following the implementation of Eleos AI Transcription as well as inform ongoing Eleos AI Transcription process improvement efforts.

Problem List & Special Population - Homelessness and Housing Tracking

Providers will be responsible for monitoring and tracking client homelessness status when receiving housing supports/resources within the Problem List & as a Special Population as this is a requirement for ISL (Individual Service Level) tracking required under BHSA. *(ICM Programs, HFW, SBCM, IPS, any BHSA funded programs)*

Problem List:

- Identified problems should be attached to every service note.
- There are no limitations as to who can access these codes.

Programs should be using the following Z Codes as applicable:

- *Z59.00*- Homelessness documented, shelter status unknown
  - Used when homelessness is confirmed but details about sheltered vs. unsheltered are unavailable.
- *Z59.01*- Currently homeless, living in a shelter or transitional housing program
  - Applies to emergency shelters, transitional housing or similar programs. Do NOT use for tents or abandoned buildings.
- *Z59.02*- Currently homeless, living outdoors (street, encampment, vehicle, abandoned building)
  - Use for unsheltered environments including encampments, cars or makeshift outdoor structures.
- *Z59.811- Housed but at imminent risk of homelessness (within 30 days)*
  - Use when client reports risk of losing housing soon (e.g., eviction notice, lease ending without alternative).

General Updates Continued…

- *Z59.812- Housed but was homeless in the past 12 months*
  - Use when client has recent homelessness history and is currently housed.
- *Z59.819- Housed but housing situation unstable (details unclear)*
  - Use when housing instability exists but specifics are unknown.

Special Populations:

- Special populations can be backdated to the start of when the client began experiencing homelessness. If the client cannot recall, the clinician should use their best clinical judgment to help client estimate.
- Clients can have multiple special populations at the same time. For example: a client can have both "*Homeless- Chronic*" and "*Homeless- Living in an Encampment*" during the same time period.

Programs should be assigning the following Special Population Indicators to clients as applicable:

- *Homeless- Chronic*
- *Homeless- Living in an Encampment*

Coming Soon: SmartCare Site-Level Office Hours

SmartCare is implementing new functionality to support site-level Office Hours by day of week. Historically, SmartCare could only accommodate a single set of Office Hours rather than a full weekly schedule.

Maintaining accurate Site-Level Office Hours helps ensure the Provider Directory reflects when your site is available to serve clients and Medi-Cal members, making it easier for individuals seeking care to identify when services are available. Accurate Office Hours also support the County's Network Adequacy reporting to DHCS.

As part of implementation, Optum will contact Program Managers directly to obtain or validate Office Hours information for provider sites.

Site-Level Office Hours are the hours a site is available to provide services to clients/Medi-Cal members. They do not necessarily include administrative time, opening or closing activities, or other times when direct services are not available.

Additional information and implementation guidance is forthcoming.

DHCS Network Adequacy 2025 Secret Shopper Program – Reinforcing Client Navigation

DHCS selected the San Diego Behavioral Health Plan (BHP) for its 2025 Behavioral Health Secret Shopper pilot to evaluate provider directory accuracy and client access to behavioral health services. The pilot highlighted opportunities to strengthen client navigation when appointments cannot be scheduled and to improve Provider Directory information.

Member Navigation Reminders. When an appointment cannot be scheduled:

- Help clients take the next step through an appropriate referral or warm handoff.
- Connect clients to another appropriate provider, program, or the Access and Crisis Line (ACL), as appropriate.
- Follow existing OPOH/SUDPOH requirements related to client navigation, referrals, and timely access.

General Updates Continued…

Provider Directory Reminders. To help ensure clients have accurate staff and program information, remember that SmartCare is the system of record for the information displayed in the Provider Directory.

- Staff should routinely review their information. If staff-level information is incorrect in the Provider Directory, contact the Optum Help Desk at sdhelpdesk@optum.com or 1-800-834-3792.
- Program Managers should complete the required monthly SOC Application attestation to confirm staff and program information remains accurate and current. If program-level information is incorrect, contact your COR. COR Teams work with HPO to update SmartCare.

LOCUS Implementation – Effective 7/1/2026 For Adult Programs

LOCUS should be completed for all new clients beginning July 1, 2026. For existing clients, LOCUS are to be completed at the next required clinically appropriate assessment or when outcome measures are due. LOCUS follow the same timeline as other measures – upon intake, every 6 months, or upon significant change in clinical presentation or other clinically appropriate review point, and at discharge.
Consistent with DHCS documentation requirements (BHIN 23-068), both licensed and non-licensed providers may contribute to completion of the LOCUS consistent with their scope of practice and job responsibilities.

Trained, non-licensed staff may complete the LOCUS consistent with their scope of work and County documentation requirements. Programs are responsible for ensuring staff complete the required LOCUS training and that appropriate supervision and clinical oversight are maintained.

Providers should be implementing LOCUS effective July 1, 2026, regardless of SmartCare availability. If LOCUS is not yet available within the EHR, providers should complete the assessment using the approved paper or fillable electronic version until SmartCare functionality becomes available MORS is being retired and should not continue solely becomes of delays in EHR implementation.

Per the BHS Info Notice on 6/15/26, all providers, regardless of history of LOCUS training, are to complete the AACP LOCUS Certification Training (5 hours) on the AACP website. Refresher trainings are required every two years.

Each person will need to complete the training individually on their own computer, as this is the only way we can accurately track completion. Additionally, if the training is not completed, access to LOCUS may not be granted.

For more information, please see the "Adult Outcomes Explanation Sheet- LOCUS- Rev. 06.29.26.pdf" on the Optum website > UCRM tab.

EBP High Fidelity WRAP (HFW) Draft BHIN Impact on Children's Level of Care

The Department of Health Care Services (DHCS) April 2026 draft HFW BHIN.pdf clarifies effective July 1, 2026, providers shall not claim Targeted Case Management (TCM) or Intensive Care Coordination (ICC) when High Fidelity Wraparound (HFW) is claimed:

- HFW utilizes a monthly claim so providers working with clients who are also enrolled in a HFW program need to inform their team that TCM and ICC is a lockout.

General Updates Continued…

- When participating in CFT/HFW team meetings, the Comprehensive Multidisciplinary Assessment (H2000 modifier HK) may be claimed with Certified Peers utilizing the Behavioral health Prevention Education service (H0025) or Self-Help/Peer Services (H0038).
- For a breakdown of the claiming guidance, please see Figure 4 of the BHIN: HFW BHIN.pdf.
- Once the BHIN has been finalized, any updates will be communicated to the system of care.

ACT/FACT Prior Authorization

Reminder: ACT/FACT prior authorization requires clients be in "requested" status or the authorization will be returned by to the program by Optum. Please see "Authorization for Services Process in SmartCare rev 5.18.26 FINAL.pdf" on the Optum website > SmartCare tab > Workflows and Documentation tab.

Management Information Systems (MIS)

System Access

System Access can be reached at BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov.

- LMS required trainings (SmartCare Training) should be completed before submitting an ARF to avoid it from being rejected.
- Program name must be listed on the ARF to gain access to program client data.
- Existing taxonomies should not be removed from the staff NPI registry to avoid claims from being denied. New taxonomy should be added.
- ARF processing can take up to 3-5 business days.

Reminders to avoid an ARF from being rejected:

- All clinical staff must provide the needed information under the "Clinical Staff" section of the ARF.
- All clinical staff are required to provide their NPI and taxonomy to have an account in SmartCare.
- Staff name and taxonomy must match the information listed on the staff NPPES Registry.
- Both user and approver signature is required on the ARF.
- Modification being requested must be listed on the comments box of the ARF.
- ARF dated ***5-20-26*** must be used. Any other ARF form will be rejected.

System Admin

Program Integrity (PI) & Reporting is managed by Dolores Madrid-Arroyo.

- Contact: Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.
- Requests to error out services and/or notes need be submitted through the "My Reported Errors" screen. Follow-up emails can be directed to BHS-DataScience.HHSA@sdcounty.ca.gov.

Optum Website Updates

SmartCare Tab:

SMH & DMC-ODS Health Plan Page > SmartCare > Town Hall & User Group PowerPoints

- COSD SmartCare User Group Slides 05.26.26 – ***New***
- COSD SmartCare User Group Slides 06.23.26 – ***New***

Optum Website Updates Continued…

SMH & DMC-ODS Health Plan Page > SmartCare > Workflows and Documentation

- "Requested" Status Guidance – ***New***

Beneficiary Tab:

SMH & DMC-ODS Health Plan Page > Beneficiary

- Updated current Smartsheet link for Beneficiary Material Orders – ***Updated***

Incident Reporting Tab:

SMH & DMC-ODS Health Plan Page > Incident Reporting > Critical Incidents

- Critical Incident Report (CIR) Form – ***Updated***
- Critical Incident Report (CIR) FAQ/Tip Sheet – ***Updated***
- Report of Findings (ROF) Form – ***Updated***

UTTM Tab:

SMH & DMC-ODS Health Plan Page > UTTM > MH > Current FY

- MH UTTM - YTD FY25-26 - June 2026 – ***Replaced***

Training Tab:

SMH & DMC-ODS Health Plan Page > Training > MH & DMC-ODS

- New Contractor Orientation Resources – ***Updated***

Billing Tab:

SMH & DMC-ODS Health Plan Page > Billing > MH & DMC-ODS

- Billing Unit Payment Recovery Form – ***Updated***

UCRM/SUDURM Tab:

SMH & DMC-ODS Health Plan Page > UCRM/SUDURM > MH Only (UCRM) > Adult / Older Adult UM Form

- Adult Outpatient UM Form – ***Revised***
- Adult Outpatient UM Explanation Sheet – ***Revised***

SMH & DMC-ODS Health Plan Page > UCRM/SUDURM > MH Only (UCRM) > CA Pediatric Symptom Checklist (PSC)

- PSC-35 Explanation Sheet – ***Updated***

SMH & DMC-ODS Health Plan Page > UCRM/SUDURM > MH Only (UCRM) > Mental Health Assessment

- Mental Health Assessment Downtime Form – ***Updated Name***
- Mental Health Assessment Explanation Sheet – ***Updated***

SMH & DMC-ODS Health Plan Page > UCRM/SUDURM > MH Only (UCRM) > Care Plan

- Care Plan Explanation Sheet – ***Updated***

SMH & DMC-ODS Health Plan Page > UCRM/SUDURM > MH Only (UCRM) > Locus Adult Outcomes

- Adult Outcomes Explanation Sheet - LOCUS – ***Replaced***

Optum Website Updates Continued…

SMH & DMC-ODS Health Plan Page > UCRM/SUDURM > MH Only (UCRM) > Transition of Care Tool for Medi-Cal Mental Health Services

- Transition of Care Tool Explanation Sheet – ***Updated***

OPOH/SUDPOH Tab:

SMH & DMC-ODS Health Plan Page > OPOH/SUDPOH > MH (OPOH) > By Section

- Cover Sheet Org Provider Manual – ***Updated***
- Table of Contents OPOH – ***Updated***
- B - Providing Specialty Mental Health Services – ***Updated***
- C - Practice Guidelines – ***Updated***
- D - Compliance and Confidentiality – ***Updated***
- E - Member Rights, Grievance, Appeals – ***Updated***
- F - Accessing Services – ***Updated***
- G - Quality Assurance – ***Updated***
- H - Cultural Competency – ***Updated***
- I - Staff Qualifications – ***Updated***
- J - Facility Requirements – ***Updated***
- K - Management Info System – ***Updated***
- L - Data Requirements – ***Updated***
- N - Mental Health Services Act & BHSA – ***Updated***
- O - Contracting – ***Updated***
- P - Fiscal and Billing – ***Updated***
- Q - Quick Reference – ***Updated***

SMH & DMC-ODS Health Plan Page >OPOH/SUDPOH > MH (OPOH) > Full Handbook & Summary of Changes

- OPOH - Organizational Providers Operation Handbook – ***Replaced***
- OPOH Summary of Changes - June 2026 – ***Replaced***

MH Resources Tab:

SMH & DMC-ODS Health Plan Page > MH Resources > References

- Billing Corrections Tip Sheet – ***Updated***

Manuals Tab:

SMH & DMC-ODS Health Plan Page > Manuals > MH

- CAPS Inpatient Operations Handbook – ***Updated***
- Inpatient Operations Handbook – ***Updated***

IHCP Tab:

SMH & DMC-ODS Health Plan Page > IHCP > IHCP Resources

- SDCBHS OON Claims Process for NA Health Facilities Tip Sheet – ***New***

System of Care Application Updates

System of Care (SOC) Application

Reminder for required monthly attestation in the SOC application and completion or update of Cultural Competency section.

System of Care Application Updates Continued…

- See SOC Tips and Resources for more information.
- Contact Optum for assistance in updating SOC fields.

Billing Reminders/Announcements

No updates this month.

Data Science

No updates this month.

Population Health

Clinical MH PIP: Improve Follow-Up After Emergency Department Visit for Mental Illness (FUM)

- Continue matching process of Health Plan client data with BHS, followed by follow-up data review.
- The IHI Collaborative met to discuss future PDSA cycles and prepare for presentation at the upcoming in-person learning sessions.

Non-Clinical MH PIP: Improve Timely Access From First Contact From Any Referral Source to First Offered Appointment For Any Specialty Mental Health Service (SMHS)

- The third monthly installment of Access Times PIP reports were distributed to CORs and Programs.
- The Access Times PIP Workgroup met to review the PIP reporting process.

QI Matters Frequently Asked Questions

Q: A clinician can't sign a new PSC because the previous program didn't complete a discharge PSC. What should we do?

A: CANS and PSC are client-level, not program-specific. They continue across programs within the SOC, so a discharge PSC is not required when transitioning between them. Use the existing PSC, and coordinate with the other program (if the client is open to both) to decide who will complete the 6-month reassessment.

See guidance posted on the Optum site > UCRM tab and SmartCare CANS PSC rev 04.22.25.pdf.

QI Matters Frequently Asked Questions Continued…

Q: If a program submits an ARF for an individual, can that individual gain access to SmartCare during the credentialing process? Or does their ARF *NOT* become approved until after credentialing is complete?

A: The DHCS requirement is that staff are credentialed prior to the provision of services. Currently, we do not confirm credentialing dates in connection with EHR access, so at this time, SmartCare access is granted upon request, and we rely on the programs to indicate when a provider is able to bill (which may be a retroactive date).

As it has become known, some providers are not in compliance with the DHCS requirement of having credentialing completed prior to the provision of services (MHSUDS_Information Notice_18-019_Final Rule_Credentialing_ADA). Within a few months we will be adding the credentialing date to the ARF as a management control. SmartCare access will not be granted until a credentialing date is provided and that credentialing date will be used to determine the allowable billing date.

Please contact Optum to address any concern with credentialing timelines. Programs may adjust workflows to begin credentialing ideally upon hiring consideration rather than waiting until onboarding.

Q: If a client doesn't return or a parent declines the PSC, what scores should be entered?

A: For administrative closures, CalMHSA allows programs to use the most recent PSC scores.

Q: Can a provider bill for coordinating with a sibling's therapist if both siblings are served in the same program?

A: Yes, billing is allowed when the coordination is clinically necessary and clearly documented, e.g., when discussing family dynamics and treatment impacts. Providers must document distinct roles and interventions related to treatment plans — not just a check-in.

Refer to the "Billing SMHS for Sibling Sets Guidelines" on the Optum website > MH Resources.

Recent Communications

07/01/2026
Next Step for Eleos Implementation: Organizational AI Policy Confirmation

Resources

Behavioral Health Information Notices (BHINs)

- Behavioral Health Information Notices (BHINs) – DHCS notifies County BH Plans and providers of P&P changes via BHIN's as well as draft BHIN's for public input. Feedback can be sent directly to DHCS or BHS-HPA.HHSA@sdcounty.ca.gov.

Resources Continued…

Medi-Cal Transformation

- Medi-Cal Transformation (aka CalAIM) – info also available at the Optum CalAIM Webpage for BHS Providers for updates on Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant BHINs from DHCS. For general questions on local implementation of Medi-Cal Transformation, email: BHS-HPA.HHSA@sdcounty.ca.gov.

DHCS Licensing & Certification Guide:

- DHCS has released a Licensing and Certification Reference Guide for each MH and SUD facility type with mandatory and voluntary elements that are determined by County. You can access the resource linked here: 10.31 Licensing and Certification Infographic.pdf.

Email Contacts

- ARFs and Access questions? - Contact: BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov
- EHR questions? - Contact: BHS_EHRSupport.HHSA@sdcounty.ca.gov
- Billing questions? - Contact: MHBillingUnit.HHSA@sdcounty.ca.gov
- CalAIM Q&As? - Contact: BHS-HPA.HHSA@sdcounty.ca.gov
- SMHS Documentation Standards/OPOH/UCRM questions? - Contact: QIMatters.HHSA@sdcounty.ca.gov

All BHS communications are distributed through GovDelivery.

Review the GovDelivery flyer for information on how to subscribe to receive our emails.

Is this information filtering down to your clinical and administrative staff?

Please share UTTM with your staff and keep them *Up to the Minute!*

Send all other questions to QIMatters.HHSA@sdcounty.ca.gov.