

Mental Health Services - Up To The Minute



General Updates

Home Medication Entry in SmartCare

- A new non-billable procedure code is available for use in SmartCare to add “home medications” to SmartCare – **Home Medications Note** – as of June 30, 2025
- The Home Medications Note is to be used by programs who do not have an RN or Prescriber with access to CalMHSA Rx
- Procedure code will have a “generic” template attached
- Treating providers should review clinical documents to determine if a Home Medication Note has been completed
 - Coordination of Care should occur when multiple providers are involved.
- For those who have access to CalMHSA Rx (RN & Prescribing Staff) – all medications should be entered via the CalMHSA Rx Module
 - Medications are visible to all with clinical access in the Psych/Med Note as well as visible via the Active Medications widget or within CalMHSA Rx

Multi Factor Authentication Updates for Cerner - DUO

DUO is a new multi-factor authentication (MFA) application that external users will utilize in order to maintain security when accessing Cerner applications. Affected user groups: any users that continue to access CCBH, which includes Next Steps and External Pharmacists. User accounts will be created within DUO; however, each user will need to activate their registration via the link provided in their targeted email. Users will then have the opportunity to decide how they would like to complete their multi-factor authentication: application, text, etc.

- The use of Duo will begin on July 14th
 - Additional details will be provided via email to affected user groups.
 - If there are any issues or questions following Go Live, please reach out to the **Cerner Help Desk** at 619-415-1141

New SMH Provider Type: Certified AOD Counselors- SMHS

Providers may notice that within the Specialty Mental Health Fee Schedule, rates are now included for Certified AOD Counselors following SPA 24-0042. There are outstanding issues to be addressed before this credential can be incorporated into SMHS Programs. BHS is currently awaiting guidance from DHCS to move forward with integrating this role into contracts and rate schedules moving forward. A formal communication was released **July 3, 2025**, addressing these issues. In the interim, the [County FY25/26 Rate Schedule](#) posted on Optum has been revised to remove the Certified AOD Counselor as a provider type until further direction can be provided. Programs should **hold** on adding Certified AOD Counselors as provider type at this time.

New SMH Provider Type: Enhanced Community Health Workers

A new benefit for Medi-Cal members—Enhanced Community Health Workers (CHWs)—has been added to the FY 2025–26 fee schedules and BHS Invoice/Budget documents. Additional guidance on this role, including requirements and implementation details, will be shared with providers soon. Programs should hold on adding or implementing E-CHW staff as a provider type until further guidance has been provided.

“Unable to Find Matching Rate” Service Errors

Currently, the CoSD Service Error Report is pulling the “unable to find matching rate” error associated with certain staff and procedures due to the FY 25/26 rates not being published in the SmartCare Live environment yet.

On 7/28/25, when the rates are published in SmartCare, the current errors seen in this report, which are associated with this issue, will be resolved. Communication email was distributed on 7/9/28

CPT Crosswalk Location

As mentioned in the June QIP Meeting, QA will no longer be putting out updates to the CPT Crosswalks. The crosswalk can be accessed on the CalMHSA Website at this link: [Procedure Code Definitions - 2023 CalMHSA](#) through the “Procedure Codes Definitions” hyperlink at the bottom of the page. This grid is updated periodically via this page, so please ensure that you are accessing this link directly each time you need to reference the definitions. Additionally, information on service codes including minimum/maximum times per unit, allowable disciplines, lockout codes, and other information for each code in the FY25-26 Specialty Mental Health Service Table [linked here](#) in the DHCS MedCCC site.

Medi-Cal Provider Portal Implementation Delayed – July Office Hours to be Provided

DHCS is moving the migration date of the Medi-Cal Provider Portal for Specialty Mental Health, Substance Use Disorder Health, Behavioral Health Providers and Non-Provider Users to **July 21, 2025**. Four more Open Office Hour sessions have been added in July to address questions.

- Use link [Upcoming Medi-Cal Provider Portal Office Hours for July 2025](#) to register for July Office Hours.
- Office Hours will be virtual via Microsoft Teams. Pre-enrollment on the Medi-Cal Learning Portal (MLP) is not required to participate in Office Hours.

Office Hours	Dates	Microsoft Teams Registration Link
10-11a.m.	July 1, 2025	Medi-Cal Provider Portal Office Hour
10-11a.m	July 8, 2025	Medi-Cal Provider Portal Office Hour
10-11a.m	July 15, 2025	Medi-Cal Provider Portal Office Hour
10-11a.m	July 22, 2025	Medi-Cal Provider Portal Office Hour

QA MH - UP TO THE MINUTE July 2025



DHCS Fee Waivers for Peer Support Specialist Certification Renewals and Specialization Training

CalMHSA, in partnership with DHCS, is offering fee waivers to support the expansion of the Peer Workforce. Opportunities are available through Sept. 15, 2025, or until all fee waivers have been distributed.

- Trainings in Areas of Specialization
 - 1,000 fee waivers available for training in one or more areas of specialization for Certified PSS
 - Register for training with a CalMHSA-approved training agency. CalMHSA will submit information for individuals who are registered for eligible specialized trainings. Waivers are distributed on a first-come, first-served basis.
 - [List](#) of training providers offering specialist training is available on the [CalMHSA website](#).
- Certification Renewals
 - 1,000 fee waivers available for Certified PSS currently eligible for renewal and/or individuals whose certification has expired.
 - Individuals request a fee waiver directly through their certification application by clicking the request option on their application.

Questions? PeerCertification@calmhsa.org Website: www.capeercertification.org

Training and Events

***Save the Date! 12th Annual Mental Health Quality Assurance Knowledge Forum ***

- Tuesday August 26, 2025, from 9:00 am to 11:30am
- This live session will be held virtually
- Intended audience: SOC Program leadership, Program QI/Compliance staff, front line staff

Quality Improvement Partners (QIP) Meeting

- Wednesday, July 30, 2025, from 1:00 pm to 3:00 pm.

SmartCare User Group Meeting

- Wednesday, July 16, 2025, from 9:00 am to 10:00 am
Link: [Join the meeting now](#)

QA Office Hours

July Sessions:

- Tuesday, July 15, 2025, 9:00 am – 10:00 am:
- Thursday, July 24, 2025, 3:00 pm – 4:00 pm:

[Click here to join the meeting](#)
[Click here to join the meeting](#)

Technical Support Hours

Technical Support Hours: Technical Support Hours are virtual sessions where users can “drop in” based on role. These are intended for program staff who know what function they want to perform in SmartCare and would like a refresher on how to do it. Optum staff won't be advising program staff what they should do in the system, nor will they resolve live access issues or elevate system issues. Please visit the Optum website for

QA MH - UP TO THE MINUTE July 2025



the schedule and any updates: [SmartCare Training](#).
Users can drop in by joining this MS Teams Link: [Join the meeting](#)

QA Staffing Updates:

Please join us in congratulating Makenna Lilya on her Temporary Assignment to a Higher Class to a Behavioral Health Program Coordinator position managing the Mental Health Quality Assurance Team!

Makenna joined BHS and the Mental Health (MH) Quality Assurance (QA) team in April 2023 as a UR/QI Specialist and was quickly promoted to a UR/QI Supervisor in October 2023. Over this time, Makenna has contributed to the implementation of various DHCS initiatives within BHS, ensuring knowledge of the requirements and regulations to support compliance while working collaboratively to update processes for monitoring the quality of services provided. She has served as the lead supervisor over Critical Incident Reporting and played an integral role in developing streamlined processes and sharing information with the System of Care through the regular Quality Improvement Program (QIP) meetings. Makenna is excited to step into the Behavioral Health Program Coordinator role, building on her commitment to quality and collaboration!

Outside of work, Makenna enjoys spending time with her husband restoring their 1970 VW bus, going to the San Diego Zoo, relaxing on the beach and spending time outdoors. Gallup Strengths: Achiever, Strategic, Relator, Activator, Input

Please join us in congratulating Jill Michalski on her new Behavioral Health Program Coordinator role in the Health Plan Operations Unit as an EHR Clinical SME!

Jill started her career with BHS on the Mental Health (MH) Quality Assurance (QA) team as a UR/QI Specialist in 2018. She advanced within the MH QA team, promoting to UR/QI Supervisor in 2021 and then into the Behavioral Health Program Coordinator role in 2023, managing the MH QA Team. During this time, she has been able to use her knowledge to support QA and the BHS System of Care through significant CalAIM/Medical Transformation requirements including documentation reform, CPT procedure code implementation, payment reform, and the Electronic Health Record transition to SmartCare. Jill has worked to build strong relationships with providers and BHS teams ensuring effective communication, collaboration and alignment to meet County and DHCS requirements and goals, and this foundation will carry forward in her new role!

In her free time outside of work, Jill enjoys cooking elaborate dinners for friends, spending time with her husband and dog, and travel and food adventures. Gallup Strengths: Strategic, Individualization, Adaptability, Intellection, Input

Management and Information Systems (MIS)

System Administration and Access – Managed by Cheryl Lansang
Contact: Cheryl.lansang@sdcounty.ca.gov or 619-578-4111

Program Integrity (PI) & Reporting is managed by Dolores Madrid-Arroyo.
Contact: Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.

SmartCare Access

QA MH - UP TO THE MINUTE July 2025



- LMS required trainings should be completed **prior** to sending the ARF for access request to avoid having your access request from being rejected
- For password resets and login issues, please use the “Forgot your password” feature in SmartCare, contact CalMHSA help desk from 8am-5pm, M-F or call Optum at **(800) 834-3792** from 4:30am–11pm, 7 days a week, including Weekends & Holidays
- To avoid your claims being rejected, MHRS taxonomy must be updated to the following taxonomy or any taxonomy accepted by the State for MHRS: 2242, 2254, 246Z and 2470
- To avoid your claims from being rejected, Other Qualified Provider taxonomy must be updated to the following taxonomy: 171R, 3726, 373H, 374U and 376J
- Once taxonomy is updated, please email access inbox bhs_ehraccessrequest.hhsa@sdcounty.ca.gov so we can update the taxonomy in your account

Resources

System of Care (SOC) Application

- [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.
- System of Care (SOC) Application – Reminder for required monthly attestation in the SOC application. See [SOC Tips & Resources Optum page](#) for more information.
- [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.

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

QI Matters Frequently Asked Questions - July

Q: What should we do if an employee leaves our program before the TADT is closed – is it the expectation that the PM take over all TADTs if someone leaves before the TADTs are closed/completed?

A: A TADT note can be signed by someone else (other than the original author if you pull up the note that is in progress and change the “Author” from the original to the new name. This will allow the new author to complete the timely access record and removes the note from the original author’s dashboard as well and is a solution if the original author is not available. The TADT is not a clinical document, it does not have an impact if the original author is changed, so long as the document/data is entered and completed.

Q: How should our program address the situation when a referral changes from one of our program locations to another. For example, a “requested” program assignment is created for "Central Program" and the TADT is associated with "Program Central". However, by the time the intake/enrollment occurs, the referral has been

QA MH - UP TO THE MINUTE July 2025



shifted to "Program South". Should we reach out to the MIS Support Desk to have the requested program assignment and the TADT "moved" in SmartCare from "Program Central" to "Program South"?

A: We would still need both programs to report to the TADT on the referral. The program needs to remember that DHCS does not recognize their separate locations as connected in anyway, so while you (program) see it as the client "moved", the state sees it as the client was referred out to a new program. They are treated as different programs/facilities, so the expectation is that reporting/data is happening for both. So "Program Central" should be documenting the initial contact and a disposition that closes the record indicating no appointment scheduled because the client was referred to another program. Then "Program South" starts a brand-new record for the client and uses the initial contact date for when *they* received the "referral" for this client vs using the date the client contacted the central location.

Optum Website Updates: MHP Provider Documents

SMH and DMC – ODS Health Plans Site

OPOH Tab:

- On 06/04/25 the following were updated:
 - OPOH [Section C](#) replaced entire section "Network Adequacy" and "Required Actions on the SOC Application", updated contacted information for ARF submission.
 - OPOH [Section D](#) there was an update to the Veteran Verification link.
- On 06/12/25 the following were updated:
 - OPOH [Section B](#) removed statement that program service verification includes claims reimbursed by Medi-Cal as this cannot be verified in the new EHR.
 - OPOH [Section G](#) added information about update to BBS Notification needed as of 07/01/25, and updated program's responsibility for error correction process.
 - OPOH [Section J](#) modified billing process and error correction processes for programs to follow.
- On 06/26/25 the following were updated:
 - OPOH Section N was updated due to changes in CANS discharge information being client level vs program level.
 - The OPOH and Table of Contents were updated 06/26/25 to account for the most recent OPOH changes.

MH Resources Tab:

References Section –

- On 06/17/25 there was an update made to the [Billing SMHS for Sibling Sets Guidelines](#) to account for changes in wording/processes per SmartCare.

Recent Communications

- 06/26/2025 – MHP Providers: Member Handbook Effective July 1, 2025
- 06/26/2025 - BHS Memo: SmartCare Update – Home Medication Entry
- 07/03/2025 - BHS Memo: Certified AOD Counselor Provision of Specialty Mental Health Services

Q4 MH PIPs – Network and Quality Planning/Population Health

Access Times PIP

Improve timely access from first contact from any referral source to first offered appointment for any specialty mental health service (SMHS).

The University of California at San Diego (UCSD) Child and Adolescent Services Research Center (CASRC) team submitted a draft for the PIP design submission to Behavioral Health Services (BHS) for review. The Spring 2025 Youth Services Survey (YSS) was disseminated in May, which included questions regarding timely access. UCSD gathered responses from the Timely Access Questionnaire for community mental health providers in San Diego County, which will be used as the interventions are developed for this PIP.

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Increase the percentage of adult, Medi-Cal-eligible beneficiaries from pilot emergency departments (EDs) who connect to Mental Health (MH) services within 7 and 30 days after an ED visit by 5%.

The UCSD team submitted a draft for the PIP design submission to BHS for review. UCSD received the CalMHSA HEDIS rates for MY 2023 and MY 2024 to include as pre-baseline data for the PIP design report. The UCSD PIP team continues to attend the Healthy San Diego Behavioral Health Quality Improvement Workgroup with the goal of learning and sharing what each Health Plan is doing for the State-mandated PIP topics and interventions.

For more information go to [HSAG PIP](#)

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
personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov

Mental Health Services - Up To The Minute



General Updates

Important Update: New Workflow for Payment Recovery Forms

There has been a change in the workflow for submitting Payment Recovery Forms (PRFs) when disallowances are identified. Program should continue to complete a PRF when a service has been paid but is later determined to be non-billable. Effective immediately, instead of sending the PRF directly to the Billing Unit, please submit it to QI Matters. The assigned QI Specialist for your program will review the disallowances and provide support if needed. If no support is required, the Specialist will forward the PRF to the Billing Unit on your behalf. If there is potential for the service to be billed appropriately, the QA Specialist will work with your team to help secure all available funding.

Additionally, please use the new [PRF form](#) on Optum under the Billing tab. A tip sheet on how to use the form is on the second tab of the PRF excel form.

DUO for CCBH- Update to the Support Team

We are excited to report that a new team will be taking over DUO technical support:

Call the Optum Helpdesk at 800-834-3792 if you need assistance with your account. Support is available seven days a week (including holidays) from 0430 to 2300. For account creation, the process remains the same: submit an ARF to the MIS team at BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov.

Remember, DUO is the multi-factor authentication method (MFA) required for accessing historical patient data in CCBH.

Children's Health Insurance Program (CHIP) Coverage

Effective July 1, 2025, each Medi-Cal behavioral health delivery system must include information in the Provider Directory referencing whether the provider is accepting new Children's Health Insurance Program (CHIP) members. In California, CHIP is fully integrated into Medi-Cal and provides coverage for children under 19 and qualifying pregnant individuals. CHIP populations receive specialty mental health services from their county's MHP, and substance use disorder services from their county's DMC or DMC-ODS plan. If your program accepts Medi-Cal and provides services to any of the identified qualifying members, you also accept CHIP. Additional guidance will be forthcoming regarding program status for Provider Directory information.

Client Enrollment Reminder within SmartCare

Programs should be enrolling clients within SmartCare via the 'Client Programs' screen prior to providing ongoing services. There has been a trend of clients found who are receiving ongoing care while not being 'Enrolled' into a program and under status of 'Requested'. Programs are encouraged

to run their Program Assignment report and ensure that any clients receiving care are in “Enrolled” status.

The CalMHSA instructional link for client enrollment can be found here: [How to Add the Client to Your Program - 2023 CalMHSA](#)

SmartCare Changes to Client Information (Client) Screen- “Sex Parameter for Clinical Use”

The Client Information (Client) Screen has been updated to include a new field “Sex Parameter for Clinical Use,” and the “Sex” field has been changed to “Sex Assigned at Birth.”

- Sex Assigned At Birth – this is related to Medi-Cal Billing:
 - Male
 - Female
- Sex Parameter for Clinical Use – not billing related, clinical only:
 - Male
 - Female
 - Non-binary
 - Other
 - Choose not to disclose
 - Unknown

A provider would indicate **“sex parameter for clinical use”** to clarify that they are using a person’s **biological sex** (male or female) — **not** their gender identity — for medical decisions.

Why this matters:

- Many clinical decisions (like lab test reference ranges, medication dosing, and risk assessments) are based on **biological sex differences**.
- For example, males and females may process medications differently or have different normal hormone levels.

When this is especially important:

- **For transgender or non-binary patients**, their gender identity might not match their biological sex.
- By marking **“sex parameter for clinical use,”** the provider is noting that clinical care decisions are based on **biology**, even if the person identifies differently.

Example:

If a non-binary patient was assigned female at birth, and hasn’t had hormone therapy or surgery, the provider may still use **female-based medical guidelines**—but also respect the patient’s gender identity in communication and overall care.

- Mental health symptoms are often influenced by both biology and gendered social experience. A non-binary person might not follow typical male or female symptom patterns, so clinicians should:
 - Take an individualized approach
 - Ask about lived experience, social stressors, and identity-related challenges
- Non-binary individuals face **unique mental health risks**, such as:
 - Higher rates of anxiety, depression, and suicidal ideation
 - Discrimination, misgendering, or lack of access to affirming care

QA MH - UP TO THE MINUTE August 2025



It helps ensure accurate, safe medical care while also acknowledging that sex and gender are not always the same.

DHCS Fee Waivers for Peer Support Specialist Certification Renewals and Specialization Training

CalMHSA, in partnership with DHCS, is offering fee waivers to support the expansion of the Peer Workforce. Opportunities are available through Sept. 15, 2025, or until all fee waivers have been distributed.

- Trainings in Areas of Specialization
 - 1,000 fee waivers available for training in one or more areas of specialization for Certified PSS
 - Register for training with a CalMHSA-approved training agency. CalMHSA will submit information for individuals who are registered for eligible specialized trainings. Waivers are distributed on a first-come, first-served basis.
 - [List](#) of training providers offering specialist training is available on the [CalMHSA website](#).
- Certification Renewals
 - 1,000 fee waivers available for Certified PSS currently eligible for renewal and/or individuals whose certification has expired.
 - Individuals request a fee waiver directly through their certification application by clicking the request option on their application.

Questions? PeerCertification@calmhsa.org Website: www.capeercertification.org

Involuntary ECT Review Committee Physician Appointment Requests – Updated Process and New Form

The process for adding a physician to an Involuntary ECT (Electroconvulsive Treatment) Review Committee has recently been updated as described in the ECT Section of the Inpatient Operations Handbook starting on page 13. Requests are to be submitted to the BHS ECT Lead via email (BHSContaktUs.HHSA@sdcounty.ca.gov) and shall include the physician's CV and a completed Involuntary ECT Review Committee Physician Appointment Request form (Appendix G). This new form is also available on the Optum website under SMH & DMC-ODS Health Plans on the MH forms tab.

SmartCare Group Service Details Screen Changes

The Group Service Details screen has been updated to improve the user interface and visibility when completing group service documentation. This change went into effect on 7/28/25.

- Group Details tab has been divided into two sub-tabs
 - Group details – includes group name, location, date, status, place of service, EBP and staff/group facilitator(s)
 - Services – includes client service level information

The image displays two screenshots of the SmartCare Group Service Detail screen. The top screenshot shows the 'Group Details' tab, which includes fields for Group (Test IS clinician), Location (AOT Hospital Visit), Date (06/09/2025), Status (Show), and Place of Service. A Group Comment field is also present. The bottom screenshot shows the 'Services' tab, which includes a 'List of Clients' on the left and a 'Service Information' form on the right. The 'List of Clients' includes a table with columns for Client Name, ID, and Status. The 'Service Information' form includes fields for Procedure, Start, Status, Cancel Reason, Program, Clinician, Attending, Mode Of Delivery, Billable, Transportation Service, Interpreter Services Needed, Travel Time, Face to Face Time, Documentation Time, and Telehealth Statement. The 'List of Clients' table has a red box around the row for 'Test, DFA (2104860)'. The 'Service Information' form has a red box around the 'List of Clients' table.

Client Name	ID	Status
Lableu, Test2	(2104439)	
Parry, Tessah	(1721880)	
Test, Child	(2104842)	
Test, DFA	(2104860)	
Test, Katie	(2104831)	
Test, SPN	(2104854)	
Test, Test	(2104843)	

Field	Value	Set All	Set Some
Procedure	TestProcedure		
Start	8:00 PM		
Status	Scheduled		
Cancel Reason			
Program	2049 program 2		
Clinician	Test, Suganya		
Attending			
Mode Of Delivery	Telephone		
Billable	☒		
Transportation Service	No		
Interpreter Services Needed	☐		
Travel Time	Minutes		
Face to Face Time	Minutes		
Documentation Time	Minutes		

Training and Events

Save the Date! 12th Annual Mental Health Quality Assurance Knowledge Forum

- Tuesday August 26, 2025, from 9:00 am to 11:30am
- This live session will be held virtually
- Intended audience: SOC Program leadership, Program QI/Compliance staff, front line staff

Quality Improvement Partners (QIP) Meeting

- Wednesday, September 24, 2025, from 1:00 pm to 3:00 pm.

SmartCare User Group Meeting

- Thursday, September 22, 2025, from 10:00 am to 11:00 am
Link: [Join the meeting now](#)

QA Office Hours

August Session:

- Thursday, August 28, 2025, 3:00 pm – 4:00 pm: [Click here to join the meeting](#)

Technical Support Hours

Technical Support Hours: Technical Support Hours are virtual sessions where users can “drop in” based on role. These are intended for program staff who know what function they want to perform in SmartCare and would like a refresher on how to do it. Optum staff won't be advising program staff what they should do in the system, nor will they resolve live access issues or elevate system issues. Please visit the Optum website for the schedule and any updates: [SmartCare Training](#).

Users can drop in by joining this MS Teams Link: [Join the meeting](#)

QA MH - UP TO THE MINUTE

August 2025



Date	Day	Time	Technical Support Hours
18-Aug	Monday	2pm-3pm	Outpatient Admin Clerical Front Desk
19-Aug	Tuesday	2pm-3pm	Outpatient Clinical Direct Services
20-Aug	Wednesday	2pm-3pm	Outpatient Medical Staff
21-Aug	Thursday	2pm-3pm	Admin Billing Only
22-Aug	Friday	2pm-3pm	Reports
25-Aug	Monday	2pm-3pm	Outpatient Admin Clerical Front Desk
26-Aug	Tuesday	2pm-3pm	Outpatient Clinical Direct Services
27-Aug	Wednesday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
28-Aug	Thursday	2pm-3pm	Admin Billing Only
29-Aug	Friday	2pm-3pm	Reports
2-Sep	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
3-Sep	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
4-Sep	Thursday	2pm-3pm	CSU Admin/Clerical
5-Sep	Friday	2pm-3pm	Admin Billing Only
8-Sep	Monday	2pm-3pm	Reports
9-Sep	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
10-Sep	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
11-Sep	Thursday	2pm-3pm	Residential & Crisis Residential Clinical/Nurses/Prescribers
12-Sep	Friday	2pm-3pm	Admin Billing Only
15-Sep	Monday	2pm-3pm	Reports
16-Sep	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
17-Sep	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
18-Sep	Thursday	2pm-3pm	CSU Clinical/Nurses/Prescribers
19-Sep	Friday	2pm-3pm	Admin Billing Only

Management and Information Systems (MIS)

System Administration and Access – Managed by Cheryl Lansang

Contact: Cheryl.lansang@sdcounty.ca.gov or 619-578-4111

ARF Update

- The license should be renewed prior to expiration date. Once renewed, an email must be sent to bhs_ehraccessrequest.hhsa@sdcounty.ca.gov to have the staff's SmartCare account updated. ARF submission is not required.
- An ARF must be submitted for all staff who change licenses.
- If license has changed, taxonomy should be added to the NPI registry, but previous taxonomy should not be removed to avoid billing issues.

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

Contact: Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.

Program Integrity Items:

At discharge, the client must not be deactivated from SmartCare. Deactivating a client makes them non-searchable and can potentially cause duplicate client entries.

SmartCare Access

- LMS required trainings should be completed **prior** to sending the ARF for access request to avoid having your access request from being rejected
- For password resets and login issues, please use the "Forgot your password" feature in SmartCare, contact CalMHSA help desk from 8am-5pm, M-F or call Optum at **(800) 834-3792** from 4:30am–11pm, 7 days a week, including Weekends & Holidays
- To avoid your claims being rejected, MHRS taxonomy must be updated to the following taxonomy or any taxonomy accepted by the State for MHRS: 2242, 2254, 246Z and 2470
- To avoid your claims from being rejected, Other Qualified Provider taxonomy must be updated to the following taxonomy: 171R, 3726, 373H, 374U and 376J
- Once taxonomy is updated, please email access inbox bhs_ehraccessrequest.hhsa@sdcounty.ca.gov so we can update the taxonomy in your account

Resources

System of Care (SOC) Application

- **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.
- System of Care (SOC) Application – Reminder for required monthly attestation in the SOC application. See [SOC Tips & Resources Optum page](#) for more information.
- **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.

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

QI Matters Frequently Asked Questions - August

Q: Our large program has multiple provider types working with clients (housing specialist, MHRS, therapist, psychiatrist, etc.) Does a Care Plan need to be updated for each role?

A: Providers are expected to indicate their next steps and relevant care planning in documentation. Care Plans should include treatment goals cohesively connected to the diagnosis, mental health functioning, and must be reviewed each time a service note is completed and/or updated as client needs change, issues are resolved, etc. It is recommended that when multiple providers are working with clients, treatment team roles are clarified by associating their specific interventions, so it is evident in documentation who is updating which parts of a Care Plan. Helpful resources for Care Planning documentation are [Treatment Plans and Care Planning - 2023 CalMHSA](#) and [BHIN 23-068 Documentation Requirements for SMH DMC and DMC-ODS Services.pdf](#)

Q: How would a program bill the service if a set of siblings were the only clients to show up to a group?

A: In this scenario, you could select a family therapy or rehabilitation procedure code, depending on which service applies. You may reference the Billing SMHS for Sibling Sets [guidelines](#) on the Optum under the [MH Resources – References tab](#).

Q: Our program is still having confusion between the Critical Incident vs. Non Critical incident reporting processes. What is the best information source?

A: The **OPOH section G.19 – 26** is the most comprehensive guide [TABLE OF CONTENTS](#). Additionally, the Incident Report tab on the Optum site includes templates and tip sheets for easy desktop referencing. [SMH & DMC-ODS Health Plans](#)

Optum Website Updates: SMH & DMC-ODS Health Plans

Billing Tab:

- The [Billing Unit Payment Recovery Form](#) was updated on 7/28/25 and is now available in the *MH/DMC* section of the Billing tab.

MH Resources Tab:

- An [ECHW vs Peer Support Specialist grid](#) was uploaded to the *References* section on 7/31/25. This is a resource for the system of care when determining if programs should implement E-CHW services.

NOABD Tab:

- [NOABD Tracking Log](#) updated for use in the new Fiscal Year.

OPOH Tab:

- On 7/3/25, the following were updated:
 - [OPOH Section G](#) – Changed name of ESU to new name CYCSU, Checked all links
 - [OPOH Section L](#) – Added reference with link to BHIN 25-2020 for guidance on Transition of Care Tools
- On 7/18/25, the following were updated:
 - [OPOH Section F](#) - Updated process of ordering G&A brochures and forms, corrected JFS title, removed Member Handbook section entirely, noted duplicate entry of member handbook guidance in other sections of OPOH, checked links.

Provider Certification Tab:

- This new tab was created on 8/1/2025 on Optum.
- [Medi-Cal Certification-Recertification Tool](#) added to *SMH* section.

SmartCare Tab:

- The most recent [User Group Meeting](#) was posted on 7/17/25.
- Updated guidance posted for [Clearing CoSD Service Error Report](#) uploaded on 7/28/25 to *Workflows and Documentation* section.

Monitoring Tab:

- Previous FY QAPR Tool AND Program Compliance Attestation removed.
- [FY25-26 Program Attestation](#) uploaded on 7/23/25 to *MH* section.

Recent Communications

- 7/17/2025- BHS Info Notice SmartCare Update – FY25-26 Service Rates, Provider Types, and Procedure Codes
- 7/30/2025- BHS Memo: Enhanced Community Health Worker (E-CHW) Communication to BHS

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 personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov

Mental Health Services - Up To The Minute

General Updates

Staff Signature and Credentials in SmartCare

Reminder all progress notes must include typed or legibly printed name, credentials, signature of the service provider/co-signer, and date of signature ([BHIN 23-068](#)). This is a compliance requirement and will be reviewed during the QAPR process. If you have documents not showing staff credentials, please correct utilizing this CalMHSA guidance- [How to Set-Up Your Signature – 2023 CalMHSA](#) or by sending an email to MIS with the affected staff name and program information.



Mode of Delivery (MOD) Errors- Reminders for Correction and Ticket Status

- As a reminder, error correction requests related to 'mode of delivery' are not required and all tickets related to MOD have been placed in "Resolved" status
- The only MOD that requires correction is "Parent Child Interaction Therapy" (PCIT) if incorrectly added as MOD for a service.
 - Additional guidance on PCIT will be forthcoming, this code should only be selected by Programs and Staff who are certified to provide PCIT Services. DHCS is finalizing the BHIN and additional communication to come.

Use of PCIT Mode-of-Delivery

The final BHIN addressing the new EBPs for youth has not yet been released. There are noted discrepancies in the draft BHIN and what DHCS has released in the current FY 25-26 Fee Schedule and Service Table.

- DHCS has not provided rates for the use of Family Therapy service codes with the PCIT modifier.
- PCIT modifier is only able to be utilized by those providers who are certified in PCIT by PCIT International.

We are pending response from DHCS for clarification of this omission of the family therapy codes when they release the final BHIN. QA wants to emphasize that since DHCS has not released the final BHIN with guidance on how programs/providers should claim for the youth EBPs that are being mandated as part of the BH-Connect Initiatives, QA is not able to provide specific guidance or recommendations if providers are using the PCIT modifier prior to final guidance from DHCS. This should be reviewed with your COR and Program Leadership as to any concerns or potential billing/claiming error risks that may result pending DHCS final guidance.

[DRAFT-BHIN-25-XXX-Medi-Cal-Coverage-of-PCIT-MST-and-FFT-for-Children-and-Youth.pdf](#)

The options currently available in SmartCare align with DHCS published Fee Schedule and Service Table. The options available are to select the service as Individual Therapy and be able to utilize the

QA MH - UP TO THE MINUTE

September 2025



PCIT modifier to add the supplement fee to the claim, your documentation of the session would clearly indicate the parent's participation in the session; or you could select Family Therapy however you would not be able to select/add the PCIT modifier in order to claim the supplemental charge (you would not be able to use interactive complexity unfortunately as DHCS has indicated that it is not intended for this use in the draft BHIN).

Grievance and Appeal Reminder

San Diego County Behavioral Health Services is committed to honoring the rights of all clients and provide access to a fair, impartial, effective process through which the client can seek resolution of a grievance or adverse benefit determination by the BHP.

All county operated and contracted providers are required to participate fully in the Member Grievance and Appeal Process. Providers must comply with all aspects of the process, including the distribution and display of the appropriate beneficiary protection materials, including posters, brochures, and grievance/appeal forms.

While the process may differ for non-Medi-Cal members, anyone eligible to receive services at any county run or contracted facility is able to use this process and all sites must display the appropriate materials.

42CFR Part 2: Federal Delegation of Authority to OCR

The federal HHS Secretary issued a formal [Delegation of Authority](#) for enforcement of 42CFR Part 2 to the federal Office of Civil Rights (OCR). This is the latest step in a process [initiated by the CARES Act](#) in 2020 to align the Part 2 substance-use disorder privacy rule more closely with HIPAA. As part of those changes, the CARES Act revised the enforcement scheme so that the civil and criminal penalties applicable to HIPAA are also applicable to Part 2 violations (previously, Part 2 was purely enforceable through criminal authorities).

HHS finalized the rule implementing the CARES Act changes in [February of last year](#). That rule clarified—consistent with the CARES Act—that violations of Part 2 would be subject to the same penalties as violations of HIPAA. Now HHS has further implemented the change by delegating enforcement authority to OCR, which is the same entity that enforces HIPAA. They have also delegated Part 2 implementation and interpretation authority more broadly to OCR.

The federal regulatory body enforcing Part 2 is now an agency with a specialized expertise in privacy and a broader toolkit of enforcement tools, including civil penalties in addition to criminal penalties. It is suggested that Legal Entities review their Part 2 compliance programs and make sure they are up to date with the substantial changes that have been made by the CARES Act.

Updates to CalMHSA Trainings

In partnership with the Department of Health Care Services, CalMHSA is pleased to announce the release of 10 updated clinical documentation training courses (formerly CalAIM trainings) and two

QA MH - UP TO THE MINUTE September 2025



trainings for CPT/HCPCS coding. All courses are available on CalMHSA's Learning Management System (LMS).

The following courses are available as standalone courses or bundled for continuing education (CE) credit:

1. Foundations of Documentation and Service Delivery
2. Access to Services
3. Assessments
4. Diagnosis, Problem Lists, and Care Planning
5. Progress Notes
6. Care Coordination
7. Screening Tools for SMHS
8. Transition of Care Tool
9. Discharge Planning
10. Effective Use of Screening Tools
11. Coding for Specialty Mental Health
12. Coding for DMC and DMC-ODS

These updated training courses reflect the most current documentation requirements and expectations to support the work of service providers. To access them, visit our web page for LMS log-in information.

Training and Events

[Cultural Responsiveness Academy \(CRA\) Series Training Schedule](#)

The Cultural Responsiveness Academy (CRA) has released their cultural competency series schedule. These training courses meet the annual 4 hours of cultural competency training. Additionally, the December 10th training titled "Culturally Responsive Behavioral Health Care with Trans and Nonbinary People" meets the BHIN 25-019 Transgender and Gender Inclusive (TGI) training requirement. Registration for training courses will open 4 weeks prior to each training date. A web-based version of the TGI training will be available in January 2026. The first training is scheduled for September 30th and the flyer can be accessed here [CRA-BHS - CRCC Class 1 Flyer.pdf](#). All courses can be referenced here [CRA-BHS - Pathways Flyer.pdf](#)

[Quality Improvement Partners \(QIP\) Meeting](#)

- Wednesday, September 24, 2025, from 1:00 pm to 3:00 pm.

[SmartCare User Group Meeting](#)

- Thursday, September 22, 2025, from 10:00 am to 11:00 am
Link: [Join the meeting now](#)

QA MH - UP TO THE MINUTE September 2025



QA Office Hours

September Session:

- Thursday, September 25, 2025, 3:00 pm – 4:00 pm: [Click here to join the meeting](#)

Technical Support Hours

Technical Support Hours: Technical Support Hours are virtual sessions where users can “drop in” based on role. These are intended for program staff who know what function they want to perform in SmartCare and would like a refresher on how to do it. Optum staff won't be advising program staff what they should do in the system, nor will they resolve live access issues or elevate system issues. Please visit the Optum website for the schedule and any updates: [SmartCare Training](#).

Users can drop in by joining this MS Teams Link: [Join the meeting](#)

Date	Day	Time	Technical Support Hours
8-Sep	Monday	2pm-3pm	Reports
9-Sep	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
10-Sep	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
11-Sep	Thursday	2pm-3pm	Residential & Crisis Residential Clinical/Medical
12-Sep	Friday	2pm-3pm	Admin Billing Only
15-Sep	Monday	2pm-3pm	Reports
16-Sep	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
17-Sep	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
18-Sep	Thursday	2pm-3pm	CSU Clinical/Medical
19-Sep	Friday	2pm-3pm	Admin Billing Only
22-Sep	Monday	2pm-3pm	Reports
23-Sep	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
24-Sep	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
25-Sep	Thursday	2pm-3pm	Outpatient Medical Staff
26-Sep	Friday	2pm-3pm	Admin Billing Only
29-Sep	Monday	2pm-3pm	Reports
30-Sep	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
1-Oct	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
2-Oct	Thursday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
3-Oct	Friday	2pm-3pm	Admin Billing Only
6-Oct	Monday	2pm-3pm	Reports
7-Oct	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
8-Oct	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
9-Oct	Thursday	2pm-3pm	CSU Admin/Clerical
10-Oct	Friday	2pm-3pm	Admin Billing Only
13-Oct	Monday	2pm-3pm	Reports
14-Oct	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
15-Oct	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
16-Oct	Thursday	2pm-3pm	Residential & Crisis Residential Clinical/Medical
17-Oct	Friday	2pm-3pm	Admin Billing Only

Management and Information Systems (MIS)

System Administration and Access – Managed by Cheryl Lansang

Contact: Cheryl.lansang@sdcounty.ca.gov or 619-578-4111

ARF Update

- Signing suffix is required when signing documents. Here's how to set-up your signature.

QA MH - UP TO THE MINUTE

September 2025



<https://2023.calmhsa.org/how-to-set-up-your-signature/>

- Type of Clinical Trainee must be provided on the comment section of the ARF.
- When submitting a termination ARF, all claims must be entered into the system if applicable.
- If clinician does not need to login to SmartCare but needs to be in the system for billing, mark "Rendering Staff (No Login)" on the ARF to avoid deactivation of account due to inactivity.

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

Contact: Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.

SmartCare Access

- LMS required trainings should be completed **prior** to sending the ARF for access request to avoid having your access request from being rejected
- For password resets and login issues, please use the "Forgot your password" feature in SmartCare, contact CalMHSA help desk from 8am-5pm, M-F or call Optum at **(800) 834-3792** from 4:30am-11pm, 7 days a week, including Weekends & Holidays
- To avoid your claims being rejected, MHRS taxonomy must be updated to the following taxonomy or any taxonomy accepted by the State for MHRS: 2242, 2254, 246Z and 2470
- To avoid your claims from being rejected, Other Qualified Provider taxonomy must be updated to the following taxonomy: 171R, 3726, 373H, 374U and 376J
- Once taxonomy is updated, please email access inbox bhs_ehraccessrequest.hhsa@sdcounty.ca.gov so we can update the taxonomy in your account

Resources

System of Care (SOC) Application

- [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.
- System of Care (SOC) Application – Reminder for required monthly attestation in the SOC application. See [SOC Tips & Resources Optum page](#) for more information.
- [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.

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

QI Matters Frequently Asked Questions - September

Q: What happens to the program CSI document when a client is discharged from a program?

A: At discharge from any program, clients should have a CSI Discharge completed to reflect their discharge status. Programs must complete a NEW CSI Document at Discharge, not utilize the “Edit” function.

[How to Complete a CSI Demographic Record - 2023 CalMHSA SmartCare Workflow for MH-SUD 10.08.24.pdf](#)

Optum Website Updates: SMH & DMC-ODS Health Plans

MH Resources Tab:

- The [Transferring Clients Between Different Program Sites](#) document was uploaded to the *References* section on 8/26/25.

OPOH Updates:

Throughout the OPOH, updates are occurring to replace “A/OA and “CYF” acronyms with “Adult/ Older Adult” and “Children, Youth and Families.”

- In **Section C**, the “ESU” was replaced with the new name “Children and Youth Crisis Stabilization Unit (CYCSU),” effective 7/1/25.
- In **Section D**, addressed incorrect information re. the number of claimable hours for crisis stabilization in a 24-hour period. Correct information is 23 hours, not 20 hours per SPA attachment 3.1-A (effective 2024).
- In **Sections D and O**, Updated CalMHSA Doc trainings names and requirements for direct care staff.

The table of contents has been updated to reflect all changes to headers and page numbers.

Training Tab:

- The recording and accompanying slides of the MH Annual Forum is available under the “Training Tab.”
 - Q&A from the live training is included on the final slide.

SmartCare Tab:

- The most recent [User Group Meeting](#) was posted on 8/7/25.

MHP Provider Documents Page – References Page

- Remaining documents archived or migrated to MHP & DMC-ODS Health Plans Page

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 personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov

Mental Health Services - Up To The Minute

General Updates

ICD-10 Annual CMS Updates Coming Oct. 1



Every year, the Centers for Medicare & Medicaid Services (CMS) releases updates to the ICD-10 code list. All clients who have an ICD-10 code record that will become invalid on 10/1 will need to have that record updated.

- This updated list will be seen on all screens and documents where ICD-10 codes are used, including the Diagnosis Document, the Problem List (Client Clinical Problems), and Services (Billing Diagnosis tab).
- Services will not be able to be completed by the overnight billing process if the service in question includes an invalid ICD-10 code on the Billing Diagnosis tab as of 10/1.
- For diagnosis documents and services, this will require the clinician to update the diagnosis document for their programs.
 - When updating the diagnosis document, the document must have an effective date of **10/1** or later, otherwise the new code will not show up on the search list.
- For problem list records, this will require a user to update the problem list.
 - This can easily be done in the Progress Note by end-dating the old ICD-10 code and adding the new ICD-10 code with a start date of 10/1.

Notable ICD-10 Code Changes for FY 2026:

CalMHSA has reviewed the ICD-10 code changes that impact behavioral healthcare providers. No F codes were impacted. Some Z codes were impacted, but only one within the Z55-Z65 range.

- Z59.86 Financial Insecurity is not a header category; clinician must choose a more specific option:
 - Z59.861 Financial insecurity, difficulty paying for utilities
 - Z59.868 Other Specified financial insecurity
 - Z59.869 Financial Insecurity, unspecified

Questions - Solution:

- **Scenario:** Joe Clinician is trying to update his diagnosis documents for Peggy Client in preparation for the 10/1 switch. He creates a new diagnosis document on 9/15 and tries to search for the new code. The effective date of the document defaults to today, so he can't find the new code in the search.
 - When updating the diagnosis document, the document must have an effective date of 10/1 or later, otherwise the new code will not show up on the search list.
- **Scenario:** Maria Clinician wants to wait until after the 10/1 switch to update the diagnosis document for Sean Client, because she doesn't want to future-date documents, even for administrative reasons. She ends up sick on 10/1 and isn't able to update the diagnosis document until 10/5. However, Tiffany Treatment-Team saw Sean Client on 10/2 and 10/3. Beth Billing is telling Tiffany that her notes can't be billed because there's an invalid diagnosis.

QA MH - UP TO THE MINUTE

October 2025



- If the clinician waits until after 10/1, there will be an invalid diagnosis until the clinician makes the change. This could lead to multiple services with invalid billing diagnosis codes that keep the services from being claimed.
- **Solution:** The solution to both of these scenarios is **ensuring that the diagnosis document has an effective date of 10/1**. Whether this is created before 10/1 and is future-dated or is created after 10/1 and is back-dated, the diagnosis document's effective date should be 10/1 to ensure that all services dated 10/1 and later have only valid ICD-10 codes.
 - There is also a Comments field in the diagnosis document. This field can be used to explain the diagnosis change and any difference between the document date and the signature date.
- **Resources:**
 - More information about code changes can be found on the [CMS website](#).
 - [How to Determine Which Clients Have ICD-10 Records that Need to be Updated - 2023 CalMHSA](#)
 - [ICD-10 Annual Updates: What You Need to Know - 2023 CalMHSA](#)
 - [Notable ICD-10 Code Changes for FY 2026 - 2023 CalMHSA](#)
 - Effective October 1 2025 through September 30 2025
 - [Notable ICD-10 Code Changes for FY 2025 - 2023 CalMHSA](#)
 - Effective October 1 2024 through September 30 2025

GovDelivery

- QA is transitioning all communications to the GovDelivery platform.
- **Already receiving our emails? No action is needed**—your email will be automatically transferred to the new platform.
- **Need to sign up to receive emails?** Click below to subscribe to topics applicable to you:
 - [Specialty Mental Health Services](#)
 - [Drug Medi-Cal Organized Delivery System](#)
 - [SmartCare](#)

Discharge Reason Selection Reminder

Providers are encouraged to select a *Discharge Reason* from the drop-down menu in SmartCare at client discharge to support accurate data reporting, especially for clients transitioning between levels of care. This field appears on the **Program Assignment Details** page within SmartCare once a client's *Current Status* is set to "Discharged." Completing this step is strongly recommended for all client discharges to enhance system-wide reporting and LOC tracking.

Fire Clearances & Medi-Cal Certification

Programs must maintain **up-to-date fire clearances** to meet Medi-Cal Certification and Recertification Standards. If a fire clearance is expired at the time of certification renewal, **recertification cannot proceed**—potentially impacting your programs' ability to bill for services.

QA MH - UP TO THE MINUTE October 2025



Most programs operate on an annual clearance schedule—please confirm your clearance is current for this year. If your Medi-Cal recertification is scheduled for FY25–26, we strongly encourage you to schedule your fire inspection as soon as possible to avoid delays or disruptions in services.

CSI Standalone Documents – Admission, Annual, and Discharge

A Client Services Information (CSI) record must be completed in SmartCare at admission, annually, and at discharge for each program enrollment.

*When completing the CSI at discharge, always create a **new** CSI document—do not use the "edit" feature.

Helpful resources:

- CSI Standalone User Guide: [CSI Standalone Collection Document User Guide.docx](#)
- CSI Demographic Record How-To: [How to Complete a CSI Demographic Record - 2023 CalMHSA](#)

Training and Events

Quality Improvement Partners (QIP) Meeting

- Wednesday, October 29, 2025, from 1:00 pm to 3:00 pm.

SmartCare User Group Meeting

- Monday, October 20, 2025, from 2:00 pm to 3:00 pm
Link: [Join the meeting now](#)

QA Office Hours

October Session:

- Thursday, October 30, 2025, 3:00 pm – 4:00 pm: [Click here to join the meeting](#)

QA MH - UP TO THE MINUTE October 2025



Technical Support Hours

Technical Support Hours: Technical Support Hours are virtual sessions where users can “drop in” based on role. These are intended for program staff who know what function they want to perform in SmartCare and would like a refresher on how to do it. Optum staff won't be advising program staff what they should do in the system, nor will they resolve live access issues or elevate system issues. Please visit the Optum website for the schedule and any updates: [SmartCare Training](#).

Date	Day	Time	Technical Support Hours
20-Oct	Monday	2pm-3pm	Reports
21-Oct	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
22-Oct	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
23-Oct	Thursday	2pm-3pm	CSU Clinical/Medical
24-Oct	Friday	2pm-3pm	Admin Billing Only
27-Oct	Monday	2pm-3pm	Reports
28-Oct	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
29-Oct	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
30-Oct	Thursday	2pm-3pm	Outpatient Medical Staff
31-Oct	Friday	2pm-3pm	Admin Billing Only
3-Nov	Monday	2pm-3pm	Reports
4-Nov	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
5-Nov	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
6-Nov	Thursday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
7-Nov	Friday	2pm-3pm	Admin Billing Only
10-Nov	Monday	2pm-3pm	Reports
11-Nov	Tuesday	2pm-3pm	Outpatient Admin Clerical Front Desk
12-Nov	Wednesday	2pm-3pm	Outpatient Clinical Direct Services
13-Nov	Thursday	2pm-3pm	CSU Admin/Clerical
14-Nov	Friday	2pm-3pm	Admin Billing Only

Users can drop in by joining this MS Teams Link: [Join the meeting](#)

Management and Information Systems (MIS)

System Administration and Access – Managed by Cheryl Lansang

Contact: Cheryl.lansang@sdcounty.ca.gov or 619-578-4111

ARF Update

- Type of Clinical Trainee **must** be provided on the comment section of the ARF
- When submitting a termination ARF, all claims must be entered into the system if applicable
- If clinician does not require login access to SmartCare, and is only for billing services, mark “Rendering Staff (No Login)” on the ARF to prevent inactivity termination

System Administration & Development - Managed by Dolores Madrid-Arroyo.

Contact: Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.

QA MH - UP TO THE MINUTE

October 2025



Contact MIS Support Desk BHS_EHRSupport.HHSA@sdcounty.ca.gov

- Requests to delete or reopen client enrollments
- Requests to delete Special Populations
- Requests to delete documents and services entered in the Wrong Client
- Request to delete documents In Progress or for CALOMS.
- Residential bed day errors
- **NEW** - Any services in Pending status that will not move to Show must be reported to MIS for deletion of record.

For all other data entry errors needing corrections, for example: wrong time, date, MOD, etc continue to submit tickets through SmartCare My Reported Errors screen

SmartCare Access

- LMS required trainings should be completed **prior** to sending the ARF for access request to avoid having your access request from being rejected
- For password resets and login issues, please use the "Forgot your password" feature in SmartCare, contact CalMHSA help desk from 8am-5pm, M-F or call Optum at **(800) 834-3792** from 4:30am–11pm, 7 days a week, including Weekends & Holidays
- To avoid your claims being rejected, MHRS taxonomy must be updated to the following taxonomy or any taxonomy accepted by the State for MHRS: 2242, 2254, 246Z and 2470
- To avoid your claims from being rejected, Other Qualified Provider taxonomy must be updated to the following taxonomy: 171R, 3726, 373H, 374U and 376J
- Once taxonomy is updated, please email access inbox bhs_ehraccessrequest.hhsa@sdcounty.ca.gov so we can update the taxonomy in your account

Resources

System of Care (SOC) Application

- [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.
- System of Care (SOC) Application – Reminder for required monthly attestation in the SOC application. See [SOC Tips & Resources Optum page](#) for more information.
- [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.

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

QI Matters Frequently Asked Questions - October

Q: Does a staff member with MHRS credential require a co-signature on a Discharge summary?

A: No, a co-signature is no longer required. In SmartCare, the Discharge summary will pull forward diagnostic information already in the system.

Q: What if a client already has a diagnosis form in SmartCare at the time of enrollment, entered previously by another program in our Legal Entity - do we need to complete a new form?

A: Yes, it is expected that a diagnosis form is entered by qualified clinical staff for each program. [How to Document a Diagnosis for a Client - 2023 CalMHSA](#) If it is determined an existing diagnosis is still applicable, there is a route for pulling forward the diagnosis. [How to Pull a Diagnosis Forward from Another Program - 2023 CalMHSA](#)

Optum Website Updates: SMH & DMC-ODS Health Plans

Monitoring Tab:

- New Versions of the Medication Monitor McFloop Form, Screening Tools, and Submission Forms were updated in the *MH* section of Monitoring Tab.
- [FY 25-26 QAPR Tool](#) uploaded on 9/10/25 to MH section.

LPS Tab:

- [SB929 LPS Report- Designated Facility-Tip Sheet](#), [Other Entity-Tip Sheet](#) and [LPS Phase IV- Summary of Changes](#) uploaded in the *Tip Sheet* section of LPS Tab.

Training Tab:

- [MH Annual Forum Final Slides FY 25/26](#) uploaded in the *MH* section of Training Tab.

UCRM Tab:

- [Transition of Care Tool for Medi-Cal Mental Health Care Services](#) moved from Forms Tab to *MH* section of UCRM tab.

Recent Communications

- 9/12/25- BHS Memo: SmartCare-Record Requests Past 365 days
 - SMHS & DMC-ODS Health Plan Optum page, under **SmartCare** in *Info Notices*

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 personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov