SmartCare User Group

County of San Diego
Health & Human Services Agency
Behavioral Health Services

February 23, 2026

Meeting Goals

Transparency

Engagement

Inclusion

Meeting Agenda

- Meeting Goals
- Clinical Updates
- MIS
- Data Sciences
- Billing Unit
- Q&A

SmartCare User Group: Clinical Updates

Jill Michalski

SD Home Medications Permission

- “SD Home Medications” add-on permission
  - Allows for addition and discontinuation of home medications via SmartCare Medication Rx screen in SmartCare by LPHA providers and LVNs effective March 2, 2026.
  - Medications entered into SmartCare RX will appear on the CalMHSA Client Medication Reconciliation Screen, Medications Widget and in the Psych/Med Note but will **not** flow into CalMHSA RX.
  - Providers with the SD Home Medications permission will also be able to enter client reported allergies into SmartCare Rx when entering home medications. Allergies entered via SmartCare Rx will also appear on all Allergy Screens and Widgets

SD Home Medications Permission

- IMPORTANT: Prescribers will need to regularly reconcile home medications entered via SmartCare Medication Rx and CalMHSA Rx to reduce duplication within widgets, psych medical progress.
- Separate BH Info Notice has been sent to all prescribers who are registered via e-prescribe within SmartCare.
- Optum Trainings have been updated to include this workflow.
- SD Home Medications workflow will be posted on the Optum Website under SMH & DMC-ODS Health Plans Page under SmartCare Tab in the Workflows and Documentation drop down.

SD Home Medications Permission

ASCMI

Authorization to Share Confidential Member Information

ASCMI: Authorization to Share Confidential Member Information

- The Authorization to Share Confidential Member Information (ASCMI) Initiative is a statewide effort to promote and standardize the exchange of Clients' sensitive information, including certain physical health, behavioral health, and social services information (HSSI), among Care Partners such as providers, health plans, county agencies, and social services organizations.

- ASCMI meets all state and federal law and requirements to act as an authorization to release information (ROI) for both HIPAA and 42 CFR Part 2.

- This form should be completed by all clients even if they choose not to share any information.

ASCMI

1.26.26

- ASCMI Documents:
  - ASCMI AB-133: Only valid for Medi-Cal Beneficiaries
  - ASCMI Non-AB 133: Valid for all Californians, regardless of insurance coverage **SmartCare will utilize this version*
  - ASCMI Revocation Form: used to revoke existing ASCMI and change all sharing agreements to “do not share”. **currently not available in SmartCare*

ASCMI vs Coordinated Care Consent

1.26.26

- Coordinated Care Consent is limited to only providers who had access to SmartCare environment
- ASCMI has more impact to interoperability initiatives and dictates what can be shared between EHRs and providers on broader scale.
- Both forms will function to “drop the wall” for CDAG in SmartCare if the client consents to sharing SUD information.
- CCC will be deactivated in SmartCare as of March 31, 2026

ASCMI

Phase 1:

- Implementation in SmartCare
- CDAG functionality
- Replace Coordinated Care Consent

Future State – Subsequent Phases:

- Multi-language support
- Revocation
- Interoperability
- Consent Management Platform (CMP)
- Improving Consent Functionality

ASCMI

1.26.26

- Information and copies of the ASCMI forms can be found on DHCS's website: https://www.dhcs.ca.gov/CalAIM/Pages/ASCMI-CalAIM.aspx.

- SmartCare Resources:
  - ASCMI - 2023 CalMHSA
  - How to Complete the ASCMI - 2023 CalMHSA
  - ASCMI v. Coordinated Care Consent - 2023 CalMHSA
  - How to Document an ASCMI Done on Paper or PDF - 2023

  - ASCMI-Care-Partner-facing_final-01.27.2026.pdf (DHCS FAQ)

ASCMI

1.26.26

Additional guidance and overview of the Home Medications role and ASCMI form will be provided during February QIP meetings.

- MH Quality Improvement Partners Meeting: Wednesday 2/25/26, 1-3pm
- SUD Quality Improvement Partners Meeting: Thursday 2/26/26, 10-11:30am

AB 352 Compliance – Special Populations

AB 352 amended the CA Confidentiality of Medical Information Act (CMIA) to strengthen protections for sensitive health information related to abortion, contraception and gender-affirming care.

Prohibits healthcare providers and related entities from disclosing medical information that could identify individuals seeking these services to out-of-state individuals or agencies.

Enforcement for non-compliance began January 1, 2026.

AB 352 Compliance – Special Populations

Available Special Populations:

- AB 352 Abortion
- AB 352 Contraception
- AB 352 Gender Affirming Care

If any of these topics are discussed during sessions, the appropriate Special Population(s) should be added to the client to identify the record as containing sensitive information.

These Special Population identifiers will serve as an alert to CalMHSA Connex to ‘not’ share data of this client’s chart for any out of state requesters.

Providers will need to review and redact this information if they receive a record request from an out of state provider or agency prior to releasing the records.

New Credential
Certified Peer Support Specialist - Forensic

New credential to identify Certified Peer Support Specialists who hold the Justice Involved Specialization has been added to SmartCare

This new credential will support BH Connect Initiative requirements and comply with BHIN 25-011.

This will be added to the ARF Forms – providers will need to include evidence of their active valid PSS certification and completion of specialized training certificate.

*If programs currently have a Peer Support Specialist who has completed specialized training in the Forensic/Justice Involved specialization, please submit a modified ARF with the required documents and indicate “Forensic Specialization” in the comment section.

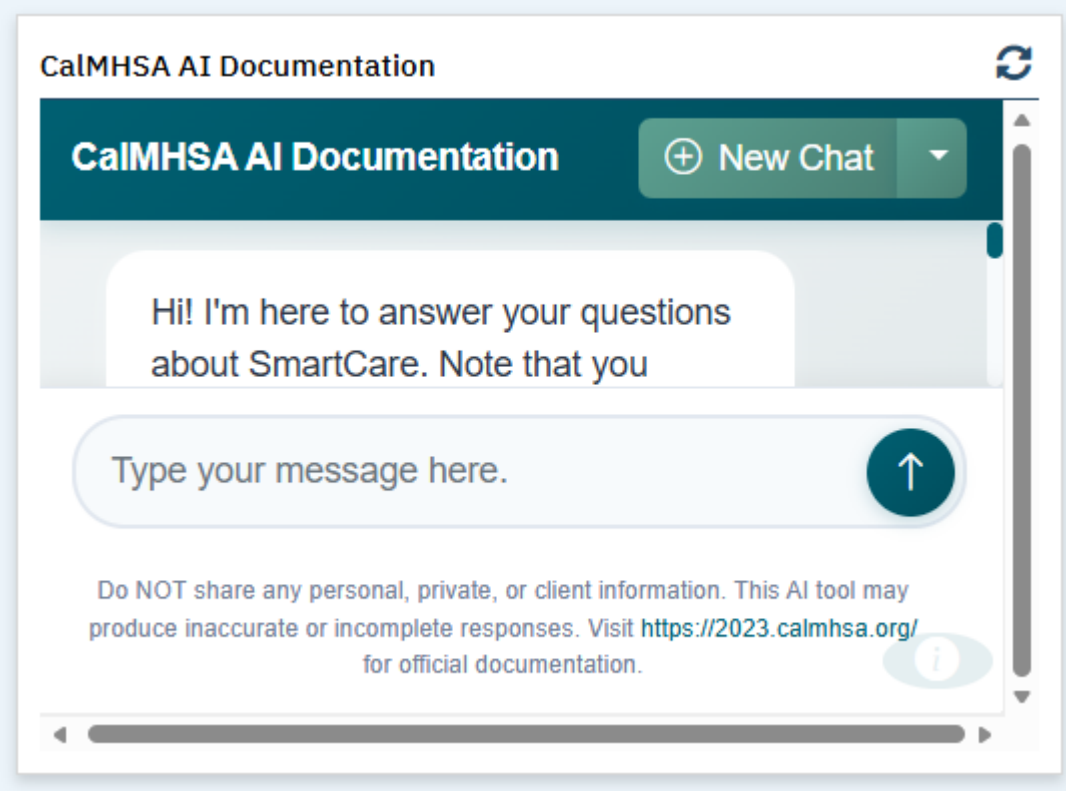
SmartCare ChatBot update

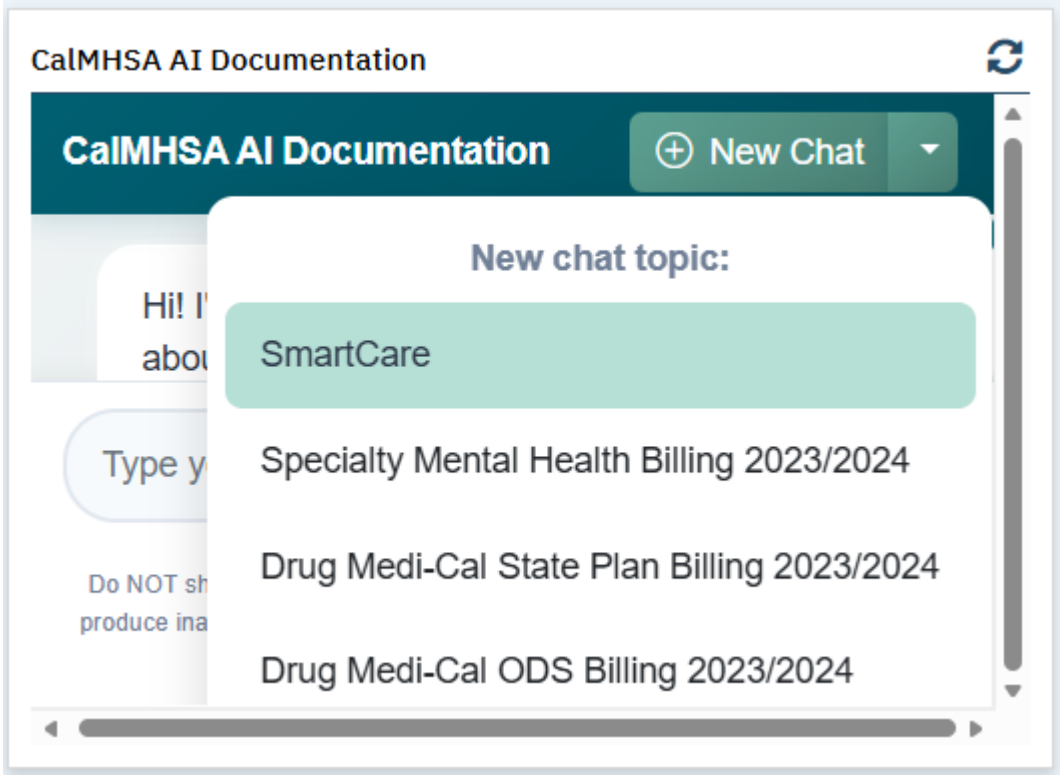
New & Improved SmartCare Chatbot launched today 2/24/26.

Key features of the update include:

- Enhanced text formatting with copy-to-clipboard functionality
- Suggested questions to help you get started
- 2025-26 billing manuals now available as sources
- Better mobile experience and improved readability
- Source links will show article titles
- General fixes and performance improvements
- New CalMHSA branding and improved interface design

SmartCare ChatBot update





SmartCare User Group: MIS

Becky Ferry-Rutkoff, Adrian Escamilla

SmartCare Support: BHS_EHRSupport.HHSA@sdcounty.ca.gov
SmartCare Access issues/ARFs: BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov

Staff Administration

- Submit a termination ARF for all staff exiting your program or who does not require access to SmartCare
    - All claims should be submitted for clinicians prior to requesting account termination
- Send license renewal information to BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov (no ARF necessary)
- For login issues and password resets, please contact:
    - **CalMHSA Help Desk:** Live Chat Support, available Monday to Friday from 8 am to 5 pm
    - **Optum Support Desk:** (800) 834-3792 from 4:30 am to 11 pm, 7 days/week
    - Use the '**Forgot your Password**' feature on the SmartCare login screen.

Staff Administration

MRT Access Modification

- All MRTs will receive custom access changes in order to view clinical documents and continue performing administrative tasks.
- Access updates will be completed in the first two weeks of March.
- For questions regarding access, please email BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov.
- For system-related questions, please reach out to the CalMHSA Help Desk, available Monday to Friday from 8 am to 5 pm.

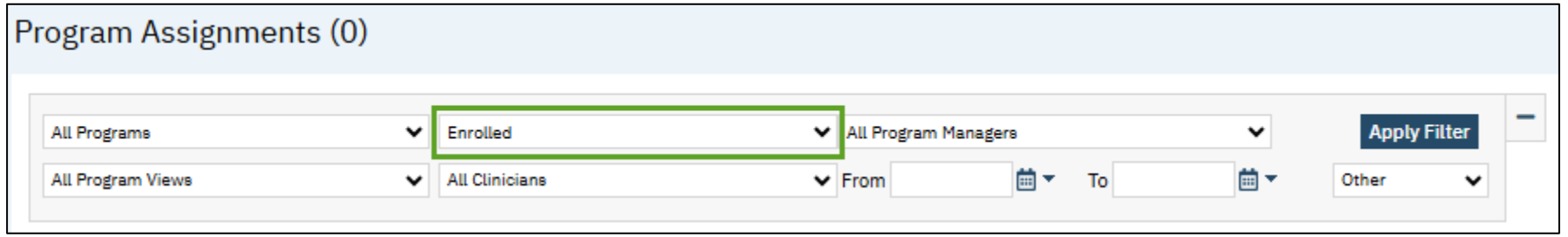
System Administration

- A service can be edited if the service is in Show status.
- Once a service is in Complete status, a request must be submitted through My Reported Errors in SmartCare.
- A service will move from Show to Complete status, three days from the Date of Service.
- The Data Science, Data Quality Team manages the My Reported Errors queue.

CalOMS – Annual Updates

An Annual Update must be completed 10-11 months from the client's Admission Date.

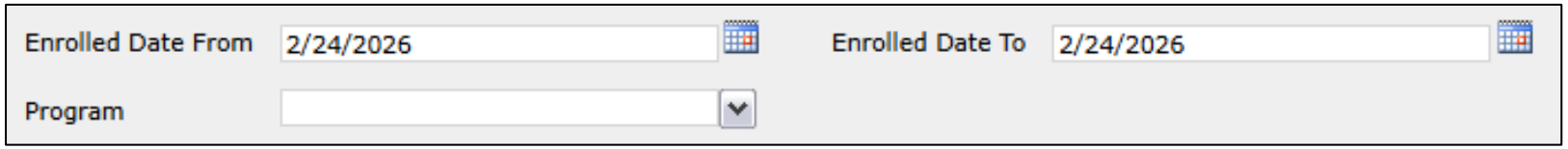
- Currently, developing a report that will identify clients who require an Annual Update or must be discharged.
- For now, staff can refer to the **Program Assignments (Program) screen** in SmartCare.
  - Select the program and Enrolled. A date range is not required.
  - Export to Excel and filter for clients who have been enrolled for 10+ months.
  - Complete an Annual Update or Discharge for the client.



CalOMS – Annual Updates

Staff can also run the **CoSD Active Clients Report** to identify clients enrolled for 10+ months.

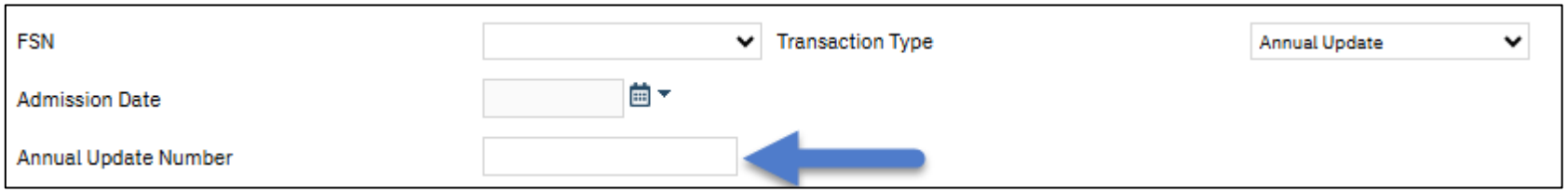
- Set the Enrolled Date From/To parameters to today's date.
- Export to Excel and filter the Enrolled Date column to identify clients who have been enrolled for 10+ months.
- Complete an Annual Update or Discharge for the client.



CalOMS Reminders

- The Effective date auto-populates to the current date. Change the Effective date on the Annual Update or Discharge document to reflect the correct date.

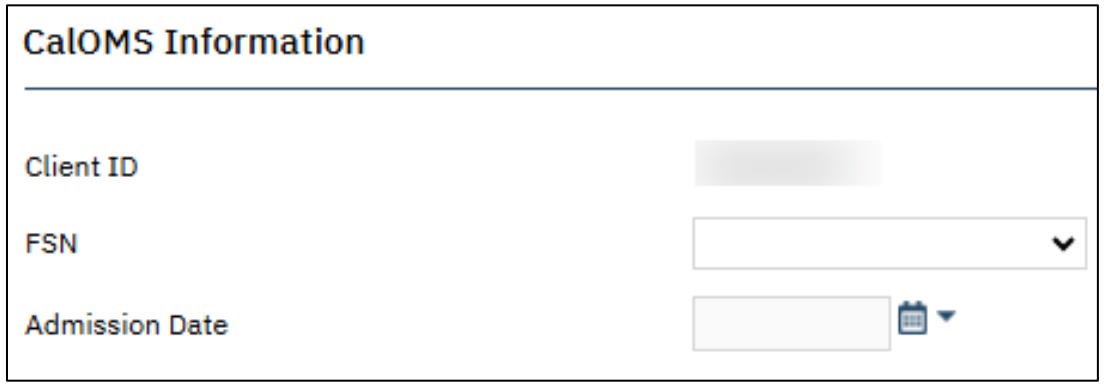
- Verify the Annual Update (AU) Number. This is the AU sequence number. If the system generated the wrong number or the field is blank, staff must manually enter the correct Annual Update Number.



CalOMS Reminders cont.

Contact the MIS Support Desk if:

- FSN (Form Serial Number) dropdown is blank
- FSN on the Admission and the Annual Update/Discharge do not match
- The Admission Date on the Annual Update/Discharge document was populated incorrectly.



Reporting in the SmartCare Era

Derek Kemble – Data Science
BHS-DataScience.HHSA@sdcounty.ca.gov

Report Training and Resources

- Current Efforts
  - Optum SmartCare Training
  - SmartCare Help Desk Support
  - SmartCare ARF: Treatment Programs
  - Centralized E-mail support: BHS-DataScience.HHSA@sdcounty.ca.gov
- Future Efforts
  - "How to" for manual reports.
  - Data Science- Data Quality team efforts
  - Improved Email Process

CoSD SmartCare Reports

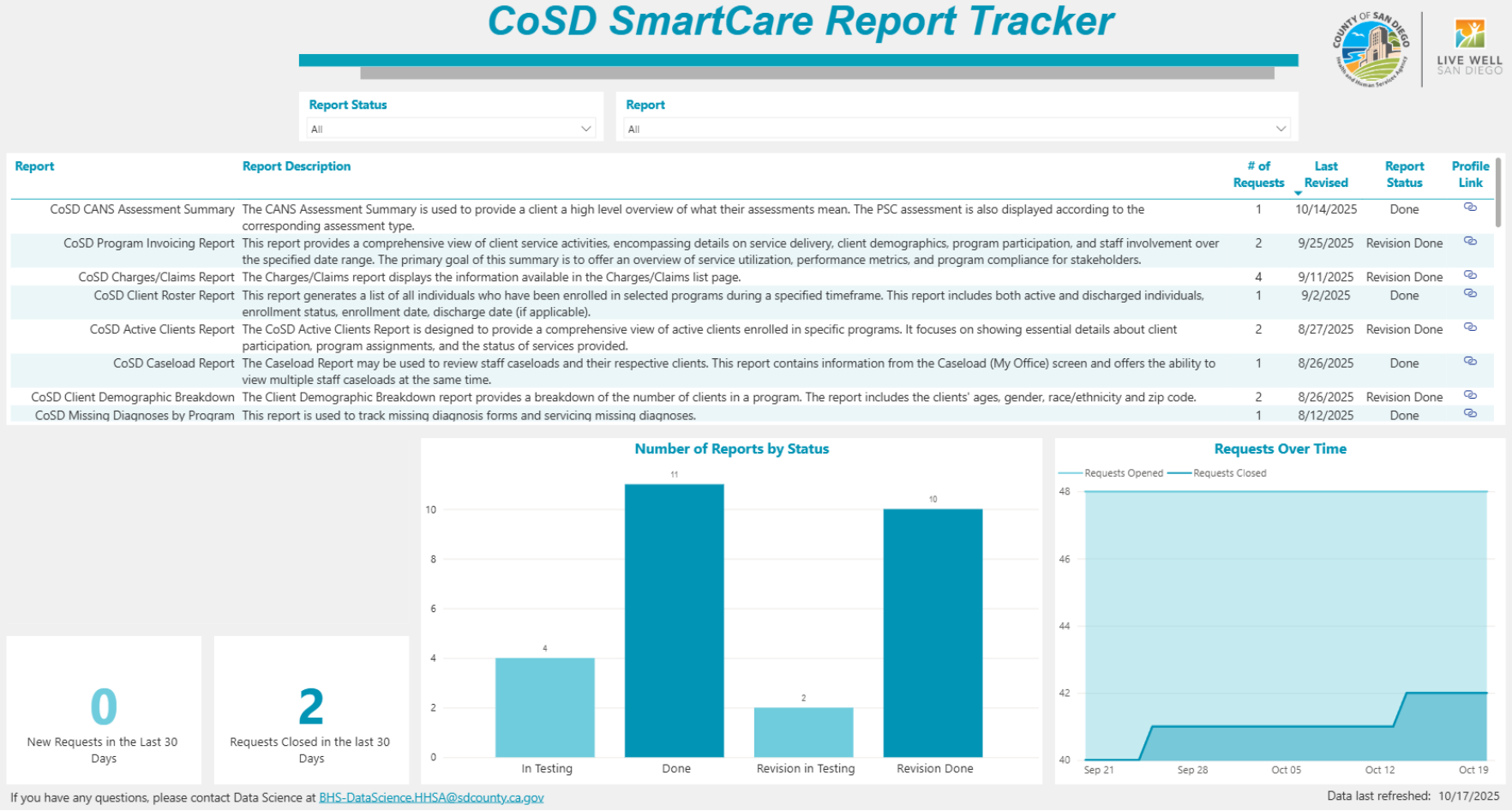
SmartCare Report Request Form

Data and Reporting

Name	*System Of Care*	*Link*	*Description*	*Revised Date*	*Superseded File*
ASAM Reporting Tool	SUD	ASAM_Reporting_Tool.xlsx	N/A	N/A	N/A
ASAM Reporting - Youth and Providers not in SmartCare	SUD	ASAM_Reporting_-_Youth_and_Providers_not_in_SmartCare.pdf	N/A	9/27/2024	ASAM_Process_for_Non_SmartCare_Users.pdf
CCBH to SC Preliminary Reports Crosswalk	MH	CCBH to SC Preliminary Report Crosswalk 2024-08-23.pdf	N/A	8/23/2024	N/A
SanWITS to SC Preliminary Reports Crosswalk	SUD	SanWITS_to_SC_Preliminary_Report_Crosswalk_2024-08-23.pdf	N/A	8/23/2024	N/A
SmartCare Program Crosswalk	MH/SUD	SmartCare Program Crosswalk.xlsx	N/A	N/A	N/A
CoSD SmartCare Report Tracker	N/A	CoSD SmartCare Report Tracker	N/A	N/A	N/A
SmartCare Report Request Form for BHS staff	N/A	SmartCare Report Request Form for BHS staff.docx	N/A	N/A	N/A
SmartCare Report Request Form for Providers	N/A	SmartCare Report Request Form for Providers.docx	N/A	N/A	N/A

CoSD SmartCare Reports

CoSD SmartCare Report Tracker



CoSD SmartCare Reports

CoSD TADT Report

Description

The Timely Access Data Tool (TADT) report is used to identify if programs are meeting the criteria for timely access standards. The report displays the programs affiliated to the user running the report and is split into 4 different categories, with each having their own standards for meeting timely access.

Report Status	First Published	Last Revised
Revision Done	02/19/2025	05/14/2025

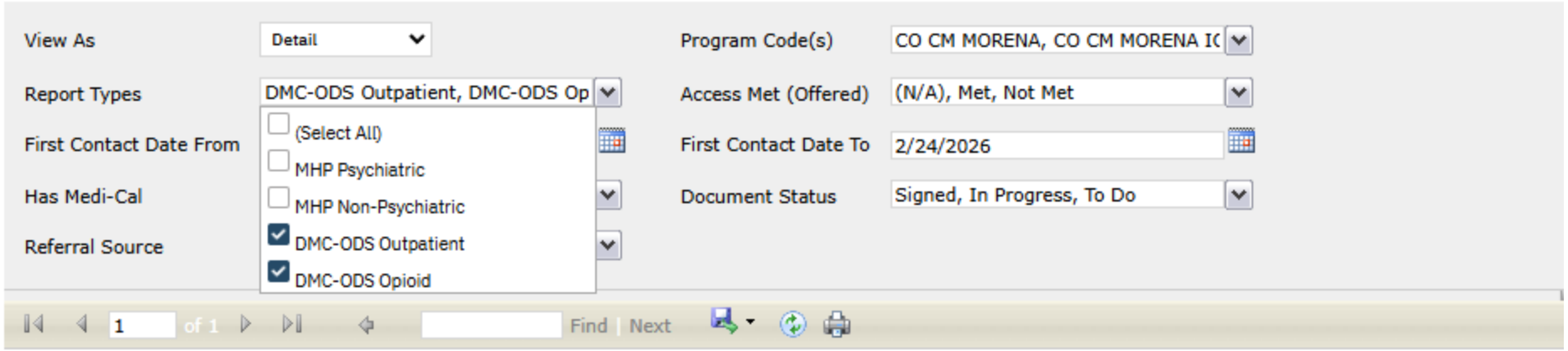
Report Filters

Filter	Description
Executed By Staff Id	This filter constrains the data to the user executing the report
Document Status	This filter excludes documents that are in the Error or Cancelled status
View As	This parameter is a single-select dropdown that allows a user to view the TADT information in detail or in summary
Program Code(s)	This parameter is a multi-select dropdown that allows a user to select one or more programs the user is associated to
Report Types	This parameter is a multi-select dropdown that allows a user to view one or more of the following report types: MHP Psychiatric, MHP Non-Psychiatric, DMC-ODS Outpatient, DMC-ODS Opiod
Access Met (Offered)	This parameter is a multi-select dropdown that allows a user to view one or more of the following access met related to offered appointments: (N/A), Met, Not Met
First Contact Date From	This parameter is a date search that allows a user to set the start date for the reporting period
First Contact Date To	This parameter is a date search that allows a user to set the end date for the reporting period
Has Medi-Cal	This parameter is a multi-select dropdown that allows a user to view clients with or without Medi-Cal
Document Status	This parameter is a multi-select dropdown that allows a user to view one or more of the following document statuses: Signed, In Progress, To Do
Referral Source	This parameter is a multi-select dropdown that allows a user to view one or more referral sources selected for timely access

Columns

Detail

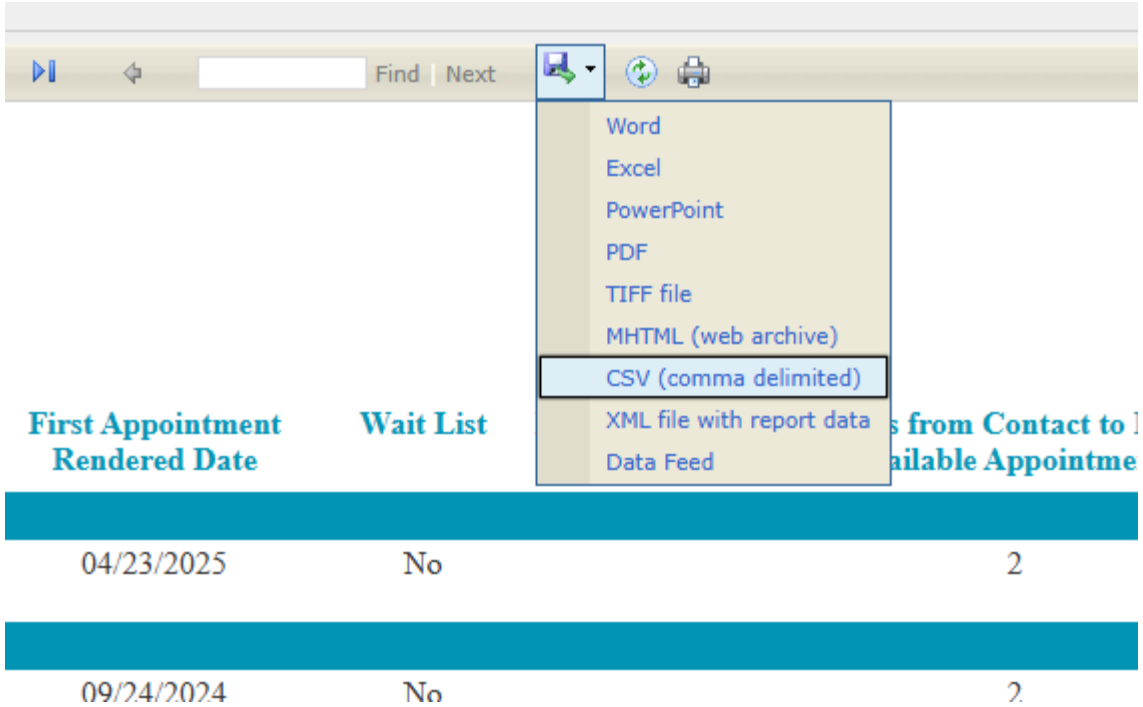
CoSD SmartCare Reports

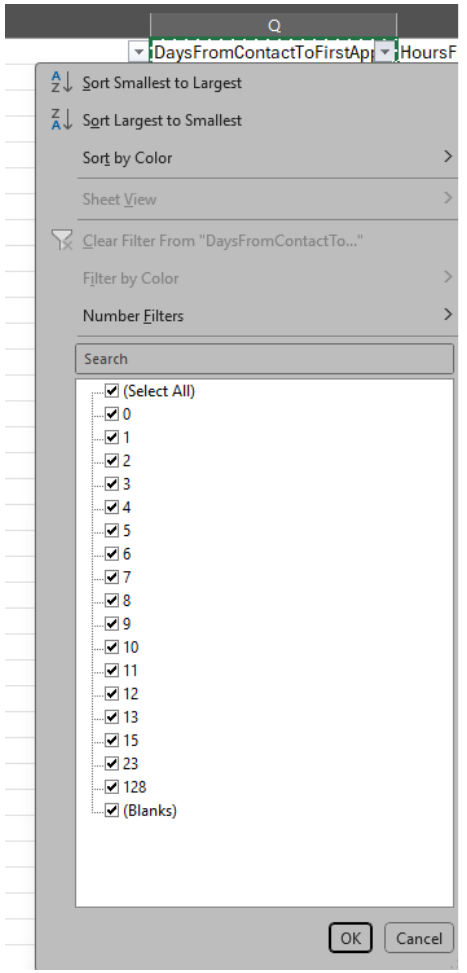


CoSD Timely Access Data Tool Report

First Contact Date From 9/1/2024 To 2/24/2026

CoSD SmartCare Reports





BHS Billing Announcements/Reminders

Tess Bugay and Carmen Saline

MH Billing: MHBillingUnit.HHSA@sdcounty.ca.gov
SUD Billing: ADSBillingUnit.HHSA@sdcounty.ca.gov

Billing Timely Filing

1. Services rendered in 02/2025 will need to be submitted to DHCS on/before 02/27/2026.

2. Please ensure that you enter all your 02/2025 services or move them to show status (if they are Medi-Cal billable) at least a week before 02/27/2026 to allow the system to conduct its automated validation, and for the BHS Billing Unit to perform our process of submitting claims on time to the State.

3. Please continue to review and clear your **service errors** prioritizing the oldest dates of service to meet the Medi-Cal timely filing deadline (12 months from the date of service).

4. The BHS Billing Unit is unable to batch completed services with "charge errors". Examples of charge errors include uncleared Share of Cost, procedure code that creates a lockout situation, invalid client address entry, missing demographics, and others. It is requested that providers review data entry and use the Service Table to avoid invalid or duplicate billing. The ADS Billing Unit must receive the completed and signed Financial Responsibility and Medi-Cal share of cost (SOC) form from SUD programs.

Client Address and Demographics

Programs must complete the client's address and other essential information on the Client Information screen. The County billing team may be unable to batch, and bill claims to Medi-Cal if the necessary fields are not filled out correctly, resulting in a charge error. To prevent or resolve the problem, go to the Client Information screen and click on the General tab. Enter the address by clicking the 'Details' button. On the Demographics tab, complete the client's ethnicity, gender identity, sexual orientation, and race. A red asterisk will appear if you skip the required fields, preventing you from clicking save and proceeding to the next step.

Billing Manual and Service Table

MH and SUD programs must continue to utilize the DHCS billing manuals and service tables posted on Optum website for guidance on billing rules and requirements, lockout codes, procedures, modifiers, and place of service.

For **SUD non-NTP programs**, please refer to page 61 of the DMC-ODS Billing Manual SFY 2025-26 section 5.2.30 Other Health Care Coverage – Non-Medicare (Commercial insurance and Medicare Part C): "Service that can be billed directly to Medi-Cal". The January 2026 SUD UTTM also has this announcement. Please contact the adsbillingunit.hhsa@sdcounty.ca.gov if you have any questions.

Billing Manual and Service Table

SMH & DMC-ODS Health Plans

Welcome to the County of San Diego's Behavioral Health Services (BHS) SMH and DMC-ODS health plan document library. From this site, you will be able to access communications, forms, manuals, and other resources shared with providers.

Additional Resources

- SDAIM (sandiegocounty.gov) (enhanced Care Management, Community Supports and Transportation for Medi-Cal members)
- HHSA Medi-Cal (How to apply for Medi-Cal)
- Access & Crisis Line (ACL) Resources (brochures & posters)
- Privacy Incident Reporting (PIR)

SmartCare | Communications | Beneficiary | NOABD | Incident Reporting | UTTM | Training | ***Billing*** | UCRM / SUDURM | OPOH / SUDPOH | SUD Resources | MH Resources | Manuals | Monitoring | Forms | IHCP | LPS | OOC/OON | Provider Certification

Billing Manual and Service Table

MH Only

NAME	FILE
MH Service Table 25-26 v. 06.2025	Specialty-Mental-Health-Service-Table-25-26 v. 06.2025.xlsx
Financial Eligibility and Billing Manual	Financial Eligibility and Billing Manual rev. 110821-003.pdf **Currently being updated**
MAA Service Record	114 - OPOH - Appendix N - A.N.2 Service Record - 1-1-12.pdf
Medi-Cal Administrative Activities (MAA) Procedures	113 - OPOH - Appendix N - A.N.1 - MAA Procedures - 1-1-12 - rev 2-13-12.pdf
SMHS Billing Manual 3.2	SMHS Billing Manual - Version 3.2.docx
SMHS Billing Manual 3.2- List of Changes	SMHS Billing Manual List of Changes- Version 3.2.docx

Billing Manual and Service Table

DMC-ODS Only

NAME	FILE	REVISED DATE	INSTRUCTIONS
DMC-ODS Service Table SFY 24-25 (Revised 10/2025)	DMC-ODS Service Table SFY 24-25_version 10.2025.xlsx	10/2025	N/A
DMC-ODS Service Table SFY 25-26 (Revised 10/2025)	DMC-ODS Service Table SFY 25-26_version 10.2025.xlsx	10/2025	N/A
DMC-ODS Billing Manual SFY2025-26 version 3.0	DMC-ODS Billing Manual SFY2025-26.pdf	7/2025	N/A
List of Changes 3.0 DMC Billing Manual	List of Changes 3.0 DMC Billing Manual (002).docx	N/A	N/A
DHCS DMC-ODS Aid Codes	SDMC Aid Code Chart_v.02.2023	5/2/2023	N/A
DHCS 100186 or Claim Submission Certification Form	DHCS_100186_Form.pdf	6/2014	DHCS_100186_Instructions.pdf
Places of Service Table	Places of Service Table 9-5-25.pdf	N/A	N/A

Q&A

For any further questions, contact: QIMatters.HHSA@sdcounty.ca.gov

Or go online for more information at: Optumsandiego.com

NEXT MEETING: Monday, March 23, 2026; 10:00am – 11:00am