SmartCare User Group

County of San Diego
Health & Human Services Agency
Behavioral Health Services
January 26, 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

Group Progress Note Screen Access

As of January 16th, providers will need to open the Group Progress Note screen through the Managing Groups screen or through their calendar (for scheduled groups).

Previously the Group Progress Note screen was available to open directly through the search icon or Quicklink which was determined may cause issues with service entry and claims.

Group Progress Note Screen Access

Providers may refer to the current Group Service Documentation videos and guides which were updated as of January 15, 2026:

Group Services: Video Documentation Guides - 2023 CalMHSA – these videos demonstrate how to create a new group, how to schedule a group service (include scheduling reoccurring groups), and how to document group service notes.

Written Guides with Screen Shots:
How to Create a New Group - 2023 CalMHSA
How to Schedule Groups - 2023 CalMHSA
How to Add/Remove Clients or Staff from a Group Service - 2023 CalMHSA

How to Write a Group Progress Note - 2023 CalMHSA

COMING SOON! New User Role
"Add Home Medications Prescribed Elsewhere"

A new add-on role has been developed in SmartCare to allow the addition of home medications prescribed elsewhere to be entered in the client's chart by non-prescribers.

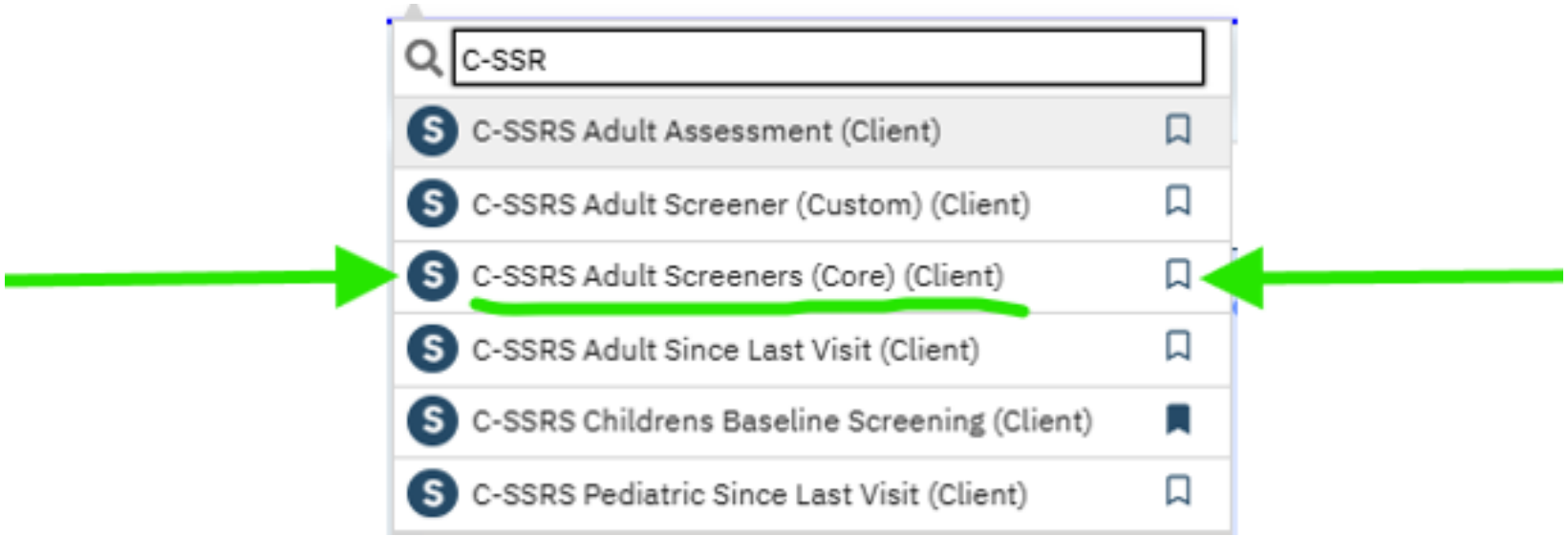
- Role will be limited to LPHA Staff only
- Allows for addition and discontinuation of home medications via Medication Rx screen in SmartCare
- Medications entered via Medication Rx will **not** show in CalMHSA Rx
- Prescribers will need to regularly reconcile home medications entered via Medication Rx and CalMHSA Rx to reduce duplication within widgets, psych medical progress notes and other reports.
- Formal Communication and workflow will be forthcoming with planned "Go Live" date of mid-February.

1.26.26

Update! C-SSRS Adult Screener Document

Columbia Suicide Severity Rating Scale (C-SSRS) Adult Screener Document

- Naming convention of the two versions of the C-SSRS Adult Screener have been updated to reflect the Core Document vs the Custom Document



Update! C-SSRS Adult Screener Document

CalMHSA is working on adding an “unable to finish” checkbox to the C-SSRS Core document in SmartCare which will allow finalization of historical in-progress documents without needing to re-enter the data

Providers should ***only*** use the C-SSRS Adult Screener (Core)(Client) going forward

Providers should review and re-copy any current C-SSRS Adult Screener (Custom)(Client) documents that are caught in the “In Progress” status to the Core Document

- At this time, provider will not be able to sign and these will still remain “in progress” until the checkbox is added to the core document

Once checkbox is added, providers will be able to refresh the document and select the “Unable to Complete” checkbox which will allow them to sign the document.

1.26.26

Timely Access Documents Updated

Updates to the Timely Access documents have been deployed to PROD environments.

- Two MH Timely Access Documents
- Two DMC-ODS Timely Access Documents*
- Two DMC-State Plan Timely Access Documents

TADT- related reports have also been updated

Additional updated information available on CalMHSA Knowledge Base: How to Document Timely Access Record Information for TADT - 2023 CalMHSA

San Diego is a DMC-ODS county, providers should **not utilize the DMC-ODS State Plan documents*

Timely Access Document updates

Notable Changes/Updates:

- Comment fields indicate if they will be included in state report file
- Documents organized to have multiple sections:
  - Initial Request
  - Initial Appointment
  - Follow Up Appointment
  - Out of Network Referral
  - Access Record Closure

- DMC-ODS Outpatient Record has a new question for Withdrawal Management

Timely Access Document Updates

- UI Timeliness - timeliness calculations will now show in the user interface for the following:
  - Offered Timeliness for First Appointment
  - Rendered Timeliness for First Appointment
  - Initial Appointment Timeliness Standard
  - Offered Timeliness for First Follow Up Appointment
  - Rendered Timeliness for First Follow Up Appointment
  - Follow Up Appointment Timeliness Standard

- Timeliness Calculations and Standards will be calculated based on how document is filled out
  - If request is marked urgent, system will measure timeliness in hours instead of business days.
  - User-editable field added to indicate whether client was delayed access to service based on timeliness standards; field will auto-populate but users can change this if applicable.

Timely Access Documents Updates

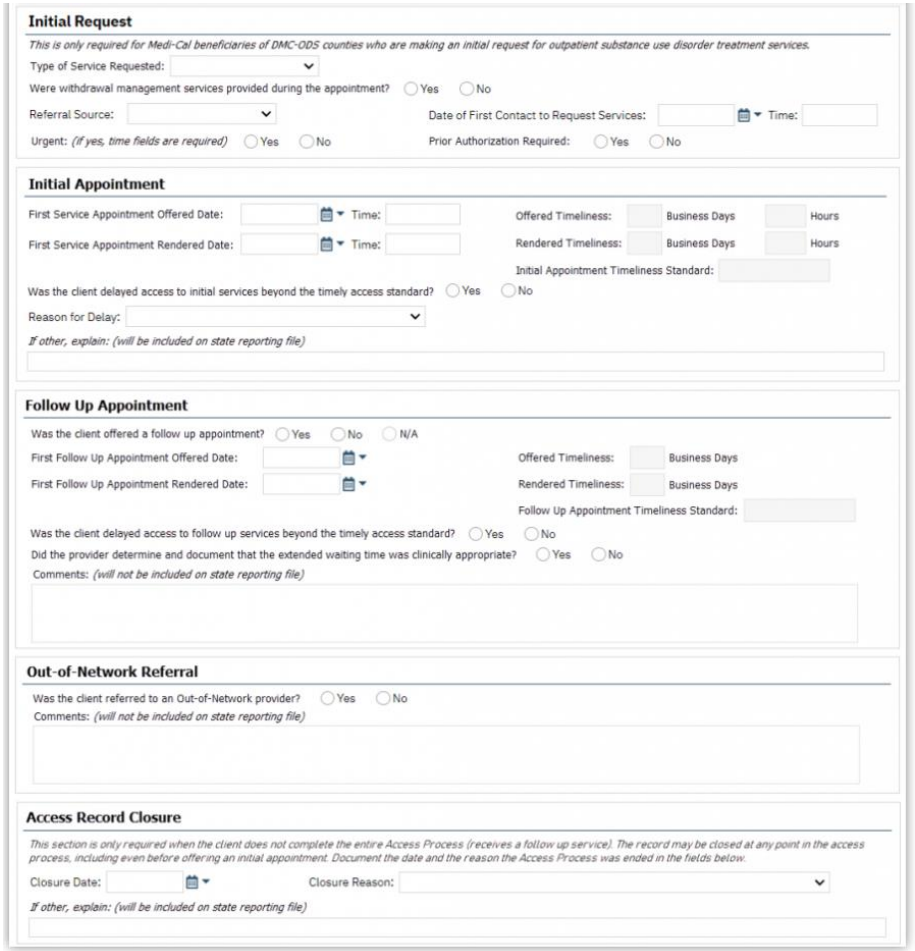
Out of Network Provider question changed to a required field.

Replacement of checkboxes with Radio buttons

- Follow Up Appointment NOT offered changed to radio button and reworded as “Was the client offered a follow up appointment?”
  - Responses: Yes, No, Not Applicable

- Urgency Question reworded from “Urgent: *(if selected, time fields are required)*” to “Urgent: *(if yes, time fields are required)*”
  - Will default to “No” but editable by users

Timely Access Document



Initial Request

This is only required for Medi-Cal beneficiaries of DMC-ODS counties who are making an initial request for outpatient substance use disorder treatment services.

Type of Service Requested:

Were withdrawal management services provided during the appointment? Yes No

Referral Source: Date of First Contact to Request Services: Time:

Urgent: *(if yes, time fields are required)* Yes No Prior Authorization Required: Yes No

Initial Appointment

First Service Appointment Offered Date: Time: Offered Timeliness: Business Days Hours

First Service Appointment Rendered Date: Time: Rendered Timeliness: Business Days Hours

Initial Appointment Timeliness Standard:

Was the client delayed access to initial services beyond the timely access standard? Yes No

Reason for Delay:

If other, explain: (will be included on state reporting file)

Follow Up Appointment

Was the client offered a follow up appointment? Yes No N/A

First Follow Up Appointment Offered Date: Offered Timeliness: Business Days

First Follow Up Appointment Rendered Date: Rendered Timeliness: Business Days

Follow Up Appointment Timeliness Standard:

Was the client delayed access to follow up services beyond the timely access standard? Yes No

Did the provider determine and document that the extended waiting time was clinically appropriate? Yes No

Comments: *(will not be included on state reporting file)*

Out-of-Network Referral

Was the client referred to an Out-of-Network provider? Yes No

Comments: *(will not be included on state reporting file)*

Access Record Closure

This section is only required when the client does not complete the entire Access Process (receives a follow up service). The record may be closed at any point in the access process, including even before offering an initial appointment. Document the date and the reason the Access Process was ended in the fields below.

Closure Date: Closure Reason:

If other, explain: (will be included on state reporting file)

2026 SmartCare Project Team Updates and Improvements

- Privacy improvements/role & access updates
- New Data Archive solution & ROI process
  - Additional Access to historical patient info
- Connex - New Interoperability & Health Information Exchange (HIE) solution
  - ASCMI – Authorization to Share Confidential Member Information
  - Closed Loop Referrals
  - Prior Authorizations
  - ADT Notification/Dashboard
  - Data Sharing and Patient Access requirements
- State Reporting Improvements
- LOCUS
- Patient Portal - SmartPortal
- Appointment Notifications

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

Project Updates

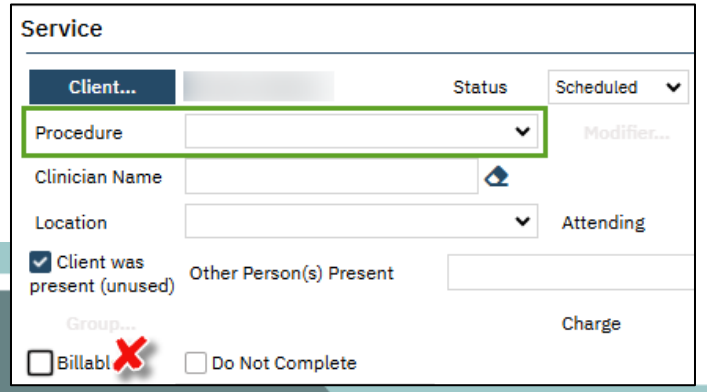
- CCBH legacy system is retired
  - no termination ARFs are required
- New CalMHSA Data Archive
  - Meets Retention Requirements
- New ROI Process: Contact Optum Help Desk
- Additional Client Historical Info
  - View Within SmartCare
    - Current 2 years + (2022)
    - Future additional info for greater than 2 years (prior to 2022)

Staff Administration

- A revised Access Request Form will be posted soon
  - removing CCBH;
  - combining Millenium and SmartCare requests; and
  - Adding an LMS User ID field for the new unique IDs launching

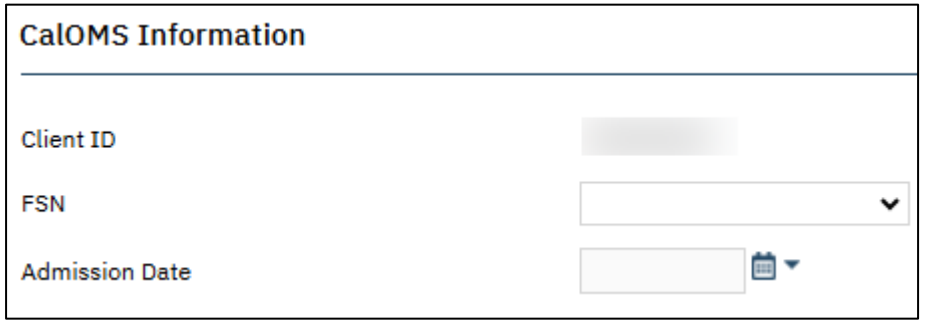
System Administration

- If a client program assignment (program enrollment) is created in error, contact the MIS Support Desk.
  - MIS Support Desk can delete these assignments.
  - Assignments created in error impact State and system reporting.
- Select the correct procedure code to identify a service as billable or non-billable.
  - The Billable checkbox will be marked/unmarked automatically based on the procedure code. Do not edit the Billable checkbox.
  - If changing a service from billable to non-billable, staff must select a non-billable procedure code.



CalOMS

- Contact MIS Support Desk if:
  - FSN (Form Serial Number) dropdown is blank
  - FSN on Admission and Discharge do not match
  - On the Discharge document, the Admission Date is wrong



- Before signing, verify the CalOMS Admission Date and Discharge Date correspond with the client's program assignment (program enrollment) dates.
- All fields must have a response. Do not leave any fields blank. The State will reject these records.
- Do not use any special characters.

Reporting in the SmartCare Era

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

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 billing manual and service tables 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.

Q&A

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

Or go online for more information at: Optumsandiego.com

NEXT MEETING: Tuesday, February 24, 2026; 10:00am – 11:00am