Up To The Minute!

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

SUD PROVIDER EDITION | AUGUST 2026

General Updates

Travel and Documentation Time Tracking: UPDATE

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

Degree Requirements for Group Services

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

ASCMI (Authorization to Share Confidential Member Information) Reminders

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

Upcoming Events

SmartCare User Group Meeting

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

Click to Join the Meeting

SUD Quality Improvement Partners (QIP) Meeting

- *Replaced this month by DMC-ODS Annual Training*

Skill Building Workshop (Outpatient Services)

- Date: TBD
- Time: TBD

Coming Soon!

Skill Building Workshop (Residential Services)

- Date: TBD
- Time: TBD

Coming Soon!

DMC-ODS Annual Training

- Date Thursday, August 20, 2026
- Time: 10:00am – 12:00pm
- Location: This live session will be held virtually

General Updates Continued…

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

You may find more information about the ASCMI by contacting:

- QIMatters.HHSA@sdcounty.ca.gov

Or by reviewing the following resources:

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

Update to ASCMI Preferences Visibility

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

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

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

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

What this means for staff:

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

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

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

Reminder: Scheduling Client Appointments In SmartCare Best Practice

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

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

Upcoming Events Cont...

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

Click to Register for DMC-ODS Annual Training

General Updates Continued…

Medication Monitoring Submission Form Update

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

Program CME Requests for Client Deaths

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

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

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

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

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

Update: Annual Addiction Medication Trainings for LPHAs and MDs

- As of August 2026, QA is no longer requiring separate submission of training certificates to QI Matters.
  - Programs shall instead retain training certificates in their staff personnel files and make them available upon request by the COR team or DHCS.
- Programs shall continue to report trainings for applicable staff via the MS Forms web-based Annual Addiction Medication Trainings submission form.
- The Annual Addiction Medicine Training tip sheet has been updated to reflect this change and is in the process of being uploaded to the SMH and DMC-ODS Health Plans Optum page under the "Training" tab.

General Updates Continued…

- As a reminder: Under DMC-ODS, Medical Directors and LPHA staff must complete five (5) hours of addiction medicine training per calendar year.
- Please refer to the SUDPOH or email QIMatters.HHSA@sdcounty.ca.gov if additional information on this requirement is needed.

BHIN 26-022: NTP Counseling Unit Threshold/Modifier Requirements

The BHIN for NTP counseling unit threshold and manual review has been finalized: BHIN 26-022: NTP Counseling Unit Threshold and Manual Review

NTP programs should review this finalized BHIN and further guidance will be provided.

DHCS Clarification: DHCS 5105 - Staff Health Questionnaire and DHCS 5077 - Facility Personnel Health Screening Report

DHCS has confirmed that:

- The "DHCS 5105 - Staff Health Questionnaire" is only required for outpatient programs.
- The "DHCS 5077 - Facility Personnel Health Screening Report" is only required for residential programs and not required for outpatient programs.

For program-specific questions, please reach out to your assigned DHCS analyst.

SmartCare Site-Level Office Hours

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

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

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

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

Additional information and implementation guidance is forthcoming.

Update: SUD Billing Email

The SUD Billing Unit has updated to a new mailbox system. Effective immediately, please send all ADP or SUD billing and billing-related emails to SUDBillingUnit.BHS@sdcounty.ca.gov.

The old SUD Billing Unit email address, ADSBillingUnit.HHSA@sdcounty.ca.gov, will remain fully functional and monitored until 08/31/2026.

General Updates Continued…

Update: SUDPOH July 2026

- The SUDPOH has been updated for July 2026.
- This edition along with the Summary of Changes are now posted on the Optum site.
  - SUDPOH - updated July 2026.pdf
  - SUDPOH Summary of Changes - updated July 2026.pdf
- The next edition of the SUDPOH is planned for release in August 2026.

Management Information Systems (MIS)

System Access

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

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

System Admin

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

CalOMS Document

- The Transaction Type becomes locked once the document is signed. If a correction is needed, a new document must be created.
- The Discharge Status dropdown displays all status options. Please ensure the correct one is selected. Invalid selections can be saved but will be rejected by the state upon submission.
- Program enrollment dates must match the effective dates on the documents.
- Admission dates and the FSN are referenced in discharge documents. Any discrepancies must be reported to BHS_EHRSupport.HHSA@sdcounty.ca.gov for correction.

Management Information Systems (MIS)

- Please ensure the sequence number for an Annual Update is correct; incorrect numbers will be rejected by the state.
- All programs, except NTP, must select "1–None" for the question: "What medication is prescribed as part of treatment?"

LOC Transfer

- Do not use "Discharge" when transferring a client between 3.1 and 3.5 Levels of Care. Use "Transfer" to prevent the creation of a new FSN.
- The transfer date must match exactly:
  - The discharge date of the first LOC must be the same as the admission date of the new LOC.

Optum Website Updates

SmartCare Tab:

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

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

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

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

NOABD Tab:

SMH & DMC-ODS Health Plans Page > NOABD

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

Incident Reporting Tab:

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

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

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

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

UTTM Tab:

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

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

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

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

Optum Website Updates Continued…

Training Tab:

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

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

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

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

OPOH/SUDPOH Tab:

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

- SUDPOH – Substance Use Disorder Providers Operation Handbook – ***Updated***
- SUDPOH Summary of Changes – July 2026 – ***New***

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

- SUDPOH Section B – Providing DMC-ODS Services – ***Updated***
- SUDPOH Section C – Practice Guidelines – ***Updated***
- SUDPOH Section F – Accessing Services – ***Updated***
- SUDPOH Section G – Quality Assurance – ***Updated***
- SUDPOH Section H – Cultural Competence – ***Updated***
- SUDPOH Section I – Staff Qualifications & Requirements – ***Updated***
- SUDPOH Section J – Facility Requirements, Licensing, Certification, etc. – ***Updated***
- SUDPOH Section P – Funding Source Requirements (Contractor Instructions) – ***Updated***

SUD Resources Tab:

SMH & DMC-ODS Health Plan Page > SUD Resources > Persons with Disabilities (PWD)

- County of San Diego Behavioral Health Provider Directory - Searchable provider directory includes information on programs compliant with ADA Guidelines in providing services to persons with disabilities: https://sdcountybhs.com/ProviderDirectory – ***New***

Healthy San Diego Page

Healthy San Diego Page > Training / Education for Members

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

System of Care Application Updates

System of Care (SOC) Application

- Reminder for required monthly attestation in the SOC application and completion or update of Cultural Competency section.
  - See SOC Tips and Resources for more information.
  - Contact Optum for assistance in updating SOC fields.

Billing Reminders/Announcements

SUD Billing Unit's New Email Address

The BHS Billing Unit SUD's new email address is SUDBillingUnit.BHS@sdcounty.ca.gov and is already active. This announcement was made during BHS Billing Office Hours and the July 2026 SmartCare User Group Meeting.

- Currently, the SUD BU's old email address ADSBillingUnit.HHSA@sdcounty.ca.gov remains active and is being monitored until it is deactivated on August 31, 2026.
- Please take note of this change and update your contact information appropriately to ensure smooth business communication and guarantee receipt of all crucial messages sent or forwarded to our new email address.

Billing Lockout

DHCS Short Doyle Medi-Cal's latest update includes a reminder about billing lockouts.

"Lockouts are code combinations that cannot be billed together. Some lockouts may be overridden with an appropriate modifier. Services that are locked out against an existing approved service in history will be denied as a locked-out service (CO 96 M80)."

- SUD Programs are reminded to use the DMC-ODS Service Table, which contains details on codes locked out against each other. If lockouts are to be overridden using a specific modifier, contact the SUD Billing Unit for more details.
- Additional guidance and information on lockouts can be found in the DMC-ODS Billing Manual found on the Optum SMH & DMC-ODS Health Plans page under the "Billing" tab > "DMC-ODS Only".

9999

SUD Programs are reminded to consistently review and clear your 9999 at least twice or multiple times per month, giving priority to the oldest month/year of service if services are Medi-Cal billable.

- The 9999 Tip Sheet is available on the Optum SMH & DMC-ODS Health Plans page under the "SmartCare" tab > "Billing".

Please contact the SUDBillingUnit.BHS@sdcounty.ca.gov if you need assistance with billing, billing-related '9999' questions or Medi-Cal questions.

Medi-Cal Eligibility Verification

SUD Programs should continue to verify the client's Medi-Cal eligibility manually using your unique access to the Medi-Cal Provider Portal.

- Verifying Medi-Cal eligibility is crucial for determining whether a client has a Medi-Cal "Share of Cost" (SOC) or spend-down requirement, or other health coverage.

Please make sure to submit either the completed Medi-Cal SOC forms or the Client Insurance Plan Request Form to SUDBillingUnit.BHS@sdcounty.ca.gov**,** whichever is applicable. In certain instances, a client with Medi-Cal SOC could also have OHC, in which case both requirements should be completed and submitted.

Data Science

Reported Errors in SmartCare

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

Updates to the CoSD Charges and Claims Report

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

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

Population Health

Removal of Harm Reduction Training Requirement

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

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

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

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

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

Clinical SUD PIP: Improve Follow-Up After Emergency Department Visit for Substance Use (FUA)

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

Non-Clinical SUD PIP: Increase the Percentage of Members With a Substance Use Disorder (SUD) Diagnosis Who Receive at Least One Peer Support Service

- Educational peer brochure was finalized and recruitment for pilot is underway.
- Baseline analysis done for the Treatment Perception Survey (TPS) supplemental peer data (2025).
- Researching the impact of payment reform on peer services.

QI Matters Frequently Asked Questions

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

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

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

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

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

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

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

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

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

For reminders on ASCMI:

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

Recent Communications

No updates this month.

Resources

Behavioral Health Information Notices (BHINs)

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

Resources Continued…

Medi-Cal Transformation

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

DHCS Licensing & Certification Guide:

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

Email Contacts

- ARFs and Access questions? – Contact: BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov
- EHR questions? – Contact: BHS_EHRSupport.HHSA@sdcounty.ca.gov
- Billing questions? – Contact: SUDBillingUnit.BHS@sdcounty.ca.gov
  - NOTE: Our organization has updated to a new mailbox system. Effective immediately, please send all ADP or SUD billing and billing-related emails to SUDBillingUnit.BHS@sdcounty.ca.gov. Our old email address, ADSBillingUnit.HHSA@sdcounty.ca.gov, will remain fully functional and monitored until 08/31/2026.
- CalAIM Q&As? – Contact: BHS-HPA.HHSA@sdcounty.ca.gov
- SUD Documentation Standards/SUDPOH/SUDURM questions? – Contact: QIMatters.HHSA@sdcounty.ca.gov

All BHS communications are distributed through GovDelivery.

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

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

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

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

Up To The Minute!

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

SUD PROVIDER EDITION | JULY 2026

General Updates

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

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

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

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

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

- Updated to include "Timeliness of Reporting" for ensuring disallowances or overpayments are reported within 60 days of being identified.

Upcoming Events

SmartCare User Group Meeting

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

Click to Join the Meeting

SUD Quality Improvement Partners (QIP) Meeting

- Date: Thursday, July 23, 2026
- Time: 10:00am - 11:30am

Click to Join the Meeting

Skill Building Workshop (Outpatient Services)

- Date: Tuesday, July 14, 2026
- Time: 1:00pm – 2:30pm

Click here to Register

Skill Building Workshop (Residential Services)

- Date: Tuesday, July 21, 2026
- Time: 1:00pm – 2:30pm

Click here to Register

Save the Date! DMC-ODS Annual Training

- Date Thursday, August 20, 2026
- Time: 10:00am – 12:00pm

General Updates Continued…

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

Upcoming Events Cont...

- Location: This live session will be held virtually
- Intended audience: SOC Program leadership, Program QI/Compliance staff, front line staff

Coming Soon!

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

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

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

Problem List & Special Population - Homelessness and Housing Tracking

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

Problem List:

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

Programs should be using the following Z Codes as applicable:

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

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

Special Populations:

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

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

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

Coming Soon: SmartCare Site-Level Office Hours

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

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

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

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

Additional information and implementation guidance is forthcoming.

DHCS Network Adequacy 2025 Secret Shopper Program – Reinforcing Client Navigation

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

Member Navigation Reminders. When an appointment cannot be scheduled:

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

General Updates Continued…

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

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

Proper Billing for Contingency Management (CM) Services

Quality Assurance has identified instances of programs billing for Contingency Management (CM) services without being enrolled in the Contingency Management pilot.
Please review the following requirements:

- Only programs formally enrolled in and contracted for the Contingency Management pilot are authorized to bill for CM services.
- Do not confuse Contingency Management billing (H0050) with Case Management or Care Coordination (T1017, 90882).
- Programs should run internal billing reports to ensure Contingency Management codes are not being billed in error.
- Any Contingency Management services billed in error will require a PRF submission.
- Programs should establish an internal QA process to review service codes before submission to prevent incorrect billing.

Reminder: Eleos Expression of Interest Form

This is a reminder that Behavioral Health Services (BHS) is preparing for the upcoming rollout of Eleos, AI-enabled ambient listening tool. As we move toward implementation, it is essential that programs planning to use Eleos complete and submit the Eleos Expression of Interest form.

This information is critical for planning implementation timelines, training capacity, onboarding support, and technical coordination.

Please ensure your program completes and submits the Eleos Expression of Interest form by **07/17/26**.

The Expression of Interest form link was sent to all contracted provider legal entities on 06/09/26. Please reach out to your legal entity if you did not receive a communication regarding Eleos.

Link for Smartsheet: **Smartsheet Link to Eleos Interest Form**

Please include the document below in the Smartsheet to list program staff who would use Eleos.

Eleos Interest List - Program.xlsx

If you have any questions, please contact the BHS EHR team:
BHS_EHRSupport.HHSA@sdcounty.ca.gov

General Updates Continued…

Update: SUDPOH June 2026

- The SUDPOH was updated for June 2026.
- This edition along with the Summary of Changes are now posted on the Optum site.
  - SUDPOH - updated June 2026.pdf
  - SUDPOH Summary of Changes - updated June 2026.pdf
- The next edition of the SUDPOH is planned for release in July 2026.

Management Information Systems (MIS)

System Access

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

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

Reminders to avoid an ARF from being rejected:

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

System Admin

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

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

Optum Website Updates

SmartCare Tab:

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

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

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

- “Requested” Status Guidance – ***New***

Optum Website Updates Continued…

Beneficiary Tab:
SMH & DMC-ODS Health Plan Page > Beneficiary

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

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

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

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

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

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

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

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

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

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

- SUDPOH Section A - updated June 2026 – ***Updated***
- SUDPOH Section B - updated June 2026 – ***Updated***
- SUDPOH Section G - updated June 2026 – ***Updated***
- SUDPOH Section I - updated June 2026 – ***Updated***
- SUDPOH Section J - updated June 2026 – ***Updated***
- SUDPOH Section K - updated June 2026 – ***Updated***
- SUDPOH Section L - updated June 2026 – ***Updated***
- SUDPOH Section P - updated June 2026 – ***Updated***
- SUDPOH Section Q - updated June 2026 – ***Updated***

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

- SUDPOH – Updated June 2026 – ***Replaced***
- SUDPOH Summary of Changes – Updated June 2026 – ***Replaced***

Monitoring Tab:
SMH & DMC-ODS Health Plan Page > Monitoring > DMC-ODS

- DMC-ODS Medication Monitoring Submission Form (fillable) – ***Updated***

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

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

System of Care Application Updates

System of Care (SOC) Application

- Reminder for required monthly attestation in the SOC application and completion or update of Cultural Competency section.
  - See SOC Tips and Resources for more information.
  - Contact Optum for assistance in updating SOC fields.

Billing Reminders/Announcements

Client With Dual Coverage (OHC/Medicare as COB 1 and Medi-Cal COB 2)

Non-NTP Programs must bill OHC, such as commercial insurance or Medicare Part C.

Please note these exemptions:

a) OHC has a code A ("pay and chase" policy) type of coverage. Medi-Cal billing is directly available, though the code type may vary monthly.
b) Medicare Part C has an equivalent Fee for Service certification approved for direct billing to Medi-Cal.
c) The procedure code is noted in the DMC-ODS Billing Manual as eligible or allowed for direct Medi-Cal billing.

NTP Programs are required to bill Medicare Part B or Medicare Part C first if a client is Medi-Medi.

Acceptable Proof of OHC/Medicare Part C Billing

The SUD Billing Unit accepts the following insurance documents to proceed to bill the unpaid balance to Medi-Cal (payer of last resort):

a) Evidence of Coverage (EOC)
   - Indicates that the SUD services are "non-covered" by the plan.
b) Explanation of Benefits (EOB)
   - If EOC is not available or SUD is a covered service, the program must bill OHC/Medicare Part C to obtain a denial or payment.
c) Proof of Billing (POB)
   - If it is past 90 days from the date of billing, the OHC and the EOB, or an appropriate explanation is not obtained. Please send the POB to ADSBillingUnit.HHSA@sdcounty.ca.gov so we can determine if billing Medi-Cal is necessary while waiting for your program to obtain the OHC response.

Medi-Cal Share of Cost (SOC)

SUD programs are still required to collect the monthly Medi-Cal SOC and complete the Financial Responsibility and Medi-Cal SOC form. If your client has a share of cost, please complete and submit the Monthly Financial Responsibility and Payment Tracking forms to ADSBillingUnit.HHSA@sdcounty.ca.gov.

Please contact us if you have any questions.

Retroactive Medi-Cal and Client With Special Aid Code Only (Without Primary Aid Code)

- For clients with retroactive Medi-Cal coverage, manual entry into the SmartCare system for the Medi-Cal DMC plan is currently required. The program must submit the completed Client Insurance Plan Request form, clearly indicate the correct "retroactive" Medi-Cal effective date, and submit it to ADSBillingUnit.HHSA@sdcounty.ca.gov.

Billing Reminders/Announcements Continued…

- For Medi-Cal eligible clients with special aid code only and no primary aid code, manual entry of the Medi-Cal DMC plan is currently required. The program must submit the completed Client Insurance Plan Request form requesting to add the Medi-Cal DMC plan due to the availability of special aid code only.

Data Science

No updates this month.

Population Health

Clinical SUD PIP: Improve Follow-Up After Emergency Department Visit for Substance Use (FUA)

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

Non-Clinical SUD PIP: Increase the Percentage of Members With a Substance Use Disorder (SUD) Diagnosis Who Receive at Least One Peer Support Service

- Attended monthly Peer Council meeting to provide updates on the PIP status.
- The informational brochure created for this PIP is now approved for disbursement. Pilot programs are being contacted.

QI Matters Frequently Asked Questions

No updates this month.

Recent Communications

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

Resources

Behavioral Health Information Notices (BHINs)

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

Medi-Cal Transformation

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

DHCS Licensing & Certification Guide:

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

Email Contacts

- ARFs and Access questions? - Contact: BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov
- EHR questions? - Contact: BHS_EHRSupport.HHSA@sdcounty.ca.gov
- Billing questions? - Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- CalAIM Q&As? - Contact: BHS-HPA.HHSA@sdcounty.ca.gov
- SUD Documentation Standards/SUDPOH/SUDURM questions? - Contact: QIMatters.HHSA@sdcounty.ca.gov

All BHS communications are distributed through GovDelivery.

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

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

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

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