



Up To The Minute!

TRAINING & EVENTS (QA)

SmartCare User Group Meeting – July 2025 Session

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

SUD Quality Improvement Partners (QIP) Meeting

- Thursday, July 24, 2025, from 10:00 a.m. to 11:30 a.m.

NEW: Skill Building Workshops in August 2025

- Outpatient Quality of Care
 - Monday, August 18, 2025, from 1:00 p.m. to 2:30 p.m.
- Residential Quality of Care
 - Monday, August 25, 2025, from 1:00 p.m. to 2:30 p.m.

Save the Date: Annual DMC-ODS Training

The seventh annual DMC-ODS Training will take the place of the August SUD Quality Improvement Partners (SUD QIP) meeting. The presentation will review data from the seventh year of DMC-ODS implementation, areas for quality improvement in the new Fiscal Year, and DMC-ODS and CalAIM requirements. Intended audience is Program Management and Quality Improvement/Assurance Staff.



- ❖ Date: **Thursday, August 28, 2025, from 10:00 a.m. - 12 p.m.**
- ❖ Where: via Microsoft Teams – Registration is required.
- ❖ Registration link and information forthcoming!

UPDATES & REMINDERS (QA)

Update: SUDPOH

- The SUDPOH was updated for July 2025.
- This edition along with the Summary of Changes are now posted on the Optum site.
- The next edition of the SUDPOH is planned for release in August 2025.

Reminder: Quality Assurance Program Review (QAPR)

- The new fiscal year is upon us and the record review season will begin this month
- Keep a look out for communications from your QA Specialist to schedule your program's Quality Assurance Program Review (QAPR).

Enhanced Community Health Workers

A new benefit for Medi-Cal members—Enhanced Community Health Workers (E-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.



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Perinatal Services in NTPs

A process has been developed to address payment for perinatal services in NTPs. All perinatal services are determined on the backend via an HD modifier. Currently, the only source from which this modifier can be pulled is the [SmartCare Client Clinical Problem List](#).

To correctly trigger the HD modifier, the following code must be entered in the Problem List: **SNOMED Code:** 248985009 – Presentation of pregnancy (finding). This is linked to **ICD-10 Code:** Z34.90 –

Encounter for supervision of normal pregnancy, unspecified. This is currently the only way SmartCare can recognize a program as perinatal certified and apply the HD modifier accordingly.

An email was distributed to NTP Providers on this topic on June 27, 2025. A tip sheet will be available soon and posted to Optum.

Program's Potential use of Artificial Intelligence (AI)

Artificial Intelligence (AI) has growing potential in SUD treatment programs, and we recognize some programs may already be using it to enhance services and efficiency. While QA will not review AI-specific Policies & Procedures (P&Ps) this year, programs are strongly encouraged to develop a P&P addressing AI use.



- State legislation to be aware of in relation to AI:
 - AB 3030 – Clients must be informed when AI is used and how to reach an actual person.
 - AB 489 – AI cannot present itself as a licensed professional, especially in promotional materials or in conversations.

Reminder: Telehealth Consents

As a reminder, as per SUDPOH E.8 and BHIN 23-018, prior to initial delivery of covered services via telehealth, providers are required to obtain verbal or written consent for the use of telehealth as an acceptable mode of delivering services, and must explain the following to beneficiaries:

- The beneficiary has a right to access covered services in person.
- Use of telehealth is voluntary and consent for the use of telehealth can be withdrawn at any time without affecting the beneficiary's ability to access Medi-Cal covered services in the future.
- Non-medical transportation benefits are available for in-person visits.
- Any potential limitations or risks related to receiving covered services through telehealth as compared to an in-person visit, if applicable.

BHIN Highlights: See all of the 2025 Behavioral Health Information Notices at [2025-BH-Information-Notices \(DHCS\)](#).

- BHIN 25-008: Narcotic Treatment Programs Regulation Changes
- BHIN 25-019: Transgender, Gender Diverse, or Intersex Cultural Competency Training Program Requirements. These requirements are being further reviewed by BHS. Additional information to follow.



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Billing Add-On Codes

Please note that add-on codes may only be billed once the minimum time requirement for the primary CPT code has been met.

POPULATION HEALTH – NETWORK QUALITY & PLANNING

1. Peer Support Services

Increase the percentage of members with a substance use disorder (SUD) diagnosis who receive at least one Peer Support Service by 5%.

UCSD Health Services Research Center (HSRC), in collaboration with BHS, identified the pre-baseline data for the PIP design report. They also submitted a draft for the PIP design to BHS for review. Next steps include assembling a PIP workgroup and finalizing the PIP design report for final submission in July.

2. Follow-up after Emergency Department Visit for Substance Use (FUA)

Increase the percentage of adult, Medi-Cal eligible clients from pilot Emergency Departments (EDs) who receive services from the DMC-ODS within 7 and 30 days after an ED visit for Substance Use.

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. Next steps include working on identifying possible interventions.



For more information on the PIP process go to [HSAG PIP](#)
If you have further questions, please contact bhspophealth.hhsa@sdcounty.ca.gov

RESOURCES & SUPPORT (QA)

Recent Communications

- **06/26/2025 – DMC-ODS Providers: Member Handbook Update effective July 1, 2025**
- *Bring questions to the next QIP meeting.*

Resources

- **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.



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- **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

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- 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
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov

Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them **Up to the Minute!**
Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov



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TRAINING & EVENTS (QA)

SmartCare User Group Meeting – September 2025 Session

- **Monday, September 22, 2025, from 10:00 a.m. to 11:00 a.m.**
- Link: [Join the meeting now](#)

Annual DMC-ODS Training:

The seventh annual DMC-ODS Training will take the place of the August SUD Quality Improvement Partners (SUD QIP) meeting. The presentation will review data from the seventh year of DMC-ODS implementation, areas for quality improvement in the new Fiscal Year, and DMC-ODS and CalAIM requirements. Intended audience is Program Management and Quality Improvement/Assurance Staff.

- **Date: Thursday, August 28, 2025, from 10:00 a.m. to 12 p.m.**
- **Where:** via Microsoft Teams – Registration is required.
- Register here: [QI DMC-ODS Annual Training Registration](#)

SUD Quality Improvement Partners (QIP) Meeting

- **Thursday, September 25, 2025, from 10:00 a.m. to 11:30 a.m.**

NEW: Skill Building Workshops in August 2025

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Reminder: Quality Assurance Program Review (QAPR)

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Enhanced Community Health Workers

As of April 11, 2025, Medi-Cal Behavioral Health Plans may choose to cover Enhanced Community Health Worker (E-CHW) Services to support individuals with significant behavioral health needs. E-CHWs provide preventive services such as health education, care navigation, and advocacy. To learn



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more about eligibility, service scope, training requirements, documentation, billing, and coordination with other programs like ECM, please review the full communication on Optum, as well as a grid highlighting the differences between E-CHWs and Peer Support Specialists [ECHW vs. PSS Comparison Grid- rev8.1.25.pdf](#).

Workflow Change: Perinatal Services in NTPs

A process has been developed to address payment for perinatal services in NTPs. All perinatal services are determined on the backend via an HD modifier. Currently, the only source from which this modifier can be pulled is the [SmartCare Client Clinical Problem List](#).

To correctly trigger the HD modifier, the following code must be entered in the Problem List: **SNOMED Code:** 248985009 – Presentation of pregnancy (finding). This is linked to **ICD-10 Code:** Z34.90 – Encounter for supervision of normal pregnancy, unspecified. This is currently the only way SmartCare can recognize a program as perinatal certified and apply the HD modifier accordingly.

An email was distributed to NTP Providers on this topic on June 27, 2025. A tip sheet is now available on Optum, under SmartCare, Billing, [Perinatal Billing Workflow Change](#).

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. Programs 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 the QIMatters email**. 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 program's behalf. If there's potential for the service to be billed appropriately, the 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 form [SMH & DMC-ODS Payment Recovery Form - final 7-28-25.xlsx](#).

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.



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Provider Certification Update on Optum

There is a new tab on the Optum page for “Provider Certification”.

- There is a link to the [SUD Licensing and Certification Toolkit](#), which includes information for both DMC and AOD certification since both are required.

SmartCare Update: Notification of Change on the Group Service Details screen

As part of the latest SmartCare release, the **Group Service Detail screen** has been updated to improve usability and reduce clutter. Previously, all group-related information—including group details, staff, clients, and service data—was displayed on a single scrolling page. This new update introduces a two-tab format that separates key areas for better organization:

- “Group Details” Tab: Displays Group and Staff information with improved text field visibility and a new info icon in the Group Comment section.
- “Services” Tab: Shows a renamed “List of Clients” section with better visibility of client data and service details, now arranged side by side to reduce scrolling.

These changes enhance clarity and efficiency without impacting the underlying functionality of the system.

Privacy & Confidentiality Training *(Update to the May UTTM message)*

Business Assurance and Compliance recently updated the Privacy & Confidentiality slide deck which is now posted on the Optum site, as linked here: [DMC-ODS Required Trainings](#). This slide deck alone does not meet the annual confidentiality training requirement but may be used to supplement provider training.

BHIN Highlights: See all of the 2025 Behavioral Health Information Notices at [2025-BH-Information-Notices \(DHCS\)](#).

- BHIN 25-019: Transgender, Gender Diverse, or Intersex Cultural Competency Training Program Requirements. These requirements are being further reviewed by BHS. Additional information to follow.
- BHIN 25-025: DMC-ODS Treatment Perception Survey: Guidance to DMC-ODS partners on when client satisfaction survey data is due. Paper survey forms must be submitted to UCLA no later than Friday, November 21, 2025.
- BHIN 25-028: BH-CONNECT: Enhanced Community Health Worker Services: Providing guidance regarding coverage of Enhanced Community Health Worker Services available under Medi-Cal as part of BH-CONNECT.

Management Information Systems (MIS)

System Administration and Access – Managed by Cheryl Lansang

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



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ARF Update

- 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) - 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.

SUD:

- Residential Programs must admit/discharge clients from the Residential (My Office) screen. The exception to this rule only applies to non-BHS clients.
- Adult Residential and Group Therapy billing procedures should not be used as these procedures are used for MH only.

State Reporting

- CalOMs
 - Please enter the CalOMs Discharge into SmartCare as soon as the client is no longer receiving services to avoid late submissions to the State.
- ASAM
 - ASAM submissions are for active Medi-Cal clients only.
 - ASAM is due on the 5th of each month. All data for the previous month must be submitted timely to: BHS_EHRSupport.HHSA@sdcounty.ca.gov

QI MATTERS FAQ

- **Q: If a contractor has a client that AWOLs, are they required to hold the bed for 10 days, even if they know the client isn't coming back?**
 - **A:** There is no requirement around holding a bed when a client AWOLs. The requirement is that for termination of services (i.e. discharge), an NOABD needs to be issued to the client. The notice must be issued 10 days prior to the action (before they may discharge the client ([42 CFR § 431.211](#))). A client may AWOL one day and decide they want to come back prior to the 10 days before the program is able to discharge, thus necessitating the bed hold.



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- **Q: Contractors are concerned because if they only have a few beds (say 4 beds), and 2 clients AWOL, they can't fill the bed for 10 days and they only have 50% of their beds full.**
 - **A:** The regulations are to ensure the rights of the beneficiary. It is important for providers to be aware that there are exceptions to the 10 days rule in section [42 CFR § 431.213](#), the client would need to provide a "clear written statement signed by a beneficiary" that the client would no longer wish for services to be received. A pre-printed form signed by the client would also not earn the exemption, as it must be written by the client.
- **Q: In a withdrawal management environment, which is typically 5-15 days, clients will awol and then come back in a week. Are the bed hold rules different for withdrawal management?**
 - **A:** The regulations are the same for Withdrawal Management and Residential.
- **Q: Are AWOLs needed to be reported as a Non-Critical Incident Report?**
 - **A:** Yes.
- **Q: In the SUDPOH, it is indicated that residential providers can hold beds for up to 7 days for qualifying reasons (i.e. psychiatric hospitalization) and that anything beyond 7 days requires COR approval. DHCS allows bed holds for up to 10 days before an NOABD is issued; why doesn't our local policy align with the state?**
 - **A:** These are two different scenarios.. To define:
 - A bed hold process was established to support clients who needed to leave the facility (*for psychiatric hospitalization as an example*) but would be coming back to the program. There were no SUD residential rules re: bed hold days, so we locally aligned with the Medi-Cal Long Term Care 7-day bed hold guideline.
 - The NOABD termination is a client right and requires the beneficiary be notified at least ten (10) days before the date of the action (termination) (*except in some permitted circumstances*). This allows for a client to appeal the decision as part of their right. This could be distinguished as a notification hold v. a bed hold and is the reason that timelines do not align.

SUD BILLING REMINDERS/ANNOUNCEMENTS

- Please utilize the ODS-DMC Service Table for billing guidance to prevent any lockout or same-day billing issues, which procedures require Medicare COB, overridable lockouts, and more. Add-on services cannot be billed without the primary service.
- Please review and clear your program's CoSD Service Error report from September 2024 to the present. The older months should be given priority in order to meet the DHCS billing deadline without the Delay Reason Code required. We recommend that you run/use the CoSD Authorizations Report when working on the service error 'Authorization is required'.
- For the service error 'financial information is missing', it means that the client does not have an active or available plan (coverage) for the specified service date. Please verify the client's Medi-



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Cal eligibility and OHC coverage, and also run the CoSD Client Insurance and Date Span report. This report can also help you determine the coverage plan and payer order that the client has in SmartCare.

- The new or updated Payment Recovery Form (PRF) with instructions are available on the Optum website - SMH & DMC Health Plans -Billing tab.

POPULATION HEALTH – NETWORK QUALITY & PLANNING

SUD Primary Prevention Contractors - Naloxone and Fentanyl Test Strips (FTS) Distribution

- Please contact the Behavioral Health Services Harm Reduction Team at harmreduction.hhsa@sdcounty.ca.gov for your naloxone and test strip allocations or interest in becoming a partner.
- Reminder to submit the MS form for every Naloxone and FTS distribution. Monthly report distributions MS form due by the 5th of the following month.
 - [CoSD Naloxone Distribution MS Form 2025](#)
 - [CoSD Naloxone Distribution Form 2025.pdf](#)
- Other great resources, and more: [About Naloxone BHS webpage](#)

If you have further questions, please contact bhspophealth.hhsa@sdcounty.ca.gov

RESOURCES & SUPPORT (QA)

Recent Communications/Tip Sheets

- 07/30/2025 – Email to the System of Care: Enhanced Community Health Worker (E-CHWs)
- What is the difference between ECHWs and Peer Support services? Check out the “ECHW v. PSS Comparison Grid (On Optum, under “SUD Toolbox”)
- **Attention NTPs and Perinatal Programs:** Workflow Change for Perinatal Billing (On Optum, under SmartCare, Billing)

Resources

- [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.
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