Up To The Minute!

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

MH 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

MH Quality Improvement Partners (QIP) Meeting

- *Replaced this month by MH Annual Knowledge Forum*

Progress Notes Practicum

- Date: Thursday, August 13, 2026
- Time: 12:30pm - 3:30pm

Session is Full

Audit Leads Practicum

- Date: Thursday, August 20, 2026
- Time: 9:00am - 12:00pm

Session is Full

13th Annual Mental Health Quality Assurance Knowledge Forum*

- Date Wednesday, August 26, 2026
- Time: 1:00pm - 3:30pm
- 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.

Scheduling Client Appointments In SmartCare Best Practice

It is best practice to not schedule client appointments in SmartCare beyond the UM Cycle.

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 Join the Meeting

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.

Accurate Note Coding

Under the new BHSA framework, counties must submit standardized reports that give DHCS and the public a clear picture of how behavioral health services are delivered and funded. This improves accountability and transparency. DHCS and BHS will be reviewing data closely for accuracy. With this increased oversight, it is critical that coding by program staff at the point of service is correct.

As a reminder, programs need frontend checks in place to catch and fix errors early, avoiding time-consuming corrections later. Accurate entries should be prioritized ensuring the right CPT codes are utilized for the services delivered, the correct modifiers and indicators are applied, time is documented appropriately and scope of practice is confirmed. Any errors that are identified must be corrected to stay compliant with reporting and funding requirements.

Please continue to refer to the SmartCare Services Data Correction and Resolution Steps resource for detailed guidance.

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

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***

Optum Website Updates Continued…

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 > MH > Current FY

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

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

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

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***

UCRM/SUDURM Tab:

SMH & DMC-ODS Health Plans Page > UCRM/SUDURM > MH Only (UCRM) > Adult / Older Adult UM Form

- Adult Outpatient UM Form – ***Updated***
- Adult Outpatient UM Explanation Sheet – ***Updated***

SMH & DMC-ODS Health Plans Page > UCRM/SUDURM > MH Only (UCRM) > Locus Adult Outcomes

- LOCUS Instrument 20 – ***New***
- Adult Outcomes Explanation Sheet - LOCUS – ***Updated***

OPOH/SUDPOH Tab:

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

- OPOH - Organizational Providers Operation Handbook – ***Updated***
- OPOH Summary of Changes - July 2026 – ***New***

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

- OPOH Table of Contents – ***Updated***
- OPOH Section A – System of Care – ***Updated***
- OPOH Section B – Providing Specialty Mental Health Services – ***Updated***
- OPOH Section C – Practice Guidelines – ***Updated***
- OPOH Section D – Compliance and Confidentiality – ***Updated***
- OPOH Section E – Member Rights, Grievance, Appeals – ***Updated***
- OPOH Section H – Cultural Competency – ***Updated***

Optum Website Updates Continued…

- OPOH Section I – Staff Qualifications – ***Updated***
- OPOH Section J – Facility Requirements – ***Updated***
- OPOH Section L – Data Requirements – ***Updated***
- OPOH Section N – Mental Health Services Act & BHSA – ***Updated***
- OPOH Section O – Contracting – ***Updated***
- OPOH Section Q – Quick Reference – ***Updated***

MH Resources Tab:

SMH & DMC-ODS Health Plans Page > MH Resources > Assertive Community Treatment (ACT/FACT)

- ACT / FACT Bundled Rates SmartCare Entry and Claiming Presentation – ***Updated***
- ACT-FACT EBP Services Explanation Guide – ***Updated***
- ACT_FACT Bundled Rate Rules - Counting Contacts Guide – ***New***

SMH & DMC-ODS Health Plans Page > MH Resources > References

- Billing Corrections Tip Sheet – ***Updated***
- FWA Reference Document – ***Updated***
- Reasons for Recoupment SMHS – ***Updated***

SMH & DMC-ODS Health Plans Page > MH Resources > STRTP

- STRTP Admission Statement – Form Fill – ***Updated***
- STRTP Admission Statement Explanation Form – ***Updated***

SMH & DMC-ODS Health Plans Page > MH Resources > Therapeutic Foster Care (TFC) > Annual TFC Parent Eval Form

- TFC Annual Parent Evaluation - Agency Version – ***Updated***
- TFC Annual Parent Evaluation -Explanation Sheet (Agency Version) – ***Updated***

SMH & DMC-ODS Health Plans Page > MH Resources > Therapeutic Foster Care (TFC) > Annual TFC Parent Self Eval Form

- TFC Annual Parent Evaluation Explanation Sheet – ***Updated***
- Annual TFC Parent Self-Evaluation – ***Updated***

SMH & DMC-ODS Health Plans Page > MH Resources > High Fidelity Wrap

- HFW EBP Bundled Rate Claiming Interim Workflow Presentation Slide Deck – ***New***

SMH & DMC-ODS Health Plans Page > MH Resources > IPS Supported Employment

- IPS EBP Monthly Bundled Rate Explanation Guide – ***New***
- IPS Service Activities Procedure Code Crosswalk – ***New***

SMH & DMC-ODS Health Plans Page > MH Resources > Coordinated Specialty Care for FEP

- CSC FEP EBP Monthly Bundled Rate Explanation Guide – ***New***
- CSC FEP Bundled Rate Claiming Presentation Slide Deck – ***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

No updates this month.

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.

Population Health Continued…

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 Organizational Provider Operations Handbook (OPOH).

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

Clinical MH PIP: Improve Follow-Up After Emergency Department Visit for Mental Illness (FUM)

- 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 MH PIP: Improve Timely Access From First Contact From Any Referral Source to First Offered Appointment For Any Specialty Mental Health Service (SMHS)

- Prepared and disseminated first reports utilizing the new Access Times dashboard system to CORs and programs.

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.

QI Matters Frequently Asked Questions Continued…

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

Q: Where do I find the most currently approved *BHS Abbreviations* and *BHS Acronyms* lists?

A: Currently, both the BHS Acronym list (revised October 2024) and a BHS Abbreviations list (July 2024) are available on the Optum site under the MH Resources tab > References.

As a distinction, the Abbreviations list features shorthand notations, initialisms, and acronyms to simplify documentation narratives frequently used by prescribing staff. (e.g., “B.I.D” referring to medication taken twice a day, or “K+” for Potassium, etc.).

The Acronym list forms the initial letters of a series of words for a commonly used phrase or technique (e.g., “CASE” for the Chronological Assessment of Suicide Events, or “ECMH” for Early Childhood Mental Health).

You may find some overlap between the lists – both are intended to serve as approved resources for efficiency, consistency, and accuracy in medical record documentation.

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.

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.

Resources Continued…

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: MHBillingUnit.HHSA@sdcounty.ca.gov
- CalAIM Q&As? - Contact: BHS-HPA.HHSA@sdcounty.ca.gov
- SMHS Documentation Standards/OPOH/UCRM questions? - Contact: QIMatters.HHSA@sdcounty.ca.gov

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

MH 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.
- The tool is automated and will calculate days lapsed and if the report was timely or not.

Upcoming Events

SmartCare User Group Meeting

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

Click to Join the Meeting

MH Quality Improvement Partners (QIP) Meeting

- Date: Wednesday, July 29, 2026
- Time: 1:00pm - 3:00pm

Click to Join the Meeting

Progress Notes Practicum

- Date: TBD
- Time: TBD

Coming Soon!

Audit Leads Practicum

- Date: TBD
- Time: TBD

Coming Soon!

Save the Date! 13th Annual Mental Health Quality Assurance Knowledge Forum

- Date Wednesday, August 26, 2026
- Time: 1:00pm – 3:30pm
- Location: This live session will be held virtually

General Updates Continued…

- 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...

- 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).

General Updates Continued…

- *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.

LOCUS Implementation – Effective 7/1/2026 For Adult Programs

LOCUS should be completed for all new clients beginning July 1, 2026. For existing clients, LOCUS are to be completed at the next required clinically appropriate assessment or when outcome measures are due. LOCUS follow the same timeline as other measures – upon intake, every 6 months, or upon significant change in clinical presentation or other clinically appropriate review point, and at discharge.
Consistent with DHCS documentation requirements (BHIN 23-068), both licensed and non-licensed providers may contribute to completion of the LOCUS consistent with their scope of practice and job responsibilities.

Trained, non-licensed staff may complete the LOCUS consistent with their scope of work and County documentation requirements. Programs are responsible for ensuring staff complete the required LOCUS training and that appropriate supervision and clinical oversight are maintained.

Providers should be implementing LOCUS effective July 1, 2026, regardless of SmartCare availability. If LOCUS is not yet available within the EHR, providers should complete the assessment using the approved paper or fillable electronic version until SmartCare functionality becomes available MORS is being retired and should not continue solely becomes of delays in EHR implementation.

Per the BHS Info Notice on 6/15/26, all providers, regardless of history of LOCUS training, are to complete the AACP LOCUS Certification Training (5 hours) on the AACP website. Refresher trainings are required every two years.

Each person will need to complete the training individually on their own computer, as this is the only way we can accurately track completion. Additionally, if the training is not completed, access to LOCUS may not be granted.

For more information, please see the "Adult Outcomes Explanation Sheet- LOCUS- Rev. 06.29.26.pdf" on the Optum website > UCRM tab.

EBP High Fidelity WRAP (HFW) Draft BHIN Impact on Children's Level of Care

The Department of Health Care Services (DHCS) April 2026 draft HFW BHIN.pdf clarifies effective July 1, 2026, providers shall not claim Targeted Case Management (TCM) or Intensive Care Coordination (ICC) when High Fidelity Wraparound (HFW) is claimed:

- HFW utilizes a monthly claim so providers working with clients who are also enrolled in a HFW program need to inform their team that TCM and ICC is a lockout.

General Updates Continued…

- When participating in CFT/HFW team meetings, the Comprehensive Multidisciplinary Assessment (H2000 modifier HK) may be claimed with Certified Peers utilizing the Behavioral health Prevention Education service (H0025) or Self-Help/Peer Services (H0038).
- For a breakdown of the claiming guidance, please see Figure 4 of the BHIN: HFW BHIN.pdf.
- Once the BHIN has been finalized, any updates will be communicated to the system of care.

ACT/FACT Prior Authorization

Reminder: ACT/FACT prior authorization requires clients be in "requested" status or the authorization will be returned by to the program by Optum. Please see "Authorization for Services Process in SmartCare rev 5.18.26 FINAL.pdf" on the Optum website > SmartCare tab > Workflows and Documentation tab.

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***

Optum Website Updates Continued…

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

- "Requested" Status Guidance – ***New***

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 > MH > Current FY

- MH 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***

UCRM/SUDURM Tab:

SMH & DMC-ODS Health Plan Page > UCRM/SUDURM > MH Only (UCRM) > Adult / Older Adult UM Form

- Adult Outpatient UM Form – ***Revised***
- Adult Outpatient UM Explanation Sheet – ***Revised***

SMH & DMC-ODS Health Plan Page > UCRM/SUDURM > MH Only (UCRM) > CA Pediatric Symptom Checklist (PSC)

- PSC-35 Explanation Sheet – ***Updated***

SMH & DMC-ODS Health Plan Page > UCRM/SUDURM > MH Only (UCRM) > Mental Health Assessment

- Mental Health Assessment Downtime Form – ***Updated Name***
- Mental Health Assessment Explanation Sheet – ***Updated***

SMH & DMC-ODS Health Plan Page > UCRM/SUDURM > MH Only (UCRM) > Care Plan

- Care Plan Explanation Sheet – ***Updated***

SMH & DMC-ODS Health Plan Page > UCRM/SUDURM > MH Only (UCRM) > Locus Adult Outcomes

- Adult Outcomes Explanation Sheet - LOCUS – ***Replaced***

Optum Website Updates Continued…

SMH & DMC-ODS Health Plan Page > UCRM/SUDURM > MH Only (UCRM) > Transition of Care Tool for Medi-Cal Mental Health Services

- Transition of Care Tool Explanation Sheet – ***Updated***

OPOH/SUDPOH Tab:

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

- Cover Sheet Org Provider Manual – ***Updated***
- Table of Contents OPOH – ***Updated***
- B - Providing Specialty Mental Health Services – ***Updated***
- C - Practice Guidelines – ***Updated***
- D - Compliance and Confidentiality – ***Updated***
- E - Member Rights, Grievance, Appeals – ***Updated***
- F - Accessing Services – ***Updated***
- G - Quality Assurance – ***Updated***
- H - Cultural Competency – ***Updated***
- I - Staff Qualifications – ***Updated***
- J - Facility Requirements – ***Updated***
- K - Management Info System – ***Updated***
- L - Data Requirements – ***Updated***
- N - Mental Health Services Act & BHSA – ***Updated***
- O - Contracting – ***Updated***
- P - Fiscal and Billing – ***Updated***
- Q - Quick Reference – ***Updated***

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

- OPOH - Organizational Providers Operation Handbook – ***Replaced***
- OPOH Summary of Changes - June 2026 – ***Replaced***

MH Resources Tab:

SMH & DMC-ODS Health Plan Page > MH Resources > References

- Billing Corrections Tip Sheet – ***Updated***

Manuals Tab:

SMH & DMC-ODS Health Plan Page > Manuals > MH

- CAPS Inpatient Operations Handbook – ***Updated***
- Inpatient Operations Handbook – ***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.

System of Care Application Updates Continued…

- See SOC Tips and Resources for more information.
- Contact Optum for assistance in updating SOC fields.

Billing Reminders/Announcements

No updates this month.

Data Science

No updates this month.

Population Health

Clinical MH PIP: Improve Follow-Up After Emergency Department Visit for Mental Illness (FUM)

- 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 MH PIP: Improve Timely Access From First Contact From Any Referral Source to First Offered Appointment For Any Specialty Mental Health Service (SMHS)

- The third monthly installment of Access Times PIP reports were distributed to CORs and Programs.
- The Access Times PIP Workgroup met to review the PIP reporting process.

QI Matters Frequently Asked Questions

Q: A clinician can't sign a new PSC because the previous program didn't complete a discharge PSC. What should we do?

A: CANS and PSC are client-level, not program-specific. They continue across programs within the SOC, so a discharge PSC is not required when transitioning between them. Use the existing PSC, and coordinate with the other program (if the client is open to both) to decide who will complete the 6-month reassessment.

See guidance posted on the Optum site > UCRM tab and SmartCare CANS PSC rev 04.22.25.pdf.

QI Matters Frequently Asked Questions Continued…

Q: If a program submits an ARF for an individual, can that individual gain access to SmartCare during the credentialing process? Or does their ARF *NOT* become approved until after credentialing is complete?

A: The DHCS requirement is that staff are credentialed prior to the provision of services. Currently, we do not confirm credentialing dates in connection with EHR access, so at this time, SmartCare access is granted upon request, and we rely on the programs to indicate when a provider is able to bill (which may be a retroactive date).

As it has become known, some providers are not in compliance with the DHCS requirement of having credentialing completed prior to the provision of services (MHSUDS_Information Notice_18-019_Final Rule_Credentialing_ADA). Within a few months we will be adding the credentialing date to the ARF as a management control. SmartCare access will not be granted until a credentialing date is provided and that credentialing date will be used to determine the allowable billing date.

Please contact Optum to address any concern with credentialing timelines. Programs may adjust workflows to begin credentialing ideally upon hiring consideration rather than waiting until onboarding.

Q: If a client doesn't return or a parent declines the PSC, what scores should be entered?

A: For administrative closures, CalMHSA allows programs to use the most recent PSC scores.

Q: Can a provider bill for coordinating with a sibling's therapist if both siblings are served in the same program?

A: Yes, billing is allowed when the coordination is clinically necessary and clearly documented, e.g., when discussing family dynamics and treatment impacts. Providers must document distinct roles and interventions related to treatment plans — not just a check-in.

Refer to the "Billing SMHS for Sibling Sets Guidelines" on the Optum website > MH Resources.

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.

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: MHBillingUnit.HHSA@sdcounty.ca.gov
- CalAIM Q&As? - Contact: BHS-HPA.HHSA@sdcounty.ca.gov
- SMHS Documentation Standards/OPOH/UCRM questions? - Contact: QIMatters.HHSA@sdcounty.ca.gov

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.