

The background features a light cream color with scattered autumn leaves in shades of red, orange, and green. Two large pumpkins are positioned at the bottom corners. The text is centered in the middle of the page.

SmartCare User Group

County of San Diego

Health and Human Services Agency

Behavioral Health Services

November 18, 2025

Meeting Goals



Transparency



Engagement



Inclusion

Meeting Agenda



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





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SmartCare User Group: Clinical Updates

Heather Rey
Jill Michalski

New Procedure Codes!

Caregiver (Collateral) Services



Caregiver (Collateral) Services Procedure Codes will be available to SMH and SUD outpatient providers

- Allows for more accurate documentation and tracking when providing service(s) to client's identified significant support individuals, family.
- Requires use of specific Mode of Delivery which will map to the type of service provided and attach the required modifier for claims
- Missing or incorrect modifier will result in denied claim

Caregiver (Collateral) Services



Procedure Code	Mode of Delivery - Modifiers – Service Category
96202 Multi-family group behavior management with parents/caregivers w/o patient present; initial 60min Min time to claim: 31min	<i>Providers should select the MOD that <u>most accurately</u> describes the focus of the provided service or intervention being claimed.</i> COLL – Assessment (CG) <ul style="list-style-type: none"> • MH: Assessment • SUD: Assessment
97550 Caregiver training w/o patient present, face to face; initial 30 min Min time to claim 16min	COLL – Care Coordination (HT) <ul style="list-style-type: none"> • SUD • MH
97552 Group Caregiver training w/o patient present, face to face with multiple sets of caregivers; 45mins Min time to claim: 23 min	COLL – MH Medication Support (RD) <ul style="list-style-type: none"> • MH only
G0539 Caregiver training in behavior management/ modification, w/o patient present, face to face; initial 30 min Min time to claim: 16min	COLL – MH Psychosocial Rehab (HH) <ul style="list-style-type: none"> • MH only COLL - MH Crisis Intervention (ET) <ul style="list-style-type: none"> • MH Only
G0541 Caregiver prevention training w/o patient present, face to face; initial 30 min Min time to claim: 16min	COLL – Family Therapy (HS) <ul style="list-style-type: none"> • MH: Family/Couple without client present • SUD: Family/Couple without client present COLL – MH Treatment Planning (HI) <ul style="list-style-type: none"> • MH Only
G0543 Group caregiver prevention training w/o patient present, face to face; 45 min Min time to claim: 23min	COLL – SUD Individual Counseling (V1) <ul style="list-style-type: none"> • SUD only COLL – SUD Medication (HF) <ul style="list-style-type: none"> • SUD Only – Medication for Addiction Treatment

Additional Resources:



Providers should review the CaMHSA Procedure Code List available on the CaMHSA Knowledge Base website: <https://2023.calmhsa.org/procedure-code-definitions/> for full definitions and allowable disciplines for these codes.

Additional information regarding minimum and maximum claiming times/units and allowable places of service can be reviewed on the most current DHCS Fiscal Year 2025-26 Service Tables on the DHCS website:

- SMHS Service Table FY 25-26 (revised 10/2025)
- DMC-ODS Service Table FY 25-26 (revised 10/2025)

C-SSR Adult Screener Document



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

- CalMHSA has identified that the “C-SSRS Adult Screener” document does not allow providers to sign/finalize the document when a client refuses to continue or complete their screening, which leaves the document in progress.
- CalMHSA is working on adding an “unable to finish” checkbox to the C-SSRS core documents in SmartCare which will allow finalization of historical in-progress documents without needing to re-enter the data.

C-SSRS Adult Screeners (core) Document



CalMHSA will only be updating the core documents. Currently there are two versions of the C-SSRS Adult Screener in SmartCare

Providers should only use the core documents going forward.

If a provider has a current “C-SSRS Adult Screener” document in progress, they should move them over to the “C-SSRS Adult Screeners” (core) document.

Once the development is deployed, providers will be notified to refresh the document, which will include the “Unable to Complete” checkbox and allow finalization of the historical document.

Once the development is deployed, the “C-SSRS Adult Screener” will be deactivated.

C-SSRS Adult Screeners (core) Document



https://sdmhc.smartcarenet.com/SanDiegoSmartcareProd/BasePages/Application.aspx?&scl=1&time=11/18/2025560&L

SanDiegoSmartcareProd
SmartCare

Search: C-SSRS

- C-SSRS Adult Assessment (Client)
- C-SSRS Adult Screener (Client)
- C-SSRS Adult Screeners (Client)**
- C-SSRS Adult Since Last Visit (Client)
- C-SSRS Childrens Baseline Screening (Client)
- C-SSRS Pediatric Since Last Visit (Client)

Search: C-SSRS

Client




- C-SSRS Adult Assessment (Client)
- C-SSRS Adult Screener (Client)
- C-SSRS Adult Screeners (Client)**
- C-SSRS Adult Since Last Visit (Client)
- C-SSRS Childrens Baseline Screening (Client)
- C-SSRS Pediatric Since Last Visit (Client)

Batch Upload Roll Out



Batch Services Upload Process:

For SUD Programs and those with an alternate EHR

- Work with CalMHSA - Complete 
- Documentation - Complete 
- Pilot - Complete 
- Validation – In Progress
- Access – by request starting 12/1/25

Batch Upload Access and Communication will be rolled out to providers beginning Monday Dec 1st.



SmartCare User Group: MIS

Rebecca Ferry-Rutkoff, Adrian Escamilla

Staff Administration



- A combo ARF for SmartCare and CCBH dated 10-17-25 has been uploaded to the Optum website
 - Previous ARFs will be rejected
 - Includes all clinical trainee types – please selected the appropriate type
 - A licensed supervisor is required to be listed on the ARF for all clinical trainee types
- Reminder to submit an ARF for termination for staff who no longer need access to a system, even if they are still with the program
 - Ensure all claims have been entered prior to ARF submittal; confirm via the checkbox on the ARF
- If submitting an ARF for a modification/change, please list in the ARF comment box to prevent delays

Staff Administration



- Reminder to notify MIS staff administration access team when your license has been renewed; no ARF submittal required
- COSD Staff License and Expiration Dates Report (My Office) is now available to review staff license information including expiration dates
- When updating/adding a taxonomy, Do NOT remove historical taxonomies. Removing previous taxonomies could result in billing denials
- Prescribers must provide their DEA # to get access to CalMHSA Rx

- There must be an Admission and Discharge for every client. When completing a discharge document, verify an admission document has been signed.
- Also, verify the FSN is the same on both documents. If the FSN does not match, or the admission date is wrong, email the MIS Support Team.
- For Annual Updates, staff must use the correct sequence number, or the State will reject the record.
- CalOMS does not accept special characters (e.g., \ () ,). List the medication without a comma or parenthesis.
- All documents must be signed. There is a report available in SmartCare that identifies all documents In Progress status: **CoSD Unsigned Documents Report**. The report can be filtered to show CalOMS documents only.
- Do not scan or upload CalOMS documents. These documents must be entered in SmartCare.
- Please send all CalOMS and FSN questions/issues to BHS_EHRsupport.HHSA@sdcounty.ca.gov.

System Administration



- Privacy Project & Work Efforts
 - Pending enhancements from vendors
 - Plan for access & role adjustments early 2026 – may impact most users
- CCBH Sunset
 - ★ ○ CCBH will no longer be available after **Dec 31, 2025**
 - Reminder: client & program info was migrated to SmartCare
 - Project underway for transition of data to a new Cal MHSA Data Archive
 - Dates and access process – in progress



Reporting in the SmartCare Era

Derek Kemble – Data Science

Report Training and Resources



- Current Efforts
 - Optum SmartCare Training
 - SmartCare Help Desk Support
 - SmartCare ARF: Treatment Programs
 - Centralized E-mail support:
BHS-DataScience.HHSA@sdcounty.ca.gov
- Future Efforts
 - ~~SmartCare Reports Manual~~
 - ~~SmartCare Report Development Tracker~~
 - Additional Trainings



CoSD SmartCare Reports



SmartCare Report Request Form

Data and Reporting

Name	System Of Care	Link	Description	Revised Date	Superseded File
ASAM Reporting Tool	SUD	ASAM_Reporting_Tool.xlsx	N/A	N/A	N/A
ASAM Reporting - Youth and Providers not in SmartCare	SUD	ASAM_Reporting_-_Youth_and_Providers_not_in_SmartCare.pdf	N/A	9/27/2024	ASAM_Process_for_Non_SmartCare_Users.pdf
CCBH to SC Preliminary Reports Crosswalk	MH	CCBH_to_SC_Preliminary_Report_Crosswalk_2024-08-23.pdf	N/A	8/23/2024	N/A
SanWITS to SC Preliminary Reports Crosswalk	SUD	SanWITS_to_SC_Preliminary_Report_Crosswalk_2024-08-23.pdf	N/A	8/23/2024	N/A
SmartCare Program Crosswalk	MH/SUD	SmartCare_Program_Crosswalk.xlsx	N/A	N/A	N/A
CoSD SmartCare Report Tracker	N/A	CoSD_SmartCare_Report_Tracker	N/A	N/A	N/A
SmartCare Report Request Form for BHS staff	N/A	SmartCare_Report_Request_Form_for_BHS_staff.docx	N/A	N/A	N/A
SmartCare Report Request Form for Providers	N/A	SmartCare_Report_Request_Form_for_Providers.docx	N/A	N/A	N/A

CoSD SmartCare Reports



CoSD SmartCare Report Tracker

CoSD SmartCare Report Tracker



Report Status

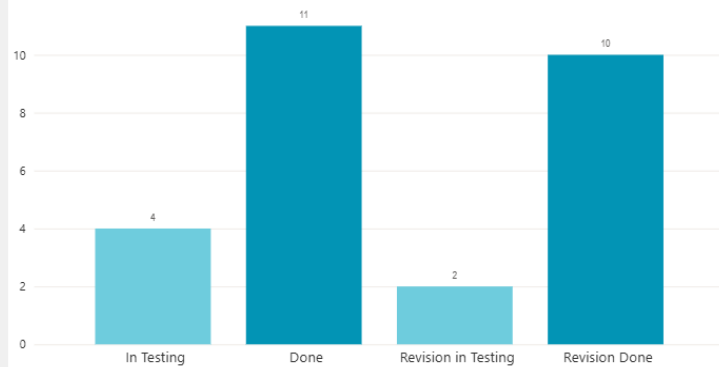
All

Report

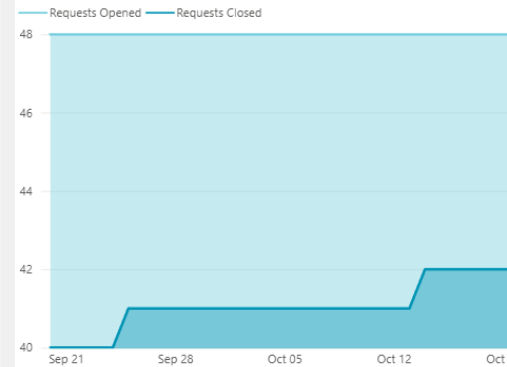
All

Report	Report Description	# of Requests	Last Revised	Report Status	Profile Link
CoSD CANS Assessment Summary	The CANS Assessment Summary is used to provide a client a high level overview of what their assessments mean. The PSC assessment is also displayed according to the corresponding assessment type.	1	10/14/2025	Done	Profile Link
CoSD Program Invoicing Report	This report provides a comprehensive view of client service activities, encompassing details on service delivery, client demographics, program participation, and staff involvement over the specified date range. The primary goal of this summary is to offer an overview of service utilization, performance metrics, and program compliance for stakeholders.	2	9/25/2025	Revision Done	Profile Link
CoSD Charges/Claims Report	The Charges/Claims report displays the information available in the Charges/Claims list page.	4	9/11/2025	Revision Done	Profile Link
CoSD Client Roster Report	This report generates a list of all individuals who have been enrolled in selected programs during a specified timeframe. This report includes both active and discharged individuals, enrollment status, enrollment date, discharge date (if applicable).	1	9/2/2025	Done	Profile Link
CoSD Active Clients Report	The CoSD Active Clients Report is designed to provide a comprehensive view of active clients enrolled in specific programs. It focuses on showing essential details about client participation, program assignments, and the status of services provided.	2	8/27/2025	Revision Done	Profile Link
CoSD Caseload Report	The Caseload Report may be used to review staff caseloads and their respective clients. This report contains information from the Caseload (My Office) screen and offers the ability to view multiple staff caseloads at the same time.	1	8/26/2025	Done	Profile Link
CoSD Client Demographic Breakdown	The Client Demographic Breakdown report provides a breakdown of the number of clients in a program. The report includes the clients' ages, gender, race/ethnicity and zip code.	2	8/26/2025	Revision Done	Profile Link
CoSD Missing Diagnoses by Program	This report is used to track missing diagnosis forms and servicing missing diagnoses.	1	8/12/2025	Done	Profile Link

Number of Reports by Status



Requests Over Time



0

New Requests in the Last 30 Days

2

Requests Closed in the last 30 Days

CoSD SmartCare Reports



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CoSD TADT Report

Description

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

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

Report Filters

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

Columns

Detail



BHS Billing Announcements/Reminders

Tess Bugay and Carmen Saline

Billing Timely Filing



1. Services rendered in 11/2024 will need to be submitted to DHCS on/before 11/28/2025.

Please ensure that you enter all your 11/2024 services or move them to show status (if they are Medi-Cal billable) at least a week before 11/28/2025 to allow the system to conduct its automated validation, and for the BHS Billing Unit to perform our process of submitting claims on time to the State.

2. Please continue to review and clear your service errors, prioritizing the oldest dates of service to meet the timely filing deadline (12 months from the date of service).

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

Clients with Dual Coverage



BHS Billing Unit

The BHS Billing Unit accepts any of the following documents from the primary insurance to enable us to bill the unpaid balance to Medi-Cal (secondary insurance or payer of last resort).

1. Evidence of Coverage (EOC) indicating that the SUD service is “not covered”. This document may be easier to obtain from the client than billing the insurance.
2. Explanation of Benefits (EOB) or claim denial from the OHC/primary plan after billing the insurance. The EOB must contain denial or non-coverage of the SUD services.
3. If you bill OHC/Medicare and have not received any response or proper EOB after 90 days of the billing date, please submit any acceptable documentation proving that your program has billed the OHC and received no response.
 - Some of the acceptable forms of proof that all sources of payment have been exhausted are as follows: email confirmation from the insurance company, a copy of the claim form with the mailing stamp date, a reference number from a follow-up call, and others.
 - If you receive payment or response from the primary insurance company after Medi-Cal is billed, please contact the BHS Billing Unit (MH or SUD) right away to determine if the Medi-Cal payment needs to be voided and returned to the State.

Clients with Dual Coverage



SUD Billing Unit

- Non-NTP programs are required to bill OHC (Commercial Insurance or Medicare Part C). Please note that some procedures can be billed directly to Medi-Cal as stated on the ODS-DMC Billing Manual version 3.0, section 5.2.30 Other Health Coverage Non-Medicare.
- NTPs are required to bill the Medicare Part B or Medicare Part C first if a client is Medi-Medi.
- Please ensure that the services are entered in SmartCare when you submit the OHC documents or Medicare EOB to the ADS Billing Unit so we can process the payment application and Medi-Cal billing.

BHS Billing Email Contacts:

SUD Programs: adsbillingunit.hhsa@sdcounty.ca.gov

MH Programs: mhbillingunit.hhsa@sdcounty.ca.gov



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Q&A

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

Or go online for more information at: Optumsandiego.com

NEXT MEETING: Tuesday December 16, 2025 11:00am – 12:00pm