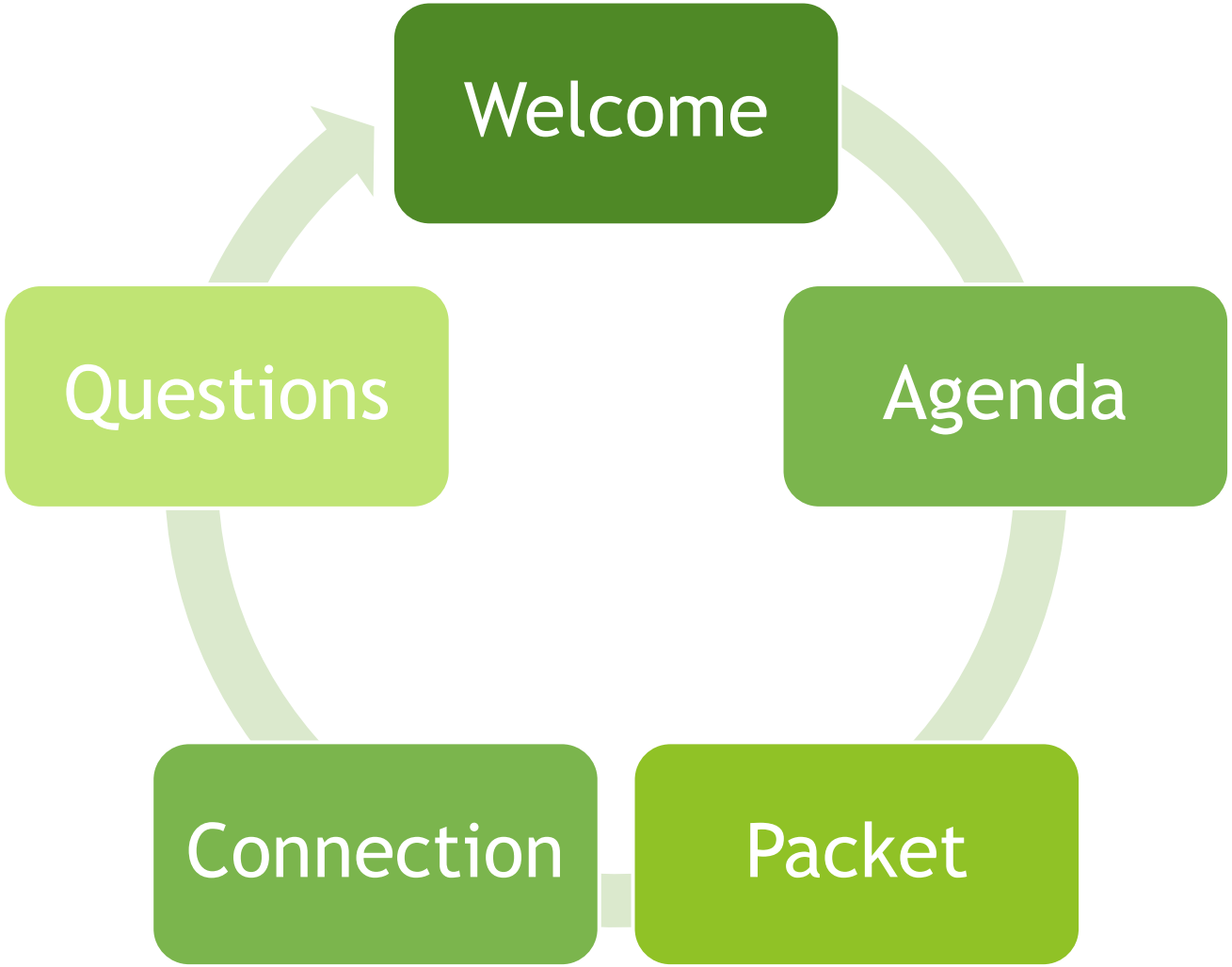
Mental Health Provider Administrative SmartCare Training

Welcome to SmartCare Training



Course Content

- Part 1: Inquiry and Enrollment Process
- Part 2: Additional Client Information
- Part 3: State Reporting
- Part 4: Coverage
- Part 5: Service Authorization Requests
- Part 6: Information Affecting Services
- Part 7: Entering & Viewing Services
- Part 8: Service Corrections
- Part 9: Discharge

What Should I Expect From Training Today?

- We will be going over SmartCare functionality
  - Searching for clients and screens
  - How to save and enter data
  - How to use the filters to access specific data in reports and list pages
  - How to navigate SmartCare
- The content in training today will be shown at a high level to cover everyone's role. Each agency operates differently, your specific agency will be able to specify what screens you will be using.
- You will be able to access every screen, list page, and report that we demo today after passing the quiz at the end of training.

Who is CalMHSA?

- CalMHSA is an independent administrative and fiscal public entity representing California counties
- CalMHSA's role is to work with California counties to transform Mental Health for Californians
- CalMHSA manages the semi-statewide EHR SmartCare
- CalMHSA works as the middle-man between the counties and the vendors of the EHR, Streamline

When to Contact CalMHSA Vs. Sacramento County

- CalMHSA provides basic navigation training through the LMS Training Portal
  - This is the recorded trainings that were sent to you prior to today's training
  - If any support is needed on the LMS system (unable to login, video not working, etc.) you will need to contact CalMHSA.
    - EHR@calmhsa.org
    - CalMHSA Live Chat-Only to be used for support with the LMS
- Sacramento County EHR Team offers support on SmartCare (unable to login, navigation, error messages)
- If our team is unable to fix a problem, we will reach out to CalMHSA directly

- Prior to training you should have taken the LMS training courses on CalMHSA's webpage.
- These trainings and quizzes will need to be completed prior to gaining access to SmartCare or updating your current account.
- Since the LMS trainings cover some of the material we will be talking about today, we will not be demoing every screen in today's training.
  - Written documentation is also available for each of the modules. We will share the path to find those instructions on each information slide.
- There are a few modules shown in the LMS videos that Sacramento County does not complete, we will call those items out.
- The LMS videos can be accessed at any time, they can be re-watched as often as needed

LMS Trainings

Proper Use of SmartCare

1. You must have permission from program to use SmartCare when you are away from your agency

2. Do not access over unsecure Wi-Fi or in a public area

3. Always protect client information in accordance with the Health Insurance Portability and Accountability Act (HIPAA)

Username and Passwords

- Provides access into SmartCare
- Contains user's specific classification and permission levels for access to screens, list page
- Do not let anyone work under your username
- Do not share your password with anyone, including the EHR Team

Forgotten Username or Password

If you have forgotten your password, click on the “Forgot Password” link. If you continue to have trouble logging in call our support line to reset your password. Password resets must be done over the phone

If you have forgotten your username, your authorized approver will need to send an email to training registration requesting your username

Accessing SmartCare

SmartCare is an internet browser-based application

- It can be used on the following internet browsers
  - Microsoft Edge
  - Google Chrome
- SmartCare is NOT compatible on the following internet browsers
  - Internet Explorer
  - Firefox
  - Safari

SmartCare Webpage

https://dhs.saccounty.gov/us/en/behavioral-health/provider-resources/EHR.html#gsc.tab=0

Behavioral Health Services (BHS) Electronic Health Record (EHR) Team Contact Information

Meeting Information

Mental Health and SUPT User Forum schedule and minutes

SmartCare

Launch SmartCare

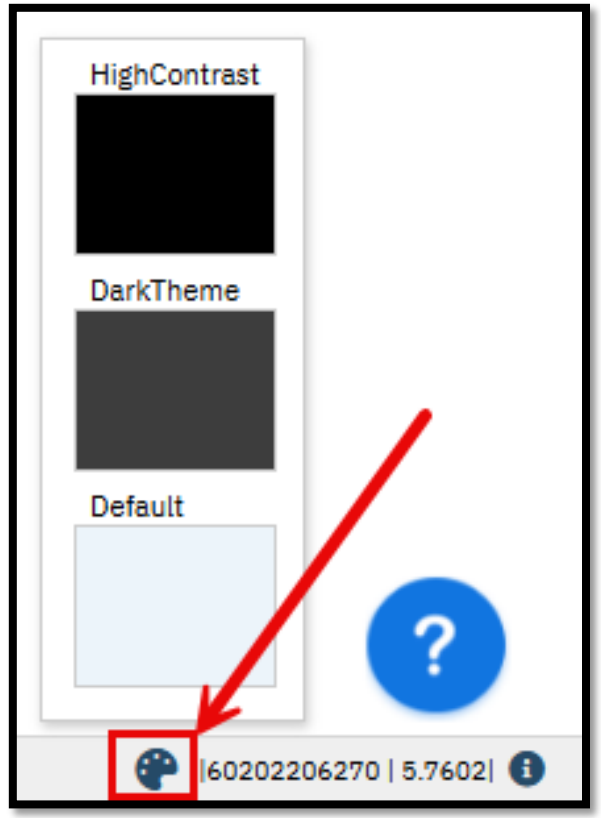
CalMHSA Training Resources

Sacramento County Training Resources

Quality Management Resources

SmartCare Color Theme Options

- SmartCare has enhanced accessibility and visual usability by implementing ADA and WCAG compliant color contrast standards across the application interface.
- Select the Color Palette icon in the bottom left-hand corner, as shown in screenshot.
- There are 3 options that can be selected.
  - High Contrast
  - Dark Theme
  - Default
- Please note, you will need to log out after changing themes before the change will take place.



Part 1 - Creating & Setting-up a Client

- Inquiry
- Creating a Client ID
- Enrolling a Client into a Program

Inquiry Information

- Inquiry screen allows staff to document requests from a client including a request for services
- If the person is only requesting information, you can log the interaction without the need to create a client ID in SmartCare
  - The requested information will be stored in SmartCare for future reference
- Only clinical staff should determine the disposition of an inquiry
  - Admin staff can enter the disposition on behalf of clinical staff
- Resources can be found below:
  - Provider Inquiries Tip Sheet – EHR Support

Creating a Client ID

- Once you've saved an Inquiry, a new client ID can be created by selecting the button to "Link/Create Client"
  - When linking the new client, the name, SSN, and DOB will pull forward to the screen. You'll need to click on the following search buttons to enable the "New Client" button
    - Broad Search
    - SSN
    - DOB
- The client must have a client ID created prior to enrolling

Demo- Creating an Inquiry

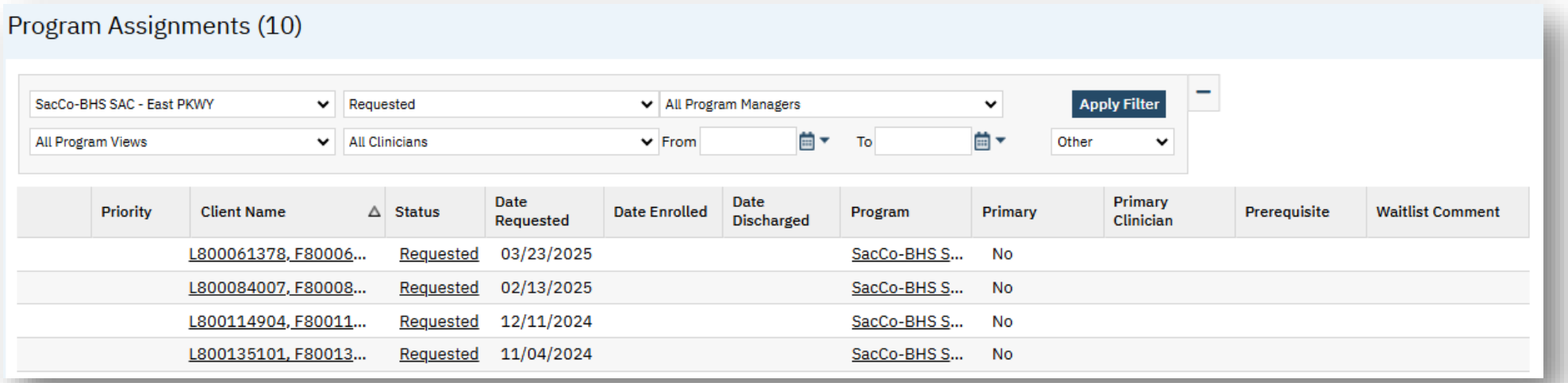
- Inquiries (My Office) list page
- Inquiry Details screen
- Creating a Client ID

Enrolling a Client into a Program

- Once the new client has been created you can enroll them into a program
- Search “Client Programs (Client)” to enroll the client into a program
- This list page will also show any previous mental health enrollments for the client.
  - Enrollments on this page are after July 1st, 2023. If there were enrollments prior to July 1st 2023, there will be a program named “Document Only Program”
    - You can see a list of those prior programs by going into “Documents (Client)” and viewing the “Avatar Face Sheet”. Change the filters to go back to April 2023 to find the Avatar Face Sheet

Program Assignment (Program)

- If the client reaches out to the Sacramento County BHS-SAC Team, they will complete the inquiry and request enrollment into your program
- You can view any enrollment requests in the Program Assignment (Program) screen
  - Use your filters to select your agency and “Requested” status, this will show any pending requests
- When a request comes in you will go into that record and switch the status to “Enrolled” and add the enrollment date



Demo- Client Program (Client)

- Program Assignment Details
- Enrollment Process

Knowledge Check

Correct Answer:

B

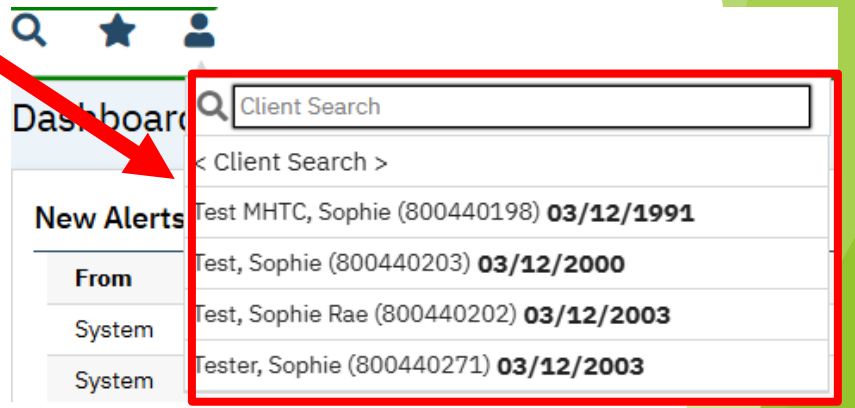
The Inquiry is the first point of contact with the client. It documents the request for services and/or information about the program.

Part 2 - Additional Client Information

- Treatment Teams
- Client Flags
- Special Population Tracking
- Client Information
- Scanning
- Requesting Document Deletions

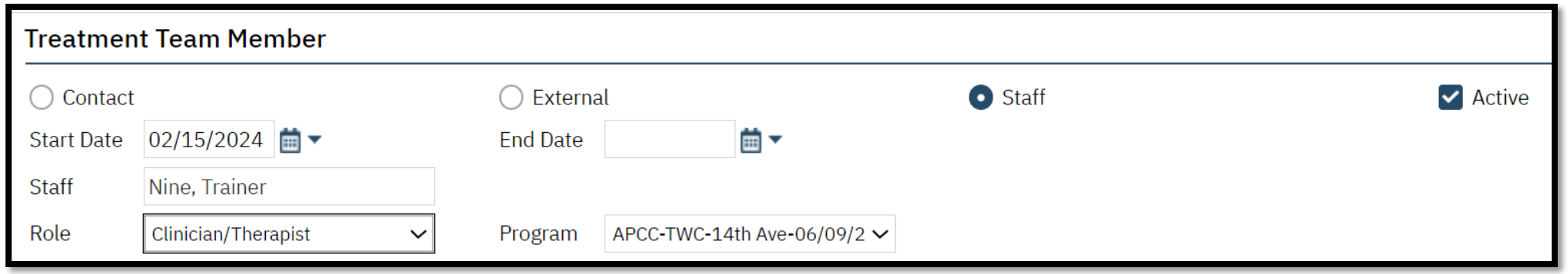
Treatment Team (Client)

- This screen is used to track staff assigned to a client's care
- Adding a client to a staff's Treatment Team will add the client to their caseload and will show the client on the staff's client drop-down list, without having to search for them
- The Treatment Team list page can be used to see the client's treatment team from other Mental Health programs
- If you are still listed as active on the Treatment Team list page after discharging the client, follow the steps to add an end date and deactivate yourself from the treatment team by following the steps in the link below:
  - How to View Who's on the Client's Treatment Team – CalMHSA

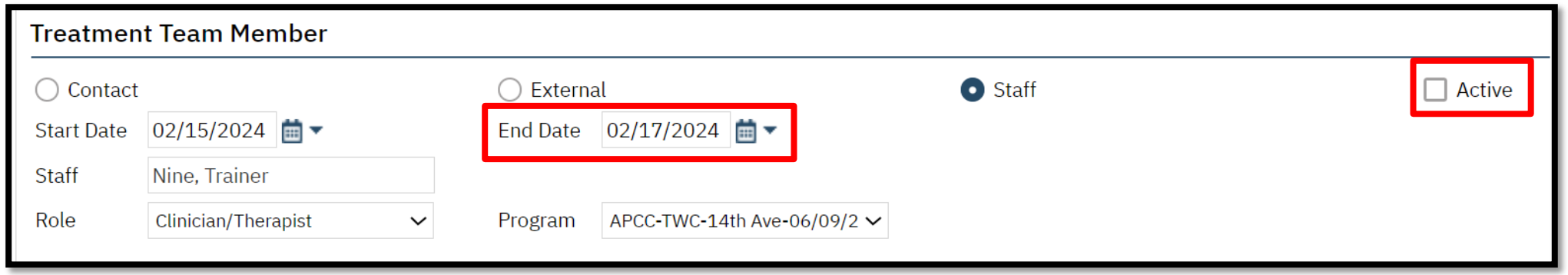


How to Edit Staff on A Client's Treatment Team

The box below shows an active Treatment Team Member.



The box below shows an inactive Treatment Team Member. Notice there is an End Date, and the Active box is not checked. Do not delete an entry. End date and remove the check on Active.

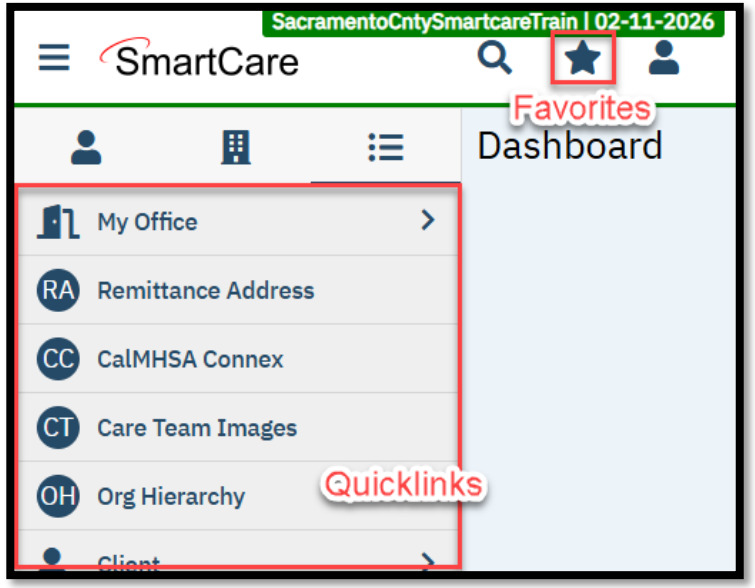


Client Flags (Client)

- Client Flags alert users with critical beneficiary support information. An icon which corresponds to the Client Flag will show up in the client header
- Some Client Flags are created automatically to send you an alert about the client
  - Alerts for duplicate insurance, preferred name, etc.
- Client Flags can also be created to alert others of critical information regarding the client.
- Resources can be found below:
  - Client Flag Tip Sheet – EHR Support

Creating Quicklinks and Favorites

- QuickLinks and Favorites can be created for a users commonly used screens
  - A QuickLink: will show on the left side of your dashboard
  - A Favorite: is found between the search bar and client search icons.
- Resources can be found below:
  - Quicklinks and Favorites Tipsheet – EHR Support

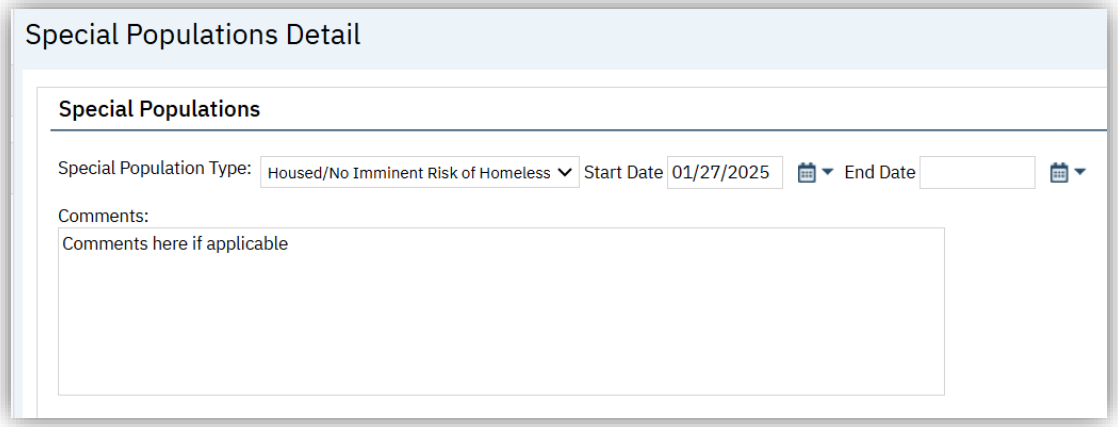


Demo- Quicklinks & Favorites

- Adding QuickLinks
- Removing QuickLinks
- Adding Favorites
- Removing Favorites

Special Population Tracking

- When should you use the Special Population form?
  - All clients will need to have their housing status entered in this form
  - Clients apart of the following populations will also need to be added
    - Foster Care, Katie A, CalWORKS, CPS, ICC, IHBS, Conservatorship, Presumptive Transfer, Probation, TFC
- Why is it important to have accurate Start and End Dates?
  - Accurate start and end dates are essential for coordinated care. It is best practice service delivery for these populations of consumers who are involved in multiple systems
- Resources can be found below:
  - Special Populations Screen Definitions – Documentation Standards (QM)
  - How To Identify a Client as Katie-A or Other Special Population - CalMHSA



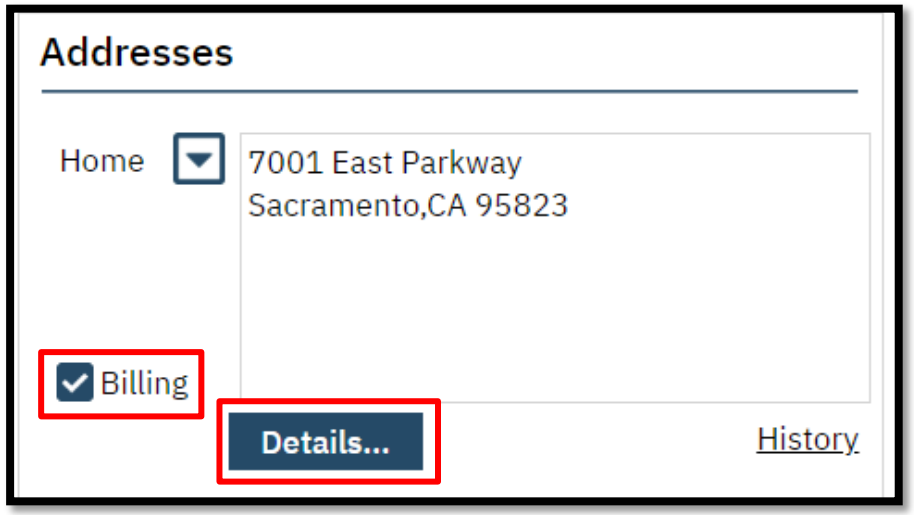
AB352

- AB352 is a buffer against providing sensitive data to states that have criminalized certain kinds of care
- The system will use the following indicators to ensure that the sensitive data types outlined below are not shared out of state
- In SmartCare use one of the three special populations:
  - AB352-Abortion
  - AB352-Contraception
  - AB352-Gender Affirming Care

Client Information (Client)

- If any demographic information needs to be added or changed after creating the inquiry, you can do that here
  - This includes the client's name, DOB, SSN, or address
  - Additional demographic information can be added such as the client's gender identity, pronouns, race, etc.
- You're able to add contacts or aliases for the client if needed
  - Contacts added in this form will pull forward to other forms
- Verify the client address is entered properly
  - The address should be broken out by each line, not all entered on one line
  - The billing box next to the address needs to be checked
  - If the client is homeless, enter "HOMELESS" on the address line and your agencies city, state, and zip code on the lines below

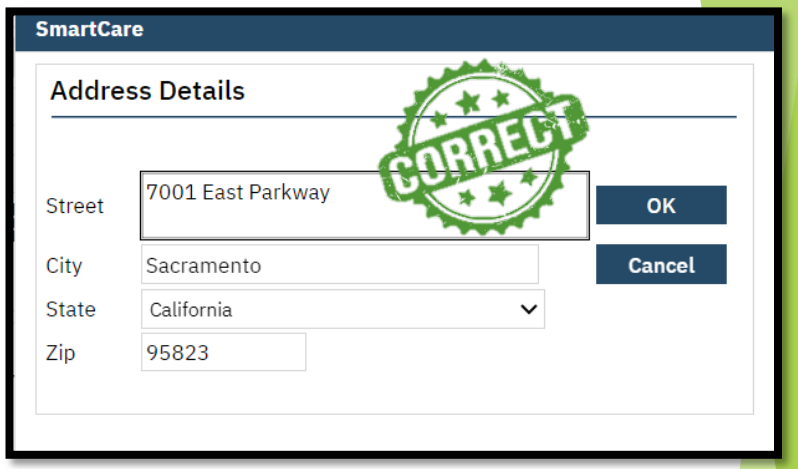
Correct Address vs. Incorrect Address



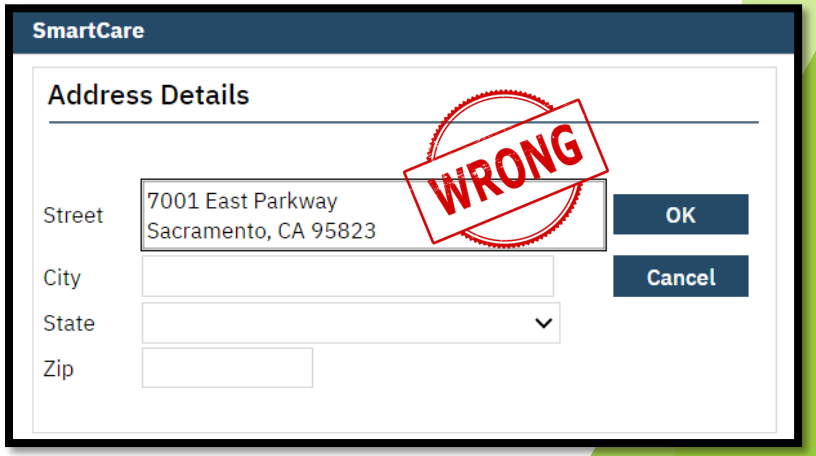
A correct address will break out each section individually, not putting the full address on one line and will have the billing box checked.

Entering an address incorrectly will cause services to not claim out and prescribers unable to prescribe medication. It's important the address is entered in the correct format.

Correct Address



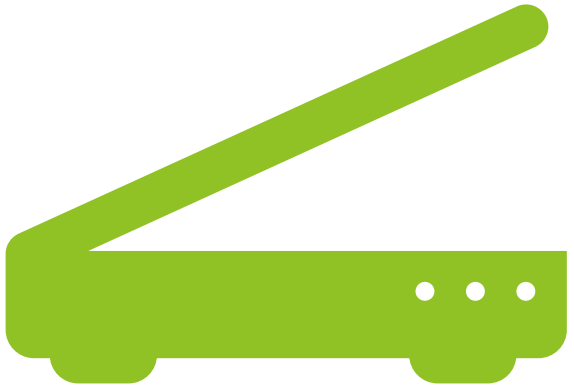
Incorrect Address



Demo- Client Information (Client)

- Update client's DOB
- Add Client Alias
- Add/Remove a Contact

Scanning (My Office)



- Used to scan or upload documents into a client's record
  - You'll use the upload option, unless you have a hard scanner attached to your computer
    - If you are using the scanning option with a hard scanner, there may be installation requirements
- There is an option to single scan or batch scan
  - Single scan is used for scanning an individual record
  - Batch scan allows you to scan multiple documents for either multiple client's or the same client
- See QM's "Sacramento County Scanned Document Naming Convention Form" to view the naming convention and folder selection for scanned documents
  - Documentation Standards (saccounty.gov)

Demo- Scanning (My Office)

- Used to scan a single document
- How to batch scan, used when scanning multiple documents
- How to view documents in “Documents (Client)”
- How to associate documents
  - Used to link scanned or signed documents to another scanned or signed document
- Resources can be found below:
  - How to Scan or Upload a Document Into the Clients Record - CalMHSA

Requesting a Document Deletion

- To request a document (Scanned or otherwise) be deleted, please send an ENCRYPTED email to BHS-EHRSupport@saccounty.gov with the following:
  - Client Information (Name & Client ID)
  - Document Name
  - Document ID
  - Effective Date
  - Author

- ***Please Note:*** If the author of a document is no longer with the agency, then no edits can be made.
  - A new document can be created if necessary.
  - If a document is *in process* and the author is no longer with the agency it will need to be deleted.

Knowledge Check

Correct Answer:

A

The Program Assignment (Program) screen is where you can filter any requested enrollments to your program from BHS SAC.

Part 3 - State Reporting

- CSI Overview
- CSI Standalone Collection (Client)
- TADT
  - MH Non-Psychiatric SMHS Timeliness Record (Client)
  - MH Psychiatric SMHS Timelines

- Collected as a state mandated reporting requirement for mental health service providers
- CSI is captured in the CSI Standalone Collection (Client) screen
- The link below provides step-by step instructions on how to fill out the form
  - How to Complete a CSI Demographic Record - CalMHSA

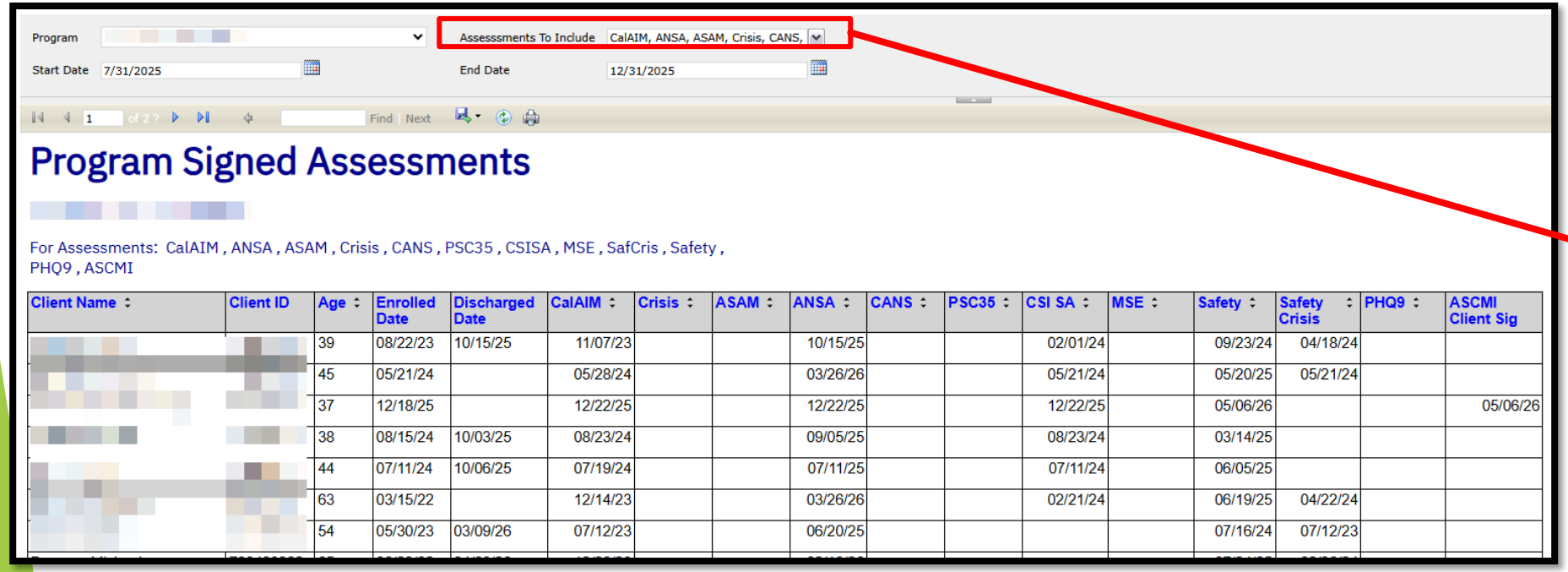
Client Service Information (CSI) Overview

Demo State Reporting: CSI

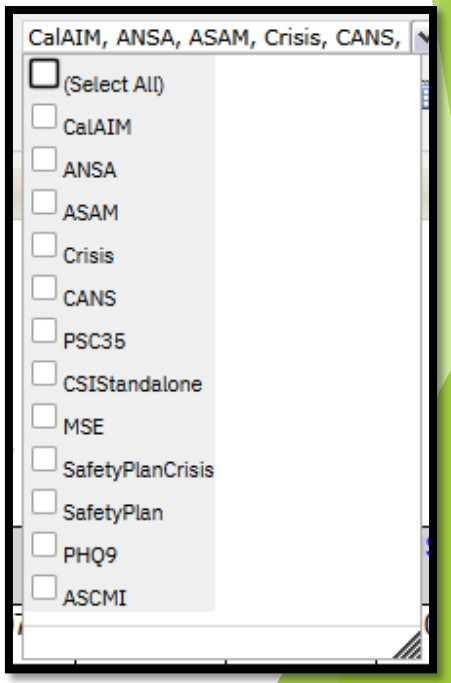
- CSI Standalone Collection

Program Signed Assessments(SAC)(My Office)

- This report will show clients open to the program selected. You can select the assessments to pull from the filter drop down. If the line is blank, no assessment has been entered for that client



Client Name	Client ID	Age	Enrolled Date	Discharged Date	CalAIM	Crisis	ASAM	ANSA	CANS	PSC35	CSI SA	MSE	Safety	Safety Crisis	PHQ9	ASCMI Client Sig
		39	08/22/23	10/15/25	11/07/23			10/15/25			02/01/24		09/23/24	04/18/24		
		45	05/21/24		05/28/24			03/26/26			05/21/24		05/20/25	05/21/24		
		37	12/18/25		12/22/25			12/22/25			12/22/25		05/06/26			05/06/26
		38	08/15/24	10/03/25	08/23/24			09/05/25			08/23/24		03/14/25			
		44	07/11/24	10/06/25	07/19/24			07/11/25			07/11/24		06/05/25			
		63	03/15/22		12/14/23			03/26/26			02/21/24		06/19/25	04/22/24		
		54	05/30/23	03/09/26	07/12/23			06/20/25					07/16/24	07/12/23		



Timely Access Data Tool (TADT)

All providers will use the TADT screen to track timeliness

There are four different TADT screens being used. MH providers use the first two

- MH Non-Psychiatric SMHS Timeliness Record (Client)
  - Used for Medi-Cal beneficiaries who are making a request for non-psychiatric specialty mental health services
- MH Psychiatric SMHS Timeliness Record (Client)
  - Used for Medi-Cal beneficiaries who are making a request for psychiatric specialty mental health services
- DMC Outpatient Timeliness Record (Client)
  - Used for Medi-Cal beneficiaries who are making a request for SUPT outpatient services
- DMC Opioid Timeliness Record (Client)
  - Used for Medi-Cal beneficiaries who are making a request for opioid use disorder treatment services

Timely Access Data Tool (TADT) Cont.

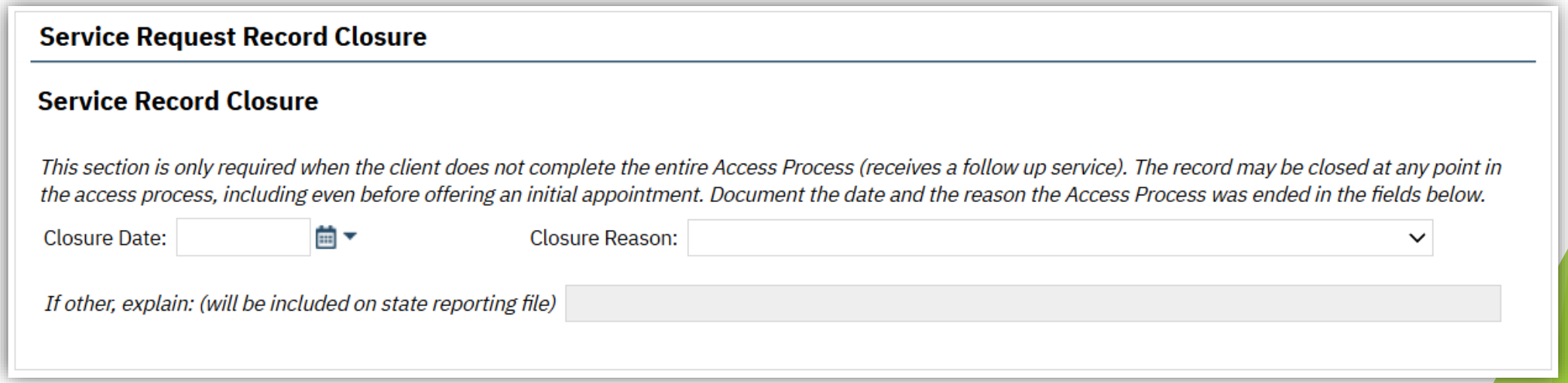
- The TADT should be completed whenever a client is enrolled into your program.
- The form is a living document, it does not need to be completed at once. Once complete the form needs to be signed.
- Resources can be found below:
  - TADT Tip Sheet – EHR Support

Demo State Reporting: TADT

- MH Non-Psychiatric SMHS Timeliness Record (Client)
- Resources can be found below:
  - How to Document Timely Access Record Information for TADT – CalMHSA

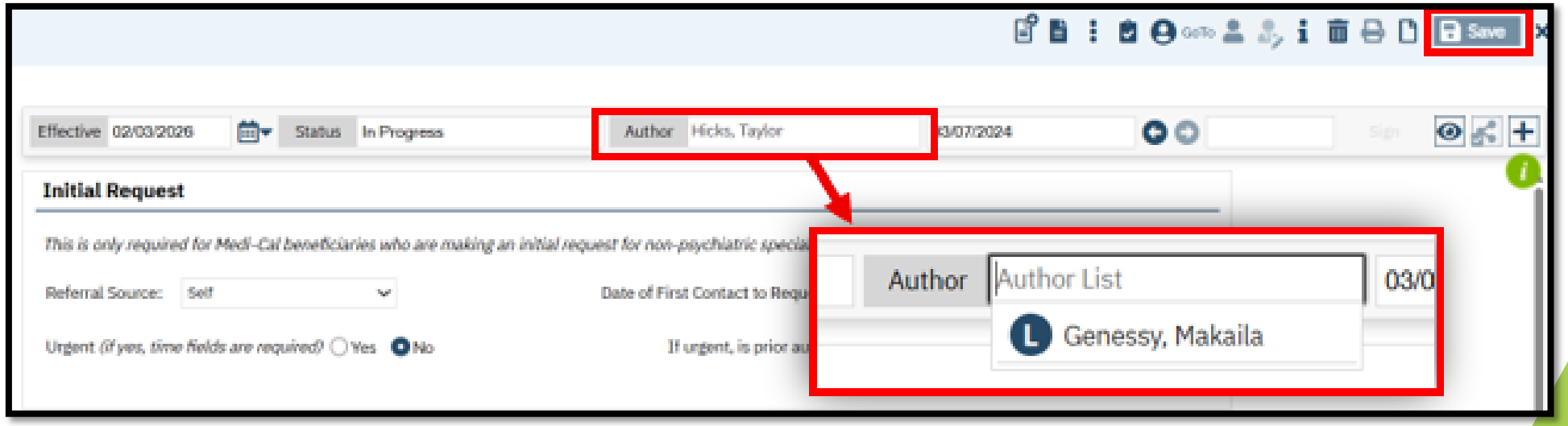
TADT - Service Record Closure

- There are Closure Reasons at the bottom of the form. If the client does not complete the process or is a no-show for their appointment the form can be closed out.
  - Closing the form out does not discharge the client. If the client leaves your program, you will still need to discharge them.
- To enter the Service Record Closure, you will need to enter the *Closure Date* and select an appropriate *Closure Reason* from the dropdown and then *Save* and *Sign* the form.



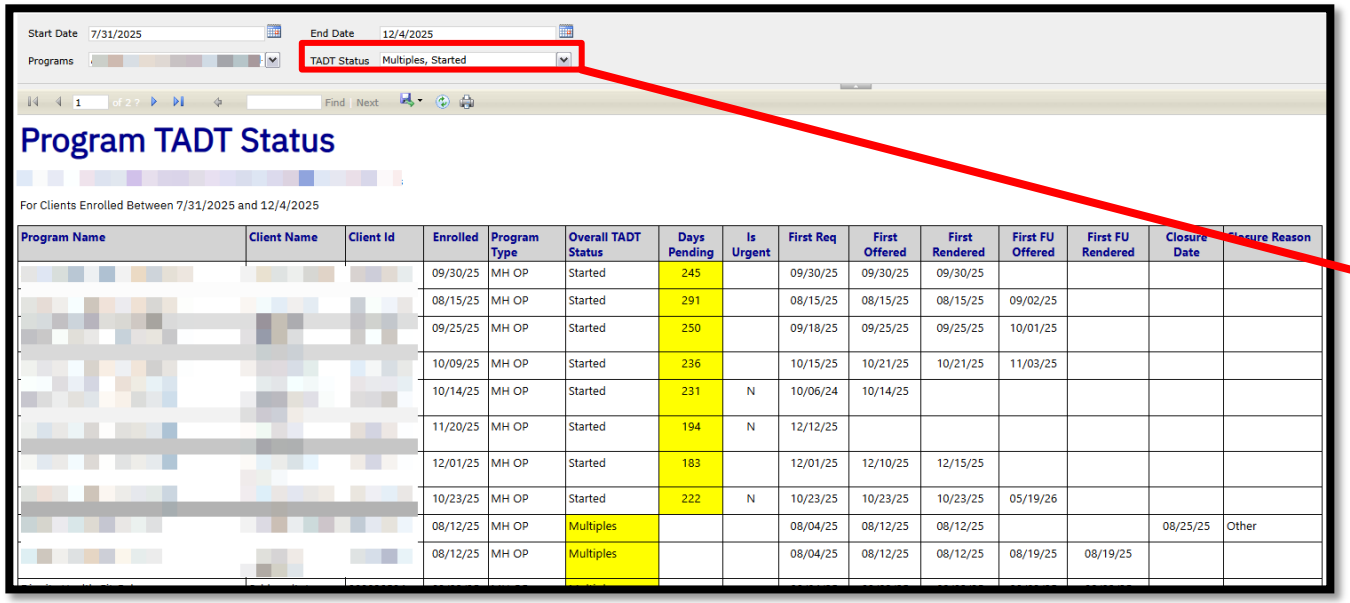
TADT – Changing the Author

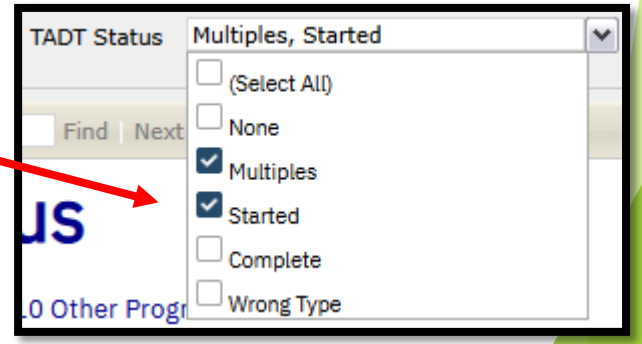
- The TADT form is a living document and can be accessed multiple times by various staff. Admin and clinical staff all have access to the TADT. In some cases, agencies or programs may want their admin staff to begin the TADT form and then have the clinical staff complete it (or vice versa). The form can be saved as users work in and out of it. The form will need to be signed once a follow-up appointment has been entered OR once the closure section has been completed.
- Refer to the *Multiple Users Completing The TADT* section in the EHR Support Team's TADT Tip Sheet located on our webpage for a step-by-step guide:
  - TADT Tip Sheet – EHR Support



Program TADT Status (SAC)

- This report will show clients enrolled in the program(s) in the given date range and whether there is a TADT on file for them. If the line states none, no TADT has been entered for that client.
  - Program Type: Drives the type of TADT pulled (MH, DMC OP or DMC Opioid)
  - Overall TADT Status options: None, Multiples, Started, Complete, or Wrong Type.
    - Complete means the TADT is Signed
    - If multiples, this column will flag yellow and one or more of those should be deleted.
  - Days Pending: This column will flag yellow if over 30 days from client enrollment and not in a complete status





Part 4 - Coverage

- Client Eligibility
- Coverage
- Client Account
- Reports for Coverage
- UMDAP
- Editing a Document

Verifying Coverage Eligibility

- It is important to verify medical coverage eligibility for scheduled and unscheduled clients
- The Medi-Cal website allows you to verify Medi-Cal eligibility, as well as Other Health Care (OHC) and Medicare coverage
- SmartCare has the capability to submit and receive 270/271 real-time eligibility transactions for Medi-Cal from the Coverage screen
- Refer to the 270-271 Tip Sheet located on our webpage:
  - 270-271 Tip Sheet- EHR Support

- Each Payor is a Plan in SmartCare
- The start date of a plan must match the enrollment date if there was no plan previously entered
  - If there is already a plan date entered, it may have been entered by another agency where the client received services
- Coverage is client based
  - Do NOT remove a plan because the client may have that coverage with a different program
- After entering your coverage, enter a start date and add the plan. If the plan does not show up in the Plan Time Span section billing will not claim out
- If the client has insurance through a family member, that family member will need to be added as a Client Contact in the Client Information screen in order to link them to the Coverage screen
  - The Medi-Cal payor will always be entered as the actual client as the subscriber (even if the client is a minor)

Coverage Information

Coverage Plan Order

- Other Health Care (OHC)
- Medicare
- Medi-Cal MH
- MH County Funds payor
- DCFAS Funding (used for youth who are in Wraparound & AFTERCARE providers who do NOT have Medi-Cal)
- Sacramento County is no longer providing ECM services as of 12/31/25 however any coverage they had prior to that date needs to be added.

- It is important that all coverage the client has is entered into the Coverage screen when the client enrolls into your program
  - If a client has one of the coverage plans listed and it is not entered, that will cause a denial
- To see a demonstration of the Coverage screens, click on link below, and view the Coverage/Plan section:
  - How to Add a Coverage Plan - CalMHSA

Demo- Entering Coverage

- Adding New Payors
- Plan Time Span
- End Dating a Payor
- Marking Financial Information is Complete box

OHC/Medicare Claiming Workflow

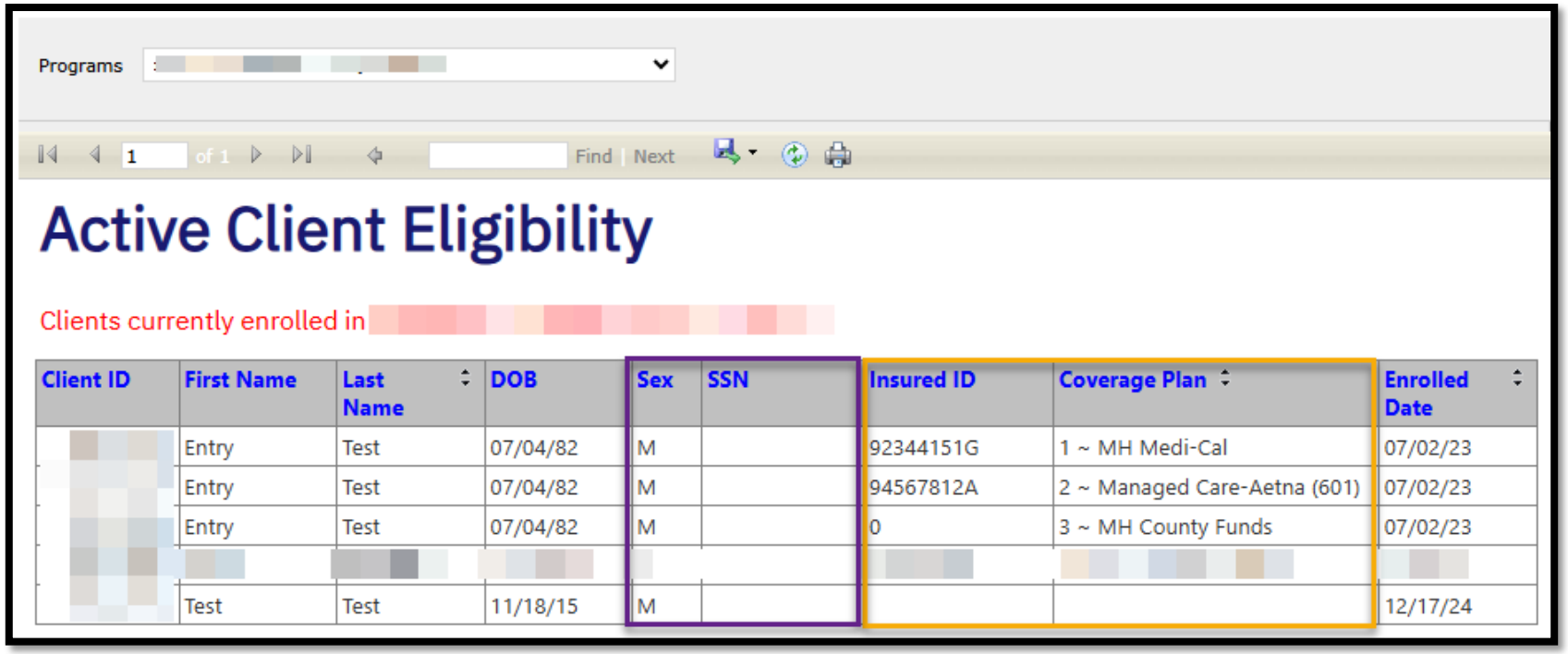
- OHC and Medicare have longer claiming timelines.
  - If client has OHC or Medicare, it is crucial to enter these payors in the Coverage (Client) screen.
  - Missing/incorrect payor information will result in delayed claims.
- Resources can be found below:
  - OHC/Medicare Claiming Workflow Handout – EHR Support

Report Information

- Sacramento County has created reports specific to our county
  - Search “(SAC)” on your search bar to view Sacramento County specific reports
    - This will display reports that are within your role
- To view a master list of report updates, click on the link below to view the “Release Information” that is posted on the EHR webpage under the Technical Support tab.
  - SmartCare Technical Support (saccounty.gov)
- Resources can be found below:
  - How to Run Reports in SmartCare - CalMHSA

Active Client Eligibility (SAC) (My Office)

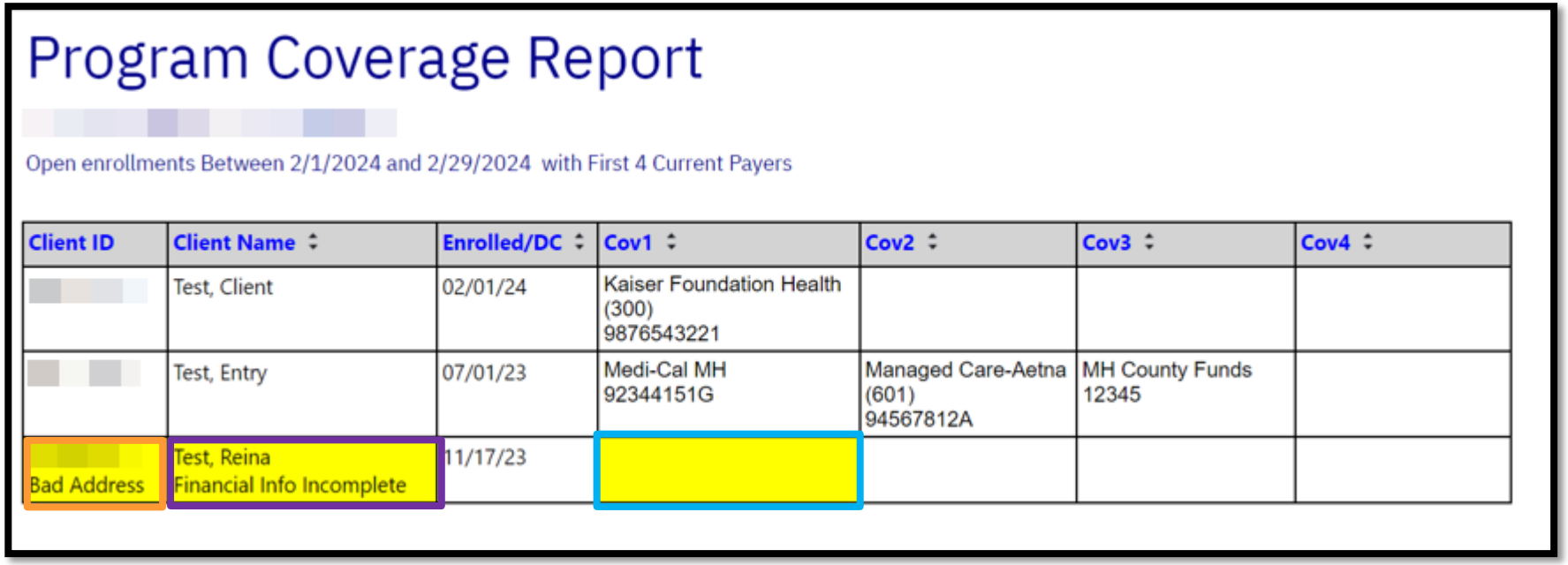
- Run the **Active Client Eligibility (SAC) (My Office)** report to catch the following errors
  - Client Sex, SSN, or DOB is missing
    - Corrections to the DOB, sex, and SSN can be made in the *Client Information (Client)* screen
  - CIN is entered in the correct format and matches Medi-Cal
    - Corrections to the CIN can be made on the *Coverage (Client)* screen



Client ID	First Name	Last Name	DOB	Sex	SSN	Insured ID	Coverage Plan	Enrolled Date
	Entry	Test	07/04/82	M		92344151G	1 ~ MH Medi-Cal	07/02/23
	Entry	Test	07/04/82	M		94567812A	2 ~ Managed Care-Aetna (601)	07/02/23
	Entry	Test	07/04/82	M		0	3 ~ MH County Funds	07/02/23
	Test	Test	11/18/15	M				12/17/24

Program Coverage Report (SAC) (My Office)

- Run the ***Program Coverage Report (SAC) (My Office)*** to catch the following errors
  - Client's address is missing or incorrect
    - Can be corrected using the *Client Information (Client)* screen
      - Make sure to click the *Details* button to verify the address has been broken out line by line
  - Financial Information is incomplete for the client:
    - Can be corrected using the *Client Account (Client)* screen
  - Coverage is incomplete for the client:
    - Coverage can be entered in the *Coverage (Client)* screen



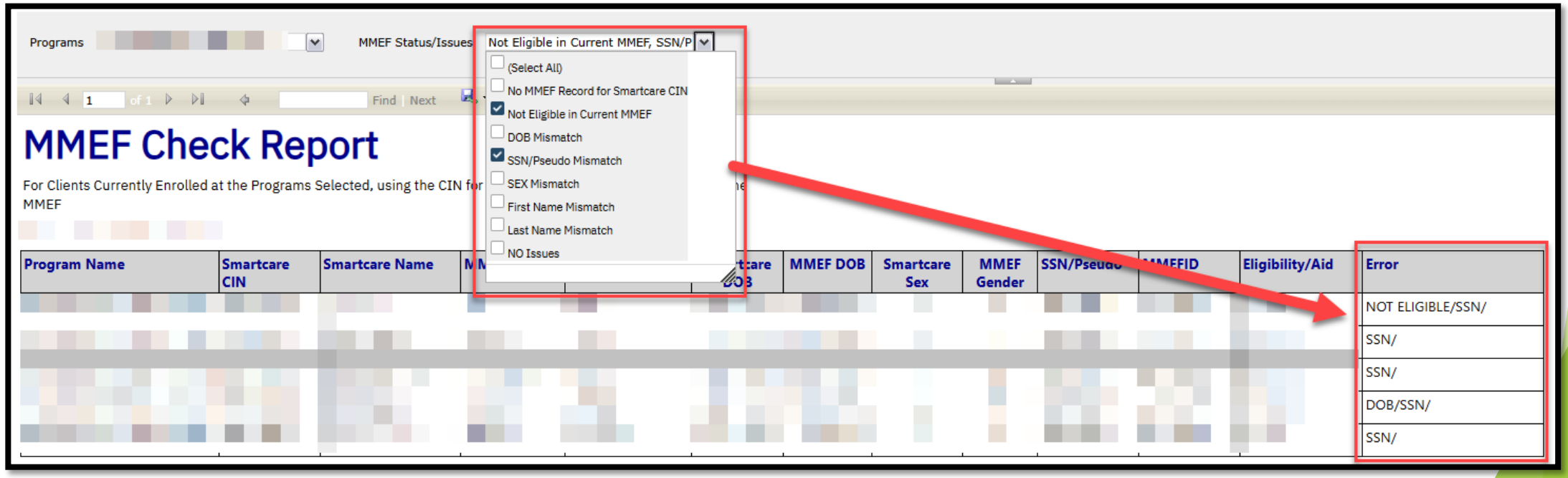
Program Coverage Report

Open enrollments Between 2/1/2024 and 2/29/2024 with First 4 Current Payers

Client ID	Client Name	Enrolled/DC	Cov1	Cov2	Cov3	Cov4
	Test, Client	02/01/24	Kaiser Foundation Health (300) 9876543221			
	Test, Entry	07/01/23	Medi-Cal MH 92344151G	Managed Care-Aetna (601) 94567812A	MH County Funds 12345	
Bad Address	Test, Reina Financial Info Incomplete	11/17/23				

MMEF Check Report (SAC)

- This report displays clients whose Medi-Cal Insured ID number in the Coverage screen matches Medi-Cal CIN in the MMEF file that is uploaded by the EHR Billing Team. This displays discrepancies in the client's first and last names, DOB, sex, SSN/pseudo-SSN, or if there is no match at all



UMDAP Financial Assessment

- UMDAP stands for Uniform Method to Determine Ability to Pay.
- An UMDAP is only necessary for clients receiving Mental Health services who do not have full scope Medi-Cal. The purpose of an UMDAP is to lower the payment of services for the client.
- The following things should be kept in mind when doing an UMDAP:
  - An UMDAP is only necessary for clients without full scope Medi-Cal. If the client is self-pay, private insurance, Medi-Care, or any variation of those (without Medi-Cal), then an UMDAP Assessment is needed.
  - There is no Payor on the Coverage screen for an UMDAP. Other insurances can be added if applicable.
  - If the client is NOT the responsible party, then the responsible party will need to be entered into the Client Information screen as a Client Contact prior to the UMDAP Financial Assessment being entered.
  - The Coverage screen should be filled out prior to completing the UMDAP Financial Assessment (if applicable).
- Resources can be found below:
  - UMDAP Tip Sheet – EHR Support
  - How to Set the Contact as the Responsible Party in the UMDAP Financial Assessment – CalMHSA

Demo- UMDAP Financial Assessment (Client)

- Entering an UMDAP
- Editing a Document
  - Below is a link to the EHR team's Changing the Author of a Document Tipsheet
    - Changing the Author of a Document Tipsheet
- Adjusting an UMDAP

Knowledge Check

Correct Answer:

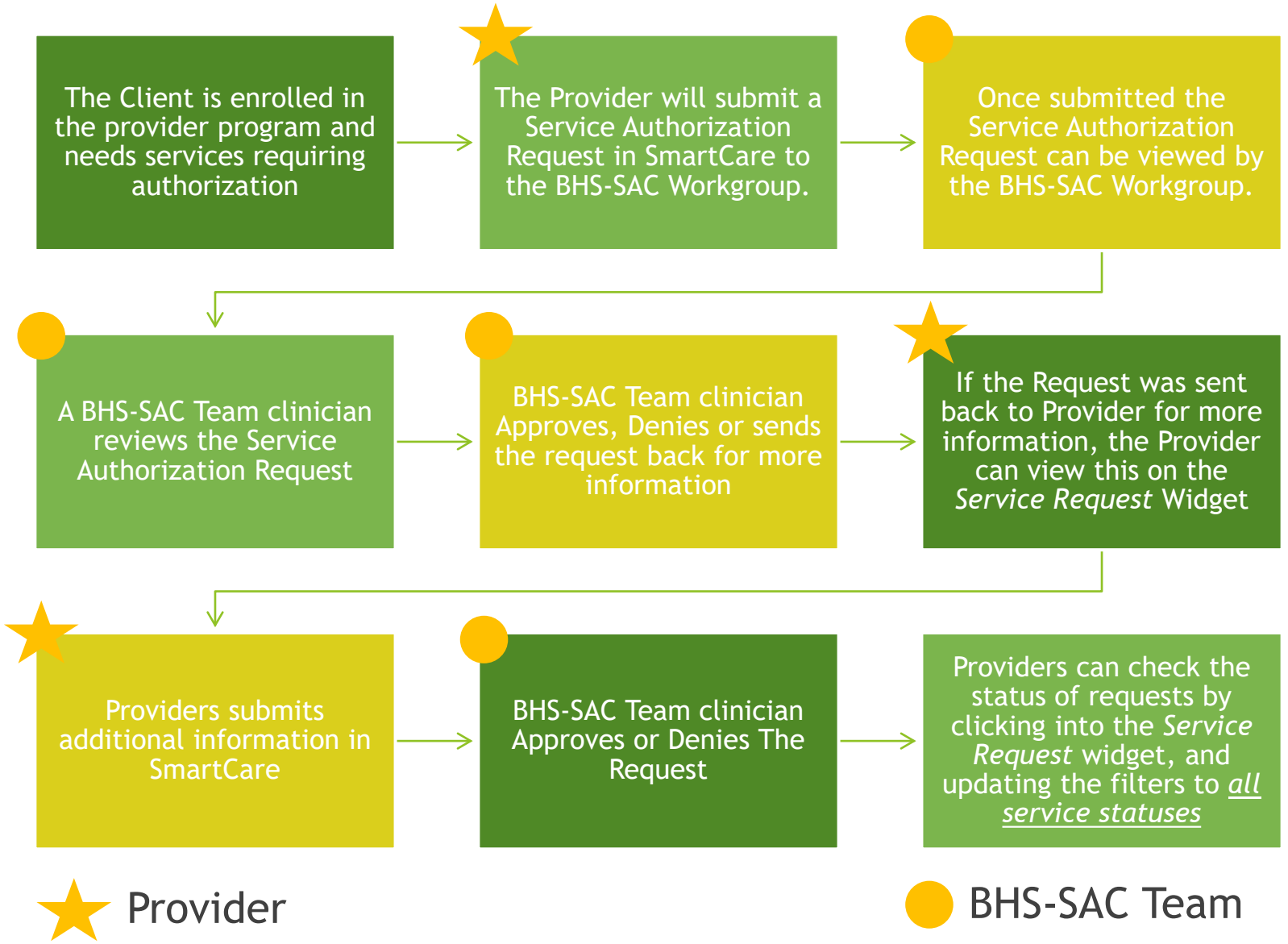
True

The client's coverage is specific to them, not your individual program. If there are coverage dates entered for the client, they may have been previously entered by another program. Do not change existing coverage dates to match the enrollment dates of your program. This can affect the other program's billing.

Part 5 - Service Authorization Request Process

- The Life Cycle of Service Authorizations
- Service Request Widget and List Pages
- Service Authorization Request DEMO
- Service Request entered in Error

The Life Cycle of Service Authorizations



Service Authorization Requests

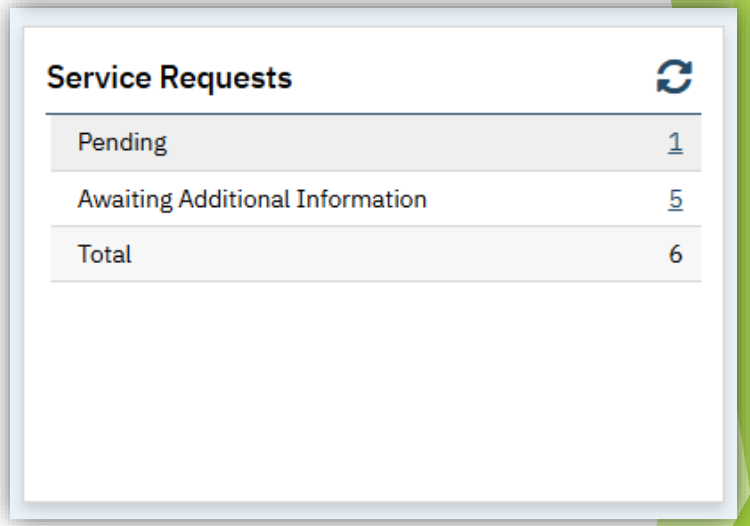
- There are a few services that require authorization to be billed to Medi-Cal.
- Usually, these services will need to be authorized prior to the services occurring but, there are some that can be authorized concurrently and some can be authorized after the service has been rendered
- Administrative staff may enter service request authorizations on behalf of direct care staff in some cases
  - Typically, for agencies who use their own EHR admin staff will be entering on behalf of the clinician.
- Resources can be found below:
  - Provider Service Authorization Tip Sheet – EHR Support

- QM has created a policy and procedure that is posted to their website regarding service authorizations.
  - These authorizations are subject to standardized time frames for the treatment needed.
- The purpose of this policy and procedure is to clarify the process and time frames for initial prior authorization for payment, and the process and time frames requiring a re-authorization
- Resources can be found below:
  - DHHS P&P Template

QM Authorization Request P&P

Service Request Widget and List Pages

- Service Requests Widget
  - Shows service requests that the user has in a pending status or awaiting additional information
  - Clicking on the number hyperlink will take you to the *My Service Request List Page*
- My Service Request List (My Office)
  - Shows all service requests that the logged in user has created
- Service Request List (Client)
  - Shows all service requests for the selected client



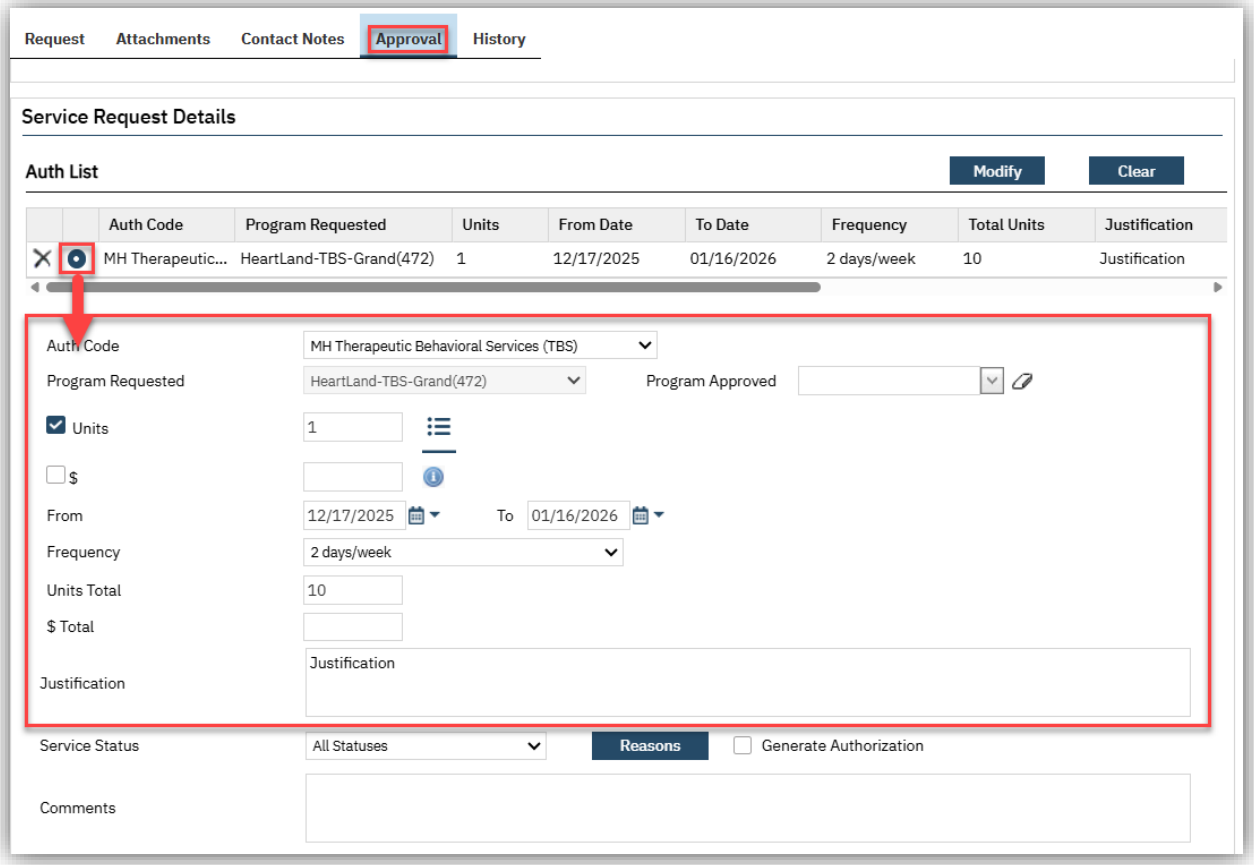
- To see a demonstration of how to add a widget to the dashboard, click on link below:
  - How to Add a Widget to Your Dashboard - 2023 CalMHSA

Demo- My Service Request List (My Office)

- Service Request Widget
- Creating A Service Request

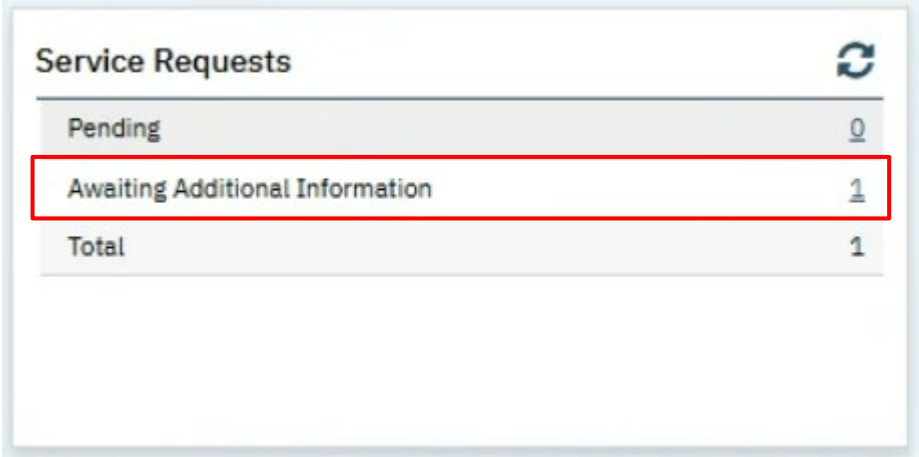
Reviewing a Service Request

- Once a Service Request is submitted, you can review the service status of the request by going to the approval tab within the request or by viewing the History tab.



Demo- My Service Request List (My Office)

- Awaiting Additional Information



Deleting a Request Entered In Error

- If a request was entered in error (example; entered for the wrong client), then it will need to be deleted and then re-entered correctly. To delete the request, please contact the BHS SAC team at the email:
  - DHS-BHS-Service-Auth@saccounty.gov

Part 6 - Information Affecting Services

- Diagnosis Document (Client)
- Editing a Document (Demo)
- Pregnancy Indicator
- Staff for Program Report (SAC)
- Procedure Codes
- Add-Codes

Diagnosis

- All clients must have an active DSM-5/ICD-10 Diagnosis entered that covers all dates of service in your program.
- Diagnosis Documents can only be edited by the author of the document.
- The diagnosis permission is granted based on classification or by special request
  - Some administrative staff enter diagnoses on behalf of direct care staff
  - For staff who are entering on behalf of a diagnosing practitioner. In the Source field of the Diagnosis screen, enter the diagnosing practitioner's name and professional classification
- Resources can be found below:
  - Diagnosis Tip Sheet – EHR Support
  - Clinical Documentation - CalMHSA

Important Facts About Diagnosis

A diagnosis is required for **all** services and the effective dates should cover **all** dates of service.

The diagnosis must be entered in the same program enrollment you are providing services in.

The diagnosis must be signed

The Service Diagnosis Error report can be run to view billing errors pertaining to Diagnosis. We will go over this report in the service corrections section of training

Demo- Diagnosis Document (client)

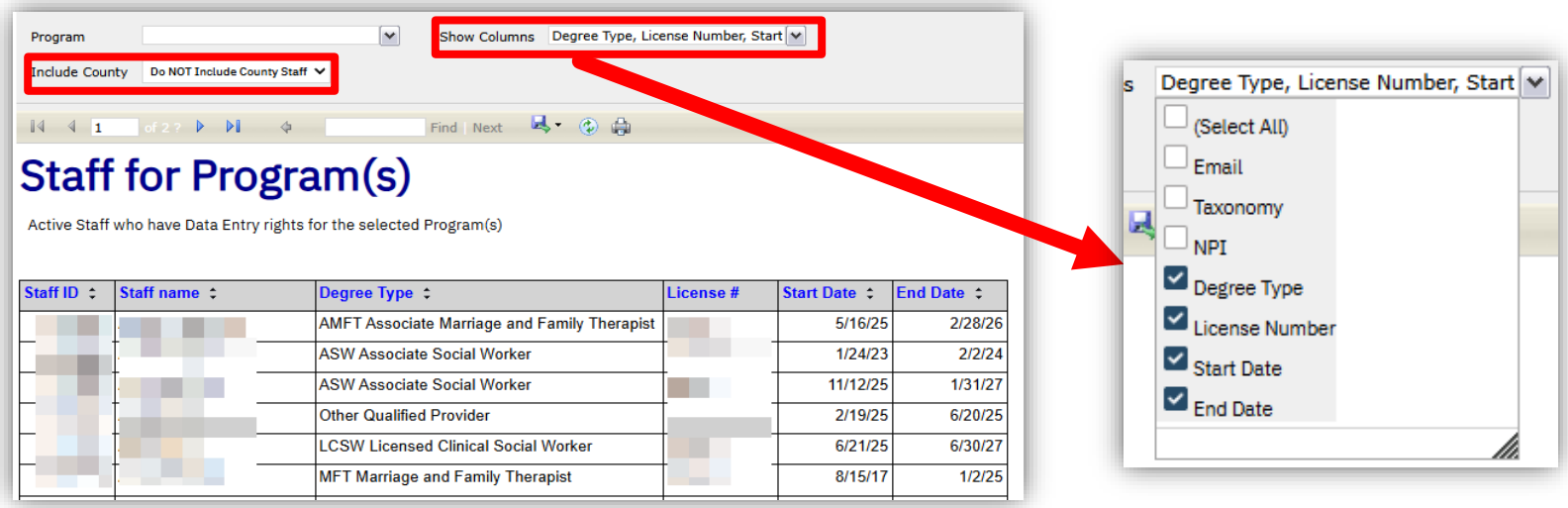
- Entering a Diagnosis
- Updating the Effective Date for Diagnosis Document
- Editing a Document
  - Resources can be found below:
    - Editing a Document Tipsheet – EHR Support
    - How to Amend a Signed Document - CalMHSA

Pregnancy Indicator

- Medi-Cal requires providers to use a pregnancy indicator to specify when services are provided to a pregnant client
- In the “Client Clinical Problem Details (Client)” screen, Direct Care staff use SNOMED Code 248985009 (Z34.90) to indicate the client is pregnant
  - Pregnancy end date is required to be entered once the client’s pregnancy has ended. This date should be the last date of the month, 365 days after the end of the pregnancy
- Agencies with their own EHR, admin staff with diagnosis permissions will be entering the pregnancy indicator on behalf of the direct care staff.
- There is also a Client Flag for Pregnancy Indicator that can be added in the Client Flag (Client) screen.

Staff for Program Report(SAC)(My Office)

- This report is utilized by Admin staff to view when clinical staff's licensing will expire. All programs can run this report monthly to prevent issues with billing or claiming.
  - When running the report, chose the dropdown option: Do NOT Include County Staff so only the staff for the program populates on the report.
  - When a clinician's license end date is approaching, the clinician must reach out to Quality Management Staff Registration for license updates via email at DHSQMStaffReg@saccounty.gov
  - When a clinician's license expires, they will not be able to enter notes in SmartCare and Admin staff will not be able to enter in services for that clinician.

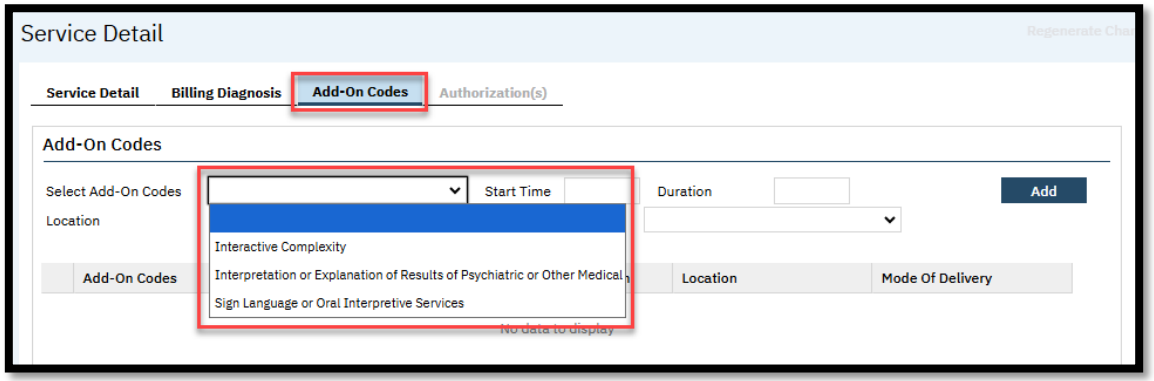


Procedure Code Information

- **What is a Procedure Code?**
  - A code used to track all billable and non-billable Behavioral Health services.
    - A behavioral health service is a clinical, therapeutic, or supportive intervention designed to treat mental health conditions, substance use disorders, and related life stressors.
- Each Agency only has access to choose specific procedure codes that their program is contracted to provide.
  - Any questions about access to specific procedure codes can be directed to the agencies Sacramento County Contract Monitor.
  - Any questions about what procedure code to choose when providing a service should be directed to Quality Management.

Add-On Code Information

- An add-on code reports additional work or services provided during a behavioral health encounter. It must be billed with a qualifying primary procedure code and cannot be reported independently.
  - Only applicable to specific primary procedure codes defined by DHCS
  - There are 2 types of Add-On codes in SmartCare:
    - Automated: based on service duration
    - Must be selected: based on communication to the client or support person during the service
- Resources can be found below:
  - Manual Add-on Codes – CalMHSA



Do not enter a start time or any other field on the Add-On tab

Knowledge Check

Correct Answer:

E

The Diagnosis Document must be signed and must cover all dates of service.

Part 7 - Entering & Viewing Services

- How Services Are Entered
- How to View Services
- Overnight Job

How are Services Entered?

Services/Notes (Client)

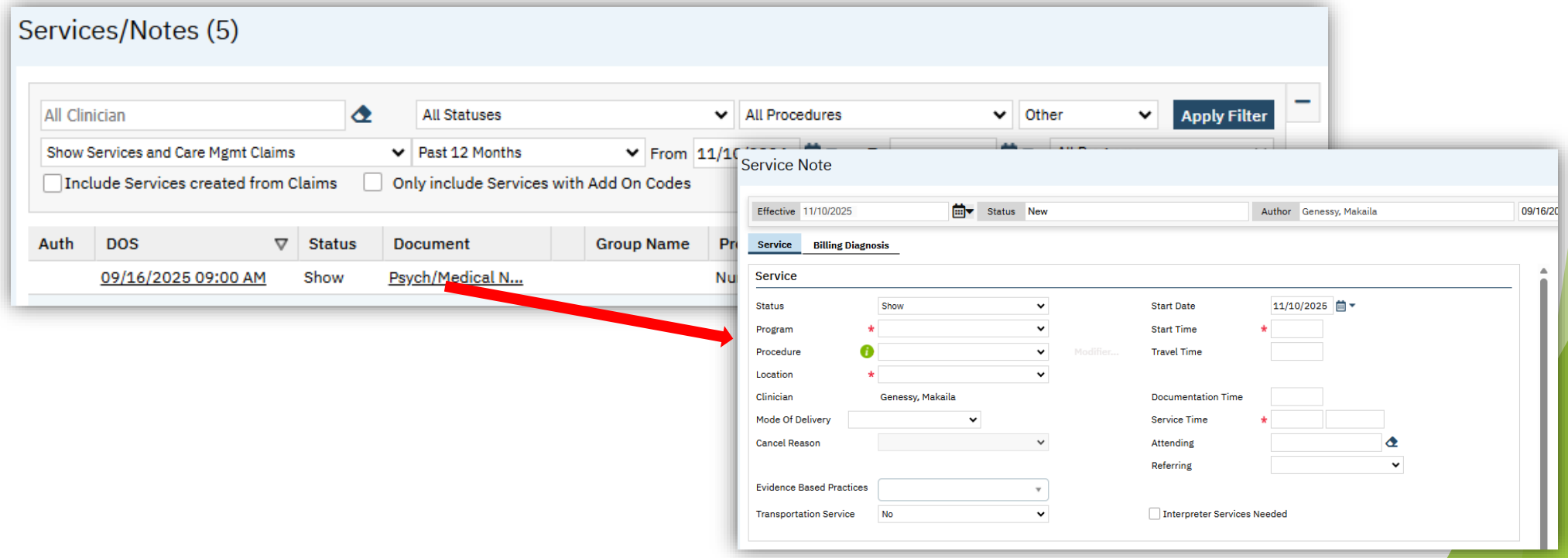
Services (Client)

Batch Service Entry (My Office)

Service Import

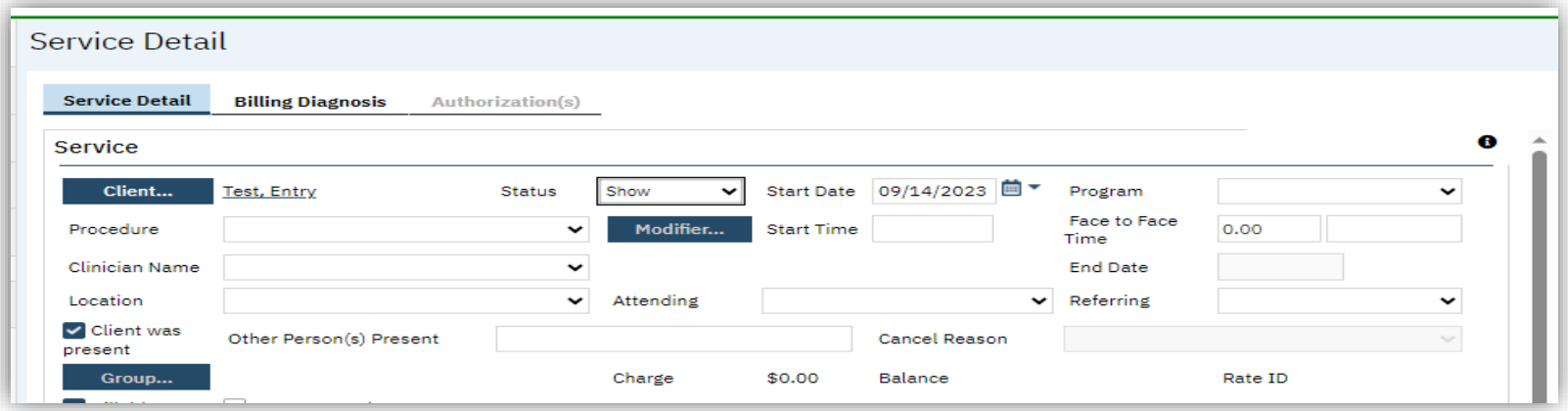
Services/Notes (Client)

- This screen is utilized by direct care staff to document and create services for a client.
- The screen can be accessible to administrative staff **only** if they have been granted dual access permissions to SmartCare.
- Resources can be found below:
  - Services/Notes (Client) List Page – CalMHSA
  - How to View Services/Notes – CalMHSA



Services (Client)

- The Services (Client) screen allows administrative staff to manually enter individual services.
- This feature is utilized by agencies that maintain their own EHR systems and need to input services into SmartCare manually.
- SmartCare users would also use this screen to record services when notes are entered on a downtime form.
- Resources can be found below:
  - How to Enter Client Services – CalMHSA



Demo- Services (Client)

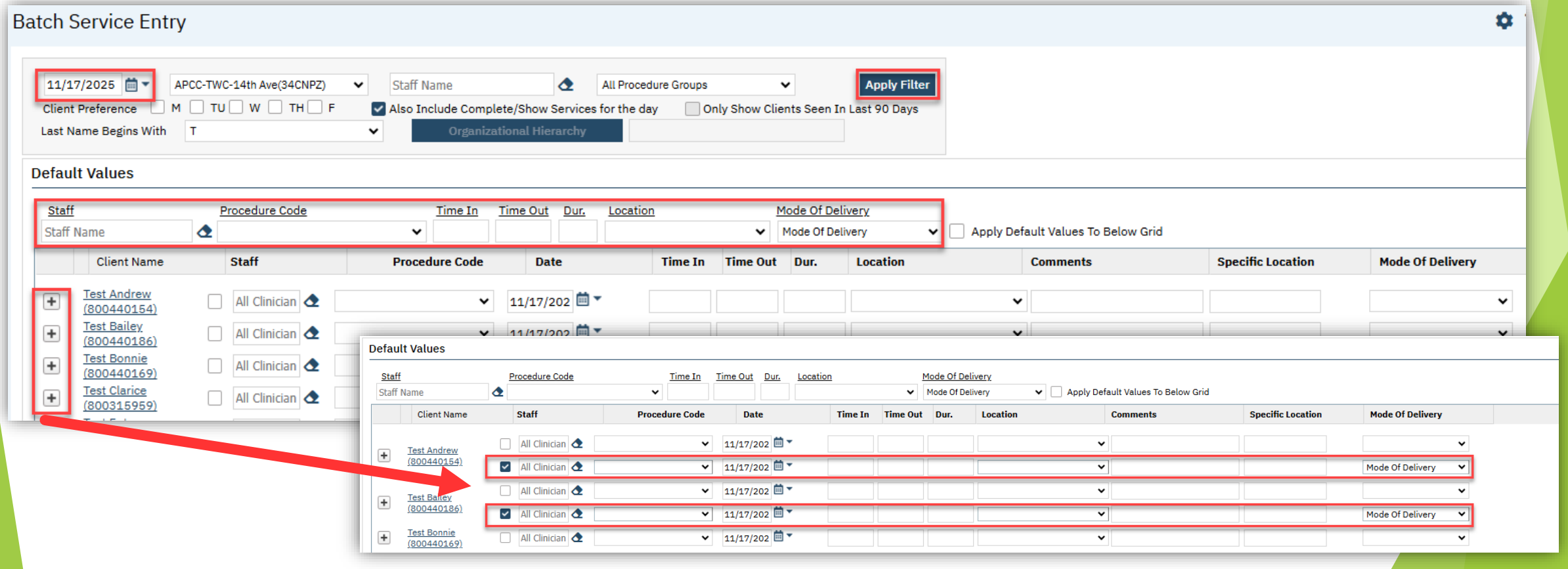
- Entering a Service from the Services (client) screen

Batch Service Entry (My Office)

- Enables administrative staff to input multiple services across multiple days and clients simultaneously.
- Primarily intended for agencies that utilize their own EHR systems.
- This is particularly helpful for residential agencies who have their own EHR. This allows those providers to enter their fixed fee services for a duration rather than entering them one at a time
- A progress note will be created if it's required by the procedure code.
  - For example: TCM, Individual Therapy, and Assessment LPHA will all produce a progress note. We do not recommend using Batch Service Entry for these codes.
- Resources can be found below:
  - Batch Services Tip Sheet – EHR Support
  - How to Enter a Batch of Services – CalMHSA

Batch Service Entry (My Office) Cont.

- To utilize the Batch Service Entry screen, start by selecting your date, and other filters as applicable and select apply filter.
- Then in the default values section, fill out the service detail you want to enter
- Then select the + icon next to the clients you wish to create a service for and edits the details as needed

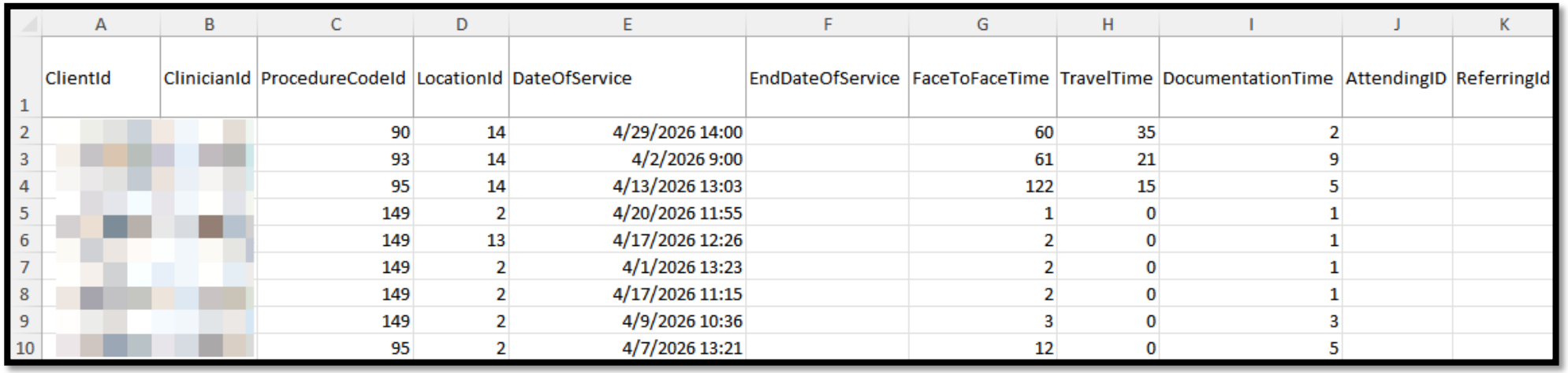


Demo– Batch Service Entry (My Office)

- Entering a Service from the Batch Service Entry (My Office) screen

Service Import

- Providers send the EHR team service files containing their monthly services, which are extracted from their own system.
- The EHR team uploads the services into SmartCare
  - Services don't need to be entered manually by providers
- Providers will be able to view their services in the services (my office) list page after the services are imported and go through the overnight job.
- Agencies can reach out to EHR Support at bhs-ehrsupport@saccounty.gov if interested in entering services via the Service Import Process.



	A	B	C	D	E	F	G	H	I	J	K
1	ClientId	ClinicianId	ProcedureCodeId	LocationId	DateOfService	EndDateOfService	FaceToFaceTime	TravelTime	DocumentationTime	AttendingID	ReferringId
2			90	14	4/29/2026 14:00		60	35	2		
3			93	14	4/2/2026 9:00		61	21	9		
4			95	14	4/13/2026 13:03		122	15	5		
5			149	2	4/20/2026 11:55		1	0	1		
6			149	13	4/17/2026 12:26		2	0	1		
7			149	2	4/1/2026 13:23		2	0	1		
8			149	2	4/17/2026 11:15		2	0	1		
9			149	2	4/9/2026 10:36		3	0	3		
10			95	2	4/7/2026 13:21		12	0	5		

How to View Services

Services (My Office)

- Displays services for the selected program.
- List Page

Services Client (Client)

- Displays services for the selected client.
- List Page

Client Ledger

- Displays a record of various transactions between the payor(s) for selected client.
- Report

Program Ledger

- Displays a record of various transactions between the payor(s) for selected Programs.
- Report

Service Status Descriptions

Scheduled: The service was scheduled on the calendar but has not occurred yet

Show: The service occurred

No Show: The client or staff did not show for the appointment

Cancel: Used if the appointment was cancelled

Error: Prevents a services from claiming out

Complete: Service has been validated after the overnight job

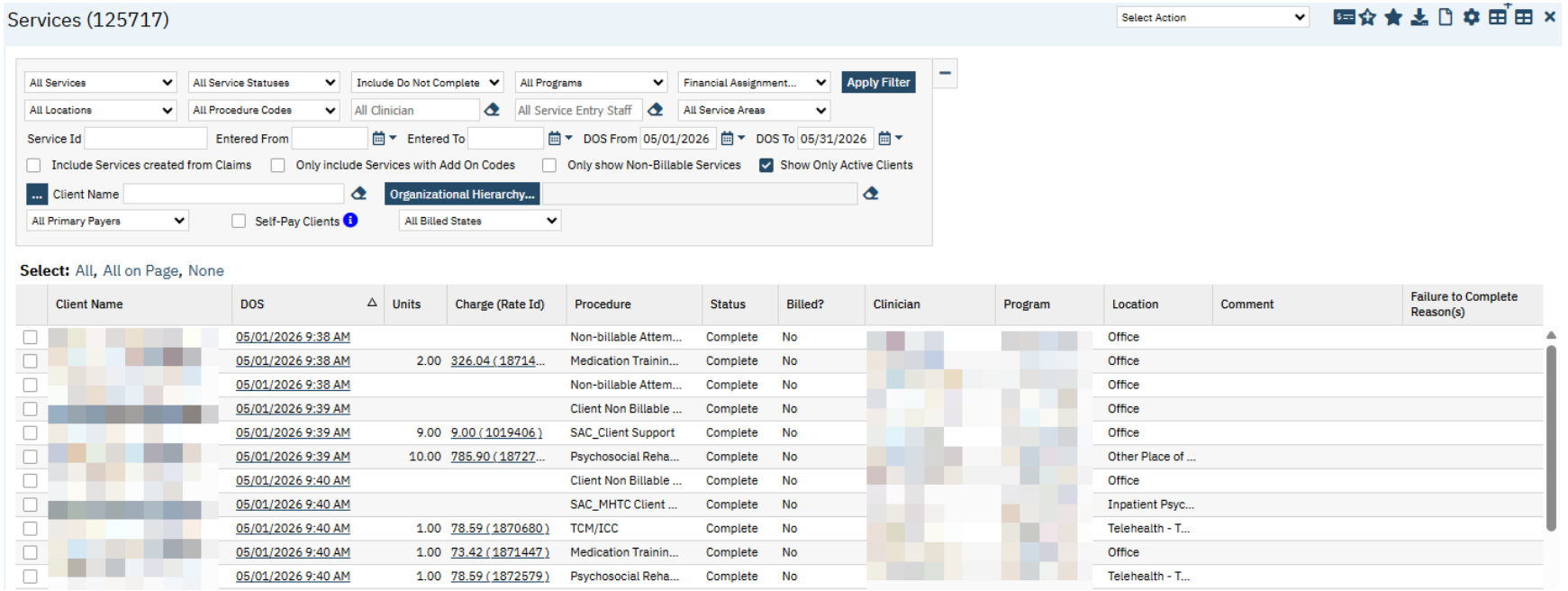
Overnight Job

What is an Overnight Job?

- A process that validates the services entered into SmartCare
- This will assign a status to each service that was entered:
  - **Complete**: The service is ready to be claimed
  - **Show**: Indicates a service has not processed
- If a service is still in a show status after the Overnight Job, there is something preventing the service from switching from show to complete.

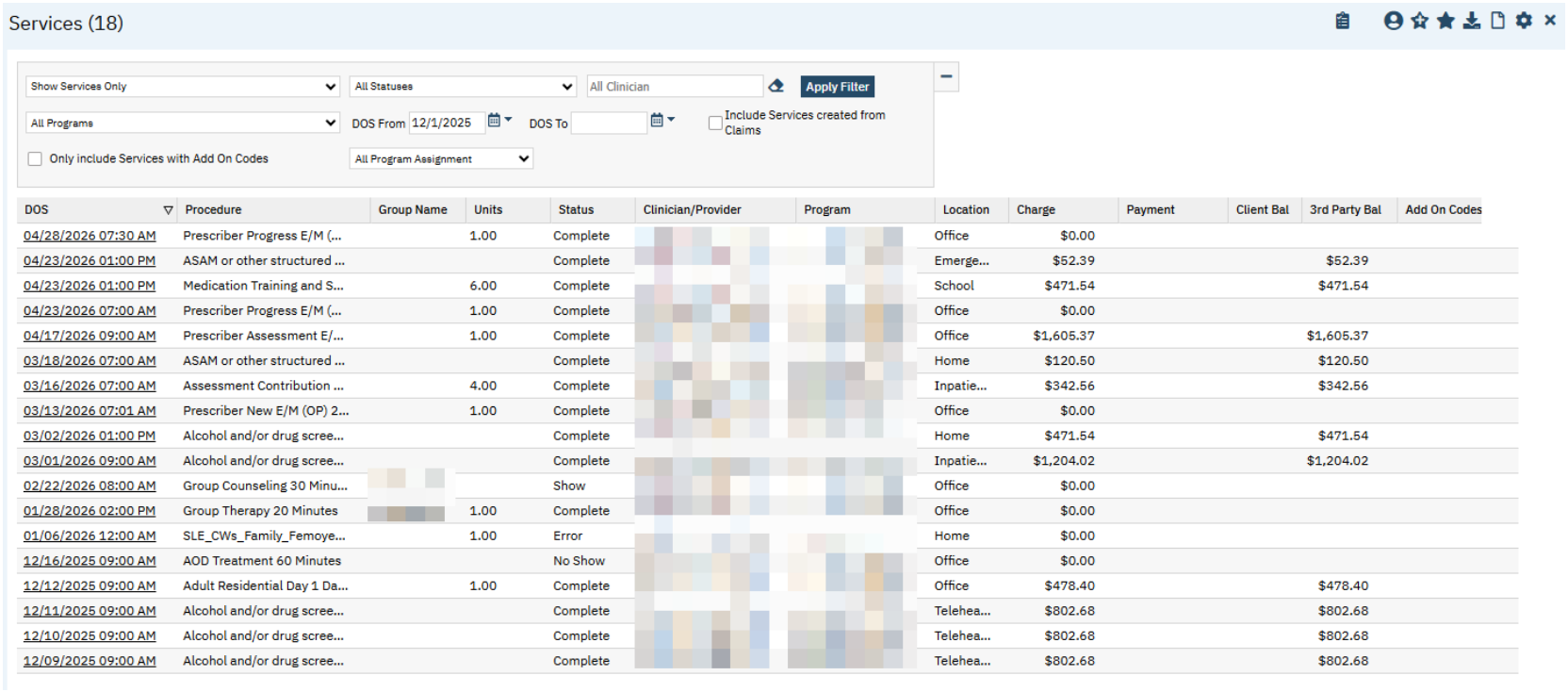
Services (My Office)

- Run the Services (My Office) list page to view all services entered for the selected program.
  - There are many filters available in the Services (My Office) screen, if needed change filters and select *apply filter button*.
  - To export the Services (My Office) Screen, select the export icon to download an excel version of the services screen.
- Staff can save a favorite with date filters to avoid locking themselves out of the Services (My Office) Screen.



Services (Client)

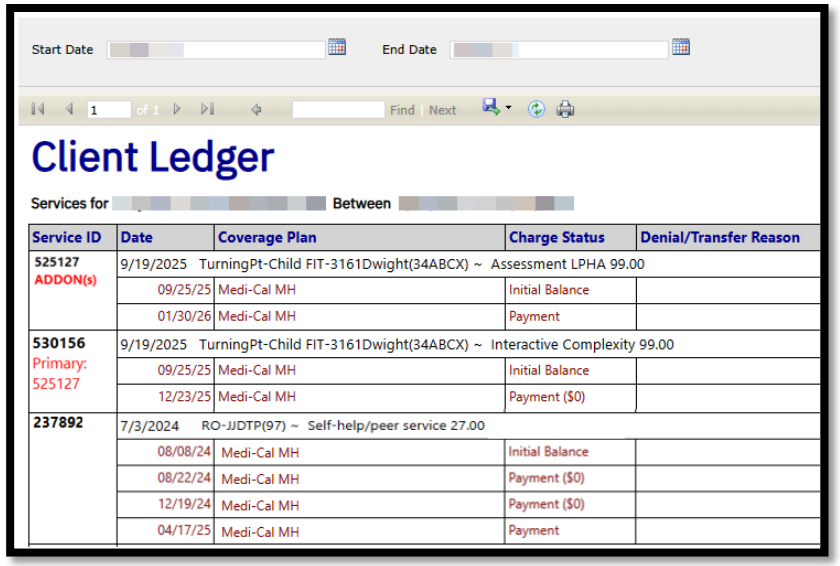
- Run the Services (Client) list page to view all services entered for the selected client.
  - This is also the screen admin staff will navigate too when erroring out services



DOS	Procedure	Group Name	Units	Status	Clinician/Provider	Program	Location	Charge	Payment	Client Bal	3rd Party Bal	Add On Codes
04/28/2026 07:30 AM	Prescriber Progress E/M (...		1.00	Complete			Office	$0.00				
04/23/2026 01:00 PM	ASAM or other structured ...			Complete			Emerge...	$52.39			$52.39	
04/23/2026 01:00 PM	Medication Training and S...		6.00	Complete			School	$471.54			$471.54	
04/23/2026 07:00 AM	Prescriber Progress E/M (...		1.00	Complete			Office	$0.00				
04/17/2026 09:00 AM	Prescriber Assessment E/...		1.00	Complete			Office	$1,605.37			$1,605.37	
03/18/2026 07:00 AM	ASAM or other structured ...			Complete			Home	$120.50			$120.50	
03/16/2026 07:00 AM	Assessment Contribution ...		4.00	Complete			Inpatie...	$342.56			$342.56	
03/13/2026 07:01 AM	Prescriber New E/M (OP) 2...		1.00	Complete			Office	$0.00				
03/02/2026 01:00 PM	Alcohol and/or drug scree...			Complete			Home	$471.54			$471.54	
03/01/2026 09:00 AM	Alcohol and/or drug scree...			Complete			Inpatie...	$1,204.02			$1,204.02	
02/22/2026 08:00 AM	Group Counseling 30 Minu...			Show			Office	$0.00				
01/28/2026 02:00 PM	Group Therapy 20 Minutes		1.00	Complete			Office	$0.00				
01/06/2026 12:00 AM	SLE_CWs_Family_Femoye...		1.00	Error			Home	$0.00				
12/16/2025 09:00 AM	AOD Treatment 60 Minutes			No Show			Office	$0.00				
12/12/2025 09:00 AM	Adult Residential Day 1 Da...		1.00	Complete			Office	$478.40			$478.40	
12/11/2025 09:00 AM	Alcohol and/or drug scree...			Complete			Telehea...	$802.68			$802.68	
12/10/2025 09:00 AM	Alcohol and/or drug scree...			Complete			Telehea...	$802.68			$802.68	
12/09/2025 09:00 AM	Alcohol and/or drug scree...			Complete			Telehea...	$802.68			$802.68	

Client & Program Ledger Reports

- Displays a record of various transactions between the payor(s)
- For example; the ledgers show
  - When services bill out
  - When services are adjudicated and posted into SmartCare, and
  - When the balance is transferred to a different payor(s)
  - Displays ADD-ON/Primary in the Service ID to identify services with add-on codes.



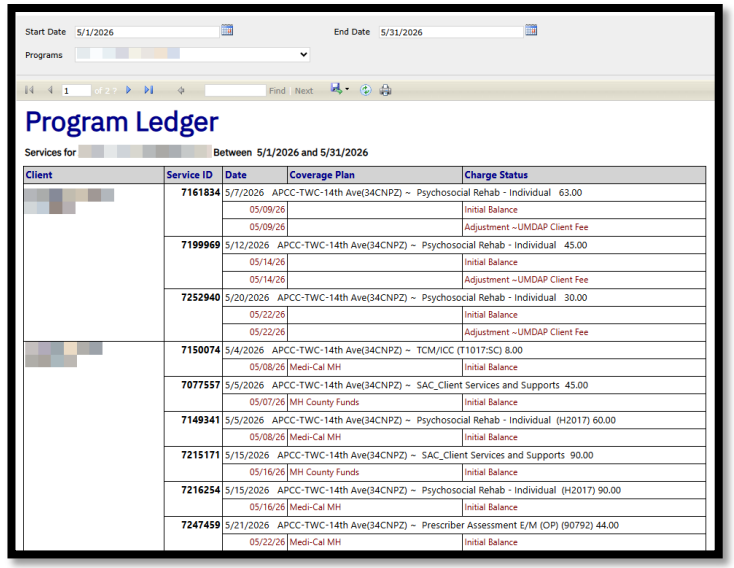
Start Date End Date

Find | Next

Client Ledger

Services for Between

Service ID	Date	Coverage Plan	Charge Status	Denial/Transfer Reason
525127 ADDON(s)	9/19/2025 TurningPt-Child FIT-3161Dwight(34ABCX) ~ Assessment LPHA 99.00			
	09/25/25	Medi-Cal MH	Initial Balance	
	01/30/26	Medi-Cal MH	Payment	
530156 Primary: 525127	9/19/2025 TurningPt-Child FIT-3161Dwight(34ABCX) ~ Interactive Complexity 99.00			
	09/25/25	Medi-Cal MH	Initial Balance	
	12/23/25	Medi-Cal MH	Payment ($0)	
237892	7/3/2024 RO-JJDTP(97) ~ Self-help/peer service 27.00			
	08/08/24	Medi-Cal MH	Initial Balance	
	08/22/24	Medi-Cal MH	Payment ($0)	
	12/19/24	Medi-Cal MH	Payment ($0)	
	04/17/25	Medi-Cal MH	Payment	



Start Date 5/1/2026 End Date 5/31/2026

Programs

Find | Next

Program Ledger

Services for Between 5/1/2026 and 5/31/2026

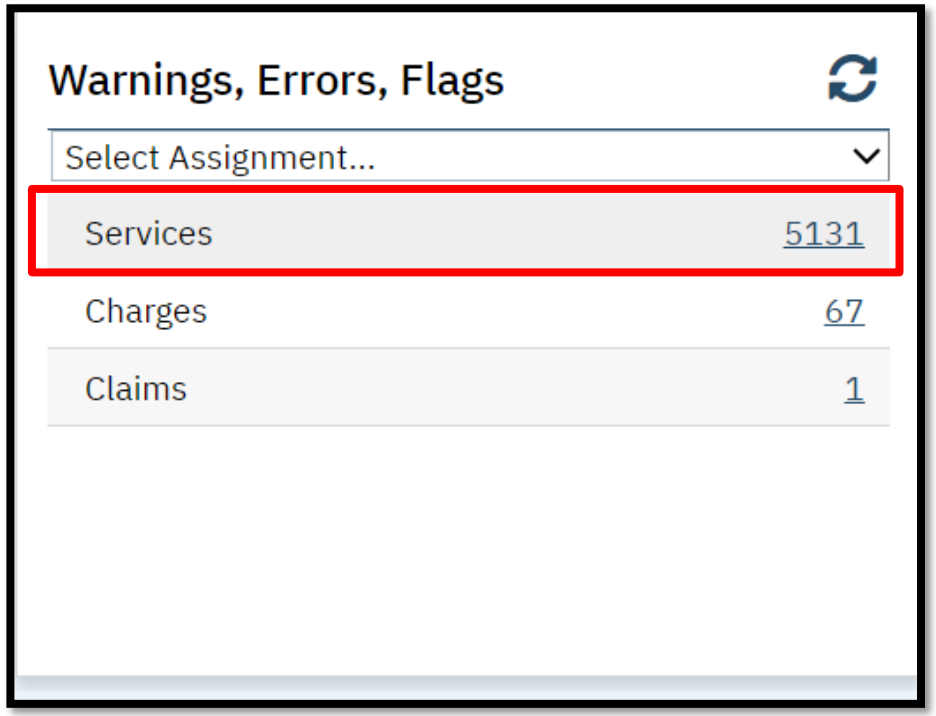
Client	Service ID	Date	Coverage Plan	Charge Status
	7161834	5/7/2026	APCC-TWC-14th Ave(34CNPZ) ~ Psychosocial Rehab - Individual 63.00	
		05/09/26		Initial Balance
		05/09/26		Adjustment ~UMDAP Client Fee
	7199969	5/12/2026	APCC-TWC-14th Ave(34CNPZ) ~ Psychosocial Rehab - Individual 45.00	
		05/14/26		Initial Balance
		05/14/26		Adjustment ~UMDAP Client Fee
	7252940	5/20/2026	APCC-TWC-14th Ave(34CNPZ) ~ Psychosocial Rehab - Individual 30.00	
		05/22/26		Initial Balance
		05/22/26		Adjustment ~UMDAP Client Fee
	7150074	5/4/2026	APCC-TWC-14th Ave(34CNPZ) ~ TCM/ICC (T1017:SC) 8.00	
		05/08/26	Medi-Cal MH	Initial Balance
	7077557	5/5/2026	APCC-TWC-14th Ave(34CNPZ) ~ SAC_Client Services and Supports 45.00	
		05/07/26	MH County Funds	Initial Balance
	7149341	5/5/2026	APCC-TWC-14th Ave(34CNPZ) ~ Psychosocial Rehab - Individual (H2017) 60.00	
		05/08/26	Medi-Cal MH	Initial Balance
	7215171	5/15/2026	APCC-TWC-14th Ave(34CNPZ) ~ SAC_Client Services and Supports 90.00	
		05/16/26	MH County Funds	Initial Balance
	7216254	5/15/2026	APCC-TWC-14th Ave(34CNPZ) ~ Psychosocial Rehab - Individual (H2017) 90.00	
		05/16/26	Medi-Cal MH	Initial Balance
	7247459	5/21/2026	APCC-TWC-14th Ave(34CNPZ) ~ Prescriber Assessment E/M (OP) (90792) 44.00	
		05/22/26	Medi-Cal MH	Initial Balance

Part 8 - Service Corrections

- How To Find Services Needing Corrections
- How To Correct Service Errors
- How To Request Edits To A Service
- How To Error Out A Service

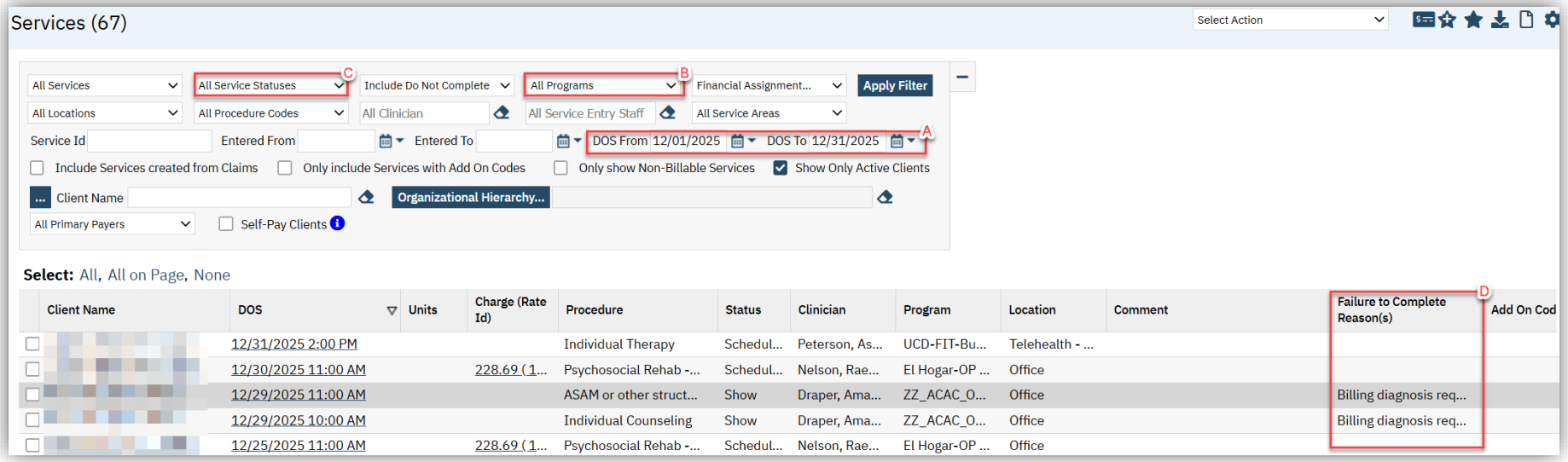
Widget: Warnings, Errors, Flags

- This widget will give the total number of services with errors for your programs.
- You will only have access to the first hyperlink for “Services”
  - The Charges and Claims hyperlinks are specific to the EHR billing team.
- Clicking on the *Services* hyperlink takes you to the Services (My Office) List Page.



Services (My Office)

- Run the Services (My Office) list page to view the Failure to Complete Reason(s):
- Filter the information below:
  a) Chose Date Range - do not go longer than one month, otherwise the screen may lock you out
  b) Select your program
  c) Under Service Status, select Show
  d) Scroll to the far right to view “Failure to Complete Reasons”
- To see step by step guide on How To Identify Services With Billing Errors, click on link below:
  - How To Identify Services With Billing Errors - 2023 CalMHSA



Failure to Complete Reason(s): Errors That will Prevent a Service from Billing Out

Financial information has not been complete for the client

- Refer to the Client Account Screen, check the box for Financial Information is Complete

Billing diagnosis required for completing the service

- Run Services Diagnosis Error (Sac) (My Office) report

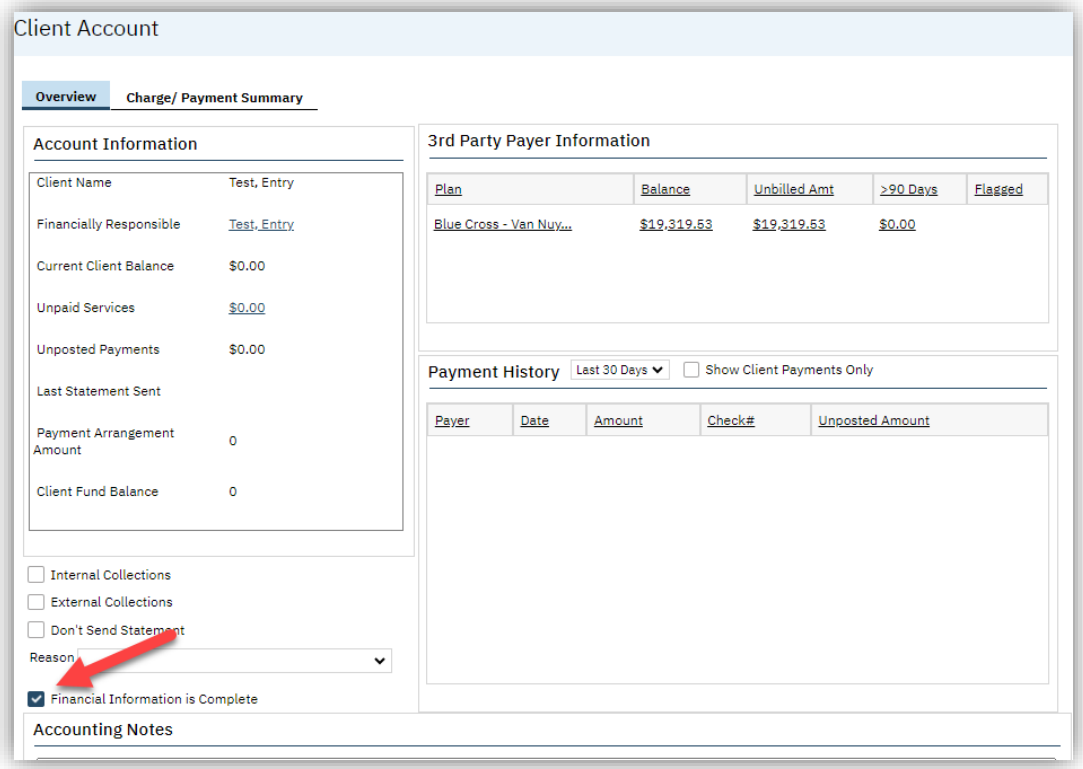
Unable to find matching rate for the selected procedure

- **Reach out to the EHR Billing team-**
  BHS-EHRBilling@saccounty.gov

These errors can all be found on the Services (My Office) screen

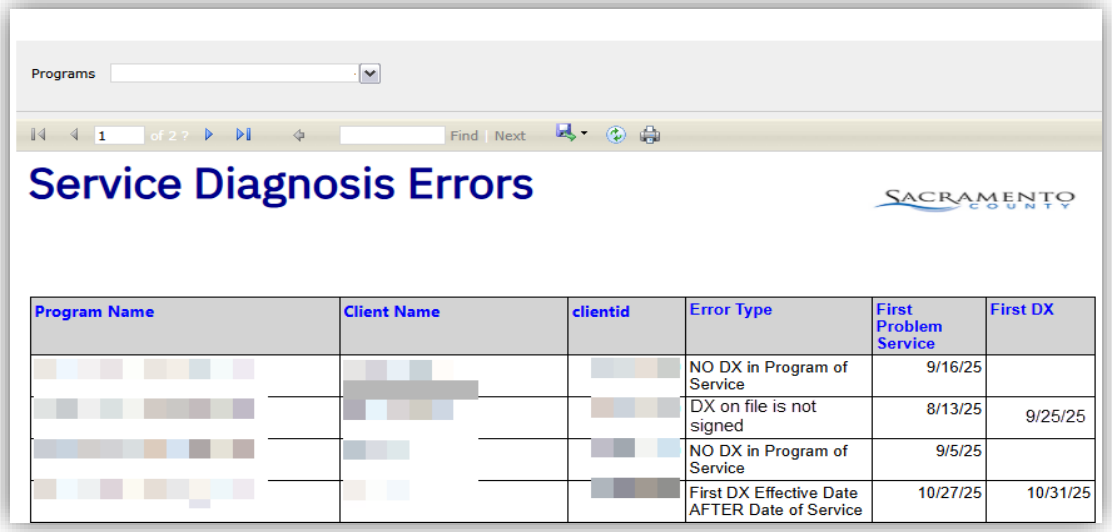
Failure to Complete Reason: Financial Information has not been Completed for the Client

- When the *Failure Reason* is ***Financial Information has not been Completed for the Client:***
  - Check the Client Account (client) screen to make sure the box for *Financial Information is complete* is checked



Failure to Complete Reasons:
Billing diagnosis required for completing the service

- When the *Failure Reason* is ***Billing Diagnosis Required:***
  - Run the Services Diagnosis Error (sac) report
  - Determine the error type
  - Make the necessary corrections in the Diagnosis Document (Client) screen
  - Refresh the diagnosis in the Service Details on the billing diagnosis tab


Programs

1 of 2 ? Find | Next

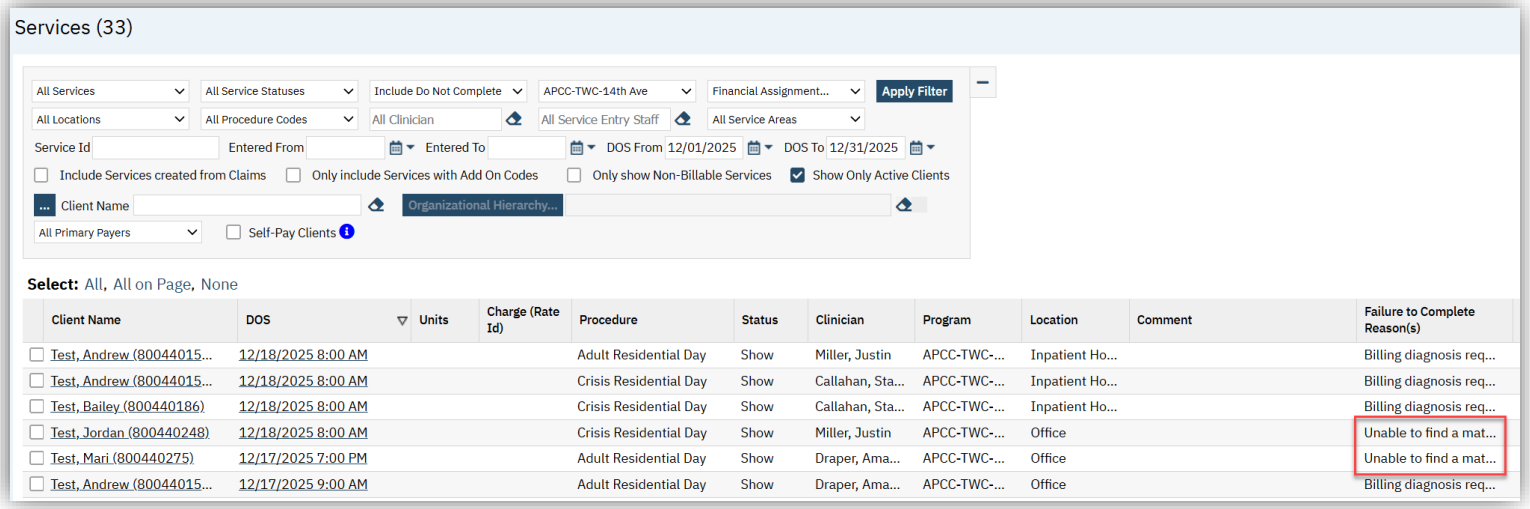
Service Diagnosis Errors

SACRAMENTO COUNTY

Program Name	Client Name	clientid	Error Type	First Problem Service	First DX
			NO DX in Program of Service	9/16/25	
			DX on file is not signed	8/13/25	9/25/25
			NO DX in Program of Service	9/5/25	
			First DX Effective Date AFTER Date of Service	10/27/25	10/31/25

Failure to Complete Reasons:
Unable to Find Matching Rate For The Selected Procedure

- If there is no rate on the Completed service (and it is NOT a non-billable), make sure Coverage has been entered
- If you see a failure reason that says ***Unable to find matching rate for the selected procedure*** on the Services (My Office) list page Reach out to the EHR Billing team for further review –
  - BHS-EHRBilling@saccounty.gov



What Service Information can be Edited

Services in Show Status

- Location
- Mode of delivery
- Start date
- Start time
- Procedure
- Service Time

Services in Complete Status

- Location
- Mode of delivery
- Start date
- Start time
- Procedure (see Procedure Code Updates Slide for more information)
- Service Time (see Regenerating Service Charges Slide for more information)

Requesting Edits on a Service

- Edits can be made to a service if the information was entered in error
- Only pre-claimed services can be edited, run the Program Staff Service Export (SAC) (My Office) Report to see if a service has been claimed.
- To request an edit on a service, please send an ***ENCRYPTED*** email to BHS-EHRSupport@saccounty.gov with the following:
  - Client Information (Name & Client ID)
  - Service Date & Time
  - Service Author
  - Procedure Code
  - The Edit That Is Being Requested

Program Staff Services Export (SAC) (My Office)

- This report will show service details for your program
- The status field on the report will show if a service has been claimed
- Please Note: Only Pre-Claimed Services in the following statues can be edited by the EHR Support Team:
  - C-Charge Created
  - S-Completed

FTF	Travel	Doc	Status	Charge Code
8.00	0.00	5.00	C-Claim Sent	H2011
35.00	0.00	9.00	C-Claim Sent	H2011
50.00	60.00	10.00	C-Claim Sent	H2011
10.00	0.00	5.00	C-Paid	H2011
8.00	0.00	5.00	C-Paid	H2011
30.00	0.00	10.00	C-Claim Sent	H2011
90.00	0.00	30.00	C-Charge Created	H2011
120.00	0.00	30.00	C-Charge Created	H2011

Procedure Code Updates

A procedure code can be updated if the note type matches the new procedure

Not all procedures can be changed – If a code cannot be edited, then the service will need to be put in Error status by program admin staff and resubmitted with correct information.

We cannot change a billable service to non-billable & We cannot change a non-billable service to billable

If Duration/Unit or Procedure Code is edited, the provider will need to reach out to the EHR Billing Team to Regenerate the Charge. (See next slide for details)

Regenerating Service Charges

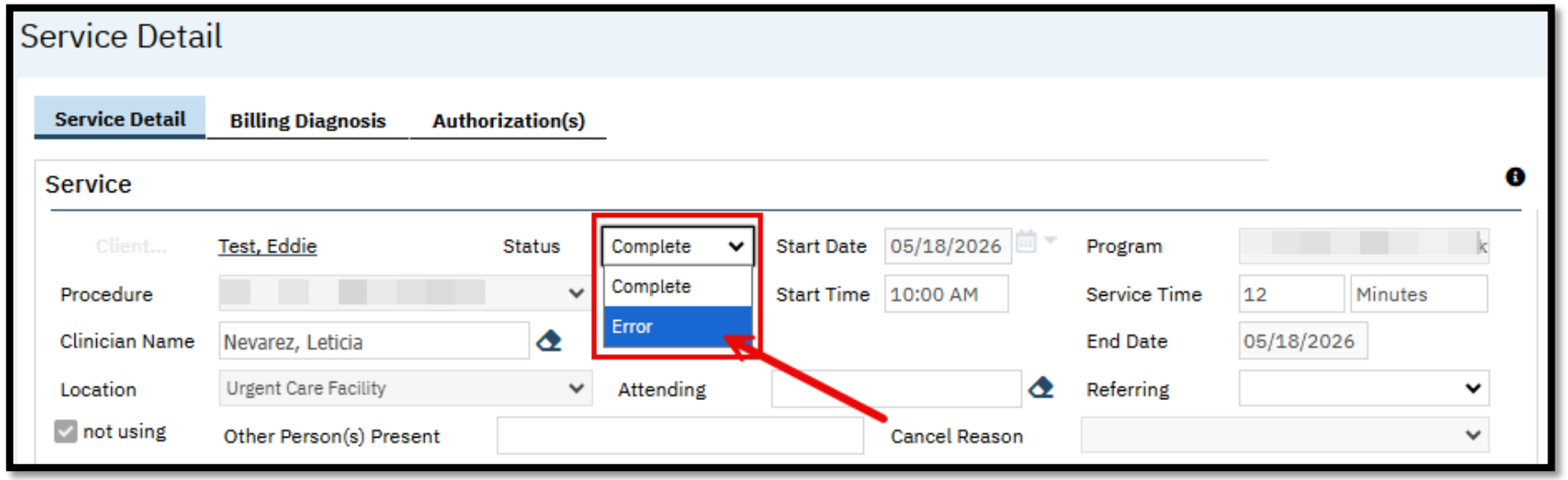
- If Duration/Units or Procedure Codes are edited, the provider will need to reach out to the EHR Billing Team to Regenerate the Charge.
- The Billing Team can be reached via email
  - BHS-EHRBilling@saccounty.gov

What to do if the Service Cannot be Edited

- If a service cannot be edited it will need to be put in Error Status
- Reasons why a service may need to be put in Error
  - Duplicate service
  - Billed in error
  - If there are fields that cannot be edited
    - Clinician name
    - Some procedure codes
- Change the service status to Error
  - A service in Error will not bill out
  - ***Putting a service in Error will also delete the attached progress note.***
    - If a progress note has been entered, make sure to work with the clinician before putting a service in Error. The clinician will need to save the content of their note prior to putting it in Error if applicable
- **Never put a claimed service in Error status**

How to Error Out a Service

- Select your client from the client search bar
- Search Services (Client)
- Click the DOS for the service needing to be errored
- In the Service Detail Screen, switch the status from Complete to Error
- Click Save and Close to save the service.



Information about Editing Service Notes

- If the documentation of a service note needs to be edited, that can only be completed by the original author of the note
- If a note is unsigned and the author is no longer at the agency, the service must be put into Error status
  - To save the content of the note, another provider can enter the documentation with a non-billable procedure code
- Edits to the service do not affect the PDF of signed document
  - The author of the document will have to create a new version by editing the note and signing it again
- Resources can be found below:
  - Editing a Document Tipsheet - EHR Support

Knowledge Check

Correct Answer:

Complete

The Overnight Job validates services entered into Smartcare, the service will be in a complete status if it is ready to be claimed and in a show status if there are issues that may need to be addressed.

Part 9 - Discharge

- Client Programs (Client)
- Next Steps

Important Information Regarding a Discharge

- A discharge is done when the client's treatment has ended or based on QM requirements for your program
- Make sure all required elements are completed before completing the discharge
- Be sure to choose the correct program
- When choosing a discharge reason, refer to the Discharge Option document provided by QM
  - Discharge Reasons – Documentation Standards (QM)

Demo- Discharge

- Discharging A Client From A Program
- Resources can be found below:
  - How to Close a Client to a Program – CalMHSA

How can I get additional help?

- **CalMHSA LMS Trainings-** CalMHSA has provided many training videos and materials on their webpage Home - 2023 CalMHSA. There are interactive training videos as well as training guides which can be printed out and referenced
- **BHS EHR Team** can be contacted by e-mail and phone
  - E-mail: BHS-EHRSupport@SacCounty.gov
  - Phone: 916-876-5806
  - Office Hours: Monday-Friday 8am-5pm, except for county holidays

Additional Support

- **BHS EHR Training-** Contact for training registration or account updates
  - BHS-EHRTrainingReg@saccounty.gov
- **BHS EHR Billing-** Contact for billing or claiming questions
  - BHS-EHRBilling@saccounty.gov
- **Quality Management-**Contact for documentation questions
  - QMInformation@saccounty.gov
- **Quality Management Staff Registration-**Contact for license updates
  - DHSQMStaffReg@saccounty.gov

Access to TRAIN Environment

- If you would like a chance to practice before gaining access to SmartCare, access can be given to the TRAIN environment
  - All trainings and quizzes must be complete before gaining access to the TRAIN environment
  - Access to the LIVE environment will be removed while you are working in TRAIN
  - Test client should only be used in the TRAIN environment, do not create test clients in the LIVE environment
- Email BHS-EHRTrainingreg@saccounty.gov to request access to TRAIN
- Accessing TRAIN is not a requirement

Additional Training

- Before gaining access to SmartCare you will need to complete the LMS training modules that were sent with the training confirmation
- After completing each module you'll take the quiz on the LMS portal
  - You'll need at least 80% to pass each quiz, the quizzes can be taken more than once
  - Take a screenshot of the passing score and save on an email or Word doc
    - The training registration team may ask for a screenshot of your score to verify your results
- The trainings are found on CalMHSA's LMS portal, there is a tip sheet on our webpage which goes over how to create an account on the portal

Required LMS Trainings for Admin Staff

- **SmartCare Basics for all Users:**
  - Message from Director
  - Basic Navigation
  - Privacy and Security in SmartCare
- **SmartCare Clinical Workflow for Clinicians (Life Cycle of a Client):**
  - Life Cycle of a Client: Requests for Services, Screening, and Intake & Assessment
  - Life Cycle of a Client: Services
- **SmartCare for Billing Staff**
  - Billing: Adding Coverage & Eligibility
  - Billing: MMEF & UMDAP

Next Steps…

- You will receive an email with a quiz link and training survey link shortly. Please complete the survey and the quiz as soon as possible
  - You have 30 days after the date of training to take the quiz. If you wait past 30 days, you will need to retake training
- Once you complete and submit the quiz with a score of 80% or above, please reply to the e-mail from bhs-ehrtrainingreg@saccounty.gov so we can verify you've passed the quiz successfully
- Upon successful completion, permissions will be added to your profile and you will be emailed your username and login instructions

Knowledge Check

Correct Answer:

C

In addition to completing today's Teams training and quiz, all required LMS videos/quizzes must be completed before gaining access to SmartCare. These videos were a pre-requisite to attending today's training, however, they can still be completed at the end of training.

Logging in for the first time

- When logging in for the first time you will use the username provided to you by the Training Reg Team.
- You will use a temporary password of: Smartcare1
- After you log in, you will get a message that your password expired and it will prompt you to create a new one.
  - In the old password section enter: Smartcare1
  - The new password must be at least 8 characters long, containing 1 uppercase letter and 1 number

If you have any trouble logging in, please contact the EHR Help desk at 916-876-5806

End of Training