Agenda

Electronic Health Record (EHR) MH User Forum



Date: September 25, 2025 **Time:** 1:00 to 2:30 PM

Location: Virtual using Zoom

Facilitator: Kristi Duthler

Scribe: Chean Chheng

Attendees: (See sign in sheet)

Topic	Presenter	Start Time	Length
Welcome/Introductions	Kristi	1:00 PM	5 min
 Zoom meeting overview 			
• Agencies attended:			
 WellSpace 			
o River City Recovery			
o Bridges			
CORE Medical Clinic Sourcity Propagate Solutions			
 Serenity Recovery Solutions Sunrise Health & Wellness Center 			
 Sum ise freatin & wenness center Transitions 			
o Sac Recovery			
o GLOM			
 Sacramento Recovery House 			
 Recover Medical Group 			
o Aegis			
Stanford Youth			
 Our December user forum will move to the TEAMS platform 			
 Avatar contract ended 6/30/25 			
Reminder to not use test clients in the live SmartCare environment			
 New Agenda Item for future User Forums: Provider Topics 			
Support/Training Registration and Billing Mailboxes			
Support: BHS-EHRSupport@saccounty.gov			
o Training Registration: BHS-			
EHRTrainingReg@saccounty.gov			
o Billing: BHS-EHRBilling@saccounty.gov			
Staff movement/promotions			
 Sarah Saldivar promoted to ASO II – overseeing SUPT Claiming 			

0	Mike Hagel promoted to ASO II – overseeing Mental Health Claiming			
0	Stacey Callahan promoted to ASO II – overseeing Support			
0	Alam Abo Kweder & Jamie Belanger promoted to Accounting Technicians, supporting SUPT			
0	Ranjana Prasad was promoted to Accounting Technician (Mental Health & EHR Billing)			
0	Liliana Barraza was promoted to ASO I – BH-Connect & new initiatives and supporting both MH and SUPT			
0	Guadalupe Anguay and Leticia Nevarez joining EHR team ASO I			
0	Alona Kozachenko joins Training Registration team			
 Claim July 20 Medic for Jun Claim current submit a lot of approximate a lot of the submit and the control of the c	edicare Claiming/Fiscal Updates ing Status Update for Medi-Cal: claimed through 025 and working on August 2025 Care services completed for May 2025 and preparing ne 2025. s Correction Spreadsheet (CCS) – These are tly completed within 8 weeks from the date tted. Please give us time to process these, it involves if research for each CCS. Also, Voids are only for wed services, not denied services. cate CCS Tipsheet: How to Avoid a Duplicate CCS neet.pdf dating any payor including OHC and Medicare, use the last month of the client's coverage. Do not ate or remove payors unless the client no longer has verage even if it's a payor your program doesn't use. hayor may have been entered by another program the is seeing.	Lana	1:05 PM	10 min
Health • Please insure in min	Care Claiming Updates through June 2025: for a Net and Anthem and awaiting adjudication. The remember to use client CIN number for their d ID and when entering ECM programs, please keep and that all ECM programs begin with ECM. & (SAC) Reports in SmartCare	Mike	1:15 PM	5 min
Other Billing	/Claiming Items	Richard	1:20 PM	5 min
• CIN reneed to	equirement for corrections – CIN number does not o match initial claim anymore. You can now submit of for replacement if the wrong thing was billed out			

 CO96/N216 denials are received when the HL or the 93/95 modifiers were added incorrectly by SmartCare. This is because DHCS implemented a change that certain procedure codes weren't allowed to use this. A fix will be deployed for the week of October 6, and we are not claiming until the deployment of that fix. Mental Health Billing manual has been updated https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx Updated to Service Correction Training -			
SmartCare Support Reminders • Please reach out to us for support questions at BHS- EHRSupport@saccounty.gov or by phone at 916-876-5806 • It is recommended to avoid using the Web Browser Password Auto fill, because this is the main cause for accounts being locked out. • Remove Autofill Tip Sheet.pdf • Notifying EHR Team and QM when staff are terminated • Notifying EHR Team when a program closes Inquiries Screen • Added New Referral Clinician, Psych Testing, Clinician • Added Priority to the Urgency dropdown Special Populations	Justin	1:25 PM	10 min
 Added AOT-Court Settled to the Special Population Type dropdown Medication Management RX- With the Upcoming July MSP estimated to be implemented on Oct. 20, 2025, there will be new functionality added to the Medication Management RX Screen. Free-Text Sig- Not being implemented at this time. This was originally discussed on the User Forum Weight based Dosage Calculator- (Not originally discussed on the user forum)-See additional information after agenda The purpose of this release is to implement a weight-based dosage calculator in the SmartCare Rx application for pediatric clients. 			

 It dynamically computes medication dosages using client weight and validates them against FDB-defined min/max thresholds. If the calculated dose exceeds the recommended maximum, a Dosage Acknowledgement popup is triggered, requiring prescriber confirmation. This feature enhances clinical safety by integrating configuration-driven logic, unit compatibility checks, and audit logging for high-dose overrides. 			
 Issue Fixes Service Notes screen-a new animation was added when a reviewer/cosigner declined to sign a note. This was added to encourage the user to stay on the page to allow the processing to be completed. Once completed the note will move to In Progress as intended. 			
SmartCare Reports • Release Items • Specific Housing Reports ○ Special Populations Housing Status Report (SAC) ○ Special Populations Report (SAC) ○ Program Demographics Report (SAC) - Please see attached	John/Val	1:35 PM	10 min
The next ECM Provider meeting is October 2, at 9:00 A.M. Health Net will be attending to discuss options for former and current ECM providers to contract directly with them as an ECM/Community Supports provider.	Darlene	1:45 PM	5 min
 Training Updates Welcome Alona Kozachenko to Training Registration Training schedules posted through October 2025 Training Surveys – we'd like to encourage people to take our surveys and leave us feedback, so we can review and reflect on how we can improve our trainings. Slide Deck Updates MH Provider Admin Microsoft PowerPoint - Website MH Provider Admin Training 081925.pptx Service Corrections Microsoft PowerPoint - Website Service Corrections 081925.pptx Next MH User Forum: Thursday, December 4th at 1:00pm 	Kat	1:50 PM	10 min

0	Moving to MS Teams			
New SmartC	are Items or Issue Updates	Kristi	2:00 PM	5 min
• AB 35	2			
0	Using the Special Populations screen, AB352 compliance can be documented using the new special population types below: AB352-Abortion AB352-Contraceptopm AB352-Gender Affirming Care			
0	For more information regarding AB352, see CalMHSA's webpage, https://2023.calmhsa.org/ab-352-compliance-how-to-add-new-indicators-to-a-clients-record-in-special-populations/			
Open Forum		All	2:05 PM	25 min
0	Question: For financial waterfall, is the MHSA code the 15 or the 20, and is it required? Is there a county fund that is required for the match for MH clients who have Medi-Cal?			
0	Answer: We've moved away from payor numbers the match payor to use for clients who have Cal is called "County Fund".			
0	Question: Is QM Trainings for SmartCare, or other training in the county?			
0	Answer: QM Training provides documentation training, and EHR provides trainings on SmartCare functionality.			
0	Question: Is it possible for an admin/clerical front desk reception communication log to be added to SmartCare since we're unable to write notes. It would be used when communicating with families or caregiving and would allow treatment teams or clinicians to view.			
0	Answer: please send us an email and we will ask CalMHSA to see if it is something that can be done, or if there is a possibility of providing access.			
0	Question: Contract monitors have back-end connectivity to SmartCare tables, is that something providers could have access to also?			
	Answer: No, because there would be no way to impose security on an SQL connection.			

Update to Med Management RX-Weight Based Dosage

Weight based Dose Calculator for clients under 18 years of Age

Functionality 'Before' and 'After' release: Before this release, the doses were not calculated for the selected medication based on the Client weight, and if the dose entered exceeds the Recommendation dosage the system was not alerting the user on the medication with high dosage being prescribed.

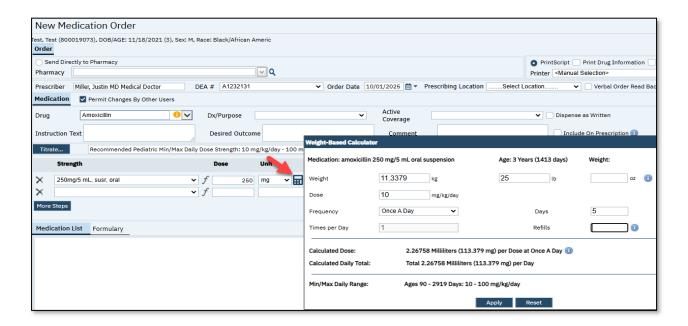
With this release, Weight based dose calculator is implemented which calculates the dose ranges for the medication based on weight of client.

The purpose of this release is to implement a weight-based dosage calculator in the SmartCare Rx application for pediatric clients. It dynamically computes medication dosages using client weight and validates them against FDB-defined min/max thresholds. If the calculated dose exceeds the recommended maximum, a Dosage Acknowledgement popup is triggered, requiring prescriber confirmation. This feature enhances clinical safety by integrating configuration-driven logic, unit compatibility checks, and audit logging for high-dose overrides.

Weight based Dose Calculator icon will be displayed in between Unit Field and Frequency field in the following Order screens.

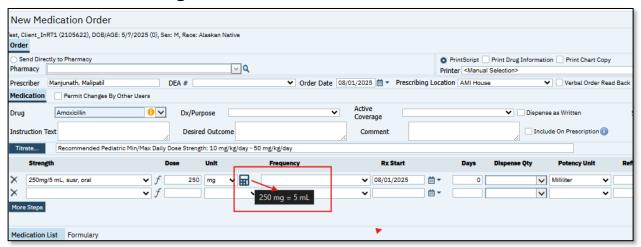
- New Medication Order
- Re-Order Medication Order
- Add Medication (Not Ordered Locally)
- · Change Medication Order





Weight based Dose Calculator Examples

Dosing Calculator Non-Clickable if Over 18



- If the selected client is more than 18 years and the selected medication strength is mg/ml the weight-based dose calculator icon will be displayed, and hover functionality will be displayed.
- The icon will not be clickable, meaning the user cannot click it or access the Weight-Based Calculator popup.
- When the user hovers over the icon, a tooltip should appear displaying the exact mg to mL calculation without rounding.

New Medication Order rest, test (800019073), DOB/AGE: 11/18/2021 (3), Sex: M. Race: Black/African Americ Order Send Directly to Pharmacy Pharmacy Pharmacy Pharmacy Pharmacy Permit Changes By Other Users Drug Amoxicillin Desired Outcome Titrate... Recommended Pediatric Min/Max Daily Dose Strength: 10 mg/kg/day - 100 m Strength Dose Unit Titrate... Recommended Pediatric Min/Max Daily Dose Strength: 10 mg/kg/day - 100 m Medication: amoxicillin 250 mg/s mL susr, oral Yerbal Order Read Bac Medication: amoxicillin 250 mg/s mL oral suspension Age: 3 Years (1413 days) Weight: More Steps Medication List Formulary Calculated Dose: Calculated Do

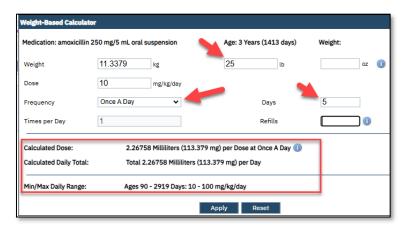
Dosing Calculator Clickable if under 18

• If the selected client is younger than 18 years and the selected medication strength is **mg/ml** the weight-based dose calculator icon will be displayed, and hover functionality will be displayed.

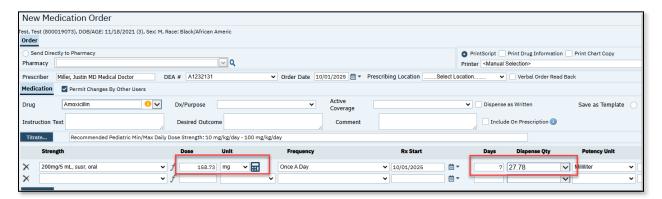
Ages 90 - 2919 Days: 10 - 100 mg/kg/day

- The icon WILL be clickable, meaning the user CAN click on it to access the Weight-Based Calculator popup.
- When the user clicks on the icon it will open the Weight Based Calculator
- You can enter the wight in KG,LBS or ounces, the Frequency, Days and then it will calculate the dosage recommendation.

Weight based Dose Calculator Pop Up



- Weight-If the weight of the client does not automatically add, you can enter it in here.
 - If the weight needs to be updated for the permanent record it must be entered through the Vitals Flowsheet
- Frequency-The Frequency would need to be selected here to calculate the dosage
- Days-Would need to be entered
- Refills-Needs to be entered
 - The Calculations will show on the bottom section and Days are showed instead of years based on the Age of the client, Ex. 15 Years (5800) days

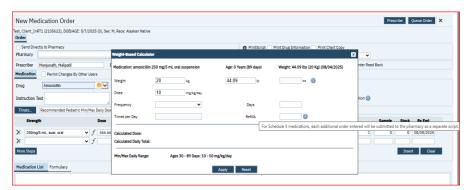


- The Dosage and Dispense QTY will update based on the calculator
- If you are good with the update, you can insert the order

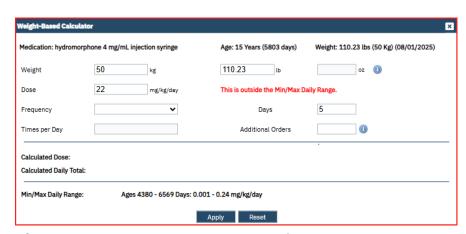


 This will update the instruction text with the dosage and dispense information

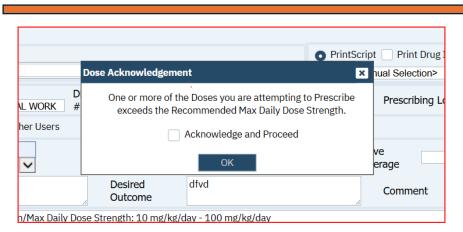
Weight based Dose Alerts and Messages



 For Schedule II medications, each additional order entered will be submitted to the pharmacy as a separate script.



 If the entered Dose is outside the Min/Max Daily Range, the system will show a red bold message: "This is outside the Min/Max Daily Range."



- A new Alert is implemented that will be triggered during prescription entry in the Rx Application in the Order screens when the selected medication dosage exceeds the maximum recommended dose based on the client's weight.
- This alert will require an explicit acknowledgement by the prescriber or staff before inserting the medication in the Order screens.

Program Signed Assessments (SAC) TDAT added

Care Plan Status (SAC) Split into Housing/Regular based on procedure SAC_Housing Plan Development

Program Charge Summary (SAC) Add Service Date parameter range to mimic Contract Provider Charge Export

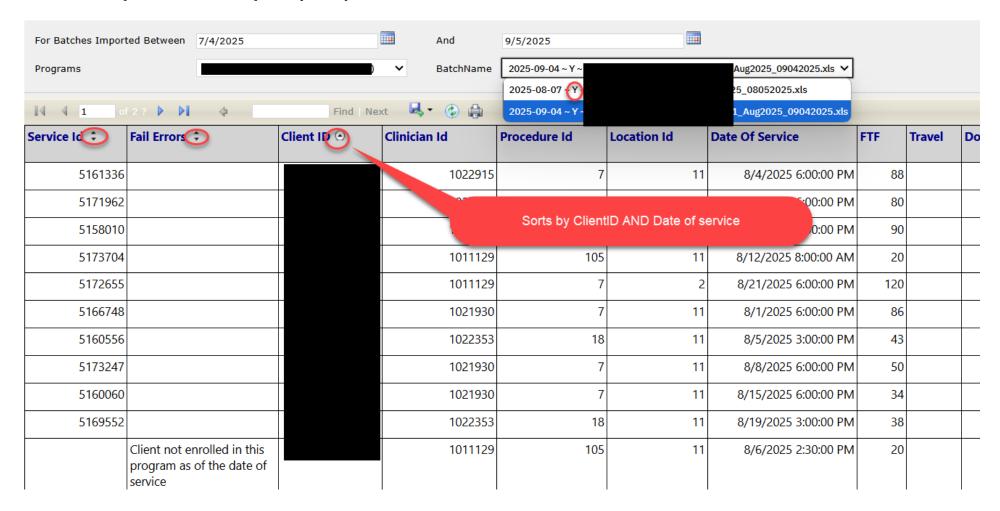
Program Denials (SAC) Add Provider Taxonomy from 837, Move Staff ID/Name to support CCS Export, clean up layout to eliminate split columns in Excel Export

Inpatient LOS (SAC_MHTC) Added Whiteboard Attending and Last ICD10 in the Date Range of the admission

Client Contacts Report (SAC) Modified to not exclude records (PCP was the specific request) which do not include Phone #

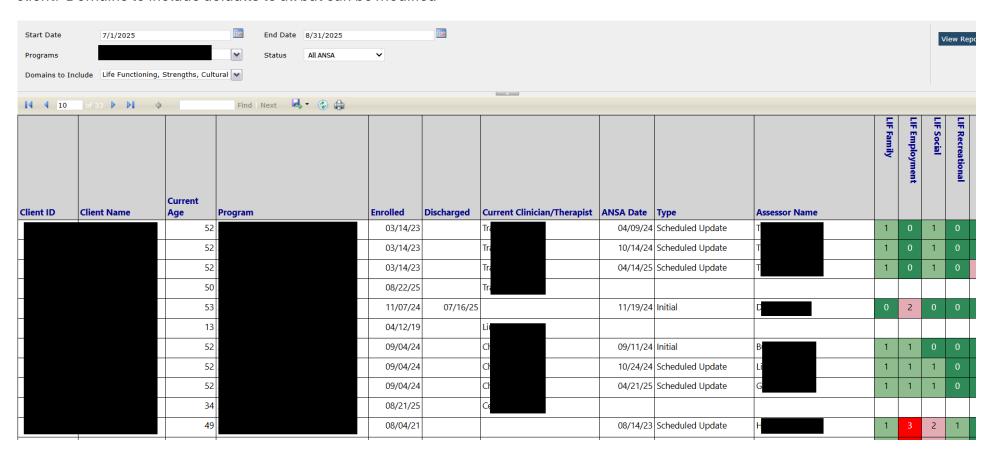
Staff for Programs Report (SAC) Modified to pull taxonomy code from the new historical License based locations

Service Import Batch Report (SAC)



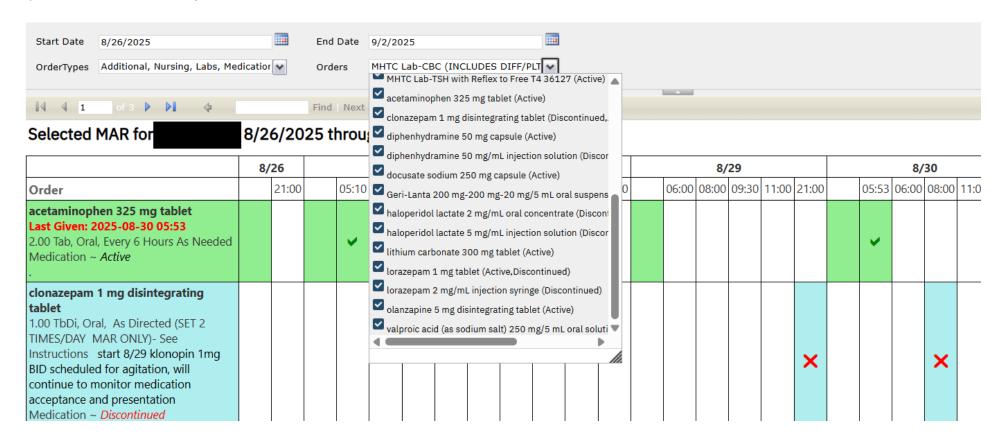
ANSA Program Export (SAC)

Replicated from the CANS reports. Shows all clients open to the program(s) in the date range selected with either ALL or the LAST ANSA per client. Domains to include defaults to all but can be modified



Client MAR Report (SAC_MHTC)

For the selected client, defaults to show MAR for the past 7 days for All order types, for All orders. But All of those (date range, order type and specific orders to include) can be modified

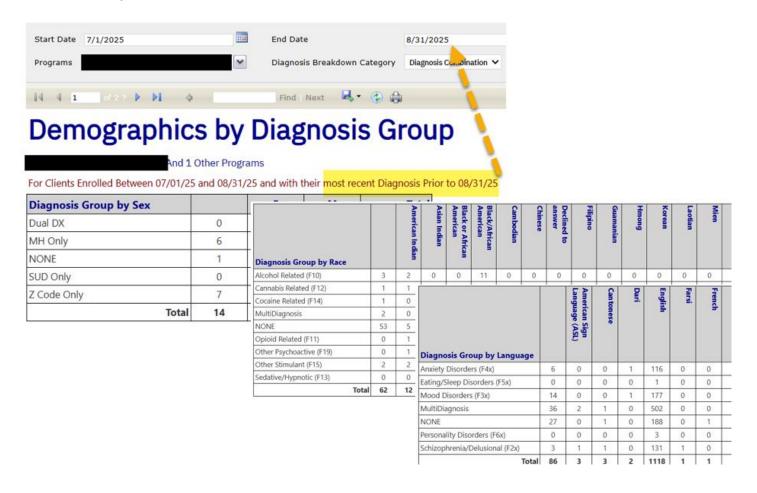


Demographics by Diagnosis Category (SAC)

For clients open in a date range with their most recent diagnosis prior to the end date, breaks down by 3 possible groupings for Sex, Age, Language and Race

Groupings are

- 1- Diagnosis Combination (MH only, SUD only, Dual DX, NONE or Z Code Only)
- 2- SUD Only
- 3- MH Only

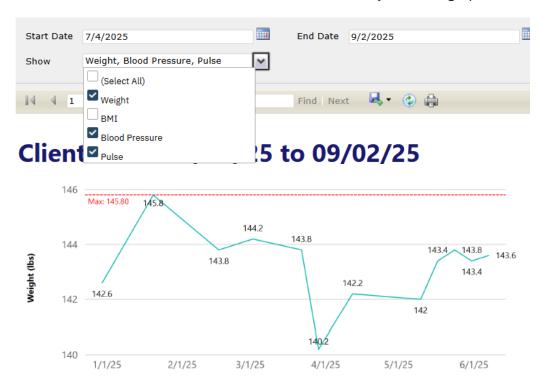


OR it can be run to show the details only

Program Name	Client Name	Client ID	Enrolled	Discharged	DXDate	Group ‡	MH DX ‡	SUD DX ‡	Sex	Age Group	Primary
			06/11/25		06/11/25	MH Only	Anxiety Disorders (F4x),Mood Disorders (F3x)		М	50+	
			06/13/25		06/13/25	Z Code Only			М	26-49	English
			08/15/25		08/15/25	MH Only	Anxiety Disorders (F4x),Mood Disorders (F3x)		F	50+	English
comon(sse)			08/30/24		08/30/24	Dual DX	Anxiety Disorders (F4x)	Cannabis Related (F12),Cocaine Related (F14),Opioid Related (F11)	М	18-25	English

Client Vitals Report (SAC)

For the selected client and defaulted to the last 60 days, shows graphs for Weight, BMI, BP and Pulse



Hovering the mouse over out of range readings will show the date so they can be corrected



Progress Note STAFF Search (SAC)

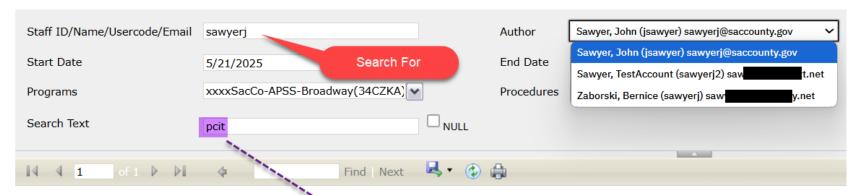
Replicated from the Abbreviated Notes Report (or Progress Note Search), but STAFF based instead of CLIENT based. Staff search is NOT secured, but output is CDAG secured. Staff can be searched by StaffID, UserCode, Last Name, First Name, Full Name or Email or any portion of any of those

After entering search term, drop down will populate with matching staff names

Date range defaults to the past 90 days, but can be changed

Programs and Procedures are driven by Authored notes in the date range, but default to All

Search text allows for searching actual note text for a word/phrase if desired



Progress Notes by Staff

Sawyer, John

Client / Program	Procedure / Status	Date / Units				
Test, Entry 758277000 xxxxSacCo-APSS-Broadway(34CZKA)	Assessment LPHA Signed	07/17/25 2				
Progress Note Information	afdafds	The state of the s				
Progress Note Care Plan	an Recommended Treatment: Parent-Child Interaction Therapy (PCIT) Care plan written by Erika Leacox. Care plan reviewed by Robyn Metcalfe and Dr. Dawn Blacker upon initiation of PCIT.					

Program Housing Days Report (SAC)

For Clients enrolled during the date range selected, counts the number of days by special population

- 1- Admitted (open enrollment)
- 2- Literally Homeless (Literally Homeless-Chronic Homelessness OR Literally Homeless-Not Chronic Homeless)
- 3- Other Homeless (Homeless-Sheltered OR Homeless-Bridge/Interim OR Transitional Temporary Housing)
- 4- Housed (Housed/No Imminent Risk of Homelessness OR Imminent Risk for Homelessness)

If none of the above in the date range selected, notes No Housing on File

If there is ANY record of Chronic Homelessness (even if not currently active), flags the client as HX of Chronic

Note total days in a housing status could OVER or UNDER count based on open days if special populations overlap or do not cover the full date range



Program Housing Days

And 1 Other Programs
For Clients Enrolled Between 01/01/25 and 03/31/25

Program Name	Client Name	Client ID	Admit	Discharge	Days Admit In Date Range	Days Literal Homeless	Days Other Homless	Days Housed	No Housing On File	History of Chronic
		1	02/06/24		90	0	0	90		
		1	10/08/24		90	90	0	0		
	•	3	08/15/22		90	90	0	0		Υ
	•	7	07/03/23	07/14/25	90	90	0	0		Υ
		9	12/24/24	01/14/25	14	0	0	0	Υ	
		1	08/22/24	02/04/25	35	0	0	0	Υ	
	-	1	12/31/24	02/05/25	36	0	0	0	Υ	
	•	1	07/12/24		90	0	0	90		
		1	09/14/22		90	0	0	90		
		1	08/15/24		90	0	15	0		

The footer includes Counts of Clients, Clients with No Housing and Clients with a History of Chronic Homelessness

It also included totals of DAYS for Days Admitted, Days Literally Homeless, Days Other Homeless and Days Housed

Program Name	Client Name	Client ID	Admit	Discharge	Days Admit In Date Range	Days Literal Homeless	Days Other Homless	Days Housed	No Housing On File	History of Chronic
			03/21/25		11	0	0	0	Υ	
			03/28/25		4	0	0	0	Υ	
	Totals:	927			68,634	5,449	4,797	22,826	534	47

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