

Agenda



Electronic Health Record (EHR) MH User Forum

Date: May 28, 2026

Time: 1:00 to 2:30 PM

Location: Virtual using Microsoft Teams

Facilitator: Melony Ibarra

Scribe: Chean Chheng

Attendees: (See sign in sheet)

Topic	Presenter	Start Time	Length
<p>Welcome/Introductions</p> <ul style="list-style-type: none"> • Not using test clients in live SmartCare environment • AI Note Takers • Agencies attended: • APCC • APSS • BACS • Capital Star • El Hogar • Heartland • La Familia • MHTC • Pacific Clinics • POYS • River Oak • Sac Co CARE • Sac Co CJJ • Sac Co Collab Courts • Sac Co Contracts Admin • Sac Co CQI • Sac Co CST • Sac Co CWRT • Sac Co Fiscal • Sac Co IPT • SCH • SMHTC • SSYAF • Telecare • TLCS • TP MHUCC • Turning Point 	Melony	1:00 PM	5 min

<ul style="list-style-type: none"> • Wellspace • Support/Training Registration and Billing Mailbox <ul style="list-style-type: none"> ○ Support: BHS-EHRSupport@saccounty.gov ○ Training RegistrationBHS-EHRTrainingReg@saccounty.gov ○ Billing BHS-EHRBilling@saccounty.gov 			
<p>Medi-Cal/Medicare Claiming/Fiscal Update</p> <ul style="list-style-type: none"> • Claiming Status Update MediCal – Completed for March 2026, and currently claiming for April 2026 • Claims Correction Spreadsheet (CCS) are currently being completed within 6 weeks from the date submitted. • Tipsheet to avoid duplicate CCS : How to Avoid a Duplicate CCS Tip Sheet.pdf • Medicare update Claiming for April 2026, Completed for March 2026 • Please ensure to run the program denial (SAC) (My Office) report to view denials based on posted dates. This report will show all denials, denial codes, and remark codes. • For patients without a home address, you use “Homeless” on the Street, you can use the City and the zip code of your agency. Please do not add a period after the zip code. • You can also run the Program Coverage Report to find issues with addresses. Services will not be claimed if the address, gender or date of birth is not entered in SmartCare. • 	Lana	1:05 PM	5 min
<p>ECM Claiming</p> <ul style="list-style-type: none"> • SmartCare Claiming Updates • ECM claiming in SmartCare has been completed through December 31, 2025 (12/31/2025). • Please remember to run the ECM & SAC Reports to work any corrections • Reminder <ul style="list-style-type: none"> ○ Sacramento County is no longer providing ECM services effective December 31, 2025 (12/31/2025). ○ Claiming for prior service months will continue through June 30, 2026 (6/30/2026). 	Mike	1:10 PM	5 min
<p>SmartCare Billing/Claiming Updates</p>	Richard	1:15 PM	5 min

<ul style="list-style-type: none"> • MHTC Inpt (IMD) – Claimed through April 2026 for services ready to be claimed • 270/271 – Demo (Tipsheet posted) 			
<p>SmartCare Support Reminders</p> <ul style="list-style-type: none"> • Please reach out to us for support questions at BHS-EHRSupport@saccounty.gov • Notifying EHR Team and QM when staff are terminated so we can remove access to SmartCare immediately, and for accurate State reporting. • Known issues and updates posted on website: https://dhs.saccounty.gov/BHS/BHS-EHR/Documents/Copy%20of%20Known%20Support%20Issues.xlsx • An MSP update caused an issue with launching SmartCare from some saved links. If anyone experiences that there is a link on the website to launch SmartCare. • Let our team know if there were any support demos you would like to see during these meetings 	Justin	1:20 PM	5 m in
<p>General Updates</p> <ul style="list-style-type: none"> • Added *DTI,Clinician for the Inquiries My Office screen <p>MSP Updates</p> <ul style="list-style-type: none"> • Messages Interface-Updates to the logic to help with matching Lab results received by Quest into SmartCare • Services (My Office)- Added a column that shows the billed state of the Service has been added to the column options. <ul style="list-style-type: none"> ○ This will show if the Claim has been sent for that specific service • Appointment Search (My Office)- A new Configuration to Control Date Range Limits was added so we can specify the date range we want to use. Previously it defaulted to 15 days, and we have set that to 30 days to give more time to choose from. <ul style="list-style-type: none"> ○ All the filters including the date range can be modified • Client Clinical Problems list-The following columns have been added to the List Page: Identified By, Comments, Date Modified, Modified By, Ended By and Ended Date • All Client Search Fields-Changes are implemented to the client’s name in the Client Search window to function as a hyperlink for all Client Search boxes. • Diagnosis Document-There is a new validation to the Diagnosis Document that requires users to enter a primary diagnosis before they can sign the document. • Services/Notes-A new column has been added to show the Mode of Delivery. 	Justin	1:25 PM	10 min

<ul style="list-style-type: none"> • All of SmartCare-Ability to change Color Theme Contrast for SmartCare. • SmartCare has been enhanced to improve accessibility and visual usability by implementing ADA and WCAG compliant color contrast standards across the application interface. 			
<p>NOABD (notice of adverse benefit determinations)</p> <ul style="list-style-type: none"> • Adding Service Type to the description field for scanned documents. <p>Effective May 29, 2026 – Service Request Expectations</p> <ul style="list-style-type: none"> • Effective May 29, 2026, if a new member requests an initial service or an existing member requests a new level of care or service type, organizations are expected to manually review SmartCare to determine whether an appointment has been offered to the member within 48 business hours of the submission of a service request in SmartCare. • If no appointment has been offered, staff should contact the member to schedule an appointment. • If no appointments are available within timely access standards, issue the Timely Access NOABD and schedule the member into the soonest appointment. • If staff are unable to reach the member after two documented attempts, issue the Denial NOABD to the member for this reason. • If a member has been assessed and determined not to qualify for the type or level of care requested, but qualifies for BHS services, issue the Denial NOABD and refer to/or keep the member in the appropriate level of care. • All NOABDs must be uploaded into SmartCare in Scanning (My Office). Instructions shared. 	Rolanda	1:35 PM	5 min
<p>Individual Service Level (ISL) reporting</p> <ul style="list-style-type: none"> • A new mandate from DHCS through BHSA requiring counties to report client encounters and expenses provided outside of the services we claim to Medi-Cal • Go Live: 7/1/26 • Additional details provided during June 4th training session • In most cases, the ISL codes will replace the Sacramento specific codes you are already using. Link to register: Microsoft Virtual Events Powered by Teams <p>ACT/FACT Evidence Based Practices implementation for Adult FSP providers</p> <ul style="list-style-type: none"> • ACT: Assertive Community Treatment: A comprehensive, wrap-around behavioral health service model designed for individuals with serious mental 	Melony	1:40 PM	10 min

<p>illnesses who need high-intensity, community-based support</p> <ul style="list-style-type: none"> • FACT: Forensic Assertive Community Treatment: A specialized version of ACT designed for individuals with: <ul style="list-style-type: none"> ○ Serious mental illness and ○ Current or recent involvement with criminal/legal system • Go Live: 7/1/26 • Additional details provided during June 4th training session 			
<p>SmartCare Reports</p> <ul style="list-style-type: none"> ○ Release Items ○ See Attachment <p>SmartCare Technical Support</p>	John	1:50 PM	10 min
<p>TADT</p> <ul style="list-style-type: none"> • Deadline to complete for NACT submission by June 10, but we are only submitting for January through April currently. 	Dawn	2:00 PM	5 min
<p>Training Updates</p> <ul style="list-style-type: none"> • Training schedules posted through July 2026 • <i>New</i> Training Resources: <ul style="list-style-type: none"> ○ Provider Service Auth Training Video: https://dhs.saccounty.gov/BHS/BHS-EHR/Documents/How%20to%20Submit%20a%20Service%20Authorization.mp4 ○ Provider Service Auth Tip Sheet: Service Authorization Request Tip Sheet for Providers_02252026.pdf • CalMHSA RX Training: <ul style="list-style-type: none"> ○ Prescribers & Support Staff ○ Training Registration form section ○ CalMHSA LMS & Training Video • New Legal Entities: Direct Care Staff are required to attend live Direct Care Staff Training <p>Next MH User Forum: Thursday, July 30th @ 1pm</p> <p>Meeting minutes are posted here: Meetings</p>	Kat	2:05 PM	10 min
<p>New SmartCare Items or Issue Updates</p> <ul style="list-style-type: none"> • Renaming SmartCare Documents: CalMHSA plans to rename select SmartCare documents to improve clarity and reduce confusion <ul style="list-style-type: none"> ○ California CANS to California IP-CANS ○ CalAIM Assessment to Mental Health Assessment ○ Planned implementation is end of day Friday May 29th 	Kristi	2:15 PM	5 min

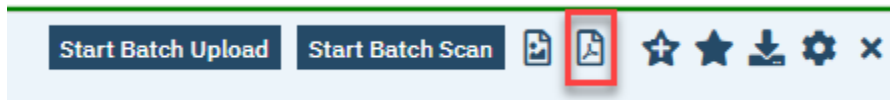
<p>Open Forum</p> <ul style="list-style-type: none"> ○ Program Signed Assessment Report question: ○ If an ASCMI is signed by the client but completed by a different agency or program, will it still appear in the report, or does it need to be completed by the associated program running the report? ○ Response: ○ The report pulls information at the client level, so it does not matter where the ASCMI originated. The report will show the assessment as completed regardless of which program completed it. ○ ASAuto-Population question: ○ Can additional information automatically populate into the ASCMI form, so staff do not have to retype the same information each time a new form is completed? ○ Response: ○ No, there is currently no capability to further auto-populate the ASCMI form, as the required information can vary between entities. 	All	2:20 PM	10 min
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Attachment A

How to Scan an NOABD into SmartCare

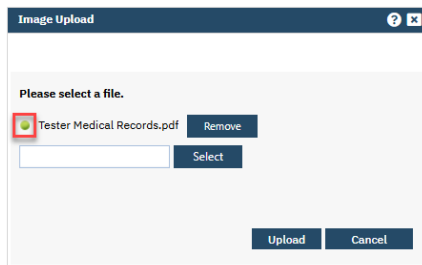
Instructions can be found on the Sacramento County BHS website: www.dhs.saccounty.gov, under SmartCare or on the CalMHSA website: www.calmhsa.org, under **CalMHSA EHR Knowledge Base.** Search: "How to Scan or Upload a Document Into the Clients Record."

For all providers whether you use your own EHR or not



SmartCare Steps:

1. Search **Scanning (My Office)**.
2. From the scanning list page, click the **upload new images button**. (The little adobe icon)
3. You'll be prompted to complete the **"Image Upload"** box (shown below), Click the **Select** button and find the document you want to upload.
4. After you've chosen the document, a pop-up box will appear. Select **Open**.
5. Wait for the little button to turn from yellow to green, then Click **Upload**.



6. **Upload File Detail** will display (image below). In the first drop down shown on the top left, select the category, **Client (Medical Records)**.
7. If a client was selected prior to opening the scanning screen, their ID number and name will auto-populate. If a name is not auto-populated, click on the **3 dots** and that will open the client search box. **Select your client**.
8. **Enter an Effective Date**: The effective date is the date listed on the NOABD, which should also match the date the NOABD was written, the date the Service Note justifying the action was written, and the date the NOABD was mailed to the client.
9. **Enter a Record Type**: This is identifying the type of NOABD you are mailing to the client. (e.g. NOABD – Timely Access (Scanned) or NOABD – Denial (Scanned), Etc. (list below))
10. **Enter a Description**: Write in the specific service type that was requested by, or on behalf of the client, that is being denied, delayed, modified or terminated (e.g. MHP FIT, TBS, TAY FSP, CORE, etc. or SUPT residential, Withdrawal Management, Outpatient or Intensive Outpatient, Etc.). Whatever service type is applicable.
11. **Enter your program**: Enter the name of your program to attach the NOABD to your program site.
12. Click **Save & close** the screen.

Upload File Detail

Example: Test Client, No PHI

Client (Medical Records) ... 8004648E Test, Lulu Effective 05/12/2026
Record Type NOABD - Timely Access (Scanned) Description TBS Program BACS-CWC CORE-4600 47th(533)-03/2

Remember to Save and close.

Types of NOABDs to choose from include:

1. NOABD – Authorization Delay (Scanned) – (County BHS staff Only)
 - a. This type of NOABD is used when there is a delay in authorizing a member to a service type that requires **prior authorization** in accordance with applicable timely access standards.
 - b. This type of NOABD does not require a licensed signer.
2. NOABD – Delivery System (Scanned) – (All county and contracted providers that perform assessments to determine medical necessity).
 - a. This type of NOABD is used when the initial assessment determines the member does not meet medical necessity for **any** BHS services. This NOABD type must be signed by a licensed clinician.
3. NOABD – Denial (Scanned) – (All county and contracted providers who provide direct care or who manage service requests).
 - a. This type of NOABD is issued when a Service Request is received and the provider is unable to reach the member to discuss the service request within timely access standards. A licensed signer is not required.
 - b. This type of NOABD is issued when information provided is not sufficient to determine if medical necessity is met. A licensed signer is required only if the determination is based on clinical determinates of medical necessity. A licensed signer is not required for screenings, incomplete referral packets, etc.
 - c. Member’s condition does not qualify for the level of care or type of service. This situation is based on medical necessity and must be signed by a licensed clinician.
 - d. Continuity of Care requests. A licensed signer is not required.
4. NOABD – Modification (Scanned) - (All county and contracted **MHP** providers who make level of care decisions based on an assessment). This NOABD does not apply to DMC-ODS programs.
 - a. This type of NOABD is used by direct care providers when a member is enrolled in a high intensity program and no longer qualifies for that level of care and disagrees with the recommendation to step down to the approved level of care or service type. This type of NOABD must be signed by a licensed signer.
 - b. This type of NOABD is used by Contract Monitors, Intensive Placement Team, or other BHS clinical administrative staff responsible for making medical necessity determinations for special types of services when the member does not qualify for the service requested and an alternative

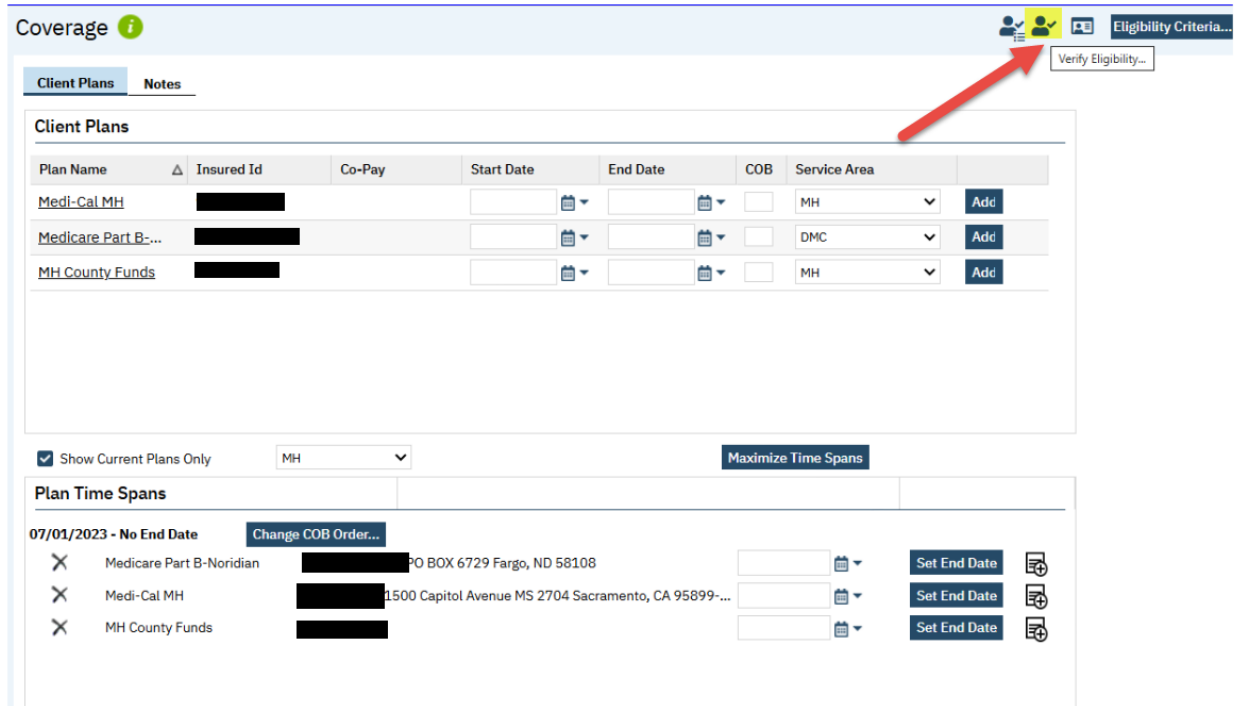
treatment is recommended based on clinical considerations. This type of NOABD must be signed by a licensed clinician.

5. NOABD – Termination (Scanned) – (All primary county and contracted direct care providers. Adjunct services are exempt, e.g. second opinions, TBS, psychological testing, etc.).
 - a. This type of NOABD is used when BHS services will no longer be provided to the member for various reasons, including when a member fails to engage in on-going services, despite multiple documented engagement attempts.
 - b. This NOABD requires services to continue for ten (10) days after the decision is made and the NOABD is mailed to members to allow them an opportunity to re-engage in services, if they choose.
 - c. This type of NOABD does not require the signer to be licensed.
6. NOABD – Timely Access (Scanned) – (All county and contracted providers responsible for the management of service requests).
 - a. This type of NOABD is used when a new member submits a services request for an initial service and the provider does not have an appointment available within timely access standards.
 - b. This type of NOABD is used when an existing member submits a service request for a different level of care or service type and an appointment to discuss the request is not available within timely access standards.
 - c. If an appointment is available within timely access standards and the member declines the appointment, an NOABD is not required.
 - d. This type of NOABD does not require a licensed signer.

270-271 Tip Sheet

This Tip Sheet will walk users through the 270-271 functionality. This tip sheet may change as trainings and the system are updated. Please view [our webpage](#) for the most up to date version. If any additional help is needed, you can contact the Sacramento County EHR Billing Team at bhs-ehrbilling@sacounty.gov.

1. Go to the client’s Coverage screen and click on Verify Eligibility



2. In the 270-request screen, complete the Date Range only.
 - a. Start Date – **Current date**. Leave this defaulting to the current date of the request.
 - b. End Date – Enter the first date of the **Month that you are verifying eligibility** for. For example, if searching for April 2026, enter 04/01/2026.
3. Click **Submit Request** and wait for the 271-Response.

Insurance Eligibility Verification

Print Response Close

Insurance Eligibility Verification

Request Response

Coverage Plan

Electronic Payer: Medi-Cal Payer Id: 610442

Insured Information

First Name: [Redacted] Last Name: [Redacted] SSN: [Redacted]
 Insured Id: [Redacted] Date Of Birth: 06/26/1991 Sex: Male
 Group Number: [Redacted]

Client Information

Relationship to the insured: Self First Name: [Redacted] Last Name: [Redacted]
 Date Of Birth: 06/26/1991 Sex: Male

Date Range Start and End date range cannot be greater than days

Start Date: 05/26/2026 End Date: 05/01/2026

Submit Request

Card Issue Date (leave it defaulting to the current date)

Month of eligibility being searched for

- Review the 271-Response screen for eligibility information.
- Click on **Update Coverage Plans** button on top of the screen which will update the Coverage screen with this eligibility information.

Insurance Eligibility Verification

Print Response Close

Insurance Eligibility Verification

Request **Response**

Update Coverage Plans

MEDI-CAL Eligibility
 Eligibility Coverage Start Date Coverage End Date
 BILLABLE 2026-05-01
 BILLABLE 2026-05-01

Subscriber
 Patient
 First Name Last Name Patient Address Patient City Patient State Patient Zip

Detail Benefits

Info	Coverage Level	Service Type	Insurance Type	Benefit Entity Name	Plan Coverage Description	Group Policy Num	Start Service Date	End Service Date	Commercial Insurance Name	Message 1	Message 2	Message 3
Other Source of Data										RESP CNTY: 34. RESI CNTY: 34. PRIMARY AID CODE: 60. 1ST SPECIAL AID CODE: 80.		
Active Coverage		Health Benefit Plan Coverage	Medicaid									
Managed Care Coordinator		Medical Care		PHP-ANTHEM BLUE CROSS								
Managed Care Coordinator		Dental Care		HEALTH NET COMMUNITY SOLUTIONS, INC								
Active Coverage		Health Benefit Plan										

Update Coverage Plans

Active Coverage
 Health Benefit Plan Coverage

Other or Additional Payor
 Medicare Part A

Other or Additional Payor
 Medicare Part B

MEDICARE PART D [Redacted]

MEDICARE BENEFICIARY IDENTIFIER (MBI)
 [Redacted]

MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL.
 MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL.
 CARRIER NAME: WELLCARE PDP RX ONLY. ID: .

Sub Supplemental Id Group Policy #
 Information Source

Sub Supplemental Id: Group Policy #
 Information Source
 Payer Name: MEDI-CAL
 Payer Id: 610442
 Information Receiver
 Provider Id: 1952477564
 Provider Secondary Id:

- Go back to initial Coverage screen and verify the **Plan Time Spans** are correct and the process is complete.

Show Current Plans Only MH [Maximize Time Spans](#)

Plan Time Spans

07/01/2023 - No End Date [Change COB Order...](#)

X	Medicare Part B-Noridian	PO BOX 6729 Fargo, ND 58108		Set End Date	
X	Medi-Cal MH	1500 Capitol Avenue MS 2704 Sacramento, CA 95899-...		Set End Date	
X	MH County Funds			Set End Date	

Verification History – If you don't want to complete a 270 request you can look at previous 270 requests and responses.

- In the client's coverage screen, click on the Verification History icon.

Coverage (3) i

 Eligibility Criteria... ☆ ☆

Client Plans Notes

Plan Name	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area	
Medi-Cal MH						MH	Add
Medicare Part B-...						DMC	Add
MH County Funds						MH	Add

Show Current Plans Only MH [Maximize Time Spans](#)

Plan Time Spans

07/01/2023 - No End Date [Change COB Order...](#)

X	Medicare Part B-Noridian	PO BOX 6729 Fargo, ND 58108		Set End Date	
X	Medi-Cal MH	1500 Capitol Avenue MS 2704 Sacramento, CA 95899-...		Set End Date	
X	MH County Funds			Set End Date	

- The Electronic Eligibility Verification History screen will open.
- In the **Verified On** column, drill down on the date and it will open up that 271-Response.

Client Plans Notes

Client Plans

Plan Name	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area
Medi-Cal	Electronic Verification					
Medicare	Electronic Eligibility Verification History					
MH Coun	Electronic Eligibility Verification					
Request Start/End Date	Plan	Verified On	Response	Insured Id	Plan Start Date	Plan End Date
05/26/2026 - 05/01/2026	CALIFORNIA DEPARTMEN...	05/26/2026	Billable New Coverag...	[REDACTED]	05/01/2026	
05/26/2026 - 05/01/2026	DMH	05/26/2026	Billable - Manually...	[REDACTED]	05/01/2026	
05/26/2026 - 05/01/2026	CALIFORNIA DEPARTMEN...	05/26/2026	Billable New Coverag...	[REDACTED]	05/01/2026	
05/26/2026 - 05/01/2026	DMH	05/26/2026	Billable - Manually...	[REDACTED]	05/01/2026	

Show

Plan Tin

07/01/2023 - No End Date Change COB Order...

Matching Labs in SmartCare-MH programs only

With the most recent MSP Update there should be better matching with incoming Lab results from Quest. It will use updated logic to validate the information and then match the results to the client.

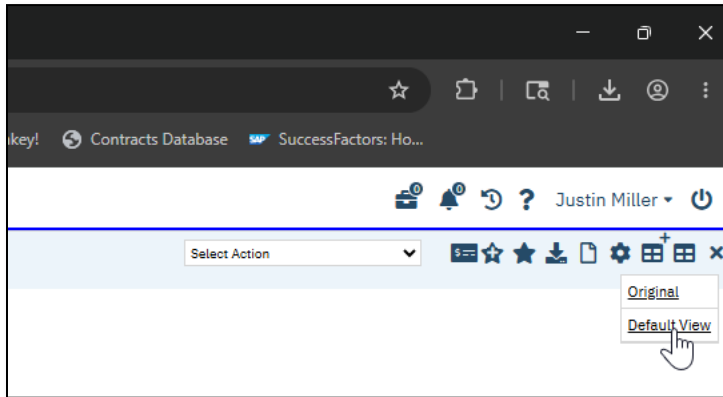
We also recommend using the Messages Interface screen to check any Results you were expecting but may have not shown up in the client's record.

Services MY Office

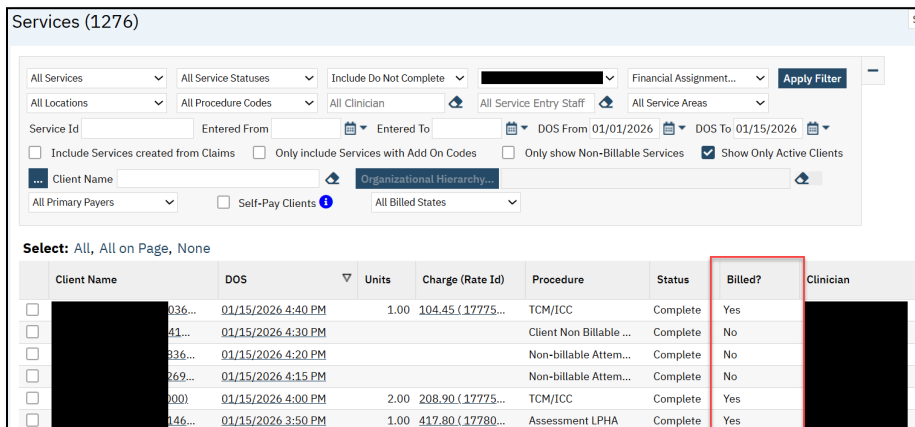
- New Billed Column
 - **Yes**=This service has had the claim sent.
 - **No**=No claim has been sent yet

You should still check all of your reports and screens to verify.

Select **Default View** if not already showing the new column



This will show the new layout with **Billed?** column information

A screenshot of the 'Services (1276)' table in the SmartCare application. The table has a header row with columns: Client Name, DOS, Units, Charge (Rate Id), Procedure, Status, Billed?, and Clinician. The 'Billed?' column is highlighted with a red border. Below the header, there are several rows of service data. The table is filtered to show 'All Services' and 'All Service Statuses'.

Client Name	DOS	Units	Charge (Rate Id)	Procedure	Status	Billed?	Clinician
[REDACTED]	01/15/2026 4:40 PM	1.00	104.45 (17775...	TCM/ICC	Complete	Yes	[REDACTED]
[REDACTED]	01/15/2026 4:30 PM			Client Non Billable ...	Complete	No	[REDACTED]
[REDACTED]	01/15/2026 4:20 PM			Non-billable Attem...	Complete	No	[REDACTED]
[REDACTED]	01/15/2026 4:15 PM			Non-billable Attem...	Complete	No	[REDACTED]
[REDACTED]	01/15/2026 4:00 PM	2.00	208.90 (17775...	TCM/ICC	Complete	Yes	[REDACTED]
[REDACTED]	01/15/2026 3:50 PM	1.00	417.80 (17780...	Assessment LPHA	Complete	Yes	[REDACTED]

Appointment Search (My Office)

- A new Configuration to **Control Date Range** Limits was added so we can specify the date range we want to use.
 - Previously it was defaulted to 15 days we have changed it to 30 days.

Appointment Search (8)

All filters can be changed to show more or less results

Plan: Any | Service Area: Any | Programs: SacCo-APSS-OP-Stockton

Location: Any | Staff: [Redacted] | License: Any | License Group: Any

Sex: Any | Speciality: Any | Category: Any | Allow Overbooking Up to: Appointment(s)

Minutes: 15 | From: 8:00 AM | To: 5:00 PM

Any Weekday: M T W T F S S

Only show time slots marked as Free | Appt. Type: Any | Appt. From: 06/11/2026 | Appt. To: 07/10/2026

Ignore Age Range Preference | Search for Client: [Redacted] | [Unable to Offer a Timely Appt.](#) | Search

Defaults to 30 days but can be changed to any date range

Staff Name	Date/Time	Duration	Type	Location Name	Program
[Redacted]	06/11/2026 9:00 AM	150 mins	Administrative		
[Redacted]	06/16/2026 9:00 AM	120 mins	Intake		
[Redacted]	06/18/2026 9:00 AM	180 mins	Administrative		

Client Clinical Problems list

- The following columns have been added to the List Page: **Identified By, Comments, Date Modified, Modified By, Ended By and Ended Date**
- You may need to select the **Default View** to see the new columns

Client Clinical Problems (3)

Start Date: 10/06/2025 | End Date: [Redacted] | Include Past Problems: | Program: All Programs | Apply Filter

SNOMED Description | ICD 10 Code | Staff

ICD 10 Code	ICD 10 Description	SNOMED CT Code	SNOMED Description	Program	Created By	Identified By	Modified By	Date Modified	Ended By	Ended Date	Comments
F06.31	Depressive disorder due to another...	37213006	Mood disorder due to a general medi...	xxxxSacCo-APSS-Broadw...	John Sawyer		Sawyer, John	03/13/2026 11:...			
Z23	Encounter for immunization	1234320002	Diphtheria + tetanus + acellular pert...	Smartcare NonSecure	John Sawyer						
H40.53X0	Glaucoma secondary to other eye di...	1304282003	Bilateral haemolytic glaucoma	Smartcare NonSecure	John Sawyer						

Justin Miller

Apply Filter

Created By	Identified By	Modified By	Date Modified	Ended By	Ended Date	Comments
Broadw...	John Sawyer		Sawyer, John	03/13/2026 11:...		
cure	John Sawyer					
cure	John Sawyer					

All Client Search Fields

When using a client search screen, the client search results will now show as a clickable Hyperlink.

The screenshot shows the 'Client Search' window with the following sections:

- Name Search:** Includes checkboxes for 'Include Client Contacts' and 'Only Include Active Clients'. Search buttons for 'Broad Search' and 'Narrow Search' are present. 'Type of Client' is set to 'Individual'.
- Other Search Strategies:** Contains buttons for SSN Search, DOB Search, Primary Clinician Search, Authorization ID / #, External ID, Phone # Search, Master Client ID Search, Client ID Search, and Insured ID Search.
- Records Found:** A table with columns: ID, Master ID, Client Name, Chosen Name, SSN/EIN, DOB, Status, City, Primary Clinician. The 'Client Name' column is highlighted with a red box, and a mouse cursor is pointing at the 'Test, Entry' link.

Diagnosis Document update

This is a new feature added to the Diagnosis Document that gives you a validation error if there is not a Primary Diagnosis on billing order 1 on the **Diagnosis** when Signing.

The validation message box contains the following text:

- Diagnosis - Primary Diagnosis must have a billing order of 1
- Diagnosis - At least one Primary diagnosis is required

Services/Notes

In the **Services/Notes** screen there is a new **Mode of Delivery** column to indicate the Mode of Delivery that was selected.

- This is needed for the **ACT and FACT** implementation for July 1,2026

The screenshot shows the 'Services/Notes (44)' screen with the following table structure:

Auth	DOS	Status	Document	Procedure	Clinician	Program	Mode Of Delivery
	04/28/2026 07:30 AM	Complete	Psych/Medical N...	Prescriber Progress E/M ...		xxxxSacCo-APSS-Br...	
	04/23/2026 01:00 PM	Complete	Progress Note	ASAM or other structure...		xxxxSacCo-APSS-Br...	
	04/23/2026 01:00 PM	Complete	Psych/Medical N...	Medication Training and ...		xxxxSacCo-APSS-Br...	
	04/23/2026 07:00 AM	Complete	Psych/Medical N...	Prescriber Progress E/M ...		xxxxSacCo-APSS-Br...	
	04/17/2026 09:00 AM	Complete	Psych/Medical N...	Prescriber Assessment ...		xxxxSacCo-APSS-Br...	Face-to-face
	03/18/2026 07:00 AM	Complete	Progress Note	ASAM or other structure...		xxxxSacCo-APSS-Br...	

SmartCare Color Theme options

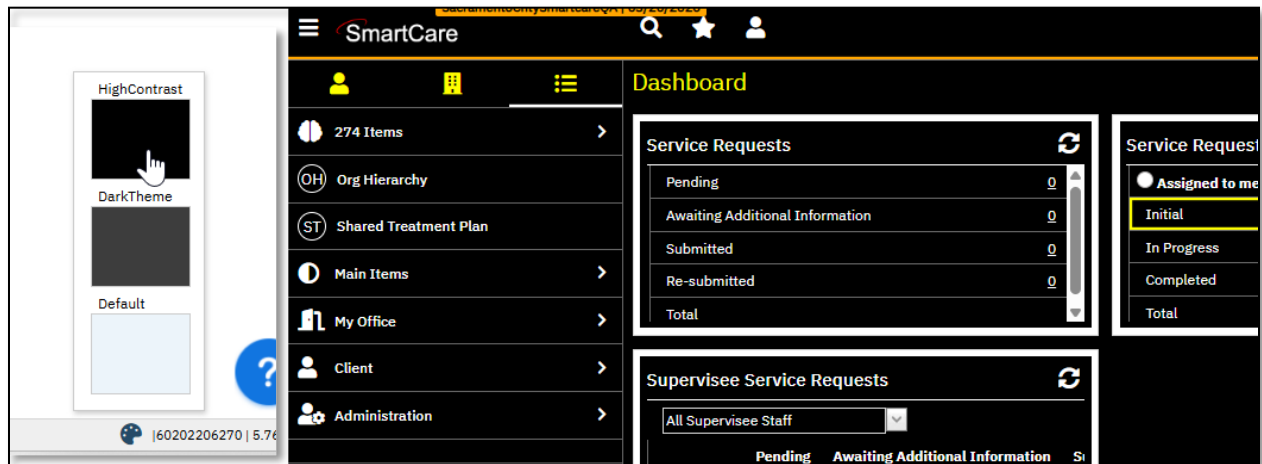
- The SmartCare application has been enhanced to improve accessibility and visual usability by implementing **ADA** and **WCAG** compliant color contrast standards across the application interface.
- A Color Palette icon has been added to the application footer allowing staff to select their preferred color contrast theme.

Options-There are 3 options that can be selected. **Default, High Contrast and Dark Theme.**

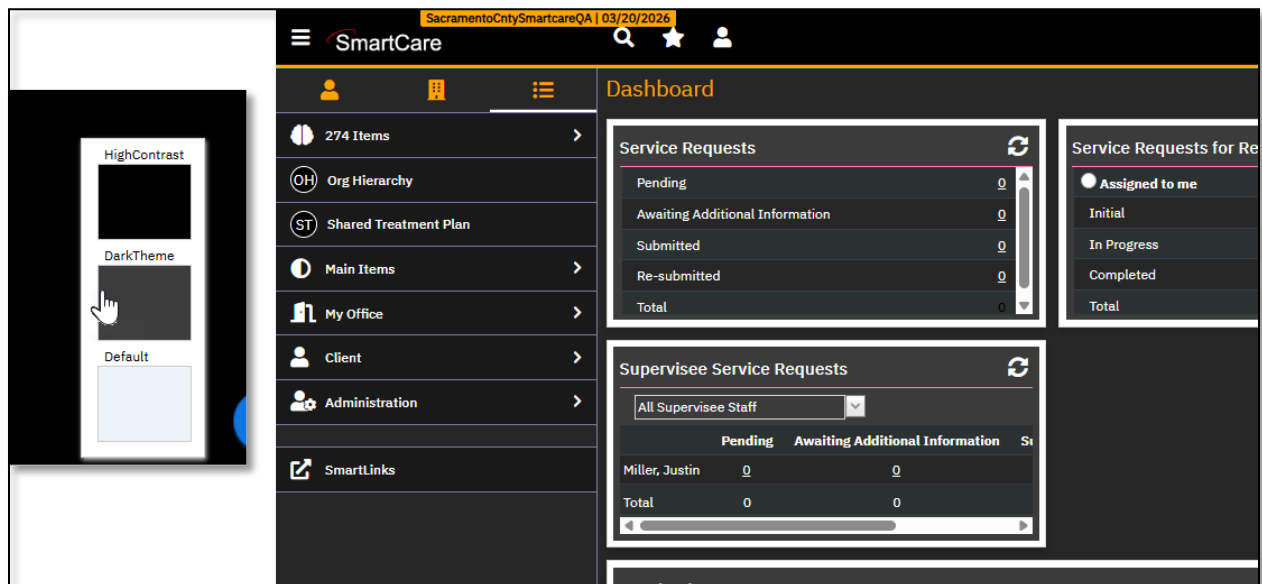
- How to enable
 - After you log into SmartCare you click on the Palette in the lower Right and select the option you want.
 - Log out of SmartCare and back in and the colors will change

Default option-Current View

High Contrast option



Dark Theme option



Program Signed Assessments (SAC)

Modified to include an ASCMI **only if it is signed by the Client**

Diet Orders Report (SAC MHTC)

Modified to exclude orders flagged as Complete

Program Denials (SAC)

Program Denials FISCAL (SAC_ADMIN)

Program Approvals (SAC)

Client Ledger (SAC)

All 4 of these have been modified to note if a service HAS add on procedures or if it IS an add on another service

Program Denials

For Denials Posted Between 1/1/2026 and 1/31/2026

Client Name	Client ID	Service ID	Primary ID/ AddOn Flag	PCCN	Service Date	Procedure Name	Denial Reason	Remark Code Description
		5755760	5752486	501796021	11/19/25	Interactive Complexity	CO 96	N30 - Patient ineligible for this N362 - The number of Days or acceptable maximum.
		1896721	1858878	501256236	5/8/24	Prolonged Office or Other Outpatient EM Service(s) beyond the Maximum Time	CO 96	N30 - Patient ineligible for this N95 - This provider type/provid
		1858878	ADDON(s)	501256236	5/8/24	Assessment LPHA	CO 16 96	N288 - Missing/incomplete/inve N95 - This provider type/provid
		1875159		501256242	5/10/24	Plan Development, non-physician	CO 16 96	N288 - Missing/incomplete/inve N95 - This provider type/provid
		5737191	5734961	501751991	11/14/25	Interactive Complexity	CO 96	N30 - Patient ineligible for this N362 - The number of Days or acceptable maximum.
		5881099	5875241	501751992	11/24/25	Interactive Complexity	CO 96	N30 - Patient ineligible for this N362 - The number of Days or acceptable maximum.
		4816832	4812745	501796022	7/7/25	Sign Language or Oral Interpretive Services	CO 16 96	N288 - Missing/incomplete/inve N95 - This provider type/provid
		5780520	5778400	501796019	11/11/25	Interactive Complexity	CO 96	N30 - Patient ineligible for this N362 - The number of Days or

Client Ledger

Services for [REDACTED] Between 9/1/2025 and 9/30/2025

Service ID	Date	Coverage Plan	Charge Status	Denial/Transfer Reason
5176377 ADDON(s)	9/5/2025	[REDACTED]	Individual Therapy 60.00	
	09/06/25	Medi-Cal MH	Initial Balance	
	01/30/26	Medi-Cal MH	Payment	
5181639 Primary: 5176377	9/5/2025	[REDACTED]	Interactive Complexity 60.00	
	09/06/25	Medi-Cal MH	Initial Balance	
	01/30/26	Medi-Cal MH	Payment	
5207602	9/5/2025	[REDACTED]	Psychosocial Rehab - Individual 50.00	
	09/10/25	Medi-Cal MH	Initial Balance	
	01/23/26	Medi-Cal MH	Payment	
5202456	9/8/2025	[REDACTED]	TCM/ICC 10.00	

Program Medications Report (SAC)

NEW- For a single program, pulls in all current active medications by source selected

Program [REDACTED] Sources CalMHSA RX- Prescribed [REDACTED]

1 of 32 Find Next

Program Medications

Clients Open to [REDACTED]

Client Name	Client Id	Medication Name	Last Cons	Start/Fill/End	Source Name
[REDACTED]	[REDACTED]	Abilify Maintena 400 mg intramuscular suspension,extended release		S:04/07/26 E:06/06/26	CalMHSA RX- Presc [REDACTED]
[REDACTED]	[REDACTED]	mirtazapine 30 mg tablet		S:04/07/26 E:06/06/26	CalMHSA RX- Presc [REDACTED]
[REDACTED]	[REDACTED]	prazosin 1 mg capsule		S:04/07/26 E:06/06/26	CalMHSA RX- Presc [REDACTED]
[REDACTED]	[REDACTED]	risperidone 2 mg tablet		S:04/07/26 E:06/06/26	CalMHSA RX- Presc [REDACTED]
[REDACTED]	[REDACTED]	trazodone 50 mg tablet		S:04/07/26 E:06/06/26	CalMHSA RX- Presc [REDACTED]
[REDACTED]	[REDACTED]	mirtazapine 30 mg tablet	04/29/26	S:04/29/26	CalMHSA RX- Presc [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED] tablet		S:04/06/26	CalMHSA RX- Presc [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED] 50 mg 24 hr ase		S:04/06/26	CalMHSA RX- Presc [REDACTED]
[REDACTED]	[REDACTED]	Wellbutrin XL 150 mg 24 hr tablet,		S:03/23/26	MedRX Prescribed-

Most Recent Verbal Consent noted in a Psych/Med Note

Prescribers

Prescribers

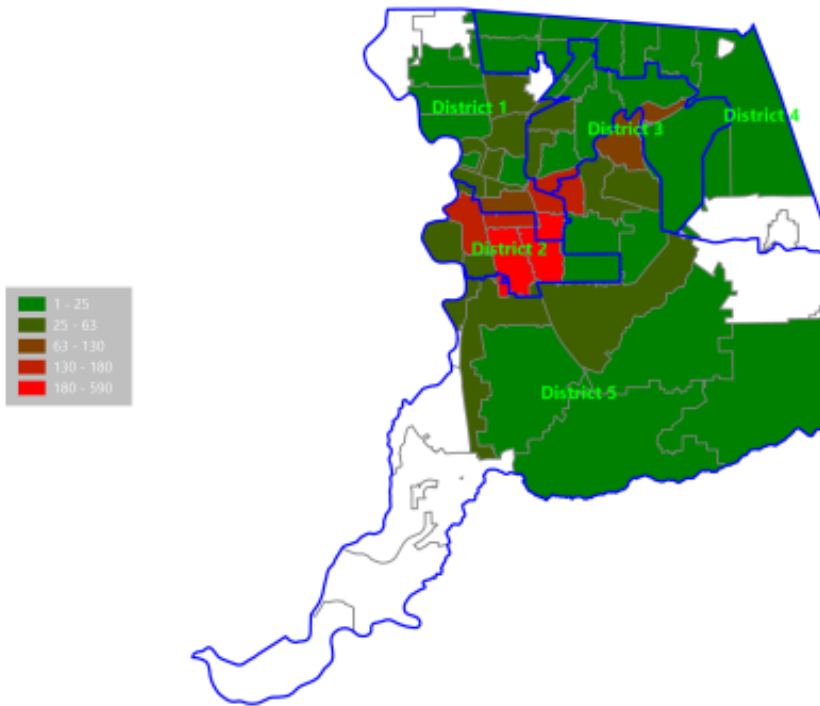
Clients Served by ZIP (SAC)

NEW- Clients served by Program (multi-select) based on multiple demographic categories.

Start Date	1/1/2026	End Date	3/31/2026
Systems	MH	Programs	[Redacted]
Age Groups to Include	Under 5, 5-17, 18-20, 21-25, 26-59	Special Populations to Include	INCLUDE ALL CLIENTS
DXTypes	INCLUDE ALL CLIENTS	Primary Languages	BLANK, American Sign Language (ASL)
Payers	INCLUDE ALL CLIENTS	Zip Type	Client Residence Program of Service Client Residence

MH Clients Served by Client Residence Zip

Between 1/1/2026 and 3/31/2026



Programs: [Redacted] and 2 Other Programs
 Ages: Under 5,5-17,18-20,21-25,26-59,60 and Over
 Special Populations: NO FILTER
 Diagnoses: NO FILTER
 Primary Languages: BLANK, American Sign Language (ASL), Arabic, Armenian, Cambodian, Cantonese, Dari, English, Farsi, French, Hebrew, Hmong, Ilocano, Italian, Japanese, Korean, Lao, Mandarin, Mien, Other, Other Chinese Dialects, Other Sign Language, Pashto, Polish, Portuguese, Russian, Samoan, Spanish, Tagalog, Thai, Turkish, Unknown / Not Reported, Vietnamese
 Payers: NO FILTER

INCLUDE ALL CLIENTS

- Intellectual Disability (F7x)MH
- Developmental Disorders (F8x)MH
- Unspecified MH (F99)MH
- Behavioral/Emotional (F9x)MH
- Alcohol Related (F10)SUD
- Opioid Related (F11)SUD

INCLUDE ALL CLIENTS

- (Select All)
- INCLUDE ALL CLIENTS
- Commercial
- CYBHI
- Grant
- Medi-Cal
- Medicare

[Launch Detail Subreport](#)

5/27/2026 8:24:20 AM

MH Clients Served by Client Residence Zip

Client ID	Client Zip	Program Zip	Program	Language	Age
[REDACTED]	95824	95824	[REDACTED]	English	59
[REDACTED]	95831	95823	[REDACTED]	English	53
[REDACTED]	95822	95823	[REDACTED]	English	67
[REDACTED]	95823	95826	[REDACTED]	English	54
[REDACTED]	95823	95826	[REDACTED]	English	60
[REDACTED]	95832	95824	[REDACTED]	English	68
[REDACTED]	95825	95824	[REDACTED]	English	51

Warrants Report (SAC_ADMIN)

NEW- For Fiscal, returns warrants in the date range with an optional search by Number

Import Start Date: 5/1/2026 Import End Date: 5/27/2026
 Payers: DHCS Mental Health Services Division Warrant: Optional

1 of 1 Find Next

Warrant Report

Import Date	Payer	835 File Name	Check Number	Check Amount	Check Date
05/19/26	DHCS Mental Health Services Division	05132026-DMH-34-835-05082026-001.dat	0062924467	[REDACTED]	05/08
05/21/26	DHCS Mental Health Services Division	05212026-DMH-34-835-05152026-005.dat	0062976696	[REDACTED]	05/15
05/21/26	DHCS Mental Health Services Division	05212026-DMH-34-835-05152026-006.dat	0062976742	[REDACTED]	05/15

COMING SOON

Report Inventory (SAC)

NEW- All Sacramento published reports in roles with a category and description

Sacramento Report Inventory

Sacramento developed reports currently in roles

Report Name	Category	Description	Roles
Active Client Eligibility (SAC)	Pre-Claiming Reports	This pre-claiming report shows clients currently enrolled in selected programs along with coverage plans and program enrollment dates for current enrollments. This report can be ran to catch the missing sex, DOB and SSN for a client. The report will also check to see if the CIN is entered and in the correct format.	Billing Sacramento Front Desk Sacramento Internal Front Desk Sacramento Provider LPHA Sacramento Medical Records/QA Sacramento Non-LPHA Sacramento
ANSA Program Export (SAC)	State Reporting/Assessment Tracking Reports	This assessment report pulls all clients open to a program during the slected date range, and displays if there is or is an ANSA on file for client. If there is, in the further colums it diplays a number cooresponding with the answers selected when doing the assessment.	Front Desk Sacramento Internal Front Desk Sacramento Provider LPHA Sacramento Medical Records/QA Sacramento Non-LPHA Sacramento