Agenda

Electronic Health Record (EHR) MH User Forum

Date: January 25, 2024
Time: 1:00 to 2:30 PM
Location: Virtual using Zoom

Facilitator: Melony Ibarra

Scribe: Sambo Chhoeung

Attendees: (See sign in sheet)

Topic	Presenter	Start Time	Length

Welcome/Introductions
• Zoom meeting overview
• New Staff/new roles
   o EHR Training and Support
      ▪ Makaila Genessy (ASO I)
   o EHR Billing
      ▪ Karen Saephan (ASO I)
      ▪ Ryan Sacco (Accounting Technician)
      ▪ Emily Leflar (Sr. Account Clerk)
• **Agencies attended:**
   o **Capital Star**
   o **Hope Cooperative**
   o **Telecare**
   o **UCD**
   o **BACS**
   o **River Oak**
   o **Heartland**
   o **APCC**
   o **Turning Pt**
   o **Pacific Clinics**
   o **El Hogar**
   o **Paradise Oaks**
   o **APSS**
   o **Dignity Health**
   o **CAPS**
   o **Sacramento Children's Home**
   o **Stanford Sierra Youth & Families**
   o **Gateway Residential**
   o **HEART**
	Melony	1:00 PM	5 min

o **CRH**
o **CalWORKs**
 	
• Support/Training Registration and Billing Mailbox
   o **Support**: BHS-EHRSupport@saccounty.gov
   o **Training Registration**BHS-EHRTrainingReg@saccounty.gov
   o **Billing** BHS-EHRBilling@saccounty.gov			

Medi-Cal/Medicare Claiming/Fiscal Update • Avatar and SmartCare - Claiming Status Update – We have claimed services that are ready to bill from July 2023 to December 2023 • Avatar - Claims Correction Spreadsheet (CCS) - CCS are currently being completed 4 weeks from the date submitted. Reminder to use the new CCS reference sheet on our website - Claiming (saccounty.gov) for services provided before 6/30/23 if you have not been doing so. • Avatar - Denial Reports - Please run your Phase II Report, Client and Program, Manual Posting by Program Report, and the Client Ledger Sac to work your denials. • Avatar - Pre-Billing Maintenance - Reminder to run the Pre-Billing Maintenance Report • SmartCare - Medicare update - we have completed claiming for August 2023 services. • SmartCare- Coverage Screen (Medicare Beneficiary ID & Group #) – Please do not add the CIN number and the group ID in the Policy number in the Medicare Beneficiary ID field. This will cause rejections. Please enter the Medicare Beneficiary ID in the Insured ID field in the Coverage screen. • SmartCare - Subscriber Sex missing – Please make sure to complete this field in the demographic tab of the Client Information screen. • SmartCare - Address Errors – Please enter the address correctly in the demographic tab of the Client Information screen or it will cause errors.	Lana	1:05 PM	10 min

ECM Claiming
• SmartCare Claiming Updates - We submitted claims through December 2023 for Healthnet, Aetna and Anthem and are awaiting adjudication.
• (SAC) Reports in SmartCare
   o ECM and Outreach Counts – This will show you how many times your program has performed or attempted an ECM outreach service to a client.
   o Program Coverage Report (SAC) – This report shows the date that the client was enrolled and the coverage the client has or had during that date
	Mike	1:15 PM	5 min

range. o Service Diagnosis Error (SAC) – This report will show you errors that are related to the diagnosis, discrepancies with the diagnosis dates, or if the client is missing a diagnosis. • Entering Managed Care Guarantors in SmartCare - The order of guarantors should always be OHC, MediCare, MediCal, Managed Care Plan and the Mental Health County Fund. • Run your ECM Pre Billing Reports in Avatar for PY Services			
SmartCare Denial process • We have claimed quite a bit of services and we have been receiving responses back from DHCS. John created a report (Program Denials (Sac) that will allow you to see the denials that your program is receiving. The denial process will be very similar in Avatar. We will provide links on our website that will link you to the most up to date denial reasons crosswalk from DHCS. You will then make the corrections needed in the system and submit the new Claims Correction Spreadsheet. You will not need to enter a new service when asking us to replace a service.	Melony	1:20 PM	10 min

SmartCare Support
• Please reach out to us for support questions at BHS-EHRSupport@saccounty.gov
• Service Import – We are up to date on Service Imports with December services for 2023. We will soon be receiving files for January services and will process these as soon as we can.
• Reports to monitor Address and Demographics
    o Program Coverage Report
    o Program Demographics report
• Demo-Client Information Screen-Address and Demographics
• Demo-TADT form
• Evidence Based Practices
    o See release document
• Special Populations
    o See release document
	Justin	1:30 PM	15 min

SmartCare Reports • See Release Items • Report discussion	John/Val	1:45 PM	15 min
Special Populations • Please make sure to enter Special Populations for all clients including their housing status.	Dawn	2:00PM	5 min
CalAIM • Please continue to send all questions to BHS-ECM@saccounty.gov • Continue to email questions/concerns/Anthem Success Stories to BHS-ECM@saccounty.gov	Dana	2:05PM	5 min

• Next MHP/SUPT ECM Provider Meeting: February 1, 2024 at 9:00am			
Training Updates • Training schedules posted through March • Training Reg Form Updates (last updated 1/19/2024) - Reminder to always use the newest form posted to the webpage. • Provider Service Corrections Q&A Sessions (February) – Starting in February we will be offering 3 Q&A sessions for Provider Service Corrections. These will be 2 hours sessions and led by the EHR Billing team. There will be a brief presentation at the beginning of each session. No registration required to attend these sessions. The zoom link for each of the session will be posted to the EHR webpage. • Provider Service Corrections Training (March) – The March training calendar have been updated to include the Provider Service Correction training. Training will not be required for existing admins but it is highly encouraged to attend the trainings in order to understand the process. Registration for this class is required and currently open. After March, this will be a regularly offered training twice a month at 1pm, after the Provider Admin Training. Provider Admin Training will be a pre-requisite for new users before taking the Provider Admin Corrections. Existing Admin staff will automatically receive the Corrections role in their user account. New users will need to take the training in order to obtain the Corrections role • Mobile Crisis Combined QM Documentation/EHR training – Starting in February, QM and the EHR team will be offering a combined documentation and EHR training for the MH Mobile Crisis Program. Providers will not be registering for these training through the EHR Training Registration desk, but instead they will be registering with QM. They will register through QMTraining@saccounty.gov. • Batch Service Entry Tip Sheet – This tip sheet has been added to our webpage. • Upcoming MH User Forum – The next MH User Forum will be Thursday, March 28th at 1pm.	Kat	2:10PM	10 min
New SmartCare items or Issue updates • CANS o Client Based – In SmartCare the CANS is client based rather than program based. There is only one CANS timeline for the client if being seen by multiple programs. The initial assessment applies regardless of where the client is being seen and continues to be the current CANS until there is a discharge at some point. Your program may not be the starting point especially if the client is still open	Kristi	2:20 PM	5 min

elsewhere and has not been discharged. If you encounter this issue, QM had provided direction to select *Initial* if this program is the first one doing the assessment, but if SmartCare does not allow that because there has already been one completed, then look at the last CANS that was completed. If it's time for that 6 month CANS then please select *Re-assessment*. If it's not time for the re-assessment then the program will select *Urgent* in order to complete the assessment. The reason for selecting urgent is because the system is currently not allowing a re-assessment prior to 6 months. CalMHSA is currently working to expand the parameters but for now providers can go ahead and mark the CANS as urgent to get the data entered into SmartCare prior to 6 months. Once we hear of an update from CalMHSA, then that will be communicated out to Providers. This is also affecting the PSC-35 and guidance is the same..			
Open Forum • What is the time limit for a denied service? – It will be the same which is 15 months from the month of service. If it has to go out as an original claim again, then you would have 12 months from the month of service. • Is there any changes in the timeline of when the CANS are do if the client are discharged in a certain amount of time? – There will be no updates. You will be doing the CANS within the first assessment window, every 6 month and 1 month prior to discharge.	All	2:25 PM	5 min

Special Populations Screen Definitions

#	Special Populations Item	Definitions
1	AOT- Court Ordered	Member who declines engagement in services and meets all criteria for AOT-Court ordered services under WIC, a petition is filed with the court and AOT is granted will be moved to this special population designation from AOT-Outreach and Engagement.
2	AOT- Outreach and Engagement	Member referral has been reviewed for meeting minimum criteria by County AOT team and has been referred to Contractor for further assessment, engagement in services and/or referral to the appropriate level of care. Member will continue in this special population until Member is transitioned to Voluntary status, is granted AOT under Court Petition or is closed for a variety of reasons (i.e., incarceration, unable to locate, meets criteria for lower or higher level of care)
3	AOT- Voluntary	Member who are intensively engaged through Outreach and Engagement stage and are agreeable and meet medical necessity for FSP services who will be served by the Contractor AOT team for continuity of care.
4	CalWORKS	Member is linked to CalWORKS.
5	Child Protective Services	Member has Child Welfare Involvement or is a Dependent Youth.
6	Foster Care	Member is currently in Foster Care.
7	Homeless- Bridge/Interim	Member is receiving interim housing via the Behavioral Health Bridge Housing (BHBH) grant funded Safe Stay Beds and BHBH funded interim beds. This will include 30 Sober living beds and/or other beds addressing the immediate housing and treatment needs of people experiencing unsheltered homelessness with serious behavioral health conditions, along with the sustainability of these ongoing supports.
8	Homeless- Sheltered	Member is staying at a government or non-profit funded shelter with the goal of securing permanent housing. This may include temporary housing funded by MHP provider with MHSA flexible funding, for example short term hotel, room in Room and Board, etc.
9	Housed/No Imminent Risk of Homelessness	Member is stably housed.
10	ICC/IHBS	Member was screened via a CFT for ICC/IHBS and meets the criteria for ICC/IHBS services. ICC, IHBS and CFT Meeting services are available to all children and youth who: • Are under the age of 21 • Are eligible for the full scope Medi-Cal services; and • Meet medical necessity criteria for these Specialty Mental Health Services (SMHS) pursuant to CCR, Title 9, Section 1830.205 or Section 1830.210. • Medical Necessity Criteria reflecting the need for ICC & IHBS.
11	Imminent Risk of Homelessness	A member that, without intervention or change in circumstances, will likely lose housing in the next 14 days and

		homeless prevention services are required to preserve current housing or obtain alternative permanent housing. Member may be living in their own home, living with family/friends or "couch surfing" with a required move-out date within the next 14 days such as an unresolved formal eviction notice. Interventions are permissible prior to receiving a required move out date or sooner than 14 days, if it is clear that the intervention will prevent an official notice to move and there are no other resources available.
12	**Katie A- ICC/IHBS**	Member meets the criteria for Katie A Subclass Criteria. The Katie A. Subclass members are full-scope Medi-Cal eligible children/youth up to age 21 who: 1. Have an open child welfare services case; 2. Meet the medical necessity criteria for Specialty Mental Health Services; <u>AND</u> 3a. Are currently in or being considered for wraparound, TFC, specialized care rate due to behavioral health needs or other intensive EPSDT services, including but not limited to TBS or crisis stabilization/interventions <u>OR</u> 3b. Are currently in or being considered for group home (RCL 10 or above), a psychiatric hospital or 24-hour mental health treatment facility or has experienced three or more placements within 24 months due to behavioral health needs.
13	**Literally Homeless-Chronic Homelessness**	Member is currently sleeping in an emergency shelter, hotel/motel paid by the County or social services Contractor, or location not meant for human habitation and meets the 4 requirements for chronic homeless status. Chronic homeless status requires that the member lacks a regular fixed nighttime residence and has continuously lived in a place not meant for human habitation, including emergency homeless shelters, for at least 12 months consecutively or at least on 4 separate occasions adding up to 12 months in the last 3 years. For example: Member may be living in an unconverted garage or trailer, without connection to water or electricity and meets the duration requirements for chronic homeless status.
14	**Literally Homeless- Not Chronic Homeless**	Member does not meet chronic homeless status AND member is currently sleeping in an emergency shelter, hotel/motel paid by the County or social services Contractor, or location not meant for human habitation. For example, member recently moved into an unconverted garage or trailer for example, without connection to water or electricity and does not meet the duration criteria for chronic homelessness
15	**LPS Conservatorship**	Member is on LPS Conservatorship. LPS conservatorship gives legal authority to one adult (called a conservator) to make certain decisions for a seriously mentally ill person (called a conservatee) who is unable to take care of him/ herself. The conservator can give consent to mental health treatment, even if the conservatee objects, make decisions such as

		whether to start or stop taking psychiatric medications or accept other medical treatment, manage money and decide where to live. The LPS conservatorship can last for a maximum of one year at a time, but it can be renewed in court at the end of the year.
16	**Other Conservatorship**	Member is on one of the following conservatorships: A *Limited Probate Conservatorship* applies when the person is developmentally disabled. In this type of conservatorship, the powers of the conservator are limited so that the disabled person may live as independently as possible. The Self-Help Center offers a workshop to assist with requesting appointment of a limited conservator. A *General Probate Conservatorship* is for adults who are unable to provide for their personal needs due to physical injury, advanced age, dementia, or other conditions rendering them incapable of caring for themselves or making them subject to undue influence.
17	**Presumptive Transfer**	Member is Medi-Cal eligible child, youth, and non-minor dependent (under the age of 21) in foster care who was placed outside of their counties of original jurisdiction receiving timely access to Specialty Mental Health Services (SMHS). Applies to PT or Waiver of PT)
18	**Probation**	Member is currently on Probation.
19	**Therapeutic Foster Care (TFC)**	Member is receiving TFC.
20	**Transitional Temporary Housing**	Member is receiving interim stability and support for housing while working towards the goal of permanent housing. Examples include: Adolfo, Saint John's or Wind Youth