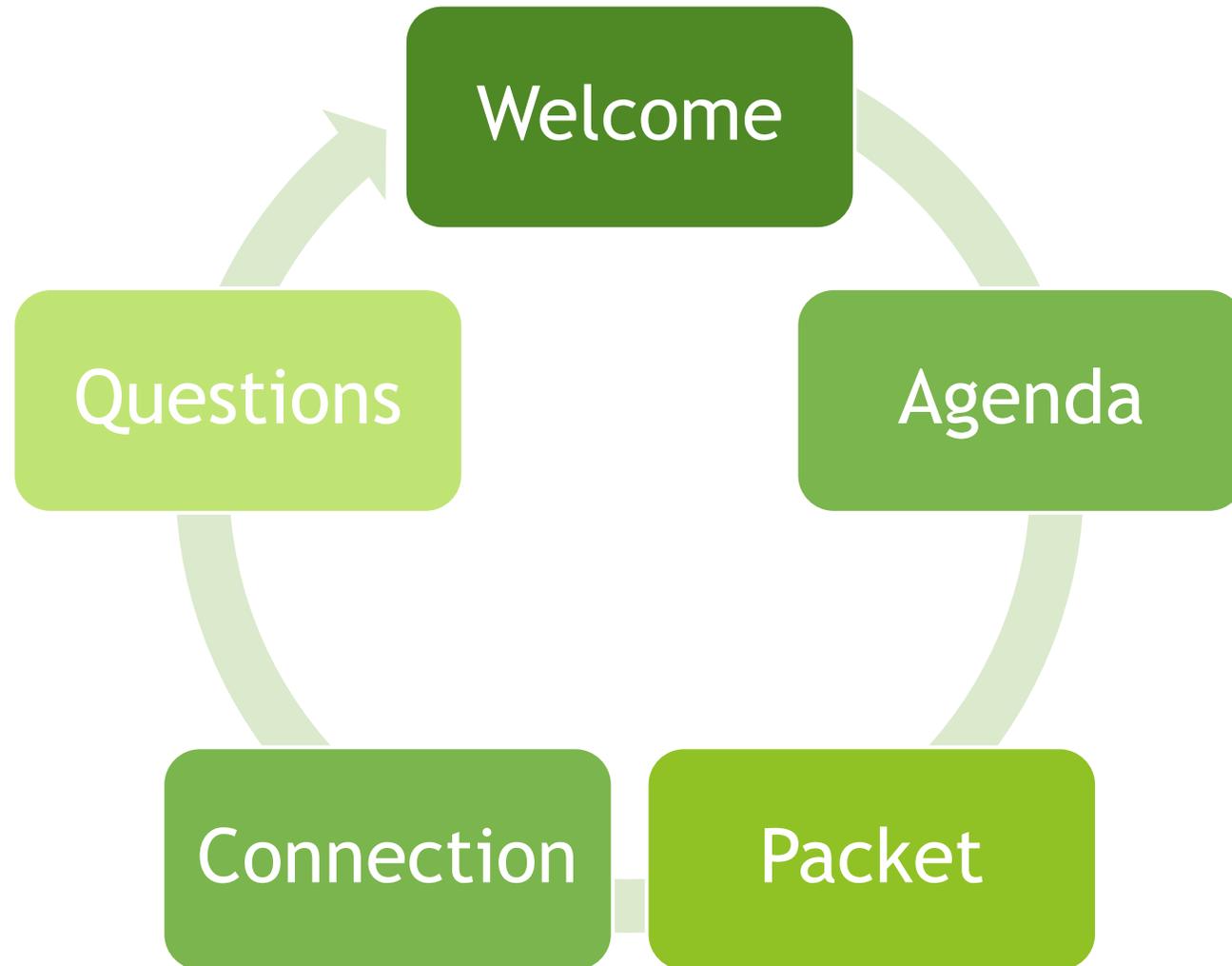


Mental Health
Provider Administrative
SmartCare Training

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: Service Information
- Part 7: Entering 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.

- 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

Who is CalMHSA?

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

- 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

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

Accessing
SmartCare

SmartCare Webpage

<https://dhs.saccounty.gov/BHS/BHS-EHR/Pages/Avatar.aspx>



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



Part 1 - Creating & Setting-up a Client

Inquiry

Creating a Client
ID

Enrolling a Client
into a Program

- 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
- See “Provider Inquiries Tip Sheet” on our webpage for tips on how to complete an inquiry
 - <https://dhs.saccounty.gov/BHS/BHS-EHR/Pages/EHR-Training.aspx>

Inquiry Information

- 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

Creating a Client ID

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

Program Assignments (10)

SacCo-BHS SAC - East PKWY Requested All Program Managers Apply Filter

All Program Views All Clinicians From To Other

Priority	Client Name	Status	Date Requested	Date Enrolled	Date Discharged	Program	Primary	Primary Clinician	Prerequisite	Waitlist Comment
	L800061378, F80006...	Requested	03/23/2025			SacCo-BHS S...	No			
	L800084007, F80008...	Requested	02/13/2025			SacCo-BHS S...	No			
	L800114904, F80011...	Requested	12/11/2024			SacCo-BHS S...	No			
	L800135101, F80013...	Requested	11/04/2024			SacCo-BHS S...	No			

Demo- Client Program (Client)

- Program Assignment Details
- Enrollment Process



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

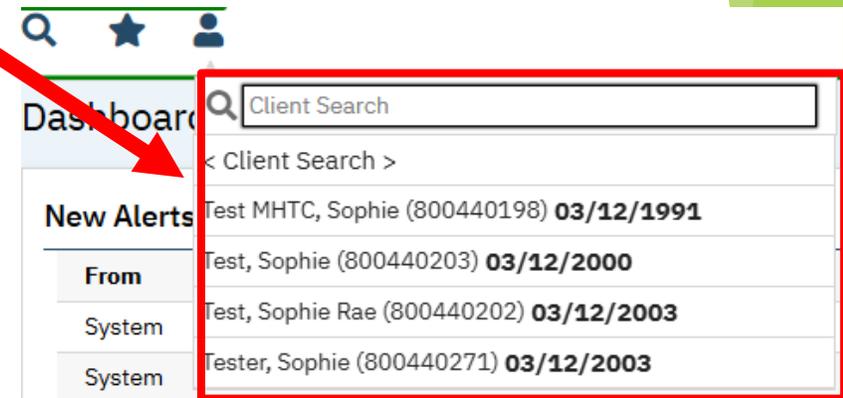
Client Information

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 - 2023 CalMHSA](#)



How to Edit Staff on A Client's Treatment Team

The box below shows an active Treatment Team Member.

Treatment Team Member

Contact External Staff Active

Start Date  End Date 

Staff

Role  Program 

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.

Treatment Team Member

Contact External Staff Active

Start Date  End Date 

Staff

Role  Program 

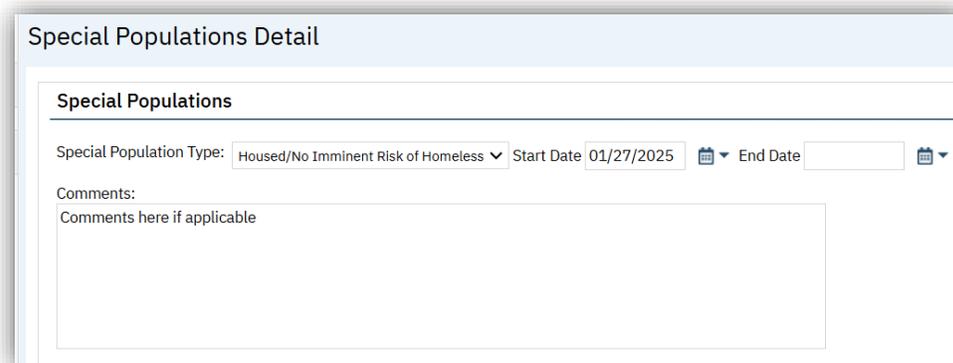
- Client Flags alert users with critical beneficiary support information. An icon which corresponds to the Client Flag will show up in the client header
- Some Client Flags are created automatically to send you an alert about the client
 - Alerts for duplicate insurance, preferred name, etc.
- Client Flags can also be created to alert others of critical information regarding the client.
- Refer to the Client Flag Tip Sheet located on our webpage:
 - <https://dhs.saccounty.gov/BHS/BHS-EHR/Pages/EHR-Training.aspx>

Client Flags (Client)



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
- To see a demonstration of the Special Population Tracking screens, click on link below:
 - [How To Identify a Client as Katie-A or Other Special Population - 2023 CalMHS](#)



The screenshot shows a web form titled "Special Populations Detail". It features a section labeled "Special Populations" with a dropdown menu for "Special Population Type" set to "Housed/No Imminent Risk of Homeless". The "Start Date" is set to "01/27/2025" and the "End Date" is currently blank. Below this is a "Comments" section with a text area and the instruction "Comments here if applicable".

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

Correct Address

Addresses

Home 7001 East Parkway
Sacramento, CA 95823

Billing

Details...

[History](#)

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

SmartCare

Address Details

Street 7001 East Parkway

City Sacramento

State California

Zip 95823

OK

Cancel

Incorrect Address

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.

SmartCare

Address Details

Street 7001 East Parkway
Sacramento, CA 95823

City

State

Zip

OK

Cancel

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 \(saccounty.gov\)](http://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
- Additional resources are also available on CalMHSA’s website, under How to Scan or Upload a Document Into the Clients Record:
 - [How to Scan or Upload a Document Into the Clients Record - 2023 CalMHSA](#)

➤ 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.

Requesting a Document Deletion



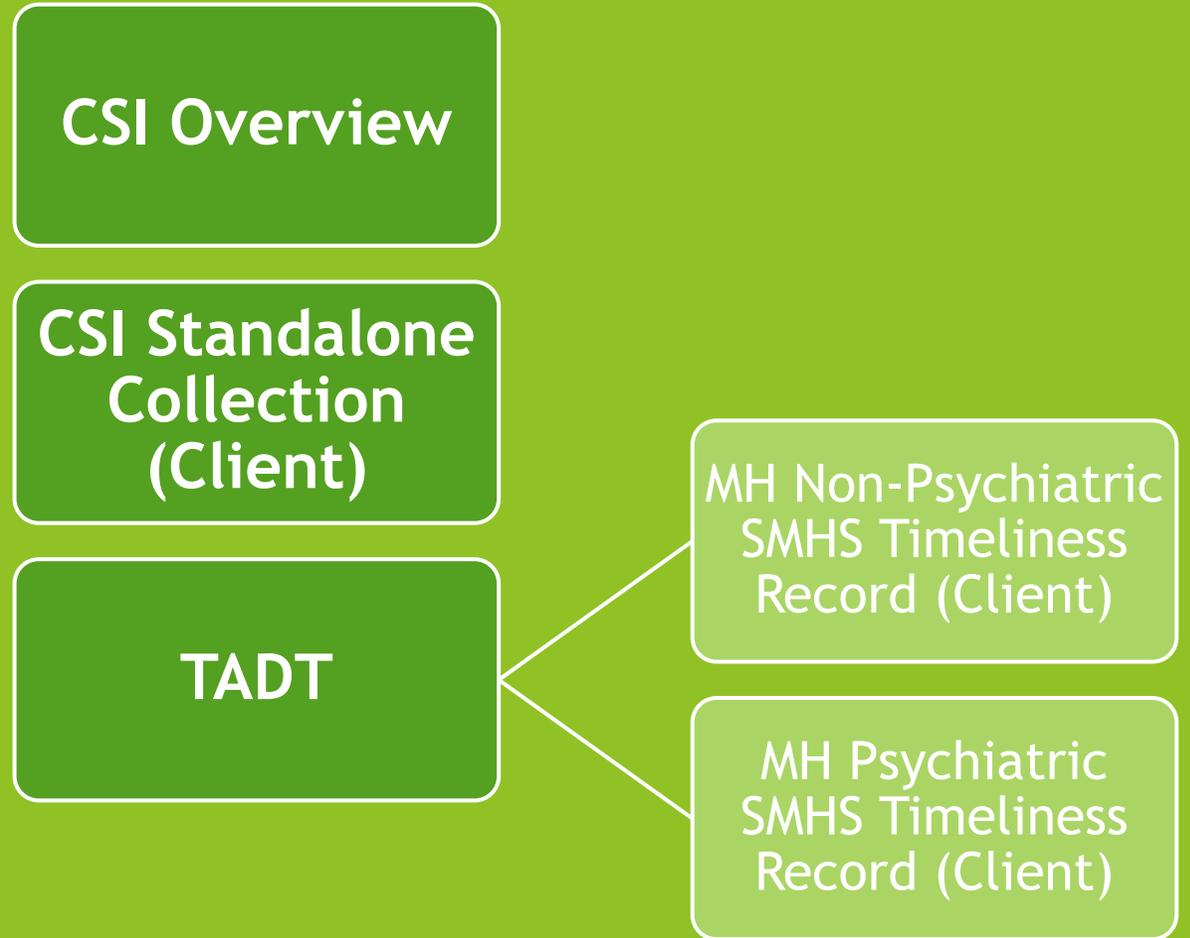
Correct Answer:

A

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



Part 3 - State Reporting



- 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 - 2023 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

Program Assessments To Include CSISandalone,

Start Date 7/31/2025 End Date 11/18/2025

1 of 2 ? Find | Next

Program Signed Assessments

For Assessments: CSISA

Client Name	Client ID	Age	Enrolled Date	Discharged Date	CSI SA
		39	08/22/23	10/15/25	02/01/24
		45	05/21/24		05/21/24
		38	08/15/24	10/03/25	08/23/24
		43	07/11/24	10/06/25	07/11/24
		63	03/15/22		02/21/24

- (Select All)
- CalAIM
- ANSA
- ASAM
- Crisis
- CANS
- PSC35
- CSISandalone
- MSE
- SafetyPlanCrisis
- SafetyPlan
- PHQ9

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

- 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.
- Refer to the TADT Tip Sheet located on our webpage:
 - [TADT Tip Sheet - EHR Support](#)

Timely Access Data Tool (TADT) Cont.

Demo State Reporting: TADT

- MH Non-Psychiatric SMHS Timeliness Record (Client)
- Additional resources are also available on CalMHSA's website, under How to Scan or Upload a Document Into the Clients Record:
 - [How to Document Timely Access Record Information for TADT - 2026 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.

Service Request Record Closure

Service Record Closure

This section is only required when the client does not complete the entire Access Process (receives a follow up service). The record may be closed at any point in the access process, including even before offering an initial appointment. Document the date and the reason the Access Process was ended in the fields below.

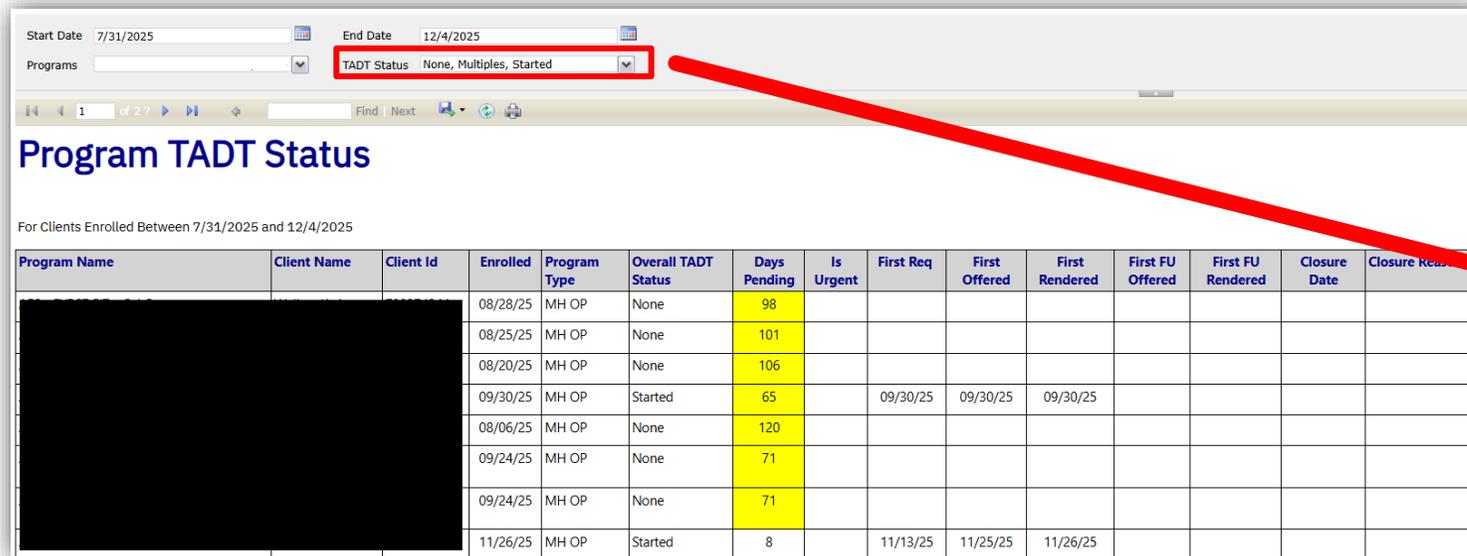
Closure Date: 

Closure Reason: 

If other, explain: (will be included on state reporting file)

Program TADT Status (SAC)

- This report will show clients enrolled in the program(s) between the timeframe selected 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: Can be None, Started, Complete, or Multiples.
 - 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



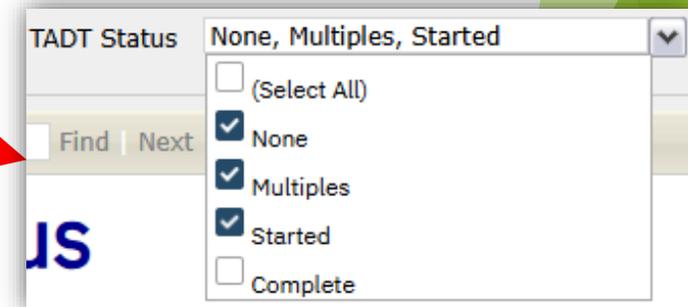
Start Date: 7/31/2025 End Date: 12/4/2025
Programs: [Dropdown] TADT Status: None, Multiples, Started

1 of 2 ? Find | Next

Program TADT Status

For Clients Enrolled Between 7/31/2025 and 12/4/2025

Program Name	Client Name	Client Id	Enrolled	Program Type	Overall TADT Status	Days Pending	Is Urgent	First Req	First Offered	First Rendered	First FU Offered	First FU Rendered	Closure Date	Closure Reason
			08/28/25	MH OP	None	98								
			08/25/25	MH OP	None	101								
			08/20/25	MH OP	None	106								
			09/30/25	MH OP	Started	65		09/30/25	09/30/25	09/30/25				
			08/06/25	MH OP	None	120								
			09/24/25	MH OP	None	71								
			09/24/25	MH OP	None	71								
			11/26/25	MH OP	Started	8		11/13/25	11/25/25	11/26/25				



TADT Status: None, Multiples, Started

(Select All)

None

Multiples

Started

Complete

Find | Next



Part 4 - Coverage

Client Eligibility

Coverage

Client Account

Reports for Coverage

UMDAP

Editing a Document

Verifying Eligibility

- It is important to verify medical 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

- 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

- 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 - 2023 CalMHSA](#)

Coverage Plan Order

Demo- Entering Coverage

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

- 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
 - A list of available reports are posted on the EHR webpage under the Technical Support tab. This will show all reports regardless of role, keep in mind you will only have access to reports that are included within your assigned role in the system
 - To view the list of reports, Click on the link below to view “Release Information”
 - [SmartCare Technical Support \(saccounty.gov\)](http://saccounty.gov)

Report Information

Program Coverage Report (SAC)

- Displays current open enrollments with the first 4 current Payors
 - This report will catch if coverage was not entered, the CIN number is missing, or if the client was not entered as the subscriber for their Medi-Cal Coverage
 - If the client was not listed as the subscriber for the Medi-Cal Payor, they will be flagged as “Not Subscriber” on the report

Program Coverage Report

████████████████████

Open enrollments Between 12/19/2024 and 12/19/2024 with First 4 Current Payers

Client ID	Client Name	Enrolled /DC	Cov1	Cov2	Cov3	Cov4
██████████	██████████	03/14/24	Medi-Cal DMC 96634632D			
██████████	██████████	04/24/24	Medi-Cal DMC 93534820D	ADS DMC R Match 567412748		
██████████	██████████	12/10/24	Medi-Cal DMC 92222751D	ADS DMC R Match 92222751D		
██████████	██████████	06/20/24	Medi-Cal DMC 92209815D			
██████████	██████████	11/22/24	Medi-Cal DMC	ADS DMC R Match		
██████████	██████████	04/15/24	(Not Subscriber) Medi-Cal DMC 93354330D	ADS DMC R Match 18		



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).
- Below is a link to the EHR team's UMDAP Tip Sheet
 - [UMDAP Tip Sheet.pdf \(saccounty.gov\)](#)
- Additional resources are also available on CalMHSA's website:
 - [How to Set the Contact as the Responsible Party in the UMDAP Financial Assessment - 2023 CalMHSA](#)

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).
- Below is a link to the EHR team's UMDAP Tip Sheet
 - [UMDAP Tip Sheet.pdf \(saccounty.gov\)](#)
- Additional resources are also available on CalMHSA's website:
 - [How to Set the Contact as the Responsible Party in the UMDAP Financial Assessment - 2023 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



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

Service Requests Widget

My Service Request List
(My Office)

Service Request List
(Client)

Service Request Detail
Screen

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.
- Below is a link to the EHR team's Service Authorization Tip Sheet
 - [Service Authorization Tip Sheet.pdf \(saccounty.gov\)](#)

- 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
- Below is a link to QM's Policy and Procedure:
 - [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)

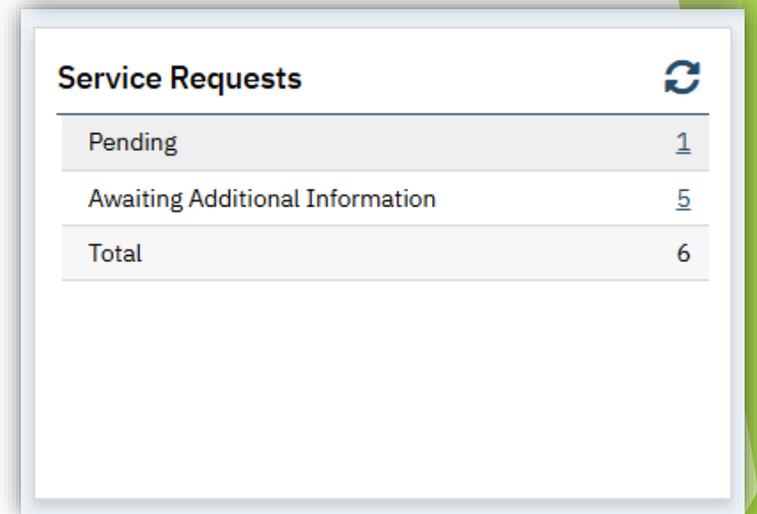
- Shows all service requests that the logged in user has created

➤ 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](#)



Service Requests		
Pending	1	
Awaiting Additional Information	5	
Total	6	

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.

The screenshot displays the 'Approval' tab of a service request interface. At the top, there are navigation tabs: 'Request', 'Attachments', 'Contact Notes', 'Approval' (highlighted with a red box), and 'History'. Below the tabs is the 'Service Request Details' section. The 'Auth List' table contains one entry, which is selected. A red box highlights the detailed form for this entry, showing fields for 'Auth Code', 'Program Requested', 'Units', 'From', 'Frequency', 'Units Total', '\$ Total', and 'Justification'. The 'Service Status' is set to 'All Statuses', and there is a 'Generate Authorization' checkbox.

	Auth Code	Program Requested	Units	From Date	To Date	Frequency	Total Units	Justification
X	MH Therapeutic...	HeartLand-TBS-Grand(472)	1	12/17/2025	01/16/2026	2 days/week	10	Justification

Auth Code: MH Therapeutic Behavioral Services (TBS)

Program Requested: HeartLand-TBS-Grand(472) | **Program Approved**: [dropdown]

Units: 1

\$: [input]

From: 12/17/2025 | **To**: 01/16/2026

Frequency: 2 days/week

Units Total: 10

\$ Total: [input]

Justification: [text area]

Service Status: All Statuses | **Reasons** | Generate Authorization

Comments: [text area]

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.

Request Attachments Contact Notes **Approval** History

Service Request Details

Auth List Modify Clear

	Auth Code	Program Requested	Units	From Date	To Date	Frequency	Total Units	Justification
X	MH Therapeutic...	HeartLand-TBS-Grand(472)	1	12/17/2025	01/16/2026	2 days/week	10	Justification

Auth Code: MH Therapeutic Behavioral Services (TBS)

Program Requested: HeartLand-TBS-Grand(472) Program Approved:

Units: 1 \$:

From: 12/17/2025 To: 01/16/2026

Frequency: 2 days/week

Units Total: 10

\$ Total:

Justification:

Service Status: All Statuses Reasons Generate Authorization

Comments:

Service Requests for Open Clients (SAC) Report

- Sacramento County created a report for providers to check the status of submitted requests by program. Search Service Requests for Open Clients (SAC) Report, select the Start/End date and Program and this will pull up the request information, status and Send Back Reasons if applicable.

Start Date: 1/1/2026 End Date: 2/19/2026

Programs: [Dropdown]

1 of 2 ? Find | Next

Service Request Status

For Clients Currently Enrolled With Service Requests Submitted Between 1/1/2026 and 2/19/2026

Client Name	Client Id	Submitted	Submitted By	Auth Code Requested	Urgent	WorkGroup	Request Status	Requested Program	Authorized Program	Auth Status	Start Date	End Date	Send Back Reason
[Redacted]	[Redacted]	02/03/26	[Redacted]	MH Therapeutic Behavioral Services Re-Auth	N	BHS SAC Service Auths	Completed	SCH-TBS-Sutterville(486)	SCH-TBS-Sutterville(486)	Approved	01/28/26	03/29/26	
[Redacted]	[Redacted]	01/15/26	[Redacted]	MH Therapeutic Behavioral Services (TBS)	Y	BHS SAC Service Auths	Completed	HeartLand-TBS-Grand(472)	SCH-TBS-Sutterville(486)	Approved	01/16/26	02/16/26	
[Redacted]	[Redacted]	01/30/26	[Redacted]	MH Therapeutic Behavioral Services (TBS)	Y	BHS SAC Service Auths	Completed	HeartLand-TBS-Grand(472)	HeartLand-TBS-Grand(472)	Approved	02/03/26	03/05/26	
[Redacted]	[Redacted]	01/23/26	[Redacted]	MH Therapeutic Behavioral Services Re-Auth	N	BHS SAC Service Auths	Completed	HeartLand-TBS-Grand(472)	HeartLand-TBS-Grand(472)	Approved	01/30/26	03/31/26	
[Redacted]	[Redacted]	01/22/26	[Redacted]	MH Therapeutic Behavioral Services Re-Auth	Y	BHS SAC Service Auths	Completed	HeartLand-TBS-Grand(472)	HeartLand-TBS-Grand(472)	Approved	01/25/26	03/24/26	

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 - Service Information

Diagnosis Document
(Client)

Editing a Document
(Demo)

Pregnancy Indicator

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
- Please refer to the Diagnosis tipsheet on the EHR website:
 - [Diagnosis Tip Sheet.pdf \(saccounty.gov\)](#)
- Additional resources are also available on CalMHSA's website, under Diagnosis Entry:
 - [Clinical Documentation - 2023 CalMHSA](#)

- Without a diagnosis the services will not show up on your invoice for the county
- A diagnosis is required for **all** services
 - Effective dates should cover all dates of service
- The diagnosis must be entered in the program you are providing services
- The diagnosis must be signed
- The Service Diagnosis Error report can be run to view billing errors pertaining to Diagnosis
 - We will view this report during the Corrections section of training

Important Facts About Diagnosis

Demo- Diagnosis Document (client)

- Entering a Diagnosis
- Updating the Effective Date for Diagnosis Document
- Editing a Document
 - Additional resources are also available on CalMHSA's website, under How to Amend a Signed Document:
 - [How to Amend a Signed Document - 2023 CalMHSA](#)
 - Below is a link to the EHR team's Editing a Document Tipsheet
 - [Editing a Document Tipsheet.pdf \(sacounty.gov\)](#)



- 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.

Pregnancy Indicator



Correct Answer:

E

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



Part 7 - Entering Services

Staff for Program
Report(SAC)(My Office)

How Are Services Entered

Services (Client) Screen

Batch Services(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 procedure codes when entering services.
 - When running the report, make sure to chose the dropdown for do NOT Include County Staff
 - If a license end date is approaching, the Clinician will need to reach out to Quality Management Staff Registration for license updates via email at DHSQMStaffReg@saccounty.gov
 - When a license expires, a clinician will not be able to write notes

Program [] Show Columns Degree Type, License Number, Start

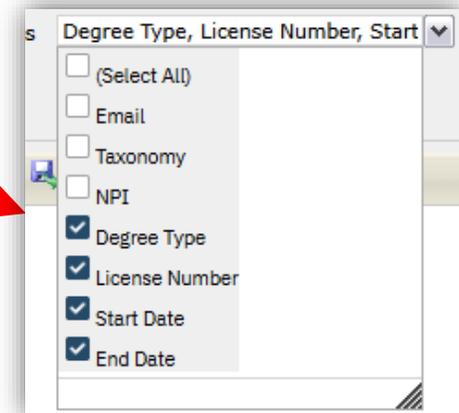
Include County Do NOT Include County Staff

1 of 2 ? Find | Next

Staff for Program(s)

Active Staff who have Data Entry rights for the selected Program(s)

Staff ID	Staff name	Degree Type	License #	Start Date	End Date
		AMFT Associate Marriage and Family Therapist		5/16/25	2/28/26
		ASW Associate Social Worker		1/24/23	2/2/24
		ASW Associate Social Worker		11/12/25	1/31/27
		Other Qualified Provider		2/19/25	6/20/25
		LCSW Licensed Clinical Social Worker		6/21/25	6/30/27
		MFT Marriage and Family Therapist		8/15/17	1/2/25



How are Services Entered?



Services/Notes (Client)



Services (Client)



Batch Service Entry (My Office)



Service Import

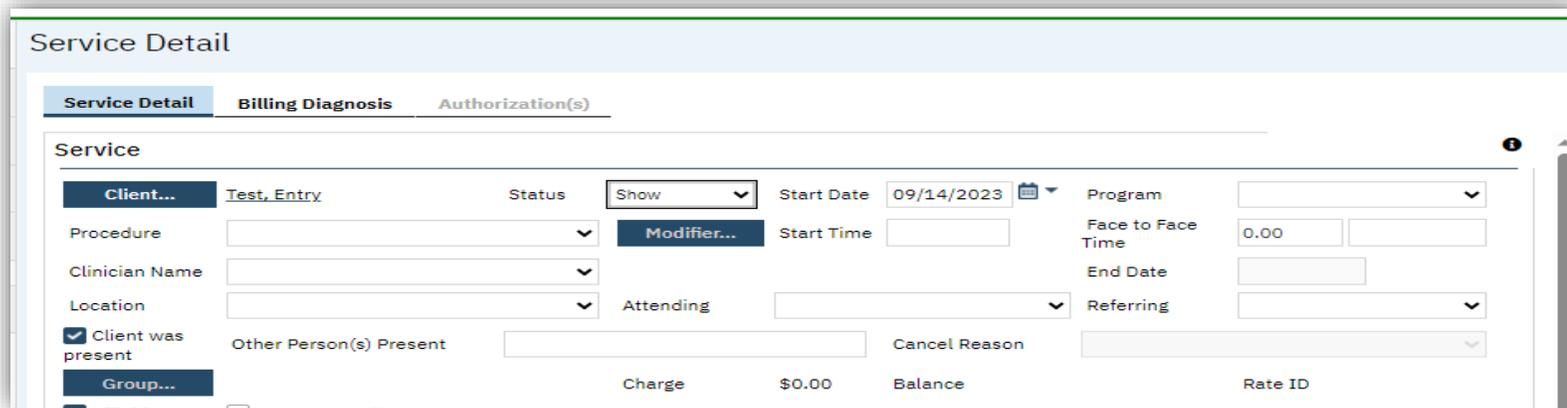
Services/Notes (Client)

- 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.
- Additional resources are also available on CalMHSA's website:
 - [Services/Notes \(Client\) List Page - 2023 CalMHSA](#)
 - [How to View Services/Notes - 2023 CalMHSA](#)

The screenshot displays the 'Services/Notes (5)' interface. At the top, there are filter options: 'All Clinician', 'All Statuses', 'All Procedures', and 'Other', with an 'Apply Filter' button. Below this, there are checkboxes for 'Show Services and Care Mgmt Claims' (checked), 'Include Services created from Claims', and 'Only include Services with Add On Codes'. A date range is set to 'Past 12 Months' from '11/10/2025'. A table lists services with columns for 'Auth', 'DOS', 'Status', 'Document', 'Group Name', and 'Pr'. One service is visible: '09/16/2025 09:00 AM Show Psych/Medical N...'. A red arrow points from the 'Document' column to the 'Service Note' form. The 'Service Note' form includes fields for 'Effective' date (11/10/2025), 'Status' (New), and 'Author' (Genessy, Makaila). It has tabs for 'Service' and 'Billing Diagnosis'. The 'Service' tab contains various fields: 'Status' (Show), 'Program' (required), 'Procedure' (with an info icon), 'Location' (required), 'Clinician' (Genessy, Makaila), 'Mode Of Delivery', 'Cancel Reason', 'Evidence Based Practices', 'Transportation Service' (No), 'Start Date' (11/10/2025), 'Start Time' (required), 'Travel Time', 'Documentation Time', 'Service Time' (required), 'Attending' (with a user icon), 'Referring', and an 'Interpreter Services Needed' checkbox.

Services (Client)

- The Services (Client) screen allows administrative staff to manually enter individual services. This feature is available for agencies that maintain their own EHR systems and need to input services into SmartCare manually.
- SmartCare Downtime Forms
- Additional resources are also available on CalMHSA's website:
 - [How to Enter Client Services - 2023 CalMHSA](#)



The screenshot displays the 'Service Detail' form in SmartCare. The form is divided into three tabs: 'Service Detail', 'Billing Diagnosis', and 'Authorization(s)'. The 'Service Detail' tab is active. The form contains the following fields and controls:

- Client...:** Test, Entry
- Status:** Show (dropdown)
- Start Date:** 09/14/2023 (calendar icon)
- Program:** (dropdown)
- Procedure:** (dropdown)
- Modifier...:** (button)
- Start Time:** (text input)
- Face to Face Time:** 0.00 (text input)
- Clinician Name:** (dropdown)
- Location:** (dropdown)
- Attending:** (dropdown)
- End Date:** (text input)
- Referring:** (dropdown)
- Client was present
- Other Person(s) Present:** (text input)
- Cancel Reason:** (dropdown)
- Group...:** (button)
- Charge:** \$0.00
- Balance:** (text input)
- Rate ID:** (text input)

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.
- Below is a link to the EHR team's Batch Service Entry Tip Sheet
 - [Batch Services Tip Sheet.pdf \(saccounty.gov\)](#)
- Additional resources are also available on CalMHSA's website:
 - [How to Enter a Batch of Services - 2023 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

Batch Service Entry

11/17/2025 APCC-TWC-14th Ave(34CNPZ) Staff Name All Procedure Groups Apply Filter

Client Preference M TU W TH F Also Include Complete/Show Services for the day Only Show Clients Seen In Last 90 Days

Last Name Begins With T Organizational Hierarchy

Default Values

Staff	Procedure Code	Time In	Time Out	Dur.	Location	Mode Of Delivery
Staff Name						Mode Of Delivery

Apply Default Values To Below Grid

Client Name	Staff	Procedure Code	Date	Time In	Time Out	Dur.	Location	Comments	Specific Location	Mode Of Delivery
+ Test Andrew (800440154)	<input type="checkbox"/> All Clinician		11/17/202							
+ Test Bailey (800440186)	<input type="checkbox"/> All Clinician		11/17/202							
+ Test Bonnie (800440169)	<input type="checkbox"/> All Clinician									
+ Test Clarice (800315959)	<input type="checkbox"/> All Clinician									

Default Values

Staff	Procedure Code	Time In	Time Out	Dur.	Location	Mode Of Delivery
Staff Name						Mode Of Delivery

Apply Default Values To Below Grid

Client Name	Staff	Procedure Code	Date	Time In	Time Out	Dur.	Location	Comments	Specific Location	Mode Of Delivery
+ Test Andrew (800440154)	<input checked="" type="checkbox"/> All Clinician		11/17/202							Mode Of Delivery
+ Test Bailey (800440186)	<input checked="" type="checkbox"/> All Clinician		11/17/202							Mode Of Delivery
+ Test Bonnie (800440169)	<input type="checkbox"/> All Clinician		11/17/202							

Demo- Batch Service Entry (My Office)

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

Service Import

- Allows providers to send the EHR team spreadsheets containing their monthly services
- The EHR team uploads the services into SmartCare, services don't need to be entered manually by providers
- Summaries are sent to the provider the following day.
- Agencies can reach out to EHR Support at bhs-ehrsupport@saccounty.gov if interested in entering services via the Service Import Process.

1	ClientId	ClinicianId	ProcedureC	LocationId	DateOfService	EndDateOf:	FaceToFace	TravelTime	Documenta	AttendingI	ReferringI
2			93	14	8/3/2023 14:10		50	20	5		
3			93	14	8/1/2023 13:30		60	0	5		
4			105	14	8/1/2023 14:35		55	48	9		
5			93	13	8/1/2023 08:30		58	0	6		
6			73	13	8/1/2023 07:55		26	0	8		
7			105	11	8/1/2023 10:00		26	0	4		
8			105	14	8/1/2023 10:05		30	0	2		
9			105	3	8/1/2023 08:42		20	0	4		

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



Part 8 - Service Corrections

Overnight Job

Failures To Complete
Reasons

Requesting Edits to a
Service

How to Error Out a
Service

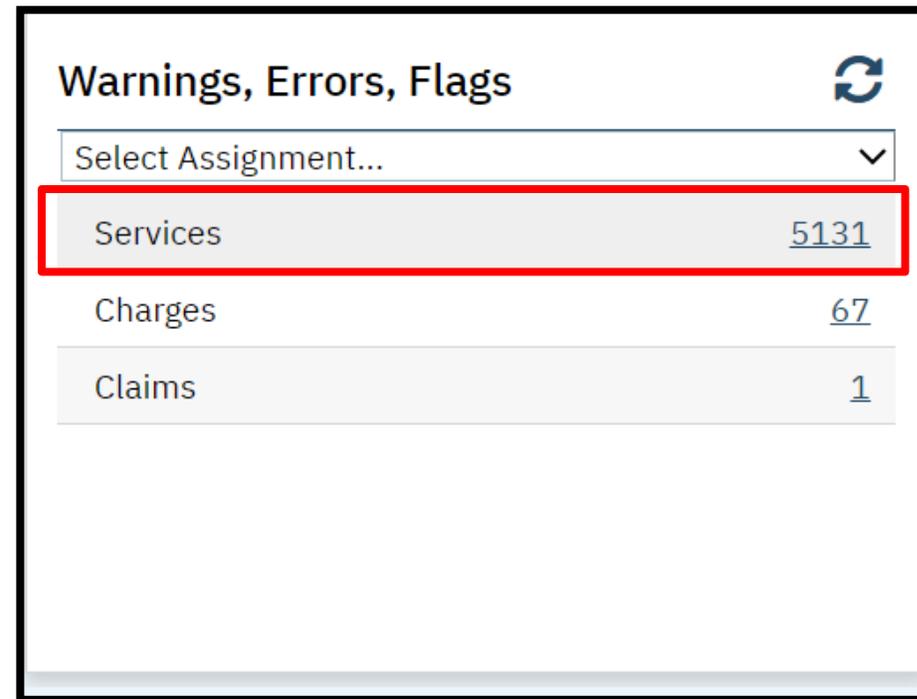
Overnight Job

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.

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.



Warnings, Errors, Flags		
Select Assignment... 		
Services	5131	
Charges	67	
Claims	1	

Services (My Office)

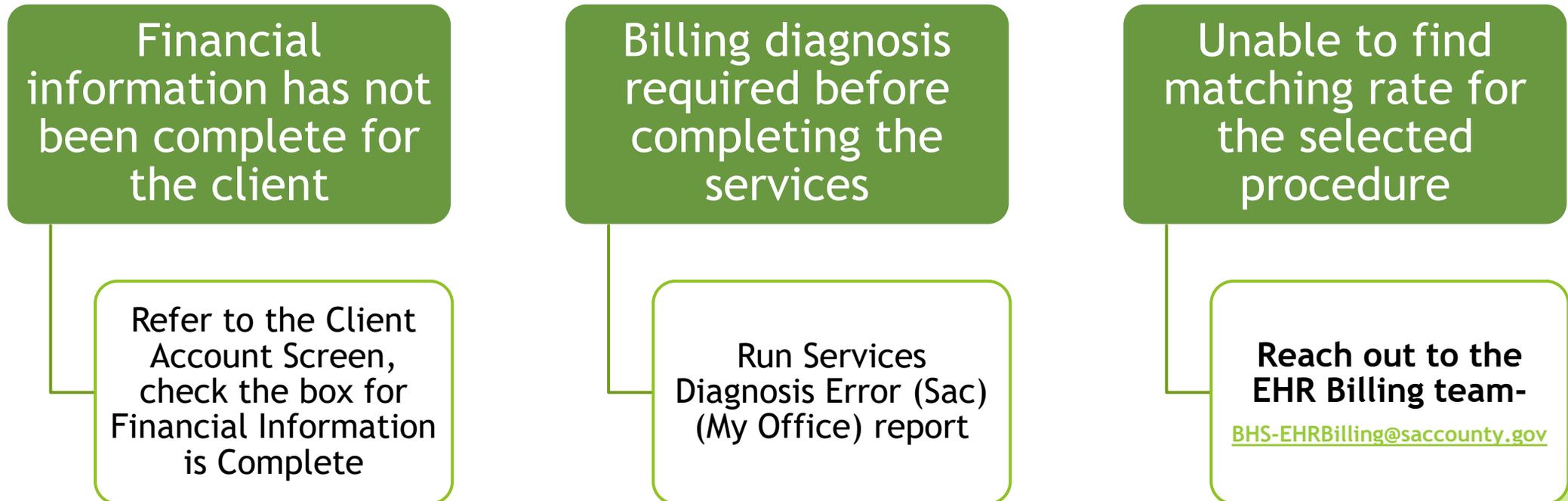
- Run the Services (My Office) list page to view the Failure to Complete Reason(s):
- Filter the information below:
 - Chose Date Range - do not go higher than one month, otherwise the screen may lock you out
 - Select your program
 - Under Service Status, select Show
 - Scroll to the far right to view “Failure to Complete Reasons”

The screenshot shows the 'Services (67)' page with various filters and a table of service records. The filters include 'All Service Statuses' (C), 'All Programs' (B), and 'DOS From 12/01/2025' to 'DOS To 12/31/2025' (A). The table below shows service details with a 'Failure to Complete Reason(s)' column (D) containing entries like 'Billing diagnosis req...'.

Client Name	DOS	Units	Charge (Rate Id)	Procedure	Status	Clinician	Program	Location	Comment	Failure to Complete Reason(s)	Add On Cod
	12/31/2025 2:00 PM			Individual Therapy	Schedul...	Peterson, As...	UCD-FIT-Bu...	Telehealth - ...			
	12/30/2025 11:00 AM		228.69 (1...	Psychosocial Rehab - ...	Schedul...	Nelson, Rae...	El Hogar-OP ...	Office			
	12/29/2025 11:00 AM			ASAM or other struct...	Show	Draper, Ama...	ZZ_ACAC_O...	Office		Billing diagnosis req...	
	12/29/2025 10:00 AM			Individual Counseling	Show	Draper, Ama...	ZZ_ACAC_O...	Office		Billing diagnosis req...	
	12/25/2025 11:00 AM		228.69 (1...	Psychosocial Rehab - ...	Schedul...	Nelson, Rae...	El Hogar-OP ...	Office			

If there is no rate on the Completed service (and it is NOT a non-billable), make sure Coverage has been entered

Failure to Complete Reasons: Errors That will Prevent a Service from Billing Out



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

Error: 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

Client Account

Overview Charge/ Payment Summary

Account Information

Client Name	Test, Entry
Financially Responsible	Test, Entry
Current Client Balance	\$0.00
Unpaid Services	\$0.00
Unposted Payments	\$0.00
Last Statement Sent	
Payment Arrangement Amount	0
Client Fund Balance	0

Internal Collections
 External Collections
 Don't Send Statement

Reason

Financial Information is Complete

Accounting Notes

3rd Party Payer Information

Plan	Balance	Unbilled Amt	>90 Days	Flagged
Blue Cross - Van Nuy...	\$19,319.53	\$19,319.53	\$0.00	

Payment History Last 30 Days Show Client Payments Only

Payer	Date	Amount	Check#	Unposted Amount
-------	------	--------	--------	-----------------

Error: Services Diagnosis Error (Sac) Report

- If you see a failure reason that says **Billing Diagnosis Required** run the Services Diagnosis Error (sac) report to find the diagnosis error and make the necessary corrections in the Diagnosis Document (Client) screen

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

Error: Unable to Find Matching Rate For The Selected Procedure

- 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

Services (33)

All Services All Service Statuses Include Do Not Complete APCC-TWC-14th Ave Financial Assignment... Apply Filter

All Locations All Procedure Codes All Clinician All Service Entry Staff All Service Areas

Service Id Entered From Entered To DOS From 12/01/2025 DOS To 12/31/2025

Include Services created from Claims Only include Services with Add On Codes Only show Non-Billable Services Show Only Active Clients

Client Name Organizational Hierarchy...

All Primary Payers Self-Pay Clients

Select: All, All on Page, None

Client Name	DOS	Units	Charge (Rate Id)	Procedure	Status	Clinician	Program	Location	Comment	Failure to Complete Reason(s)
<input type="checkbox"/> Test, Andrew (80044015...	12/18/2025 8:00 AM			Adult Residential Day	Show	Miller, Justin	APCC-TWC-...	Inpatient Ho...		Billing diagnosis req...
<input type="checkbox"/> Test, Andrew (80044015...	12/18/2025 8:00 AM			Crisis Residential Day	Show	Callahan, Sta...	APCC-TWC-...	Inpatient Ho...		Billing diagnosis req...
<input type="checkbox"/> Test, Bailey (800440186)	12/18/2025 8:00 AM			Crisis Residential Day	Show	Callahan, Sta...	APCC-TWC-...	Inpatient Ho...		Billing diagnosis req...
<input type="checkbox"/> Test, Jordan (800440248)	12/18/2025 8:00 AM			Crisis Residential Day	Show	Miller, Justin	APCC-TWC-...	Office		Unable to find a mat...
<input type="checkbox"/> Test, Mari (800440275)	12/17/2025 7:00 PM			Adult Residential Day	Show	Draper, Ama...	APCC-TWC-...	Office		Unable to find a mat...
<input type="checkbox"/> Test, Andrew (80044015...	12/17/2025 9:00 AM			Adult Residential Day	Show	Draper, Ama...	APCC-TWC-...	Office		Billing diagnosis req...



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
- 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

What Service Information can be Edited

- Location
- Mode of Delivery
- Start Date
- Start Time
- Service Time(Duration)
- Procedure
 - If the note type matches the new procedure
 - Not all procedures can be changed
 - Please Note:
 - We cannot change a billable service to non-billable
 - We cannot change a non-billable service to billable
 - If a code **cannot** be edited, then the service will need to be put in Error status by admin staff
 - If Duration/Unit or Procedure Code is edited, the provider will need to reach out to the EHR Billing Team to Regenerate the Charge.

Program Staff Services (SAC) My Office) Report

- The 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 statuses 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

- 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
- Below is a link to the EHR team's Editing a Document Tipsheet
 - [Editing a Document Tipsheet.pdf \(saccounty.gov\)](#)

Information about Editing Service Notes



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**

Demo- Changing a Service to Error

- Switch service status from Complete to Error



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
 - <https://dhs.saccounty.gov/BHS/Pages/Provider-Training/GI-Documentation-Training.aspx>

Demo- Discharge

- Go back to Client Programs (Client) screen to end date the program.
- Switch the Status from Enrolled to Discharged and enter a discharge date.
- Additional resources are also available on CalMHSA's website:
 - <https://2023.calmhsa.org/how-to-enter-a-batch-of-services/>



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

- **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

Additional Support

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

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

