

The background features abstract green geometric shapes, including triangles and polygons, in various shades of green, creating a modern and professional look.

# Mental Health Provider Administrative 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: Entering Services
- Part 7: Additional Service Information
- 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](mailto: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 the client has had at your program
  - Enrollments on this page are after July 1<sup>st</sup>, 2023. If there were enrollments prior to July 1<sup>st</sup> 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 <input type="text"/>	To <input type="text"/>	Other <input type="text"/>

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

# Demo- Client Program (Client)

- Program Assignment Details
- Enrollment Process



# Knowledge Check

## Correct Answer:

**B**

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



## Part 2 - Additional Client Information

Treatment Teams

Client Flags

Special Population Tracking

Client Information

Scanning

- Clients who enroll in Medi-Cal have the option to choose a Manage Care Plan, such as HealthNet, Anthem, etc. These clients may be eligible to receive Enhanced Care Management (ECM) services which are additional services such as family support, health promotion, or comprehensive assessment
- These clients will be enrolled in an outpatient program, and when they are identified as eligible for ECM services will need to be enrolled in an ECM specific program
- Not all agencies have ECM programs
- Direct Care staff from an ECM program have their own specific training

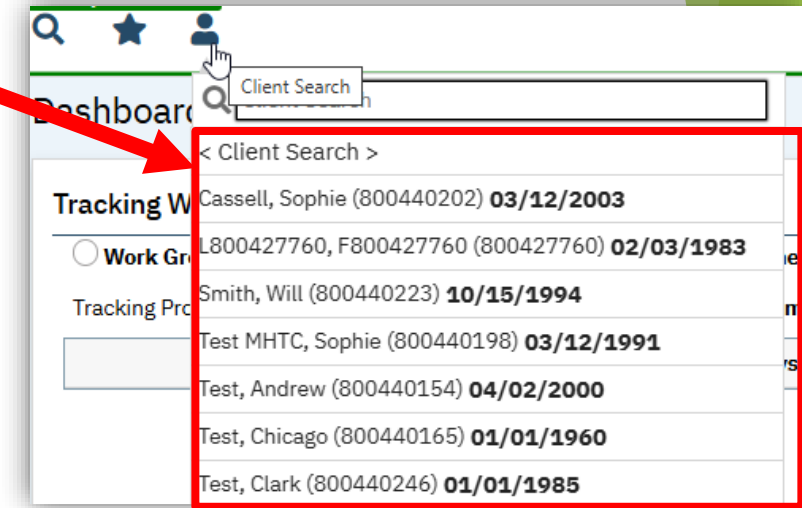
## ECM Programs



# 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?

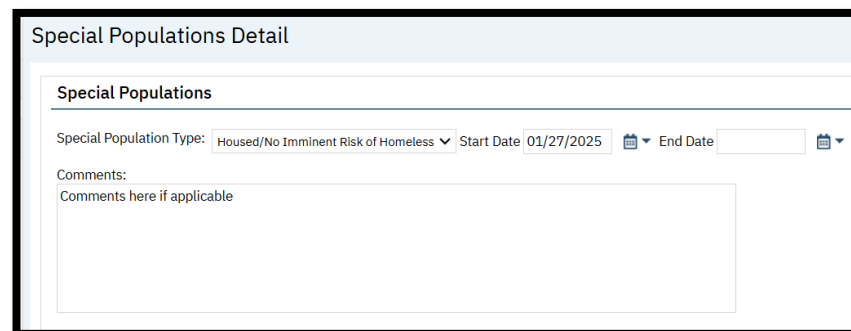
- All clients will need to have their housing status entered in this form
- Clients apart of the following populations will also need to be added
  - Foster Care, Katie A, CalWORKS, CPS, ICC, IHBS, Conservatorship, Presumptive Transfer, Probation, TFC

## ➤ 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 CalMHSA](#)



The screenshot shows a web form titled "Special Populations Detail". Inside the form, there is a section labeled "Special Populations". Below this section, there is a field for "Special Population Type" with a dropdown menu showing "Housed/No Imminent Risk of Homeless". To the right of this field is a "Start Date" field with the value "01/27/2025" and a calendar icon. Further right is an "End Date" field with a calendar icon. Below these fields is a "Comments:" label followed by a text area with the placeholder text "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

**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.

## Correct Address

**SmartCare**

**Address Details**

Street 7001 East Parkway

City Sacramento

State California

Zip 95823

**CORRECT**

OK Cancel

## Incorrect Address

**SmartCare**

**Address Details**

Street 7001 East Parkway, Sacramento, CA 95823

City

State

Zip

**WRONG**

OK Cancel

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.



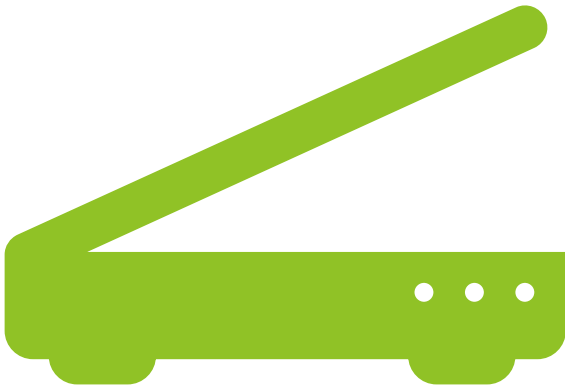
# Demo- Client Information (Client)

- 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



# Knowledge Check

## Correct Answer:

A

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



# Part 3 - State Reporting

CSI Overview

CSI Standalone  
Collection  
(Client)

TADT

MH Non-Psychiatric  
SMHS Timeliness  
Record (Client)

MH Psychiatric  
SMHS Timeliness  
Record (Client)



- 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 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  Start Date  End Date

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

# Timely Access Data Tool (TADT) Cont.

- The TADT should be completed whenever a client is enrolled into your program.
- The form is a living document, it does not need to be completed at once. Once complete the form needs to be signed.
- 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.

# Timely Access Data Tool (TADT) Cont.

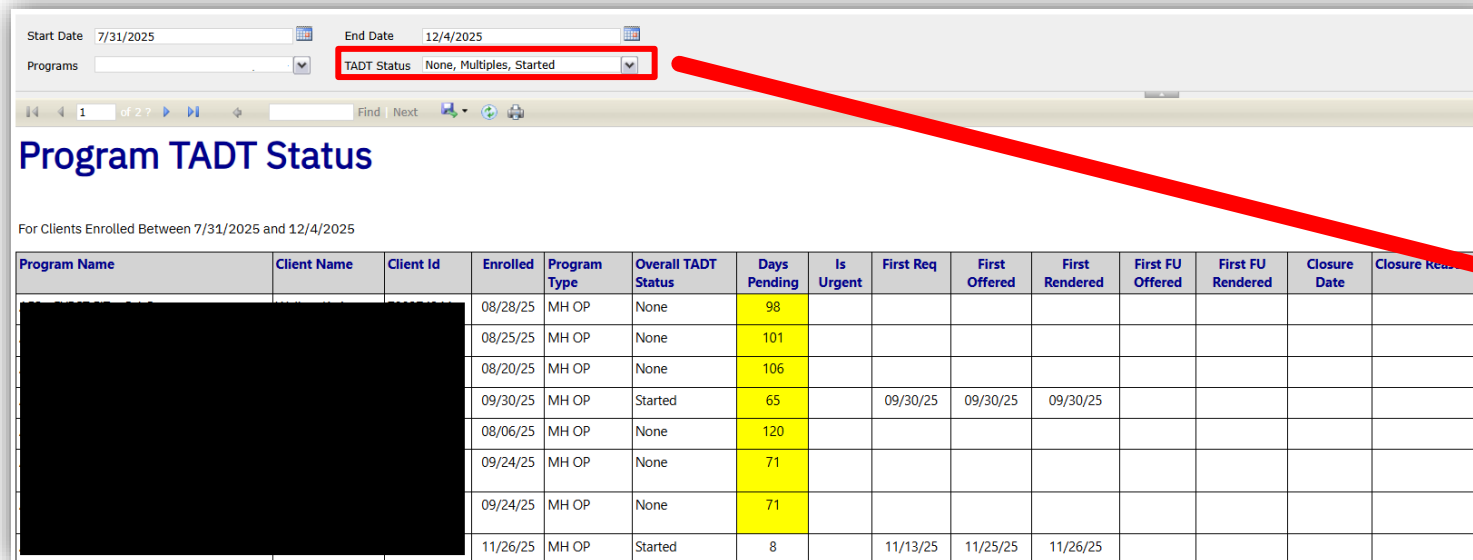
- CalMHSA has written instructions on their webpage for each of the TADT forms
  - MH Non-Psychiatric SMHS Timeliness Record (Client)
    - [How to Complete the MH Non-Psychiatric SMHS Timeliness Record - 2023 CalMHSA](#)
  - MH Psychiatric SMHS Timeliness Record (Client)
    - [How to Complete the MH Psychiatric SMHS Timeliness Record - 2023 CalMHSA](#)

# Demo State Reporting:

- MH Non-Psychiatric SMHS Timeliness Record (Client)

# 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 there is a closure date, closure reason and the TADT is signed. The TADT Status dropdown defaults to exclude “complete” records, but the report can be run to include those if needed.
    - 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

# 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)
  
- 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						
[REDACTED]						
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
[REDACTED]	[REDACTED]	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		

# MMEF Check Report (SAC)

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

The screenshot shows the "MMEF Check Report" window. At the top, there are tabs for "Programs" (selected), "APCC-TWC-14th /", and "MMEF Status/Issues". A dropdown menu titled "Not Eligible in Cur" is open, displaying several options with checkboxes:

- ☐ (Select All)
- ☐ No MMEF Record for Smartcare CIN
- ☒ Not Eligible in Current MMEF
- ☐ DOB Mismatch
- ☒ SSN/Pseudo Mismatch
- ☐ SEX Mismatch
- ☐ First Name Mismatch
- ☐ Last Name Mismatch
- ☐ NO Issues

A red arrow points from the "SSN/Pseudo Mismatch" option in the dropdown to the "Eligibility/Aid" column header of the report table below.

Program Name	Smartcare CIN	Smartcare Name	MMEF Last	MMEF First	Sm	DOB		Sex	Gender	MMEF	SSN/Pseudo	MMEFID	Eligibility/Aid	Error
													[Icon]	NOT ELIGIBL
													401	SSN/
													401/M1	SSN/First
													301/M1	SSN/
													999/P3	NOT ELIGIBL





# 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



## 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.
- The EHR team will have a Services Auth Tip Sheet posted on the webpage after 1/1/26

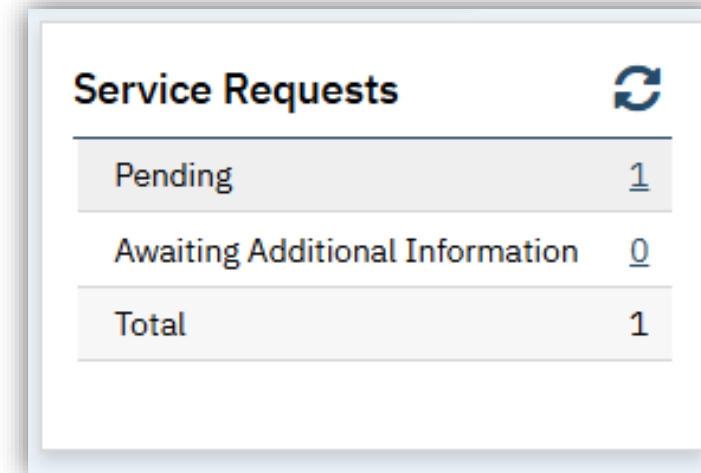
- QM has created a policy and procedure that is posted to their website regarding service authorizations.
  - These authorizations are subject to standardized time frames for the treatment needed.
- The purpose of this policy and procedure is to clarify the process and time frames for initial prior authorization 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

A screenshot of a 'Service Requests' widget. It features a title 'Service Requests' with a refresh icon to its right. Below the title is a table with three rows: 'Pending' with a value of '1', 'Awaiting Additional Information' with a value of '0', and 'Total' with a value of '1'. The numbers are underlined, indicating they are hyperlinks.

Service Requests		
Pending	1	
Awaiting Additional Information	0	
Total	1	

# 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 tabs for 'Request', 'Attachments', 'Contact Notes', 'Approval' (which is selected and highlighted with a green box), and 'History'. Below these tabs is the 'Service Request Details' section. Under this section is the 'Auth List' table, which has 'Modify' and 'Clear' buttons. The table has columns for 'Auth Code', 'Program Requested', 'Units', 'From Date', 'To Date', 'Frequency', 'Total Units', and 'Justification'. A green box highlights the first row of the table, which contains the following data: 'TEST Psych Tes...', 'APSS-SAC-EDAPT(141)', '0', '08/16/2025', '12/16/2025', 'Monthly', '0', and 'Justified'. A green arrow points to the 'X' icon in the first column of the table. Below the table, there is a detailed view of the selected request. This view includes fields for 'Auth Code' (TEST Psych Testing Bundle), 'Program Requested' (APSS-SAC-EDAPT(141)), 'Units' (0), 'From' date (08/16/2025), 'To' date (12/16/2025), 'Frequency' (Monthly), 'Units Total' (0), '\$ Total' (empty), and 'Justification' (Justified). At the bottom, there is a 'Service Status' dropdown set to 'All Statuses', a 'Reasons' button, and a 'Generate Authorization' checkbox. A 'Comments' section is also visible at the bottom.

	Auth Code	Program Requested	Units	From Date	To Date	Frequency	Total Units	Justification
X	TEST Psych Tes...	APSS-SAC-EDAPT(141)	0	08/16/2025	12/16/2025	Monthly	0	Justified

Auth Code: TEST Psych Testing Bundle  
Program Requested: APSS-SAC-EDAPT(141)  
Units: 0  
From: 08/16/2025 To: 12/16/2025  
Frequency: Monthly  
Units Total: 0  
\$ Total:   
Justification: Justified  
Service Status: All Statuses  
Reasons  
Generate Authorization  
Comments:

# Demo- My Service Request List (My Office)

- Awaiting Additional Information

Service Requests		
Pending	0	
Awaiting Additional Information	1	
Total	1	



## Part 6 - Entering Services

Services  
(Client)

Batch  
Services(Client)

# 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](#)

Services/Notes (5)

All Clinician All Statuses All Procedures Other Apply Filter

Show Services and Care Mgmt Claims Past 12 Months From 11/10/2025

☐ Include Services created from Claims ☐ Only include Services with Add On Codes

Auth	DOS	Status	Document	Group Name
	09/16/2025 09:00 AM	Show	Psych/Medical N...	

Service Note

Effective 11/10/2025 Status New Author Genessy, Makaila 09/16/2025

Service Billing Diagnosis

Service

Status Show Start Date 11/10/2025

Program \* Start Time \*

Procedure \* Travel Time

Location \* Documentation Time

Clinician Genessy, Makaila

Mode Of Delivery

Cancel Reason

Evidence Based Practices

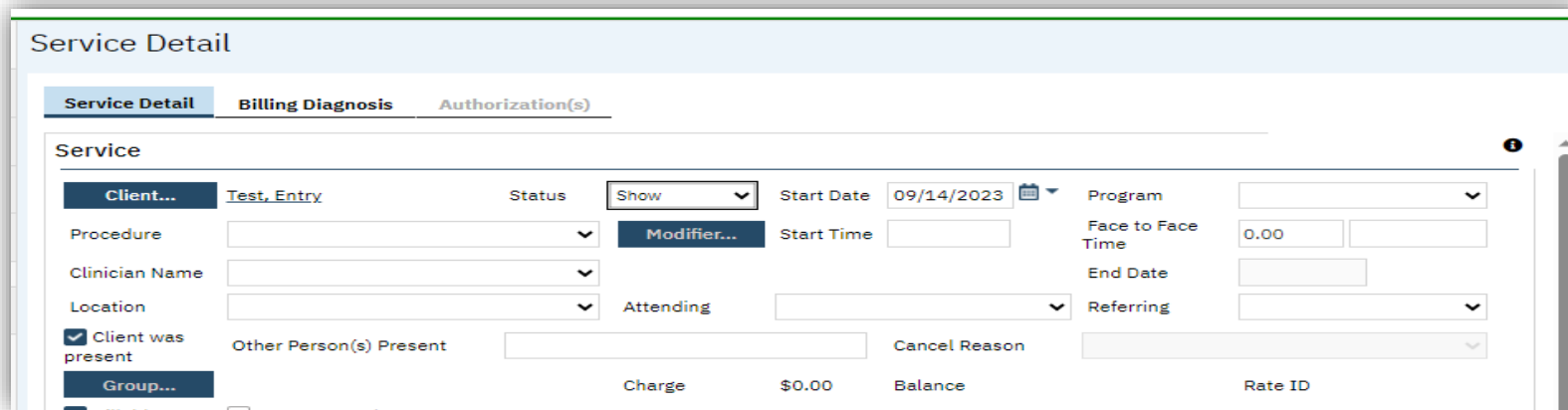
Transportation Service No

Interpreter Services Needed



# 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 the SmartCare system. The form is divided into three tabs: 'Service Detail' (active), 'Billing Diagnosis', and 'Authorization(s)'. Under the 'Service Detail' tab, the 'Service' section contains the following fields:

- Client...**: A dropdown menu with 'Test, Entry' selected.
- Status**: A dropdown menu with 'Show' selected.
- Start Date**: A date field set to '09/14/2023' with a calendar icon.
- Program**: A dropdown menu.
- Procedure**: A dropdown menu.
- Modifier...**: A button next to the Procedure dropdown.
- Start Time**: A time field.
- Face to Face Time**: A numeric field set to '0.00'.
- Clinician Name**: A dropdown menu.
- End Date**: A date field.
- Location**: A dropdown menu.
- Attending**: A dropdown menu.
- Referring**: A dropdown menu.
- ☒ **Client was present**: A checkbox.
- Other Person(s) Present**: A text field.
- Cancel Reason**: A dropdown menu.
- Group...**: A dropdown menu.
- Charge**: A numeric field set to '\$0.00'.
- Balance**: A numeric field.
- Rate ID**: A numeric field.

# 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		11/17/2025							
+	Test Bailey (800440186)	<input type="checkbox"/> All Clinician		11/17/2025							
+	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		11/17/2025							Mode Of Delivery
+	Test Bailey (800440186)	<input checked="" type="checkbox"/> All Clinician		11/17/2025							Mode Of Delivery
+	Test Bonnie (800440169)	<input type="checkbox"/> All Clinician		11/17/2025							

# 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](mailto: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 7 - Additional Service Information

Diagnosis Document  
(Client)

Editing a Document

Pregnancy Indicator

# Diagnosis

- All clients must have an active DSM-5/ICD-10 Diagnosis entered that covers all dates of service in your program
- 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
- 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](#)



- 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



# Knowledge Check

## Correct Answer:

E

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





# Part 8 - Service Corrections

Overnight Job

Editing/Erroring Services

Resources to Find Service  
Corrections

Correcting services in  
show and complete status

# Overnight Job

- What is an Overnight Job?
  - Overnight Job validates the services entered into SmartCare
  - It will assign a status to each service that was entered: Show or Complete
    - **Complete:** service is ready to be claimed
    - **Show:** there may be some issues with the service that need to be addressed

# Requesting Edits on Service Notes

- 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](mailto: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



# 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





# Service Corrections

## ➤ Tools to find corrections:

### Services (My Office) list page

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

# Services (My Office)

- Run the Services (My Office) list page to view the Failure to Complete Reason(s):

Services (168) Select Action ★ ★

Service Id  Entered From  Entered To  **DOS From 09/01/2022** **DOS To 09/30/2023**

☐ Include Services created from Claims ☐ Only include Services with Add On Codes ☐ Only show Non-Billable Services ☒ Show Only Active 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)
	<a href="#">08/29/2023 9:00 AM</a>			Care Management Se...	Show	Owens, Shali...	FFS-Adult O...	Office		Billing diagnosis req...
	<a href="#">08/22/2023 11:30 PM</a>		40.00 (22)	Crisis Intervention S...	Show	Duthler, Kristi	APSS-SAC-E...	Office		Financial informatio...
	<a href="#">08/22/2023 10:00 AM</a>		147.90 (1...	Community-Based W...	Show	Trainer, Four	BACS-OP CO...	Telehealth - ...		Must have a signed ...
	<a href="#">08/22/2023 8:00 AM</a>		1309.29 (...)	Psychotherapy for Cri...	Show	Duthler, Kristi	APSS-SAC-E...	Office		Financial informatio...
	<a href="#">08/22/2023 12:00 AM</a>			Engagement	Show	Duthler, Kristi	APSS-SAC-E...	Office		Unable to find a mat...
	<a href="#">08/08/2023 3:00 PM</a>			Housing Plan Develo...	Show	Draper, Ama...	BACS-CWC C...	Office		Unable to find a mat...
	<a href="#">08/07/2023 3:00 PM</a>			Housing Plan Develo...	Show	Draper, Ama...	BACS-CWC C...	Office		Unable to find a mat...

# Errors That will Prevent a Service from Billing Out

- The errors listed below will prevent a service from billing out
- Below each error, is the resolution to fix the error
  - Financial information has not been complete for the client
    - Refer to the Client Account Screen
  - Billing diagnosis required before completing the services
    - Run Services Diagnosis Error (Sac) (My Office) report
  - Unable to find matching rate for the selected procedure
    - Reach out to the EHR Billing team- [BHS-EHRBilling@saccounty.gov](mailto:BHS-EHRBilling@saccounty.gov)

# Financial Information has not been Completed for the Client

- Check the Client Account screen to make sure box is checked

## Client Account

**Overview** Charge/ Payment Summary

Account Information

Client Name	Test, Entry
Financially Responsible	<a href="#">Test, Entry</a>
Current Client Balance	\$0.00
Unpaid Services	<a href="#">\$0.00</a>
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

3rd Party Payer Information

Plan	Balance	Unbilled Amt	>90 Days	Flagged
<a href="#">Blue Cross - Van Nuy...</a>	<a href="#">\$19,319.53</a>	<a href="#">\$19,319.53</a>	<a href="#">\$0.00</a>	

Payment History Last 30 Days ▼ ☐ Show Client Payments Only

Payer	Date	Amount	Check#	Unposted Amount

Accounting Notes

# 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

## Service Diagnosis Errors



T [REDACTED]

Program Name	Client Name	clientid	Error Type	First Problem Service	First DX
[REDACTED]			First DX Effective Date AFTER Date of Service	7/1/23	7/26/23
			NO DX in Program of Service	7/19/23	
			DX on file is not signed	7/21/23	7/21/23
			First DX Effective Date	8/3/23	8/5/23



# Knowledge Check

## Correct Answer:

**Complete**

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



## Part 9 - Discharge

Client Programs  
(Client)

Next Steps



## Important Information Regarding a Discharge

- A discharge is done when the client's treatment has ended or based on QM requirements for your program
- Make sure all required elements are completed before completing the discharge
- Be sure to choose the correct program
- When choosing a discharge reason, refer to the Discharge Option document provided by QM
  - <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](mailto: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](mailto:BHS-EHRTrainingReg@saccounty.gov)
- **BHS EHR Billing-** Contact for billing or claiming questions
  - [BHS-EHRBilling@saccounty.gov](mailto:BHS-EHRBilling@saccounty.gov)
- **Quality Management-** Contact for documentation questions
  - [QMInformation@saccounty.gov](mailto:QMInformation@saccounty.gov)
- **Quality Management Staff Registration-** Contact for license updates
  - [DHSQMStaffReg@saccounty.gov](mailto: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](mailto: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](mailto:bhs-ehrtrainingreg@saccounty.gov) so we can verify you've passed the quiz successfully
- Upon successful completion, permissions will be added to your profile and you will be emailed your username and login instructions

# Knowledge Check

## Correct Answer:

C

In addition to completing today's Zoom 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

