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# DMC-ODS Contractor Meeting

## April 9, 2025



# Agenda

- Welcome and Introductions
- Provider Updates/Announcements
- County Updates/Announcements
- TPS Results
- AOD Certification Standards

# Updates and Announcements

- **Welcome Taffy!**
- **Immigration-Related Resources**
  - [Marin Immigrant Rights and Justice Workgroup](#)
  - [Immigrant Legal Resource Center](#)
  - [Red Card](#) (*Available in multiple languages*)
  - Marin Rapid Response Network (Report ICE Activity): 415-991-4545
  - You Tube Video: [Know Your Rights](#)
- **DHCS Behavioral Health Information Notices (BHINs)**
  - [BHIN 25-007](#): Traditional Health Care Practices
    - Member Handbook Update – Please [Post Notice of Significant Change](#) in DMC-ODS lobbies through the end of April



# Updates and Announcements

- **Behavioral Health Services Act** – Please Provide Feedback: [Survey Link Here](#)
- **Reminders – Medi-Cal Eligibility and Accessing Peter Funk**
  - Only working on Marin Medi-Cal eligibility issues
  - Do not distribute his information externally
  - Must provide Peter with a signed ROI (see Resource slides for detail)
  - Intercounty transfers are only for Marin residents – not for the purposes of someone coming to Marin for treatment

*\*Please reach out if questions and adhere to the above guidance – we want to ensure we are able to continue to access Peter’s tremendous assistance*

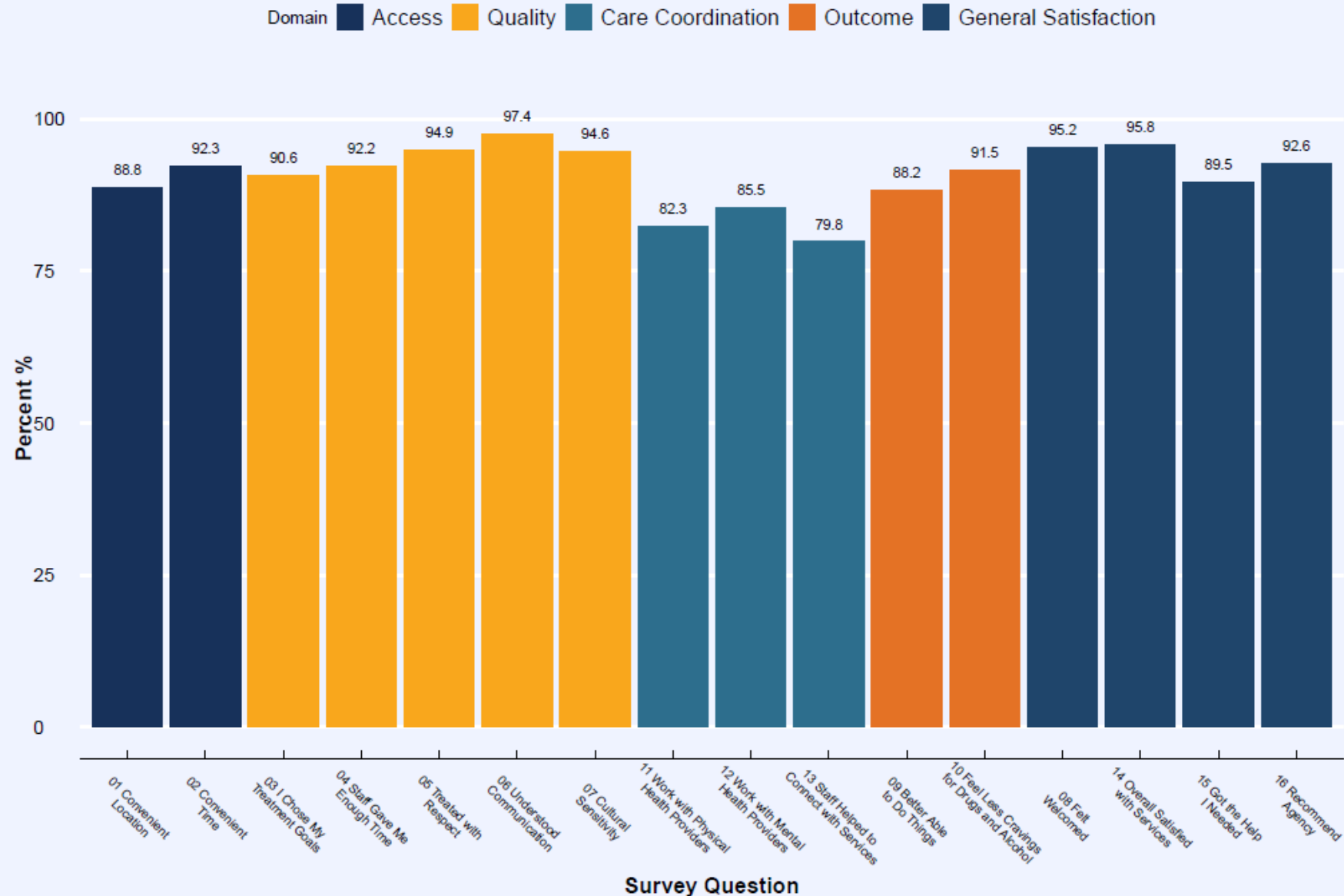


# Treatment Perceptions Survey

## Initial Fall 2024 results:

- Increased response count (208 vs 161)
- Contract managers will be sending your agency report
- Every organization required to do an improvement project related to client input
- Do you do your own client satisfaction assessment outside of TPS?

Figure 1. Percent of Survey Respondents in Agreement by Survey Questions and Five Domains

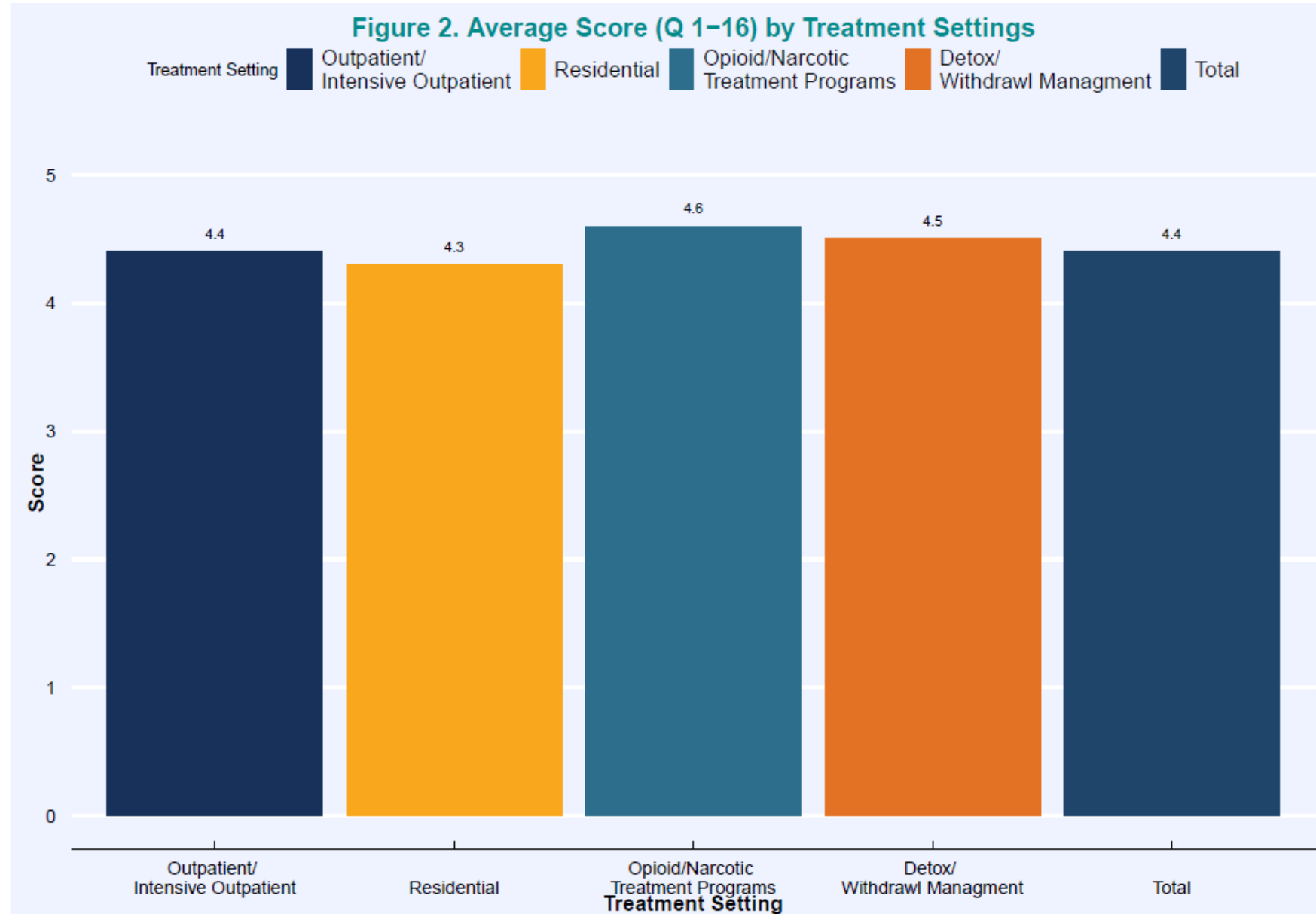


# Treatment Perceptions Survey

Overall high satisfaction

Increase in averages for withdrawal management and residential (though n is small so it's hard to interpret)

We will bring a more detailed review to a future provider meeting



# Updated AOD Certification Standards

Reference: [DHCS BHIN 25-003](#): Certification of AOD Programs

Documents being updated to reflect AOD Certification Requirements:

- 1) [Practice Guidelines](#)
- 2) [BHRS SUD Website](#)
- 3) Policies and Procedures
- 4) Code of Conduct
- 5) Client/Participant Rights
- 6) Contract Exhibits
  - Exhibit A
  - Exhibit I
- 7) Site Visit and Self Audit documents
  - Personnel File Checklist
  - Facility Checklist
  - Self Audit JotForm



# Updated AOD Certification Standards

Reference: [DHCS BHIN 25-003](#): Certification of AOD Programs - UPDATES

Required Reporting to DHCS: Serious Incidents (Pg. 42)

AOD Certified facilities shall also report to DHCS within one (1) working day, either telephonically at (916) 322-2911 or electronically at [LCDQuestions@dhcs.ca.gov](mailto:LCDQuestions@dhcs.ca.gov), any of the following events:

- (1) Death of any person that occurs at the program.
- (2) Injury of any client at the program that requires emergency medical treatment.
- (3) Cases of communicable disease reportable under Sections 2500 and 2502 of Title 17, California Code of Regulations. These cases shall also be reported to the local health officer.
- (4) Catastrophes such as flooding, tornado, earthquake or any other natural disaster.
- (5) Fires or explosions which occur in or on the premises.

The report shall include, at minimum, all of the following, as applicable: (1) Client's name, age, gender identity, and date of admission; (2) Date, time, location, and nature of the event; and (3) Attending HCP's name, findings, and treatment, if any.

The program shall submit a written report to the Department within seven (7) days of the event by completing an Incident, Injury or Death Report form [DHCS 5079](#).



# Updated AOD Certification Standards

Reference: [DHCS BHIN 25-003](#): Certification of AOD Programs - UPDATES

Required Reporting to DHCS: P&Ps (Pg. 43)

A program shall submit additional or updated written policies and procedures to the Department under the following circumstances:

- (1) When applying for certification amendment as specified in Section 11;
- (2) When applying for certification renewal as specified in Section 12, if applicable;
- (3) When required as part of a written verification of correction as specified in Section 28 or corrective action plan as specified in Section 29;
- (4) When required to comply with a new law or change in law; or
- (5) When the program determines additional or updated policies and procedures are necessary to enhance the safety and well-being of clients.

# Updated AOD Certification Standards

Reference: [DHCS BHIN 25-003](#): Certification of AOD Programs - UPDATES

## **Accountability and Responsibility for Provision of Services** (Pg. 44)

A program is **accountable** for the general supervision of the alcohol or other drug program and the establishment and implementation of policies concerning its operation.

A certified program is **responsible** for the provision of all AOD services. A certified program shall not enter into a contract with an individual or business entity permitting that individual or business entity to control, operate, manage, conduct, or maintain the program's provision of services.

# Updated AOD Certification Standards

Reference: [DHCS BHIN 25-003](#): Certification of AOD Programs - UPDATES

Program Director Requirements and Qualifications (pg. 44)

The program director shall have a minimum of two (2) years of work experience in the field of substance use disorders and related behavioral health conditions that demonstrates ability and competency in the following areas:

- (A) Knowledge of the requirements for providing the AOD services needed by clients.
- (B) Knowledge of and ability to comply with applicable laws and regulations.
- (C) Ability to direct the work of others, when applicable.
- (D) Ability to develop and manage the AOD services and budget.
- (E) Ability to recruit, employ, train, and evaluate qualified staff and/or HCPs, and to terminate employment of staff and/or HCPs, if applicable to the program.

The program shall make provisions for continuing operation and administration during any absence of the program director.

Any officer, director, or agent of the program shall be permitted to be the program director provided that the individual meets the qualifications specified in this section, and in these requirements.

# Updated AOD Certification Standards

Reference: [DHCS BHIN 25-003](#): Certification of AOD Programs - UPDATES

Staff and HCP Requirements and Qualifications (pg. 45-48)

Staff shall be competent to provide the services necessary to meet client needs and shall be adequate in numbers necessary to meet such needs. Competence shall be demonstrated by work, personal, and/or educational experience and/or on-the-job performance.

The Department shall have the authority to require any program to provide additional staff whenever the Department determines and documents that existing staff is unable to provide services as described in program staffing information.

Staff shall be trained or shall have experience which provides knowledge of the skills required in the following areas, as appropriate to the job assigned, and as evidenced by safe and effective job performance

Additional requirements for staff who provide or supervise detoxification services:

- Complete 6 hours of orientation/training on the provision of detox services, prior to providing services
- Repeat orientation after employment break exceeding 180 days
- Complete 8 hours of training on an annual basis that covers the needs of clients who receive detox services

# Updated AOD Certification Standards

Reference: [DHCS BHIN 25-003](#): Certification of AOD Programs - UPDATES

Staff and HCP Requirements and Qualifications continued (pg. 45-48)

Staff providing counseling services will be registered or certified and comply with Code of Conduct.

Staff and HCPs shall be in good physical health verified through **health screening by PCP**, copy saved to personnel file.

Staff and HCPs with evidence of physical illness that pose a threat to the health and safety of clients shall be temporarily relieved of their duties.

Staff and HCPs shall provide services without physical or verbal abuse, **exploitation or prejudice**.

# Updated AOD Certification Standards

Reference: [DHCS BHIN 25-003](#): Certification of AOD Programs - UPDATES

Personnel Records (Pg. 48-49)

## **New Requirements include:**

- Full Name
- Driver's License
- Home address and phone number
- Employment application that includes experience (type and name of former employers)
- Expanded description of a "duty statement"
  - - Training records including type, date, hours, method of instruction
- Termination date
- Copy of license, registration or certification

Please review this section and ensure current records align with requirements

# Updated AOD Certification Standards

Reference: [DHCS BHIN 25-003](#): Certification of AOD Programs - UPDATES

## Admission Requirements (Pg. 50-51)

- 1) Written admission criteria for determining if an individual should be admitted to the program
- 2) An individual must be seeking treatment for a substance use disorder and **prior to admission**:
  - Conduct a screening of the individual utilizing the **Health Questionnaire and Screening form [DHCS 5103](#)**
    - **Facilitate referrals to indicated medical, dental, or other services indicated on the form.**
  - AOD Counselor or HCP and individual shall sign and date the Health Questionnaire and Screening form DHCS 5103
  - Upon completion, Counselor/HCP shall determine if the individual meets the admission criteria and is appropriate for program levels of care
  - A program shall not admit if admission criteria is not met, and/or the individual presents a danger to self or others or who required immediate medical or emergency medical care.
- 3) Program shall provide a client a written list of mental health, **dental** and medical providers available in the community.

# Updated AOD Certification Standards

Reference: [DHCS BHIN 25-003](#): Certification of AOD Programs - UPDATES

## Admission Agreements (Pg. 51)

- Name of the Program
- Physical Address(es) of the Program
- Types of AOD services provided
- Fees and costs charged by the program
- Payment schedule that identifies when fees/costs are due
- **Refund policy** including a timeframe to refund fees/costs
- Actions, circumstance, or conditions that may result in discharge
- Plan of action following a client's return to use; and
- Conditions under which a client or a program may terminate the admission agreement
- Counselor/HCP and client shall **sign and date the admission agreement within 24 hours** following client's admission to the program.
- Admission agreement must be **updated and re-signed if there changes to any of the above processes, within 24 hours**
- Original and updated admission agreements shall be retained and copies provided to the client
- Programs shall comply with all terms and conditions set forth in the admission agreement



# Updated AOD Certification Standards

Reference: [DHCS BHIN 25-003](#): Certification of AOD Programs - UPDATES

Client Record elements (Pg. 52-53)

- Name
- DOB
- **Gender Identity**
- Date of admission
- Types of service(s) to be provided
- Permanent address
- Phone number
- Ethnic background
- Signed copy of admission agreement
- Completed and signed Health Questionnaire and Screening form DHCS 5103
- Record of medical or dental needs **identified by provider and referred for treatment**
- Current medications, prescriber, and how to use
- Progress notes that specify how **service was delivered, and the address of the location where the client received the service**
- Test results
- Client discharge summary
- Written consent for follow up after discharge

# Updated AOD Certification Standards

Reference: [DHCS BHIN 25-003](#): Certification of AOD Programs - UPDATES

Personal Rights – Not Exhaustive (Pg. 54-56)

- The right to confidentiality as provided for in Title 42 **Chapter 1, Part 2 Sections 2.1 through 2.67, Code of Federal Regulations.**
- To be accorded safe, healthful and comfortable accommodations to meet their needs.
- To be free from discrimination based on **race, color, ancestry, national origin, religion, creed, age, disability, sex, sexual orientation, gender identity or expression, marital status, medical condition, or military or veteran status.**
- To be accorded access to his/her/their **client records.**
- **To be afforded access to emergency medical or dental care.**
- To be free from **intellectual, emotional, verbal, mental and/or physical abuse, exploitation, prejudice, coercion, inappropriate sexual behavior** and physical restraint.
- To be informed of these rights once enrolled to receive treatment, as evidenced by written acknowledgment or by documentation by staff in the clinical record that a **written copy of these rights was given.**

# Updated AOD Certification Standards

Reference: [DHCS BHIN 25-003](#): Certification of AOD Programs - UPDATES

Health Related Services (Pg. 56-58)

**There shall always be at least one staff or HCP on duty and physically present at the program, who can provide CPR and first aid (qualified by the American Red Cross or other recognized agencies).**

First aid supplies shall be maintained and be readily available in the program and **contain all items noted** in the AOD certification standards.

The Program shall have written policies and procedures to follow if a person on the premises is under the influence, or appears to be under the influence, of alcohol or drugs or has used substance in the past 24 hours.

Medication shall be controlled as specified by the Program's policies and procedures.

Programs shall have written policies and procedures for a medication audit to track and account for client medications stored at the program- If applicable, see full list of requirements in AOD certification standards.

# Updated AOD Certification Standards

Reference: [DHCS BHIN 25-003](#): Certification of AOD Programs - UPDATES

Counseling Service Requirements (Pg. 59)

- For residential, a client shall be provided a minimum of five (5) hours per week of counseling services.
- For outpatient, a client shall be provided a maximum of 9 (nine) hours per week of counseling services.
- For intensive outpatient, a client shall be provided a minimum of 9 (nine) hours per week with a maximum of nineteen (19) hours per week of counseling services.
- Services may exceed the maximum hours based on individual medical necessity

**Programs providing only MAT services are not required to comply with the above**

**Counseling services may not be provided to individuals at a location that would otherwise require a residential alcoholism or drug abuse recovery or treatment facility license in order to provide the service**

# Updated AOD Certification Standards

Reference: [DHCS BHIN 25-003](#): Certification of AOD Programs - UPDATES

Medications for Addiction Treatment (Pg. 61)

The program shall either offer MAT directly to clients or have a MAT referral process in place. A referral process shall include:

1. An established relationship with a provider who offers MAT
2. Transportation to appointments for MAT
3. If a client is referred to a provider who offers MAT, staff shall document the referral in the client's record
4. The program shall have written policies and procedures for MAT\*

**\* MAT P&P should have been approved by DHCS**

# Updated AOD Certification Standards

Reference: [DHCS BHIN 25-003](#): Certification of AOD Programs - UPDATES

Client Discharge Summary (Pg. 61)

An AOD counselor or HCP shall develop a discharge summary for each client upon leaving the program within seven (7) days of the client's discharge.

- 1) Summary of the services provided
- 2) Date of the termination of services
- 3) Reason for termination of services
- 4) Referrals

Reminder that NOABDs are still required if modifying/terminating SUD services

# Updated AOD Certification Standards

Reference: [DHCS BHIN 25-003](#): Certification of AOD Programs - UPDATES

Additional Policies and Procedures (Pg. 64)

- Program goals and objectives

Continuous Quality Improvement (Pg. 65)

- Outlines training expectations to be included in CQI

Code of Conduct (Pg. 66)

- Additional information on signing and dating CoC, expansion of some elements

# Updated AOD Certification Standards

Reference: [DHCS BHIN 25-003](#): Certification of AOD Programs - UPDATES

Residential Detoxification Services (Pg. 66-69)

During the first seventy-two (72) hours following admission the following shall be performed:

- 1) Physical check at least every 30 minutes
- 2) Vital signs at least once every six (6) hours: blood pressure, pulse ox, heart rate, respiratory rate
- 3) Staff shall document physical and vital sign checks at the time they are performed using
  - Physical Check Log form DHCS 6046 and Vital Signs Check Log form DHCS 6045, or;
  - An EHR that has fields for Physical and Vital sign checks that aligns with the above forms
- 4) If/when the frequency changes, must document the results of the check(s) and the reason for the change in frequency
- 5) When checks are discontinued, staff shall document the date and reason the checks were discontinued, and a plan for the continuum of recovery or treatment services as appropriate for each resident, in the client record.

Resident Discharge Summary (Pg. 69)

In addition to the discharge summary requirements identified previously, the following must also be included:

- 1) Description of treatment episodes
- 2) Description of recovery services completed
- 3) Current substance usage
- 4) Vocational and Educational achievements
- 5) Client's comments





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# RESOURCE SLIDES

*Please share with applicable staff*

# County Updates and Announcements

- **Service Entry and Billing Submission**

- Ensure all services in SmartCare have been moved from Scheduled and Show status each month with submission of billing.
- All services should be in Complete, Cancel, No Show or Error **status**.
- Use the Services (My Office) List page and filter the All Service Statuses dropdown by Scheduled and Show to review outstanding services.
- Services with Warnings or Errors will remain in Show status until the errors are resolved.



Services (3551)

All Services	Scheduled	Include Do Not Complete	All Programs	Financial Assignment...	Apply Filter
All Locations	All Procedure Codes	All Clinicians	All Service Entry Staff	All Service Areas	
Service Id	Entered From	Entered To	DOS From 07/01/2023	DOS To 06/30/2024	
<input type="checkbox"/> Include Services created from Claims	<input type="checkbox"/> Only include Services with Add On Codes	<input type="checkbox"/> Only show Non-Billable Services	<input checked="" type="checkbox"/> Show Only Active Clients		

# County Updates and Announcements




## Payer Plan Entry and Maintenance

- All services must have an active payer plan on the date-of-service.
  - Non Medi-Cal services also require an additional payer plan that is appropriate for the service.
- All payer plans must have an ID number.
  - For Marin County, SB678, AB109, ADC, etc. add the client's account number.
- All payer plans should have a “Start Date” of the first of the month that services were rendered.













# County Updates and Announcements

- **Payer Plan Entry and Maintenance (cont.)**
  - Enter payer plans only once in the coverage screen
    - If the payer is already present in the “Client Plans” (top) box, use the “start/end dates” and “Service Area” fields to “Add” the payer to the “Plan Time Spans” (bottom) box.

Coverage (4) 

**Client Plans** | Notes

Client Plans

Plan Name	△	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area	
<u>Marin County</u>				<input type="text"/> 	<input type="text"/> 	<input type="checkbox"/>	DMC 	<input type="button" value="Add"/>
<u>Medi-Cal DMC</u>				<input type="text"/> 	<input type="text"/> 	<input type="checkbox"/>	DMC 	<input type="button" value="Add"/>
<del><u>Medi-Cal DMC</u></del>				<del><input type="text"/> </del>	<del><input type="text"/> </del>	<del><input type="checkbox"/></del>	<del>DMC </del>	<del><input type="button" value="Add"/></del>
<u>Medi-Cal MH</u>				<input type="text"/> 	<input type="text"/> 	<input type="checkbox"/>	MH 	<input type="button" value="Add"/>

# Resource Reminder: Medi-Cal Eligibility Re-determinations

## Who:

- Public Assistance (PA) Contact for SUD Providers: **Peter Funk** ([peter.funk@marincounty.gov](mailto:peter.funk@marincounty.gov))

## What:

To assist with continuous Medi-Cal coverage given return to regular Medi-Cal rules, this pilot was developed to provide a direct point of contact in PA for SUD Providers to inquire about Medi-Cal, including:

- Ascertaining eligibility status (active, denied, discontinued, pending)
- Troubleshooting Intercounty Transfer issues
- Troubleshooting Managed Care and access to care issues
- Receiving change reports for Medi-Cal eligibility, including but not limited to redetermination paperwork
- Navigating and remedying discontinuances and Medi-Cal restorations

## How:

- For PA and SUD to discuss, the client will need to **complete the *Authorization for Release of Protected Health Information to Third Parties (DHCS 6247)* and return it to the Peter.** It can be emailed, mailed, dropped off, faxed, or completed by phone by the client with Peter.
- *Note: Peter aims to respond within 48 hours and please encrypt emails.*

# SmartCare Electronic Health Record Updates and Tips

- How to Run Real Time Eligibility (270/271) Screen - 2023 CalMHSA

- Tip: If the client is not showing, you can either do an Inquiry or go back to the previous method used to check Medi-Cal eligibility.
- Reminder: Ensure you click “Update Coverage”
- Reminder: The End Date is the date of eligibility being searched for (e.g. first day of month)
- Reminder: Please verify that you are double checking the Plan Time Span start date. We are seeing more MCAL start dates of 2032 or 204. Ideally, most clients should have their MCAL start date be 7/1/23.
  - If you notice an incorrect start date, changing the end date of eligibility to 7/1/23 will solve
- Reminder: If client’s insured ID is blank, use the SSN for that field to run eligibility

The screenshot displays the 'Coverage' section in a software interface. It is divided into two main panels: 'Client Plans' and 'Plan Time Spans'.  
The 'Client Plans' panel contains a table with the following columns: Plan Name, Insured Id, Co-Pay, Start Date, End Date, COB, and Service Area. There are four rows of plans listed: Marin County, Medi-Cal DMC, Medi-Cal MH, and SABG. Each row has an 'Add' button to its right. A blue arrow points from the text in the first list item to the 'End Date' column in this table.  
Below the 'Client Plans' panel, there are filters for 'Show Current Plans Only' (checked) and a dropdown menu set to 'DMC'. A 'Maximize Time Spans' button is also present.  
The 'Plan Time Spans' panel shows a section for '07/01/2023 - No End Date'. It includes a 'Change COB Order...' button and a list of three plans: Medi-Cal DMC, SABG, and Marin County. Each plan entry has a 'Set End Date' button and a trash icon to its right. A blue arrow points from the text in the second list item to the 'Set End Date' buttons in this panel.

*\*The plan for SUD is Medi-Cal DMC. Please ensure that is at the bottom - the top will have both Medi-Cal DMC and Medi-Cal MH*

# SmartCare Electronic Health Record Updates and Tips

- For Marin County Payor Plans (Non-Medi-Cal): Please make sure the Plan is at the top and bottom (this will happen automatically for Medi-Cal when clicking “Update Coverage”)
  - *Note: The “Marin County” Plan should only be added to the DMC service area.*
- Reminder: Coverage plans are not specific to the program – they are specific to the client. As such, if they are Medi-Cal eligible, DMC should be listed as a payor, even if the service is not Medi-Cal eligible, as the client may access DMC-eligible services elsewhere.
- Tip: If the County of Responsibility is not Marin, though the eligibility shows County of Residence is Marin, then the Medi-Cal Plan will need to be added every month. Note: You can use the 270/271 for this.

# SmartCare Electronic Health Record Updates and Tips

- Reminder: **Interpreter Services** (All Providers)
  - If needed, click the box – **AND** – complete the Custom Fields
- **New:** The **CA ASAM** will now pull any responses from a CA ASAM completed for the same client in the last 180 days (EXCEPT for the LoC and Risk choices for each dimension)

The screenshot displays the SmartCare Electronic Health Record interface, specifically the **Service Detail** tab. The form is organized into several sections:

- Service Detail / Billing Diagnosis / Authorization(s):** This section contains various input fields and checkboxes. Fields include "Documentation Time" (with a "Days" label), "Evidence Based Practices" (a dropdown menu), and "Transportation Service" (set to "No"). Checkboxes are present for "Override Charge Amount", "Override Errors", and "Interpreter Services Needed". There are also "Overridden By" fields.
- Warnings / Errors:** A table with columns for "Date", "Error Type", "Error Message", and "Next Step". The table is currently empty, displaying "No data to display".
- Custom Fields:** This section includes the "Interpreter Service" field, which has a sub-section with "Interpreter has been scheduled" (radio buttons for "Yes" and "No") and "Language" (a dropdown menu). Below this is the "Interpreter Agency Scheduled" field.



# Reminder: DMC Timely Access to Services

- Links to Instructions:
  - **For Non-OTP:** <https://2023.calmhsa.org/how-to-complete-the-dmc-outpatient-timeliness-record/>
  - **For OTP:** <https://2023.calmhsa.org/how-to-complete-the-dmc-opioid-timeliness-record/>
- This is required for State Reporting and important for assessing access to care and for continuous quality improvement
- There is a “flag” set-up in SmartCare to prompt staff to complete this form at enrollment
- **Implementation:**
  - For Outpatient and OTP LOCs: Use for all new admissions for January 1, 2024 forward (no change from guidance issued on 1/10/2024)
  - For Residential and Residential WM: Use for all new admissions for January 22, 2024 forward (updated guidance issued 1/18/2024)
  - You do not need to enter data retroactively from the above noted timeframes at this point

## SmartCare - CalOMS


- Issue: The FSN number is required to ensure that the CalOMS Discharge information is accurately transcribed to State reporting. The FSN numbers did not get transferred during the initial client data conversions – and only started to populate in SmartCare around 8/10/23. This is a known issue with CalMHSA.
- Action: If an FSN number does NOT auto populate on the CalOMS Discharge Data:
  - Step #1: Complete the CalOMS Discharge Data as thoroughly as possible and save as draft.
  - Step #2: Submit a BHRS EHR Support Ticket with the name of the client, program and type of update (e.g. Discharge, Annual Update) and they will look up and enter it in SmartCare.

# SmartCare Updates & Tips

- **Health Questionnaire**
  - FYI: CalMHSA added a scanned document type for this document
- **SmartCare – Addresses**
  - If the beneficiary does not have an address, enter “20 North San Pedro Road, San Rafael, CA 94903”
  - No address will trigger a DMC denial (even if services shows as Completed)
- **New Users and Staff Updates** (e.g. role change, updated certification/ licensure dates, etc.)
  - Link to: [Staff User Access Form](#) (can be found at [www.marinbhhs.org/providers](http://www.marinbhhs.org/providers))

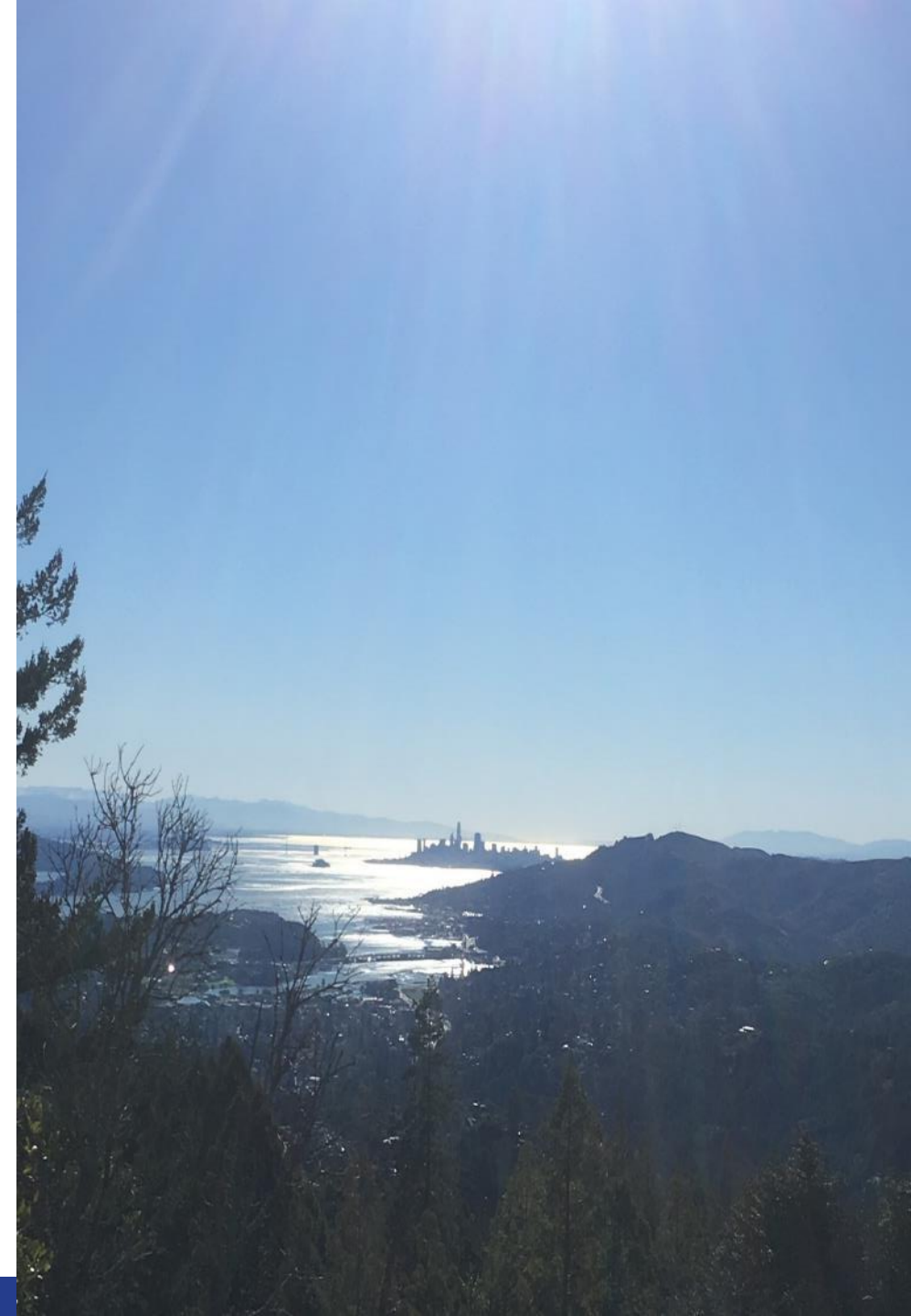
## SmartCare - Seeking Help

### CalMHSA Support:

- Navigating the EHR (Procedures & Workflows)
  - Use the “**Walk Me**” function by clicking the question mark icons  in the upper and lower right corners wherever you see it displayed.
  - Review Training Videos & Guides on the CalMHSA website: <https://2023.calmhsa.org/>

### For additional support

- [Live Chat is available and preferred - 2023 CalMHSA Site](#)
- [EHR@calmhsa.org](mailto:EHR@calmhsa.org) or by phone at (833) 686-6801
  - \* *This help is available from 7am – 7pm PST*
  - Additional help with procedures and workflows
  - Troubleshoot system related errors
  - Report system issues (glitches, bugs, etc.)



## SmartCare - Seeking Help

### Marin County BHRS EHR Support Team:

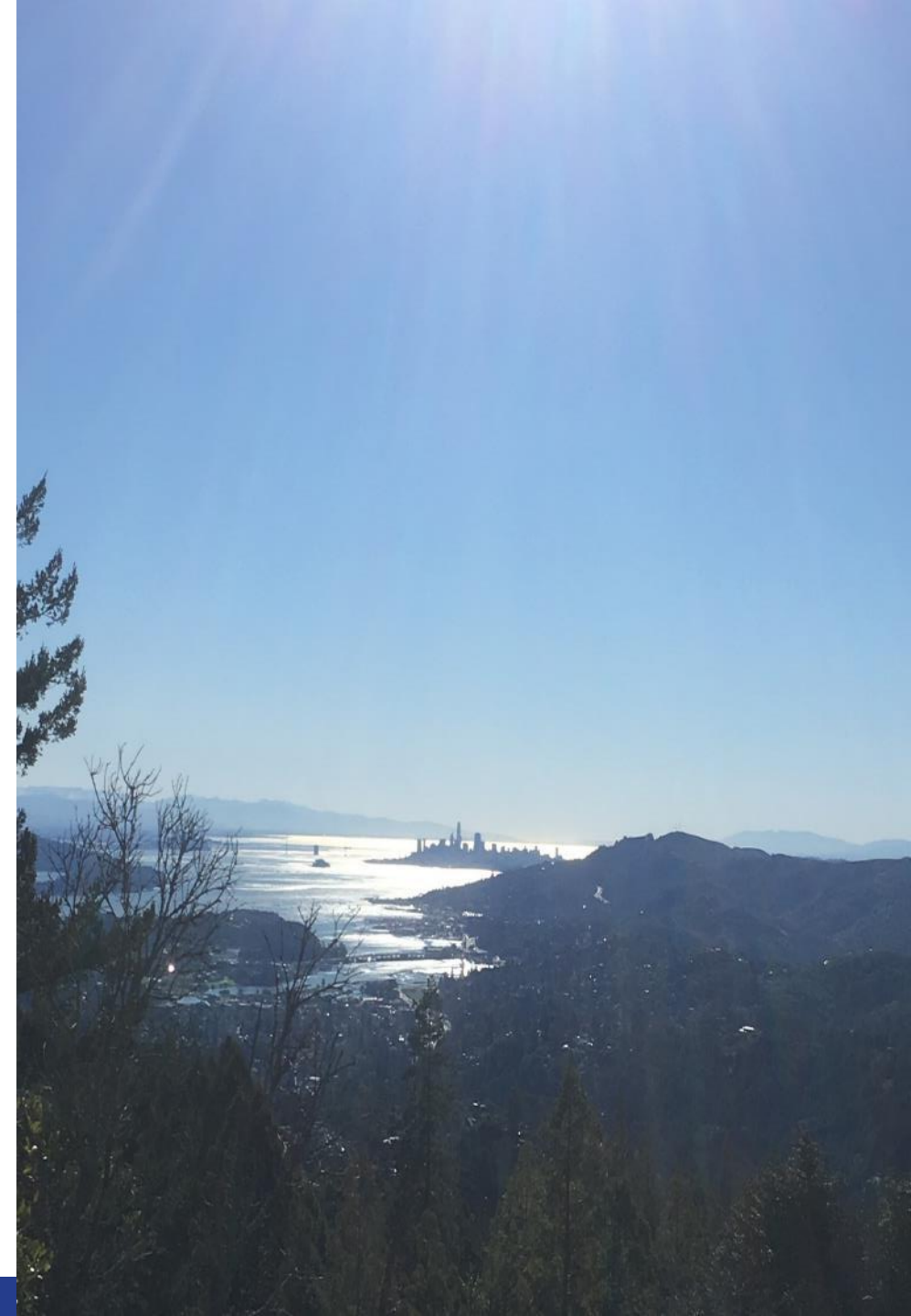
Use the [Marin BHRS EHR Support Request](#) /ticketing system to submit all new inquiries. The BHRS EHR support email should be used to respond to additional EHR requests to previously submitted tickets.

*Response time in/up to 3 days*

- Can't log in/locked out of account.
- There are missing programs, procedure codes or other options from drop downs.
- Can't add a problem to the problem list.
- Error messages that have to do with permissions.

### Submitting a Support Request:

- Please provide the specific screens that you were on and the buttons that you clicked that led to the error and the exact error message so the EHR team can troubleshoot.
- If the inquiry is client related, please provide the client account number, DOS or other service-related info to research and recreate the issue.
- Examples:
  - *Please add the following services/programs for the providers below: Provider First/Last, Comprehensive Community Support or add counseling to program A*
  - *Services have rate errors: Client ID #555xxxx for DOS 7/1/2023 has a rate error*



## SmartCare - Seeking Help

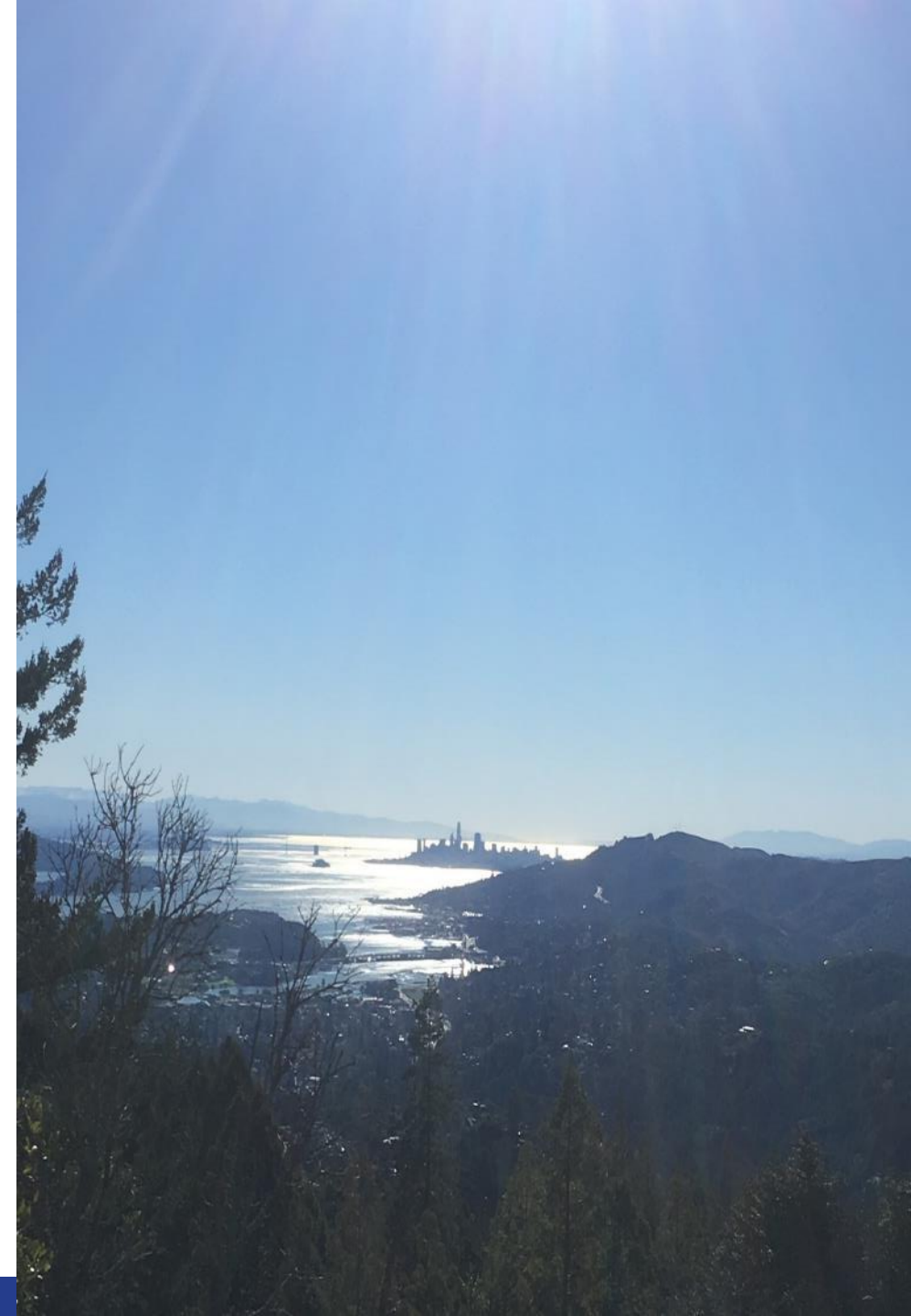
### Ongoing Clinical Support:

[BHRSQM@MarinCounty.org](mailto:BHRSQM@MarinCounty.org)

- BHRS Quality Management provides clinical support for services and required documents, etc.

### Contract Manager Support:

- Policy questions
  - CPT codes in contract
  - Which procedure codes to pick
- Billing questions
  - *Note: currently we do not have billing functionality and we anticipate possibly 3-6 months for submission. In the interim, we have plans for how to pay contractors and payment will not be delayed.*
- Barrier to time sensitive work (contact Contract Manager in addition to above resources)
- Notify them of reoccurring issues to keep them in the loop so they can provide support.



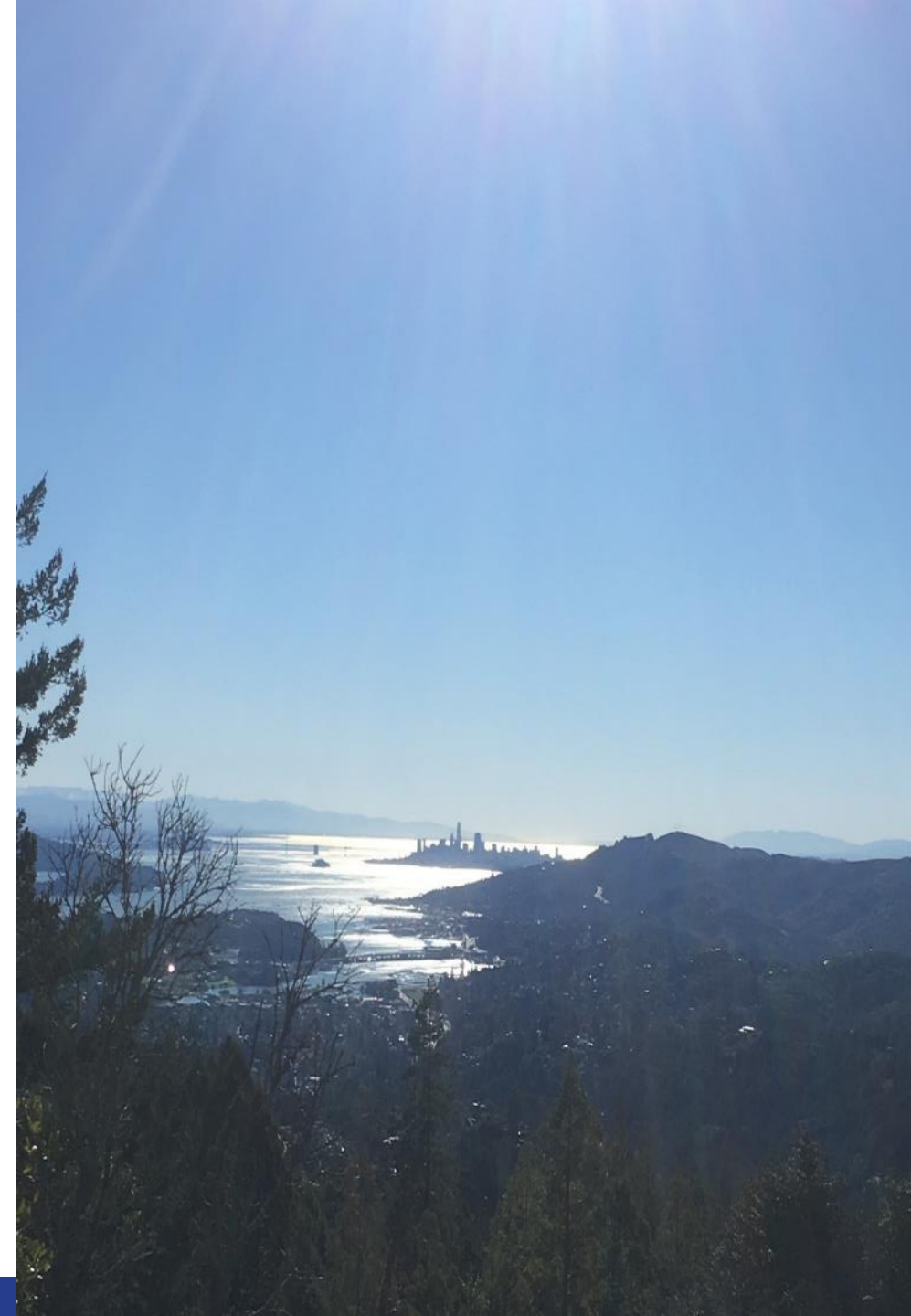
## SmartCare - Seeking Help

### EHR Support Resources:

- Please route inquiries to the resources provided on previous slides
- If you are unsure where to route your inquiry and are unable to find the answer to your question on the CalMHSA website/chat, please submit a ticket to BHRS EHR Support and they will coordinate with your Contract Manager and others as needed.
  - *Example: I know how to enter this service, but for this client and DOS, I am receiving this error that I haven't seen before and don't know how to resolve.*

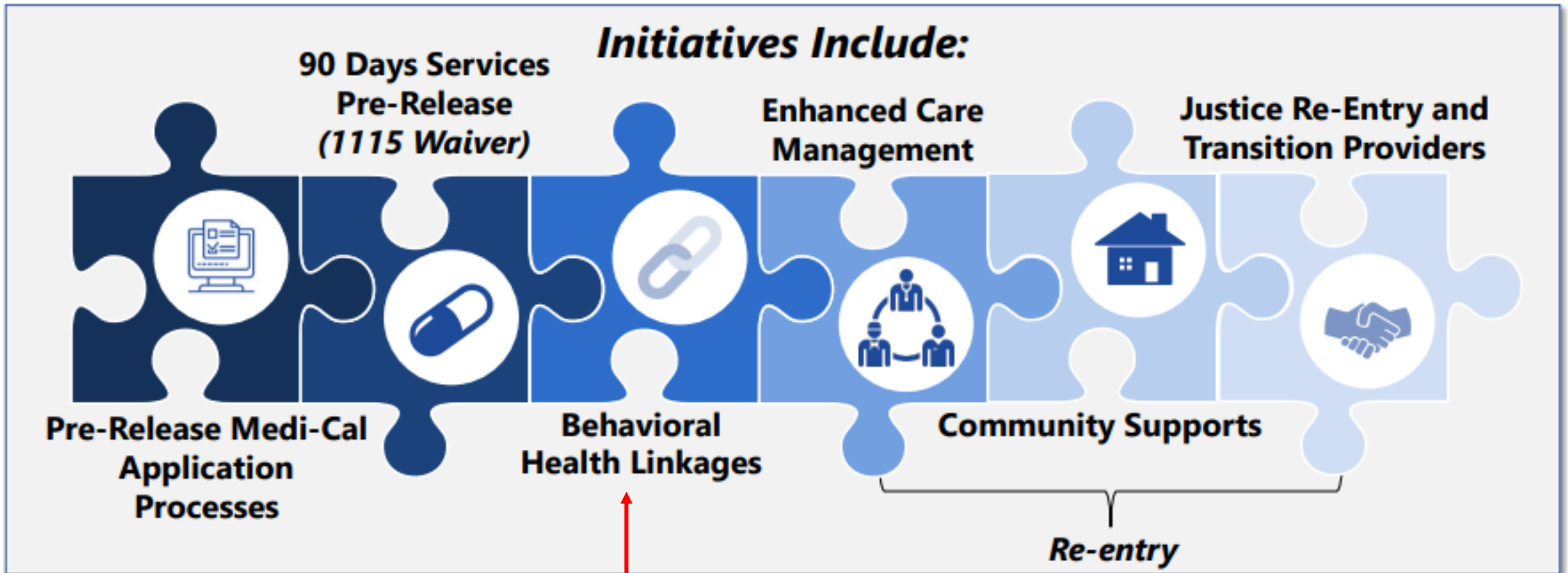
### SUD Office Hours:

- We have resumed [SUD Office Hours](#) on the 2<sup>nd</sup> Wednesday of the month from 1:00-2:00 pm
- Please be prepared to share examples including screenshots, background information and specific clients, services or other details to assist in resolution during Office Hours.



# What is CalAIM Justice Involved?

CalAIM justice-involved initiatives support justice-involved individuals by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their re-entry.





# BHRS Responsibilities for Behavioral Health Links Pre & Post-Release

- Data Sharing With Managed Care Plans (Kaiser and Partnership HealthPlan) & Correctional Facilities (CFs)
- Participating in Re-entry Planning & Warm Handoff with ECM if requested
- Participating in Professional-to-Professional Clinical Handoff 14 days prior to release
- Follow-up services Post-Release
- Behavioral Health Links Go Live: 10/1/2024
- Resources: CalAIM Justice Involved (JI) [Fact Sheet](#); CalAIM JI [Policy and Operations Guide](#)



SUPPORT



TRUST



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EXCELLENCE