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DMC-ODS Contractor Meeting

June 11, 2025



Agenda

- Welcome and Introductions
- Provider Updates/Announcements
- County Updates/Announcements
- Discussion: Treatment Perceptions Survey
- Care Coordination Incentives

Updates and Announcements

- **Provider Updates**
- **DHCS Behavioral Health Information Notices**
 - **BHIN 25-019**: Transgender, Gender Diverse, or Intersex Cultural Competency Training Program Requirements
 - Participate in evidence-based training within 45 days of being hired and every two years thereafter.
 - Grievance and training reporting to DHCS
 - **BHIN 25-014**: Grievances and Appeals
 - Updated NOABD and other notice templates
 - Updated Grievance Resolution timeframe

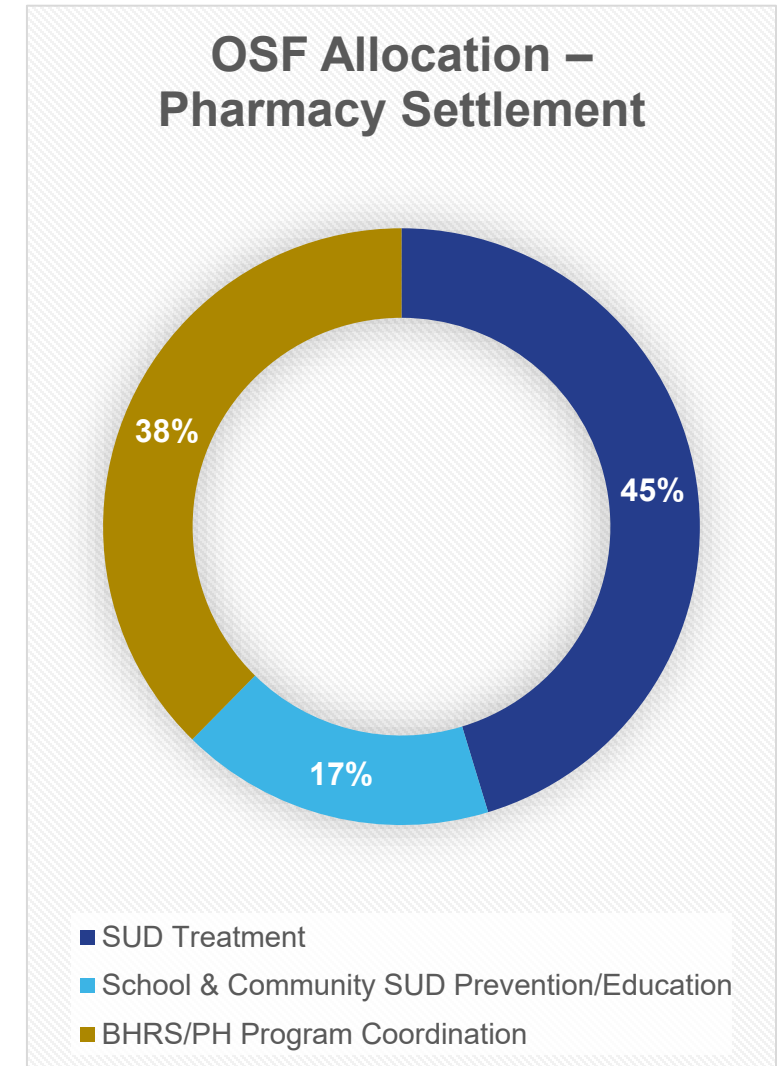


Overview - Community Outreach Efforts on Opioid Settlement Funding (OSF) Priorities



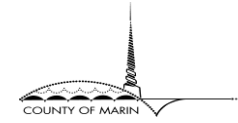
Highlights – Key Findings of OSF Priorities

- Expand youth community and school-based prevention, engagement, coordination, and education strategies
- Expand youth substance use intervention and treatment services
- Support overdose and suicide prevention program coordination and outreach to overdose survivors
- Increase availability of culturally, geographically and linguistically responsive substance use treatment services
- Widen harm reduction strategies to prevent overdose deaths, including training and naloxone distribution
- Increase diversion from justice systems for people with substance use disorders

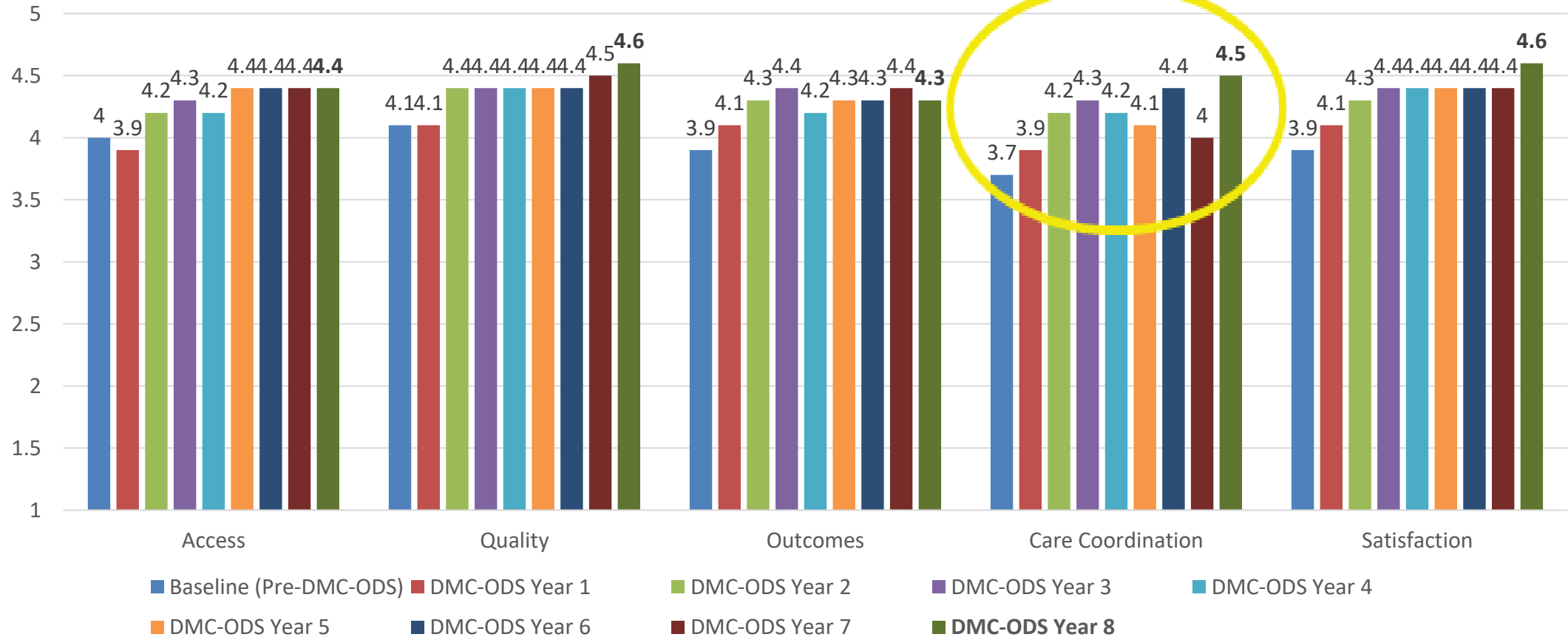


Treatment Perceptions Survey Data

Results: Access, Quality, Outcomes, Coordination and Satisfaction



Adult Treatment Perception Survey Results (Pre-Post DMC-ODS)

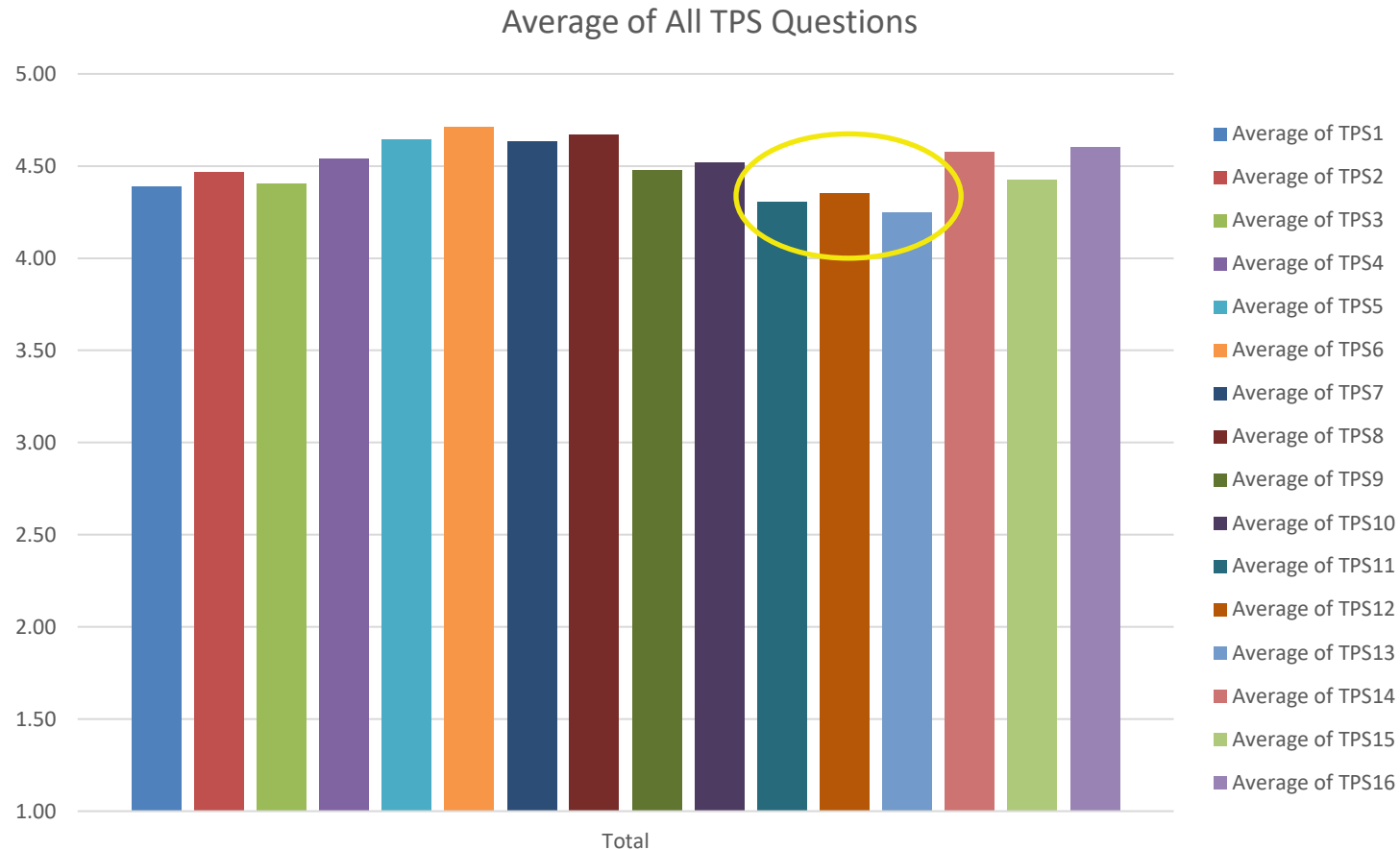


Treatment Perceptions Survey Data

Year by year comparison: all questions

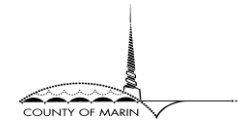


- Care Coordination (Q11-13): lowest score category
- Overall, scores mostly stayed the same or increased from last year



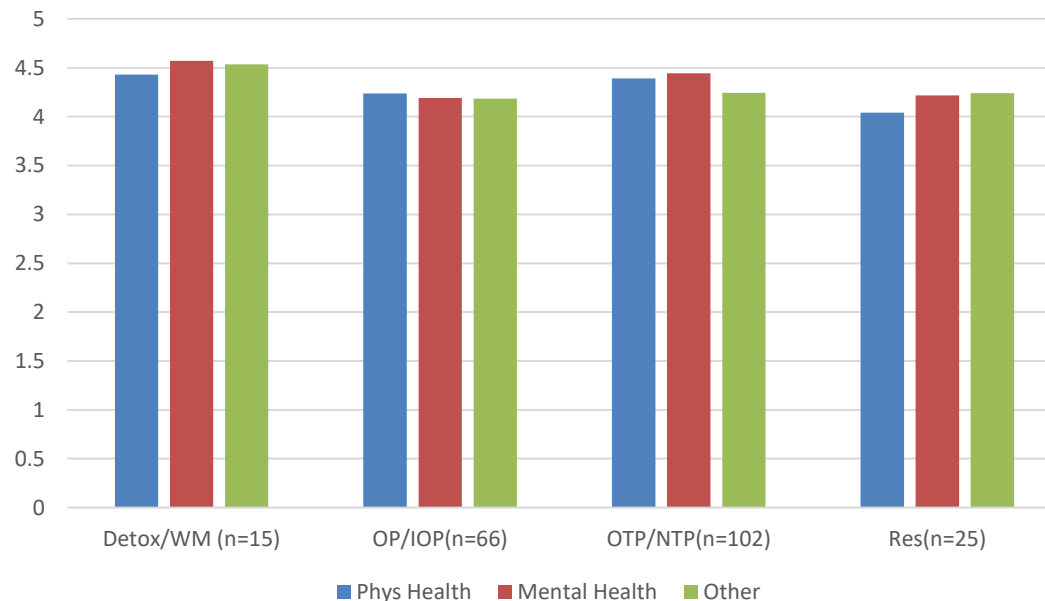
Treatment Perceptions Survey Data

Care Coordination

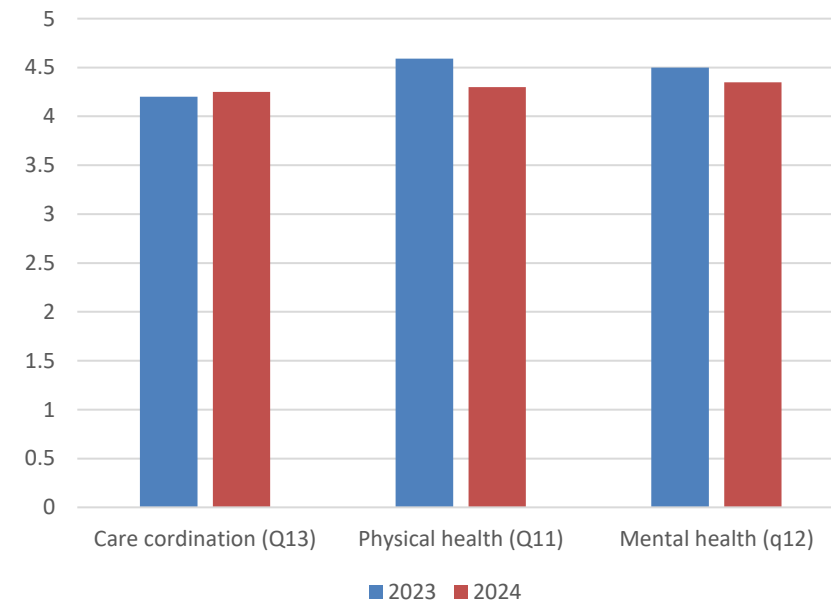


- Q11: *Staff here work with my physical health care providers to support my wellness.*
- Q12: *Staff here work with my mental health care providers to support my wellness.*
- Q13: *Staff here helped me to connect with other services as needed (social services, housing, etc.)*

Care Coordination by Level of Care

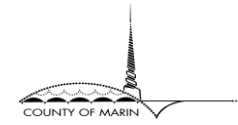


2023 v 2024 Care Coordination



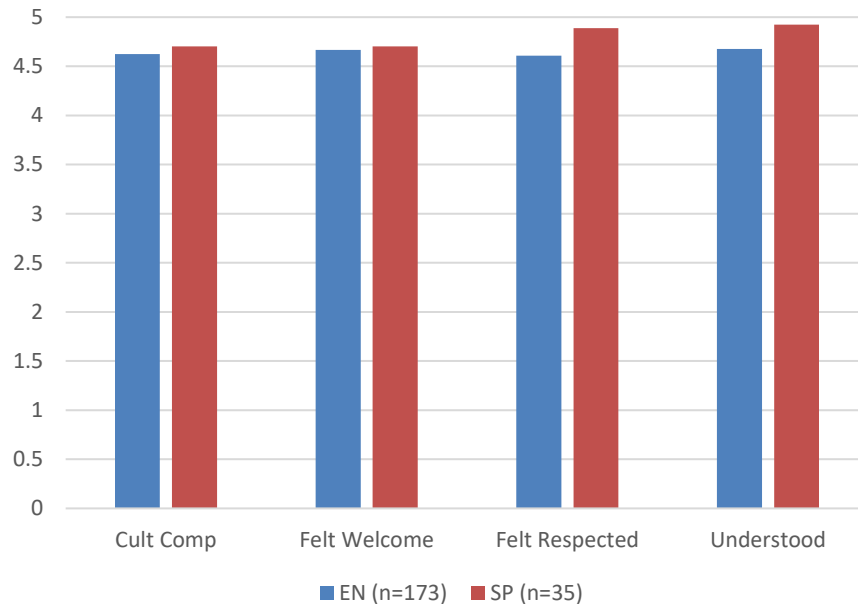
Treatment Perceptions Survey Data

Cultural Sensitivity

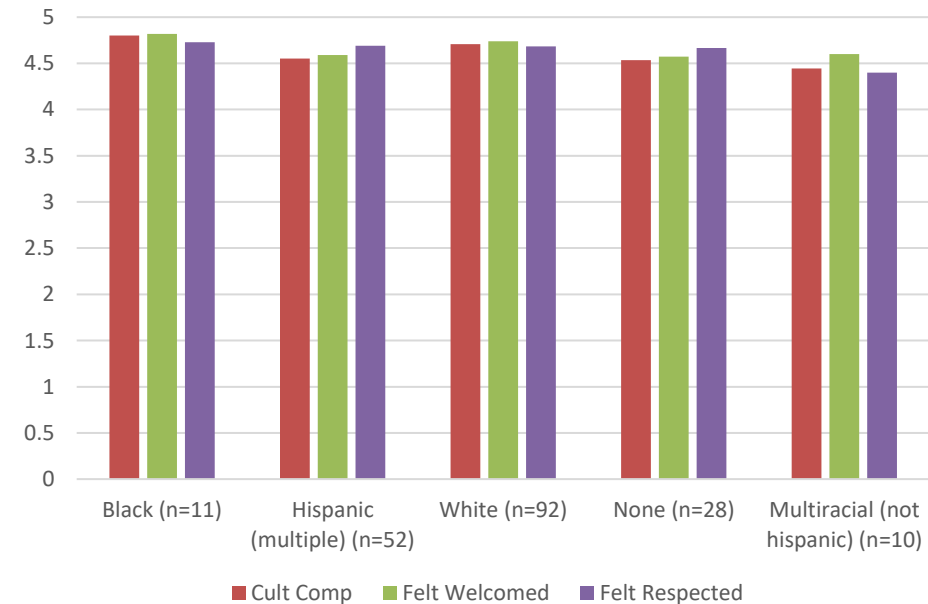


- Scores high for all groups in cultural competency and client treatment
- No significant difference in treatment reported from Spanish speakers
- Cultural Competency (Q7): *Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.)*
- Felt Welcomed (Q8): *I felt welcomed here.*
- Felt Respected (Q5): *Staff treat me with respect.*

English vs Spanish Speakers

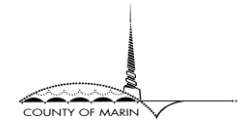


Cultural Competency by Race/Ethnicity



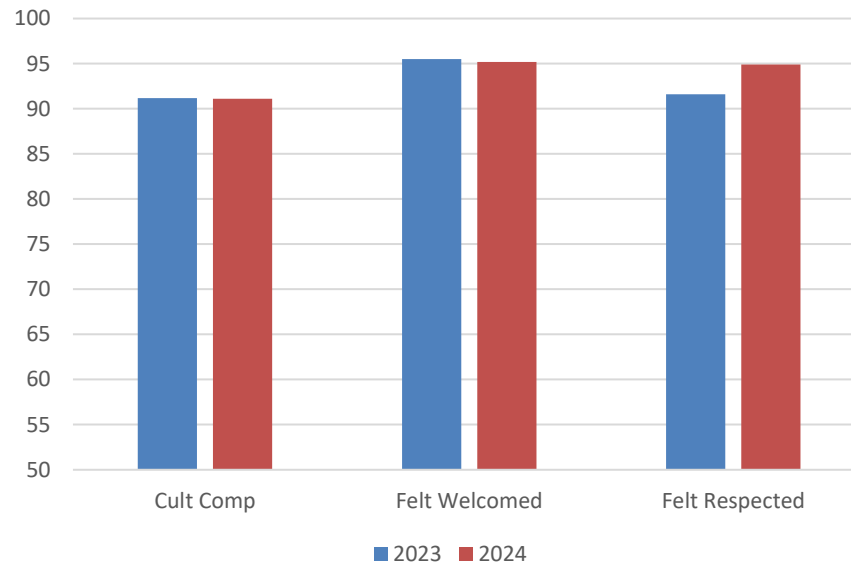
Treatment Perceptions Survey Data

Year by year comparisons

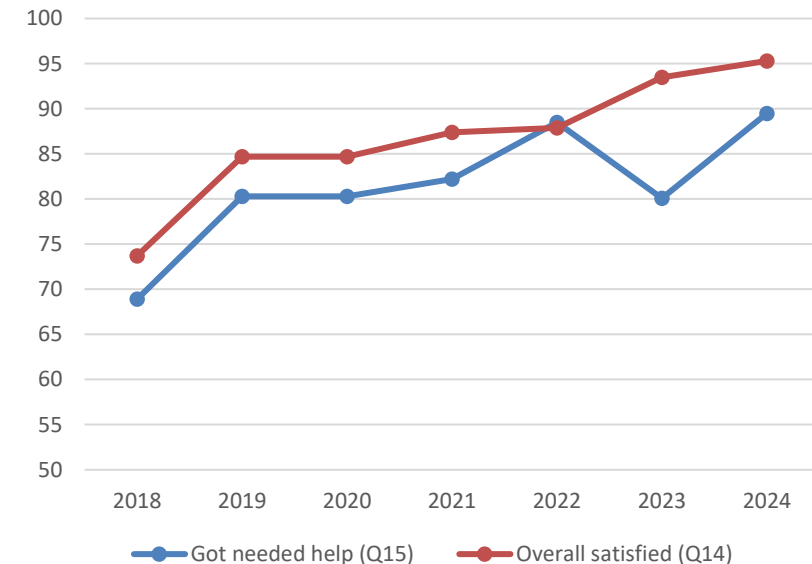


- Got needed help and overall satisfaction: more people reported getting the help they needed
 - Q15: *I was able to get the help/services I needed*
 - Q14: *Overall, I am satisfied with the services I received*
- More clients report being treated with respect than last year

% Who Agree 2023 v 2024



% Got Help vs Satisfaction 2018-2024



FY 2025-26 DMC-ODS Incentives

If you are not a DMC-ODS organization, you are free to go at this point

Potential Incentive	
Completed Claims through FY 24-25 Q3	Maximum Incentive Total per Contract
\$50k - \$200k	\$ 5,000.00
\$200k - \$400k	\$ 10,000.00
\$400k - \$600k	\$ 15,000.00
\$600k - \$800k	\$ 20,000.00
\$800k - \$1M	\$ 25,000.00
\$1M +	\$ 35,000.00

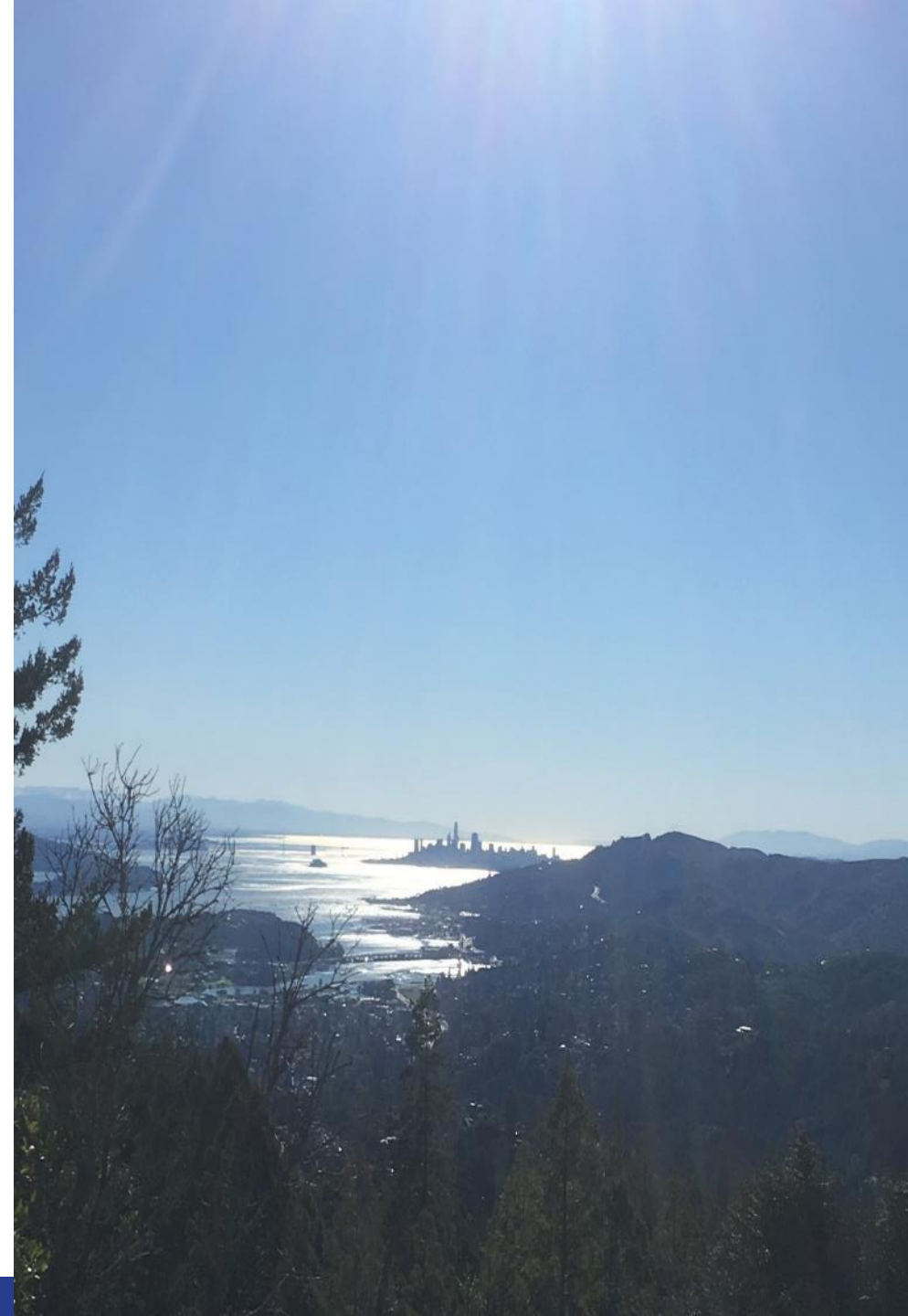
Potential Incentive Totals

- Based on completed claims through Q3 and total available funding

Care Coordination Incentive Metrics – Select One

- Transitions between levels of care within 14 days
- Care Coordination Claims by Client

**Let your contract manager know by 6/20/25*



Incentives: Level of Care transition

Care Coordination Incentive Metrics – option A

Increase in transitions between levels of care within 14 days (see email for your target)

- Discharge from your program enrollment:
 - Discharged **from** a DMC-ODS level of care where client had at least one service in that program.
 - Discharges **from** Recovery Services don't count for this incentive.
 - Date of discharge must be within 14 calendar days of date of enrollment in new program.
- New level of care:
 - Program enrollment must be in a different level of care
 - Enrollment date in the new program must be within 14 calendar days of discharge
 - Transitions must be **to** these levels of care: Any Marin DMC-ODS program, as well as Sober Living/Recovery Residences, Road to Recovery (Outpatient - not Coaches), and DMC-ODS Recovery Services
- Discharge dates and enrollment dates must be between 7/1/25-3/31/26

FY 2025-26 DMC-ODS Incentives

Care Coordination Incentive Metrics – option B

Increase in percent of clients with at least one Care Coordination service

- DMC-ODS programs are eligible even if the payment was not Medi-Cal (ie Low Income Uninsured counts)
- The percent will be calculated by dividing clients with at least one complete/error free care coordination service between 7/1/25-3/31/26 by all clients who have a complete/error free service in that same time period
- Care coordination services/codes that count are on the next slide and in the email from your contract manager

FY 2025-26 DMC-ODS Incentives

Care Coordination Incentive Metrics – option B

This list is also in the email from your
contract manager

<u>Smartcare Service</u>	CPT/HCPCS code	Definition
Environmental intervention for medical <u>mgmt</u> purposes on a psych patient's	90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions, 15 minutes
Report Generation for Care Coordination	90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers, 15 minutes
Health Risk Assessment	96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument, 15 minutes
Medical Team <u>Conference, Participation by Physician. Pt and/or Family Not Present</u>	99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30-1440 minutes; participation by physician
Team Case Conference with Client/Family absent	99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30-1440 minutes; participation by nonphysician qualified health care professional
Physician Consultation	99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time (5-30 minutes)
TCM/ICC	T1017	Services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development. Each 15 minutes. This is also the code utilized to capture Intensive Care Coordination (ICC) services.
Community Comprehensive Supports	H2015	Services related to helping patients access needed medical, social, educational, and other health-related services. Per 15 minutes. For DMC-ODS this is a "Recovery Service"
Care Coordination Outside System of Care	H2021	Community-Based Wrap Around Services

Incentives: Performance Improvement Projects to improve care coordination

To earn the incentive a small Performance Improvement Project is also required

- If you don't have TPS results to use, work with your contract manager on other options for looking at client feedback
- See template sent by your contract manager
- Your plan and initial steps (part 1 of the template) is due to your contract manager 9/30/25
- Your results (part 2 of the template) is due 4/10/26
- Please reach out to your contract manager early for assistance





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RESOURCE SLIDES

Please share with applicable staff

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](#)



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) i

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	Add
<u>Medi-Cal DMC</u>				<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	DMC	Add
<u>Medi-Cal DMC</u>				<input type="text"/> 	<input type="text"/> 	<input type="checkbox"/>	DMC 	Add
<u>Medi-Cal MH</u>				<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	MH	Add

Resource Reminder: Medi-Cal Eligibility Re-determinations

Who:

- Public Assistance (PA) Contact for SUD Providers: **Peter Funk** (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 features two main tabs: 'Client Plans' and 'Notes'. The 'Client Plans' tab is active, showing a table with columns for Plan Name, Insured Id, Co-Pay, Start Date, End Date, COB, and Service Area. The table lists four plans: Marin County, Medi-Cal DMC, Medi-Cal MH, and SABG. Below the table, there are filters for 'Show Current Plans Only' (checked) and 'Maximize Time Spans'. The 'Plan Time Spans' section shows a list of plans with 'Set End Date' buttons. A blue arrow points from the text in the first list item to the 'Set End Date' buttons in the screenshot.

Plan Name	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area	
Marin County						DMC	Add
Medi-Cal DMC	[REDACTED]					DMC	Add
Medi-Cal MH	[REDACTED]					MH	Add
SABG						DMC	Add

Plan Time Spans

07/01/2023 - No End Date

Plan Name	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area	
Medi-Cal DMC	[REDACTED]					DMC	Set End Date
SABG						DMC	Set End Date
Marin County						DMC	Set End Date

**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 with the following sections:

- Service Detail** (Active Tab):
 - Documentation Time: [Text Field] Days
 - Evidence Based Practices: [Dropdown Menu]
 - Transportation Service: [Dropdown Menu] (Value: No)
 - Override Charge Amount:
 - Override Errors:
 - Interpreter Services Needed:
 - Overridden By: [Text Field]
 - Overridden By: [Text Field]
- Warnings / Errors**:
 - Table with columns: Date, Error Type, Error Message, Next Step.
 - Content: No data to display.
- Custom Fields**:
 - Interpreter Service**:
 - Interpreter has been scheduled: Yes No
 - Language: [Dropdown Menu]
 - Interpreter Agency Scheduled: [Text 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)

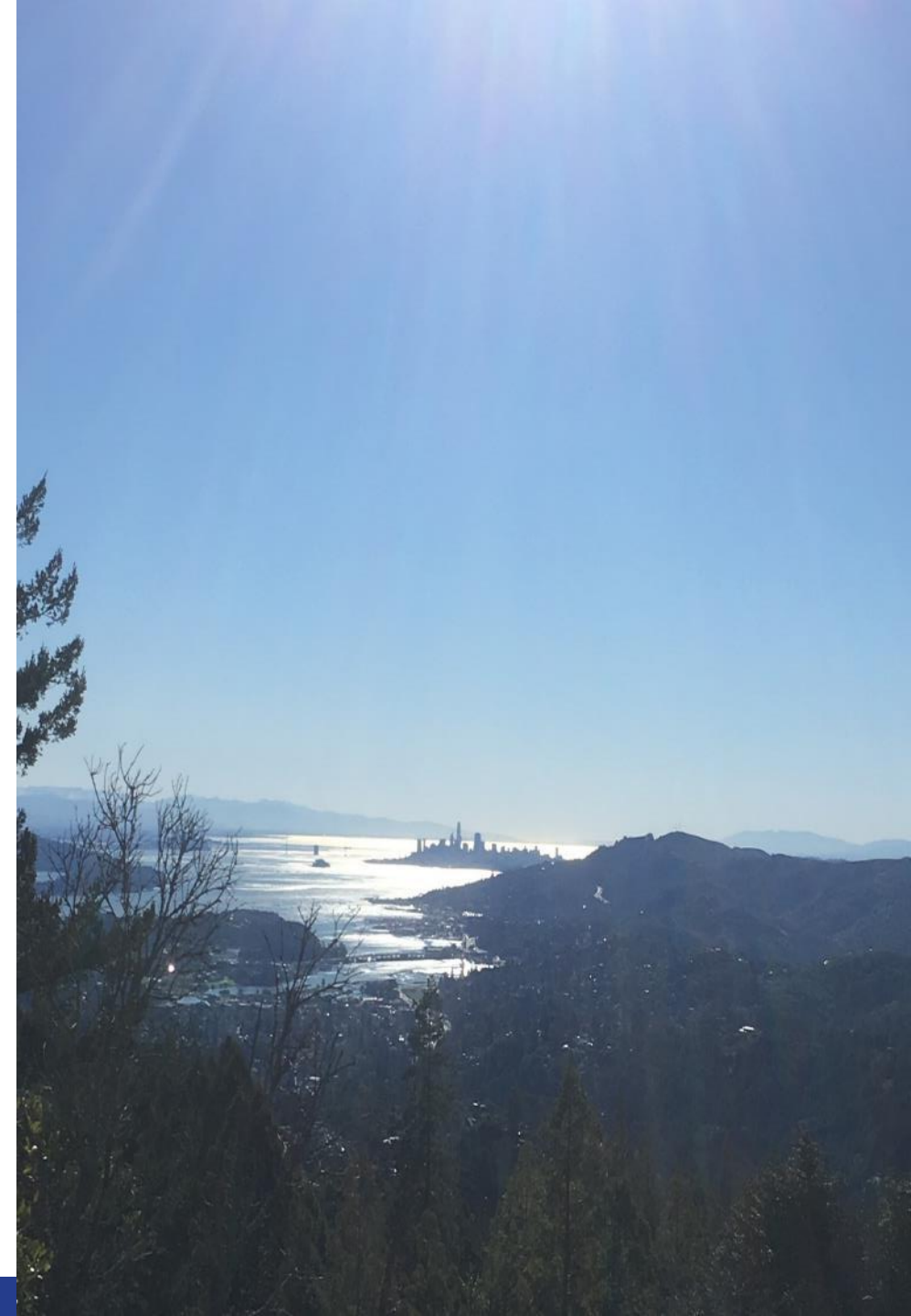
SmartCare - Seeking Help

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 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:

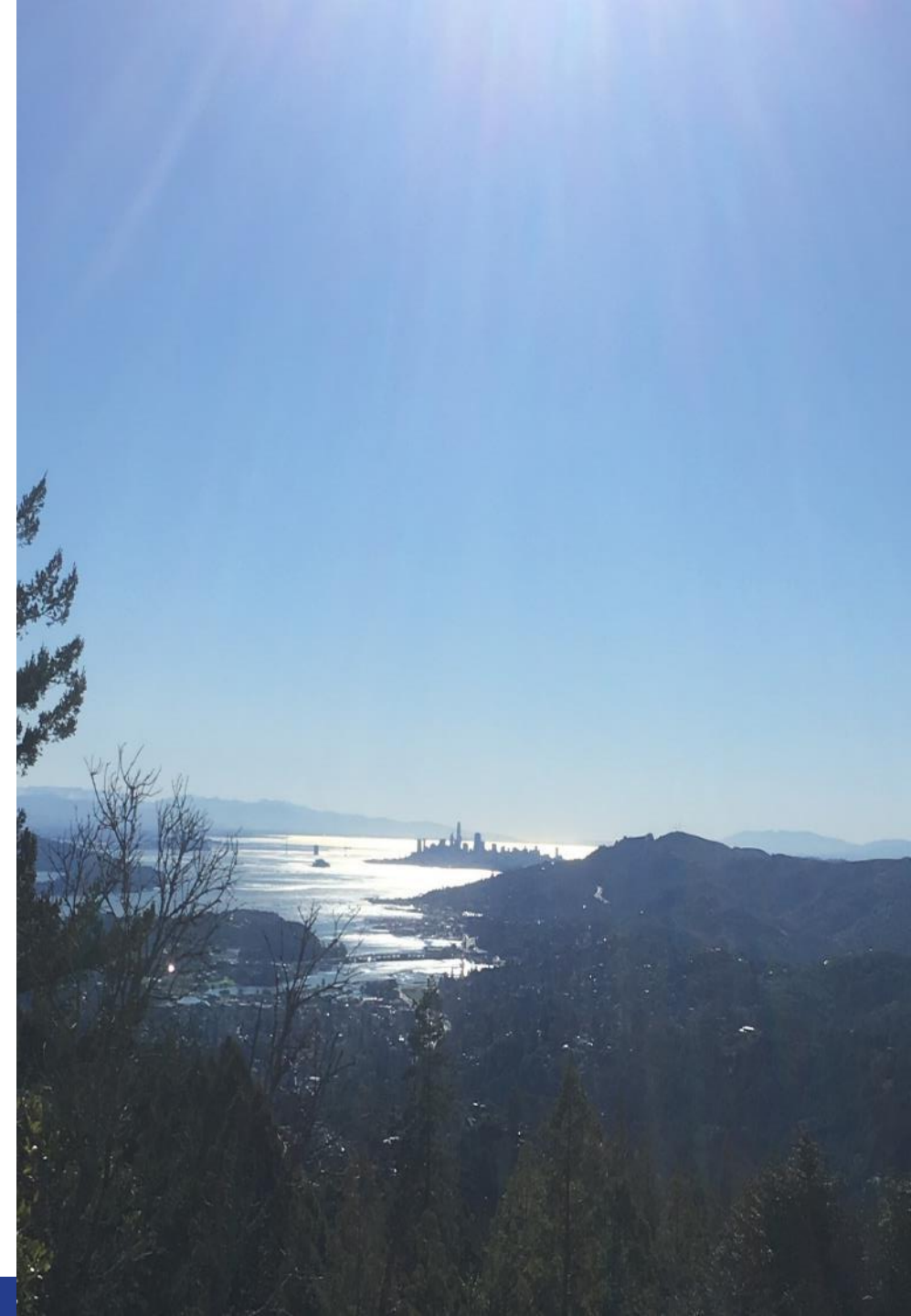
Use the [Marin BHRS EHR Support Request](#) /ticketing system to submit all new inquiries. The BHRS EHR support email should be used to respond to additional EHR requests to previously submitted tickets.

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

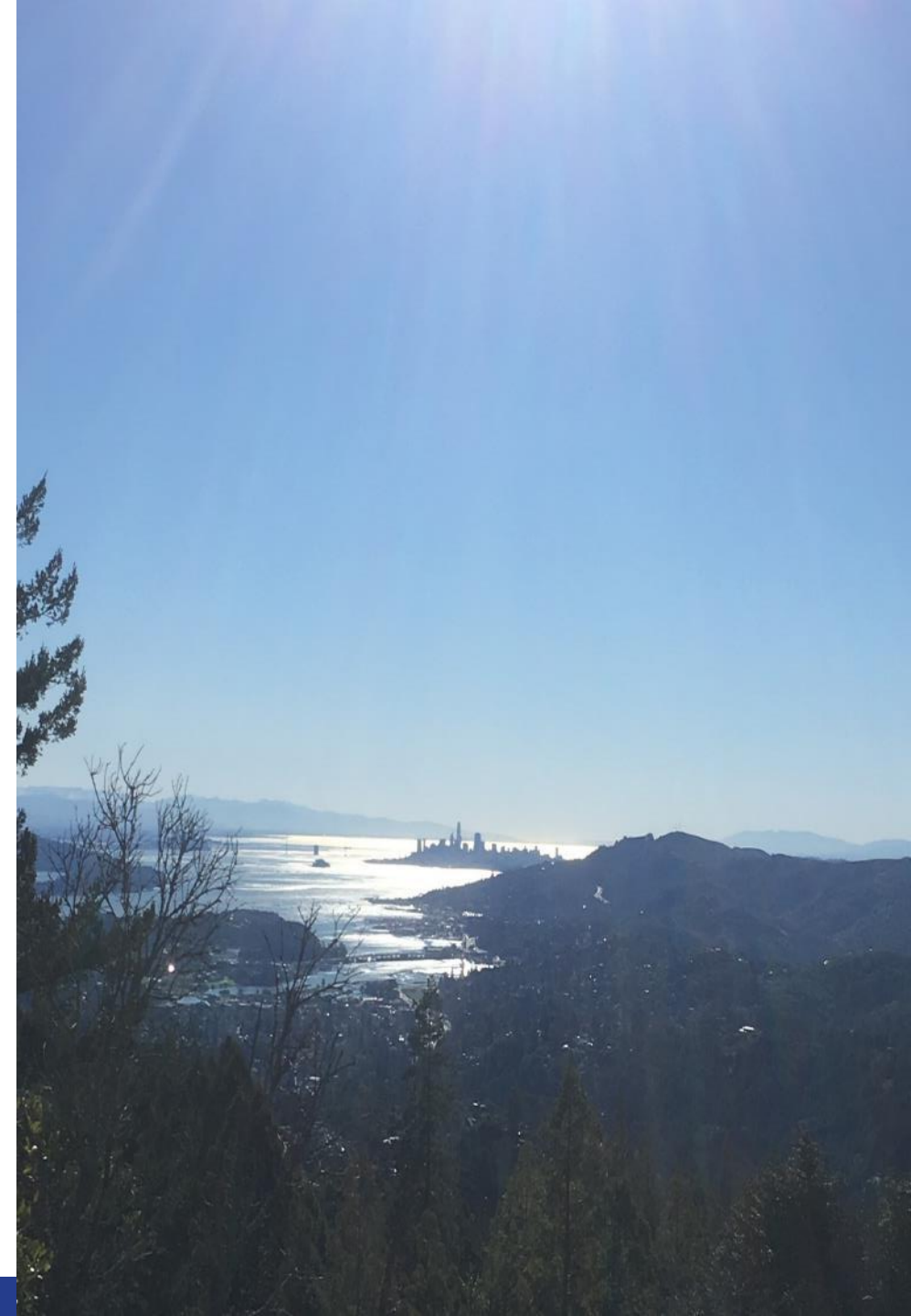
Ongoing Clinical Support:

BHSQM@MarinCounty.org

- BHS 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.



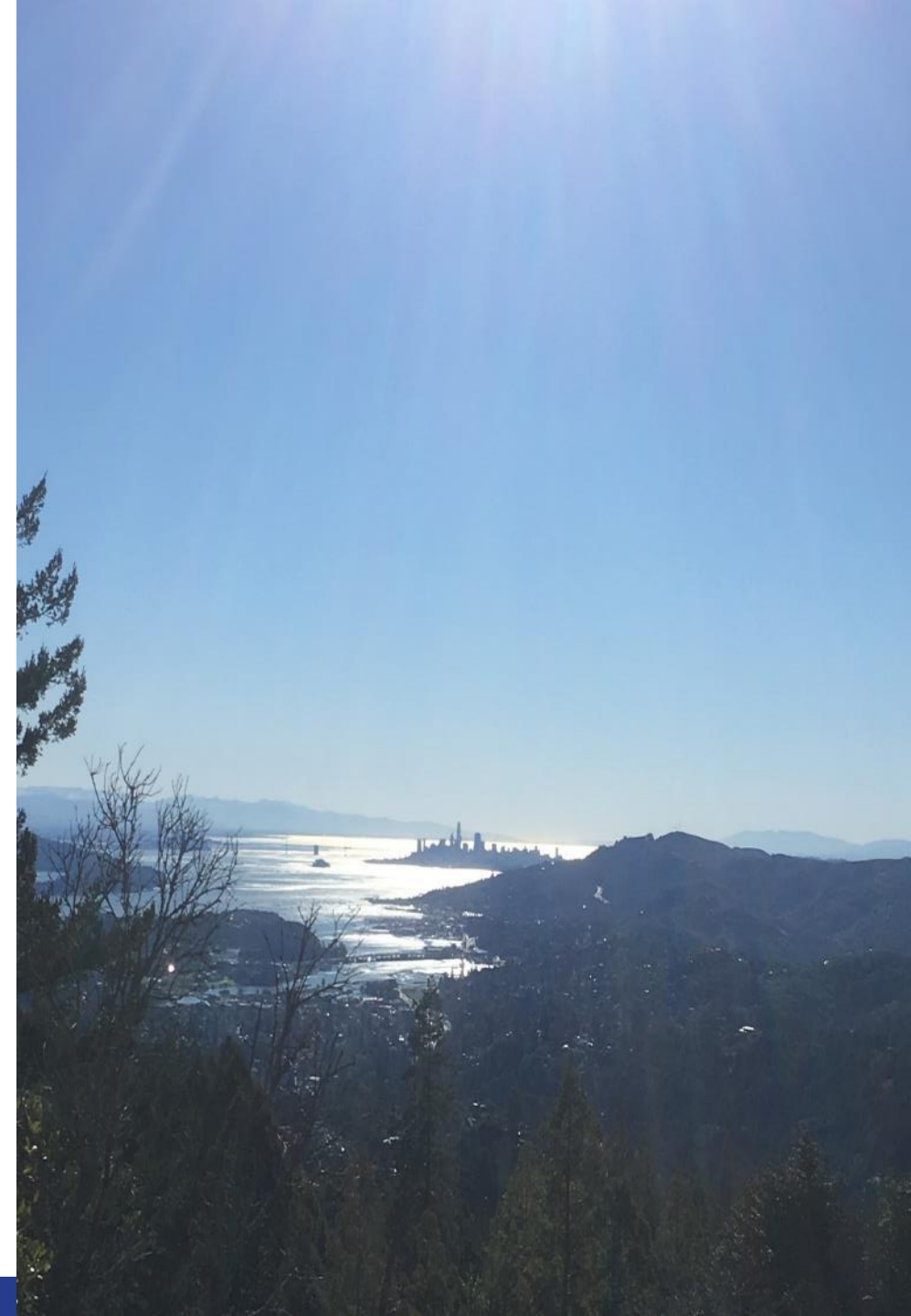
SmartCare - Seeking Help

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.*

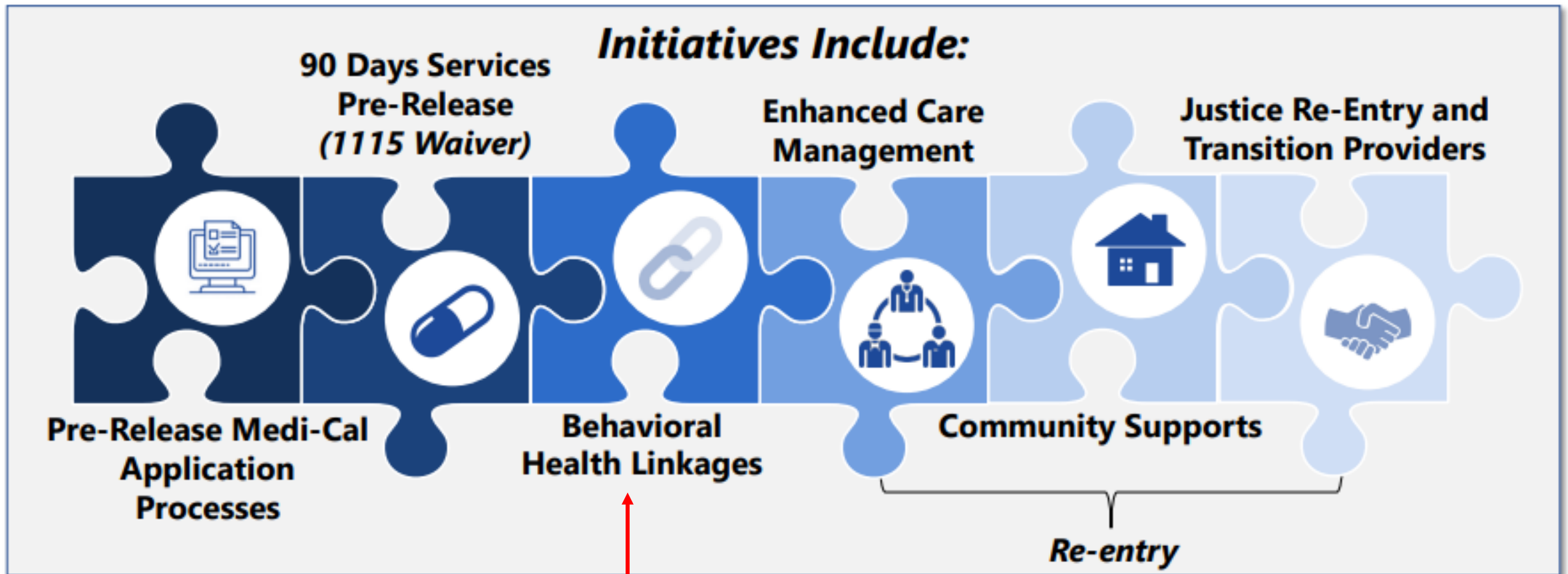
SUD Office Hours:

- We have resumed [SUD Office Hours](#) on the 2nd 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](#)





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