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DMC-ODS Contractor Meeting

December 10, 2025

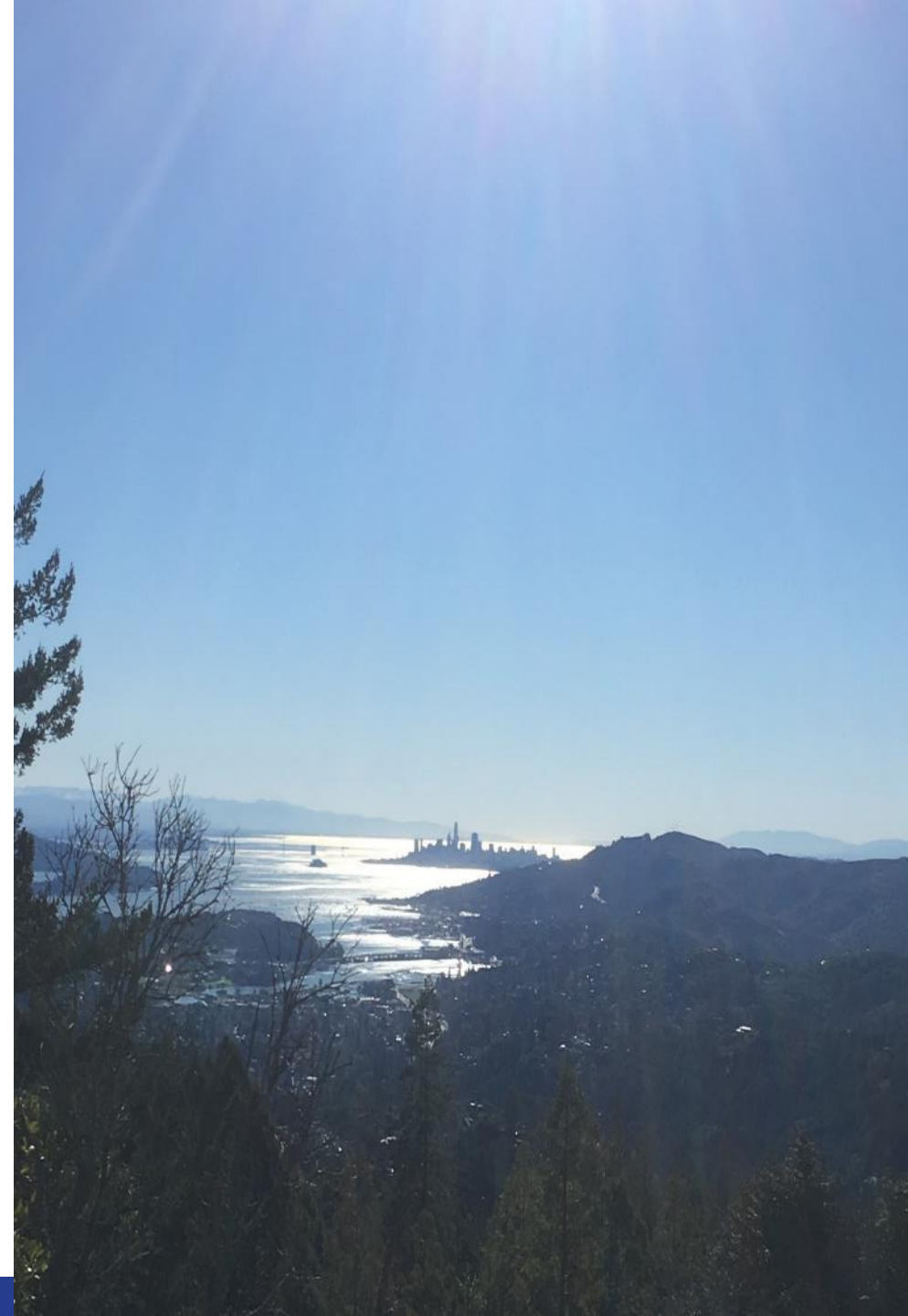


Agenda

- Welcome and Introductions
- SB 43 – Mark Vanderscoff and Todd Paler (30 minutes)
- Provider Updates/Announcements
- County Updates/Announcements

SB 43 Update

Mark Vanderscoff, Public Guardian
Todd Paler, BHRS Program Manager





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LPS HOLDS 101



Overview of Lanterman-Petris-Short (LPS) Act

- **Understanding Senate Bill (SB) 43 first requires an understanding of the Lanterman-Petris-Short (LPS) Act**
 - LPS was first enacted in 1967 given widespread use of institutionalization prior to the 1960s and long history of abuse and patients' rights concerns in state hospitals across the country
 - LPS established due process to avoid the widespread inappropriate application of involuntary psychiatric care
- **“LPS 101”**
 - **LPS laws** – Govern involuntary psychiatric care throughout California
 - **LPS designated people** – People designated by County BHD who can place people on involuntary holds, most notably 5150's
 - **LPS facilities** – Facilities with specific safeguards and staffing requirements that are approved to provide locked, involuntary psychiatric care throughout California

Types of LPS Facilities

- **The following facilities are the only types allowable for LPS designation:**
 - **General Acute Care Hospital***
 - **Acute psychiatric hospitals***
 - Skilled Nursing Facilities
 - Jail Inpatient Units
 - **Psychiatric Urgent Care Center*** (aka: Crisis Stabilization Units)
 - Outpatient setting that people can stay in for up to 23 hours and 59 min
 - Psychiatric Health Facility
 - Inpatient psychiatric hospital setting

* These are the facility types that are eligible for LPS designation and will be expected to provide MH, co-occurring, and SUD interventions.

2014 LPS REVISION

Senate Bill 364, effective January 1, 2014, amended the LPS to provide:

- Recognition of cultural & linguistic diversity based upon needs within California;
- Recognition of need for clarifying language within WIC 5000 (i.e. *mental disorder* now identified as *mental health disorder*); and
- Advisement processes most affected, as needed to create clear statements of patient's rights and personal needs.

2016 LPS REVISION

AB 1194, effective January 1, 2016, amended the concept of imminent danger and historical course of a Mental Health Condition. Statutory mandates require:

- ❑ When determining if a person is a danger to themselves or to others, as a result of a mental health disorder, the writer making the 5150 determination **shall** consider any available relevant information about the historical course of the person's mental health disorder.
 - The writer should use that information if it has a reasonable bearing on the determination of the 5150 hold.

LEGAL REQUIREMENTS TO INITIATE AN INVOLUNTARY HOLD

In order to place a person on an involuntary psychiatric hold, designated personnel must believe that there is **probable cause** that the individual meets one or more of these three (3) criteria, including:

- Danger to Self
- Danger to Others
- Gravely Disabled

Additional criteria analysis **must** include:

- Behaviors directly attributed to mental illness;
- Individual refuses to seek voluntary treatment or it is believed unlikely that consumer will seek treatment; and
- *Historical Course* of the mental health condition, when available, must be considered.

NOTE: §5150.05 allows for taking into consideration opinions and statements made by family members and/or treating professionals (i.e., if a person is currently denying suicidal thoughts, they may still be placed on a hold if a family member provides credible information related to historical patterns indicating potential current significant risk.)

TYPES OF INVOLUNTARY HOLDS

TYPES OF INVOLUNTARY HOLDS

- ✦ WIC §5150: Up to 72 hour hold for the purpose of evaluation and treatment.
- ✦ WIC §5250: Up to an additional 14 days hold for treatment. (DTS/DTO/GD) Danger to Self/Danger to Others/Grave Disability
- ✦ WIC §5260: Second 14 day hold for treatment (DTS only)
- ✦ WIC §5270: 30 days certification (GD only)

Court-Ordered Evaluation

- ✦ WIC §5300: 180 day hold for treatment (DTO only)
- ✦ WIC §5352: Temporary conservatorship (GD only)
- ✦ WIC §5270 5358 = One-year conservatorship (GD only)

NOTE: Any of these levels of involuntary holds may be disrupted (lifted) prior to the expiration.

EMERGENCY ROOMS & HEALTH AND SAFETY CODE §1799

- Health & Safety Code § 1799.111:

- ❑ Is an *emergency psychiatric hold* ordered by licensed professional staff (physicians) who provide emergency medical services in a licensed general acute care hospital, once an individual is otherwise medically cleared.
 - ❑ This § allows up to 24 hours of detention for psychiatric evaluation, by a medical social worker/licensed mental health clinician, within the emergency room when, in the opinion of the treating physician, the person, as a result of a mental disorder, is a danger to self, others, or gravely disabled.
- ❑ A person detained under this section shall be credited for the time detained, up to 24 hours, in the event they are placed on a subsequent 72-hour hold pursuant to WIC §5150.

OVERVIEW OF SENATE BILL (SB) 43

- Signed into law by Governor Newsom in Oct 2023.
- Most significant reform to the LPS Act since it was enacted in 1967.
- **Significantly expands California’s criteria for involuntary detention and conservatorship by creating a new set of eligibility criteria that are based solely on a person’s mental health disorder or “severe” substance use disorder (SUD), if that disorder will result in someone being unable to provide for their basic needs of food, clothing, shelter, personal safety or necessary medical care.**
- Allows health records to be used as evidence in LPS conservatorship proceedings, ensuring individuals can be conserved without requiring testimony from their treating team.

Current grave disability definition: A condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing, or shelter.

NEW* grave disability definition under SB 43**: A condition in which a person, as result of a mental health disorder, **severe substance use disorder or a co-occurring mental health disorder and severe substance use disorder, is at risk for serious harm or currently experiencing serious harm as a result of being unable to provide for their basic needs of food, clothing, shelter, **personal safety*** or **necessary medical care***.

**New/expanded criteria to meet grave disability under SB 43*

OVERVIEW OF SENATE BILL (SB) 43

- **Functionally, SB 43 allows people to be placed on 5150's and other involuntary holds based on their "severe" SUD.**
 - "Severe" SUD is defined as a diagnosed substance-related disorder that meets the diagnosis criteria of "severe" according to the most current version of Diagnostic and Statistical Manual of Mental Disorders (DSM-5 currently).
 - According to DSM-5, severity of SUDs are measured on a continuum based on the number of symptoms present of the eleven (11) criteria, with a "severe" diagnosis being defined as when 6 or more of the 11 criteria are present.

DSM-5 TR Criteria for SUDs



Mild: 2-3 symptoms

Moderate: 4-5 symptoms

Severe: 6+ symptoms

1. Taking the substance in larger amounts or for longer than you're meant to
2. Wanting to cut down or stop using the substance but not managing to
3. Spending a lot of time getting, using, or recovering from use of the substance
4. Cravings and urges to use the substance
5. Not managing to do what you should at work, home, or school because of substance use
6. Continuing to use, even when it causes problems in relationships
7. Giving up important social, occupational, or recreational activities because of substance use
8. Using substances again and again, even when it puts you in danger
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance
10. Needing more of the substance to get the effect you want (tolerance)
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance

IMPLICATIONS OF SENATE BILL (SB) 43

Anticipated initial impacts of SB-43 on people with SUD

- Anticipate fidelity challenge with DSM-5 “severe” SUD diagnosis: most LPS designated people who place holds are law enforcement (and not clinicians) who are not able to make DSM-5 diagnoses
- More evaluations for 5150s overall, including for people with “severe” SUD
- Likely to result in more people on longer-term involuntary holds (5250s, conservatorships), though its unclear the extent to which this will impact people with “severe” SUD
- Likely to result in LPS capacity constraints
- Unlikely to result in significant numbers of people conserved who have SUD only

Potential Benefits

More people receiving services they need → if 5150s translate to meaningful SUD treatment engagement, whether it be voluntary in traditional SUD treatment settings or in LPS facilities

Potential Drawbacks

Patient rights violations → Widening equity gaps

Further deterring people from disclosing substance use → Widening treatment gaps

• **Constraints in LPS capacity** → Longer wait times for placements and further shortening admissions

• **LPS settings not familiar with SUD** → Suboptimal care with revolving door readmissions

Case Examples

CASE EXAMPLES THAT MAY QUALIFY UNDER SB-43

- D is a **middle-aged woman with Alcohol Use Disorder** who **continues to drink despite severe damage of her liver** along with physical symptoms of liver failure (e.g., jaundice). She has numerous prior attempts to stop drinking including in previous SUD treatment programs, but she cannot get below a 0.08 blood alcohol level. Multiple agencies are working to connect her to services as she drinks continuously and is **no longer able to demonstrate understanding of her situation or reasoning in her decision-making regarding treatment.**
- J is a **middle-aged man with Stimulant Use Disorder** who is **severely malnourished, unhoused, and medically compromised with an antibiotic-resistant infection.** He repeatedly **declines to be assisted with medical care or housing placement** in order to keep using methamphetamine. Even when he stops using meth for several days and clears the active drug from his system, he **refuses assistance without being able to articulate a plan for managing his infection or nutrition.**

CONTINUED

- M is a young person who hears distracting voices, has grandiose delusions, and is paranoid that his food is being poisoned. They use methamphetamine and opioids and have been brought to the emergency department multiple times in the past 3 months after overdosing on fentanyl. M does not exhibit an understanding that they have nearly died multiple times as a result of their drug use. When they clear from methamphetamine, they remain delusional with hallucinations and refusal to eat.
- B is a woman in her mid 60s with Major Depressive Disorder and Alcohol Use Disorder. Over the past six months, she has been to the emergency department over 30 times (e.g. while intoxicated, she spilled boiling water on her foot resulting in a full thickness burn requiring hospitalization). Through supportive services, clinicians have been to her house and noted that she is “naked in her apartment and intoxicated.” B acknowledges that she has difficulty managing her finances and does not take her heart failure medication regularly. She has completed multiple residential rehabilitation programs and says that they don’t help her

CASE EXAMPLES THAT WOULD LIKELY NOT QUALIFY FOR SB-43

- M is a middle-aged person with multiple substance use disorders. On admission to the emergency department 2 days ago, he was intoxicated and unable to describe where he was or how to find shelter and food. Today, he has metabolized the substances he used and is at baseline and say that he would like to be transported to a shelter where he's been living and has been receiving medical care and food. He refuses mental health/substance use treatment services despite demonstrating understanding about his behaviors when he was admitted and the short- and long-term consequences of doing so.
- C is an older adult who has been seen in the emergency department multiple times due to wandering into the street while intoxicated. She displays some insight into her inability to stop using drugs and the risks associated with use, and is seeking help. While she AWOL'ed from care once before, she demonstrates a willingness to go to substance use treatment and to engage in harm reduction services.

Provider Updates



Proposition 36

(continued from October meeting)

- BHRS doing SU/MH evaluations for Marin Medi-Cal members and Marin low income uninsured
- Questions for BHRS:
BHRSPop36@MarinCounty.gov

UNDERSTANDING PROP 36 AND OUR ROLE IN BHRS



What is Proposition 36?

Passed by California voters in 2024, Proposition 36 — The *Homelessness, Drug Addiction, and Theft Reduction Act* — increases penalties and allow felony charges for certain crimes.

One part of Prop 36 creates a new category of offenses called “treatment-mandated felonies” for certain drug possession cases. Under this approach:

- After two prior drug convictions, prosecutors have the discretion to charge a new drug possession as a felony.
- Defendants charged with these treatment-mandated felonies are offered the option of participating in a court-ordered drug treatment program.
- If they successfully complete treatment, the drug charges are dismissed.

For details, see California Health and Safety Code § 11395.



What does this mean for BHRS?

- In cases filed in the Marin Superior Court, for individuals who are MediCal or are low-income uninsured, the Crisis and Justice Involved Division’s Justice CareLinks team will be completing (or referring for) the required Substance Use and Mental Health evaluations. The evaluation is voluntary and signed ROIs must be obtained.
- If the individual agrees and is court ordered to engage in treatment, Probation will assist the individual with next steps.
- Treatment might be to residential or outpatient Substance Use Disorder services (BHRS & Contracted Providers), depending on the evaluation findings, and could also include a referral to ACCESS / Specialty Mental Health Services (BHRS) and/or Mild-to-Moderate Mental Health services, as clinically indicated.
- Once the court orders treatment, Probation is the primary liaison between the Court, Probation, justice partners and treatment providers. The Justice CareLinks team may liaison as needed also.
- If you are a service or contracted provider in BHRS you may have existing clients ordered to Prop 36-related treatment or may have new clients coming into treatment related to a Prop 36 case.



QUESTIONS FOR BHRS?

Contact: BHRSPop36@marincounty.gov

Updates and Announcements

- **FY 2025-26 Self-Audits – Due 12/12/2025**
 - Tips/Reminders
- **FY 2026-26 Site Visits**
 - Site Visit Scheduling
 - Personnel File Checklist – Highlight of Updates
 - AOD Certification Standards (e.g. HCP/Staff Health screening)
 - AB 2473/BHIN 25-029 AOD Counselor Educational Requirements
 - BHIN 25-019: Trans Inclusive Health Care training



Reporting Reminders

Update: Client Missing Data Report

Reminder: SmartCare Report - SUD Clients Missing Data

- Please run this new report monthly
- It identifies required data missing for clients 14 days after enrollment in a program (from 9/1/25 on)
- Email only listed as missing if something else is also missing
- The previous timeliness report didn't show all situations where timeliness data was missing but this one does
- Instructions to resolve are at the bottom here under SUD clients missing data and Timeliness:

<https://www.marinbhrs.org/providers/substance-use-providers/electronic-health-record-resources>



Updates and Announcements

DHCS BH Information Notices

- BHIN 25-042: BHP Member Handbook
 - Please post *Notice of Significant Changes* in lobbies by 1/1/26
 - Updated Handbook will be ready by 2/1/26
- BHIN 25-036: Traditional Health Care Practices
 - Counties shall provide coverage for traditional health care practices delivered to AI/AN members (Traditional Healer and Natural Helper services) received through DHCS-approved Indian Health Care Providers
- Draft BHINs (January 1, 2026 effective dates):
 - Reporting Requirements for SUD Facilities – Resident Death
 - Admission Agreements and Return to Use Plans



Updates and Announcements

- **Annual DMC-ODS/SUBG Training**
 - [DMC-ODS/SUBG Training Link](#) | Passcode: .M6XigZ\$
 - Certificate: E-Mail Taffy (Taffy.Lavie@MarinCounty.gov)
- **New:** [DHCS Licensing and Certification Portal](#)
- **Update:** **AB 2473 – Training Requirements**
 - [DHCS Webinar on AB 2473|BHIN 25-029](#)
 - [UCSD 80-Hour Core Competency Training](#)
- **Coming Soon:** RFP for Assertive Field-Based Initiation for SUD (BHSA)
- **Provider Meeting Topics - 2026**





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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) 

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"/>
<u>Medi-Cal DMC</u>				<input type="text"/> 	<input type="text"/> 	<input type="checkbox"/>	DMC 	<input type="button" value="Add"/>
<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)

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' and 'Maximize Time Spans'. The 'Plan Time Spans' section shows a list of plans with 'Set End Date' buttons and a 'Change COB Order...' button. A blue arrow points from the text in the list group 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	Set End Date
Medi-Cal DMC	[REDACTED]						Set End Date
SABG							Set End Date
Marin County							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
- 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 interface is divided into several sections:

- Service Detail:** Includes fields for 'Documentation Time' (with a 'Days' label), 'Evidence Based Practices' (a dropdown menu), and 'Transportation Service' (set to 'No'). There are also checkboxes for 'Override Charge Amount', 'Override Errors', and 'Interpreter Services Needed'. 'Overridden By' fields are present for the first two checkboxes.
- Warnings / Errors:** A table with columns 'Date', 'Error Type', 'Error Message', and 'Next Step'. The table is currently empty, displaying 'No data to display'.
- Custom Fields:** A section titled 'Interpreter Service' containing:
 - 'Interpreter has been scheduled' with radio buttons for 'Yes' and 'No'.
 - 'Language' with a dropdown menu.
 - 'Interpreter Agency Scheduled' with a text input 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 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)

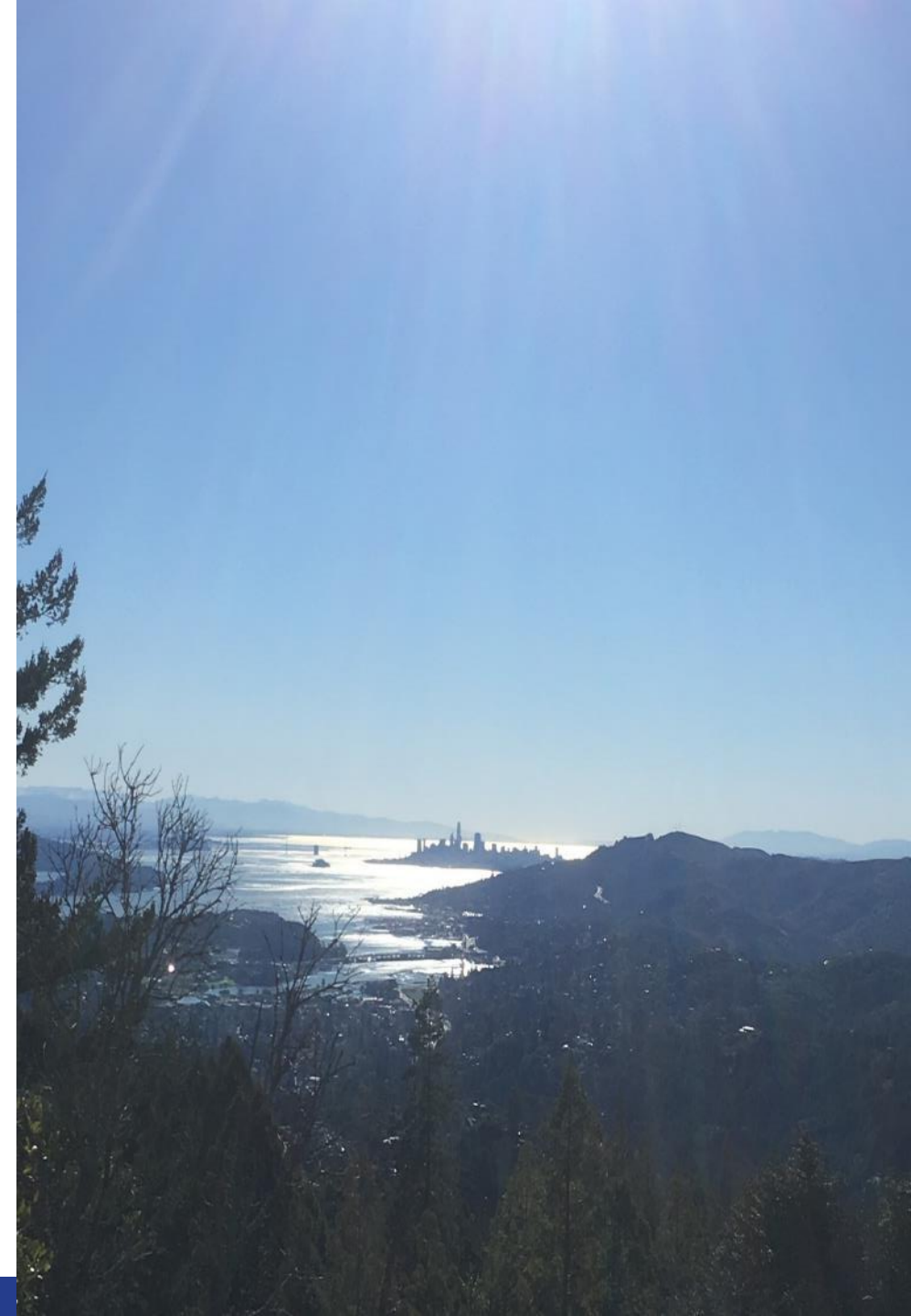
SmartCare - Seeking Help

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:

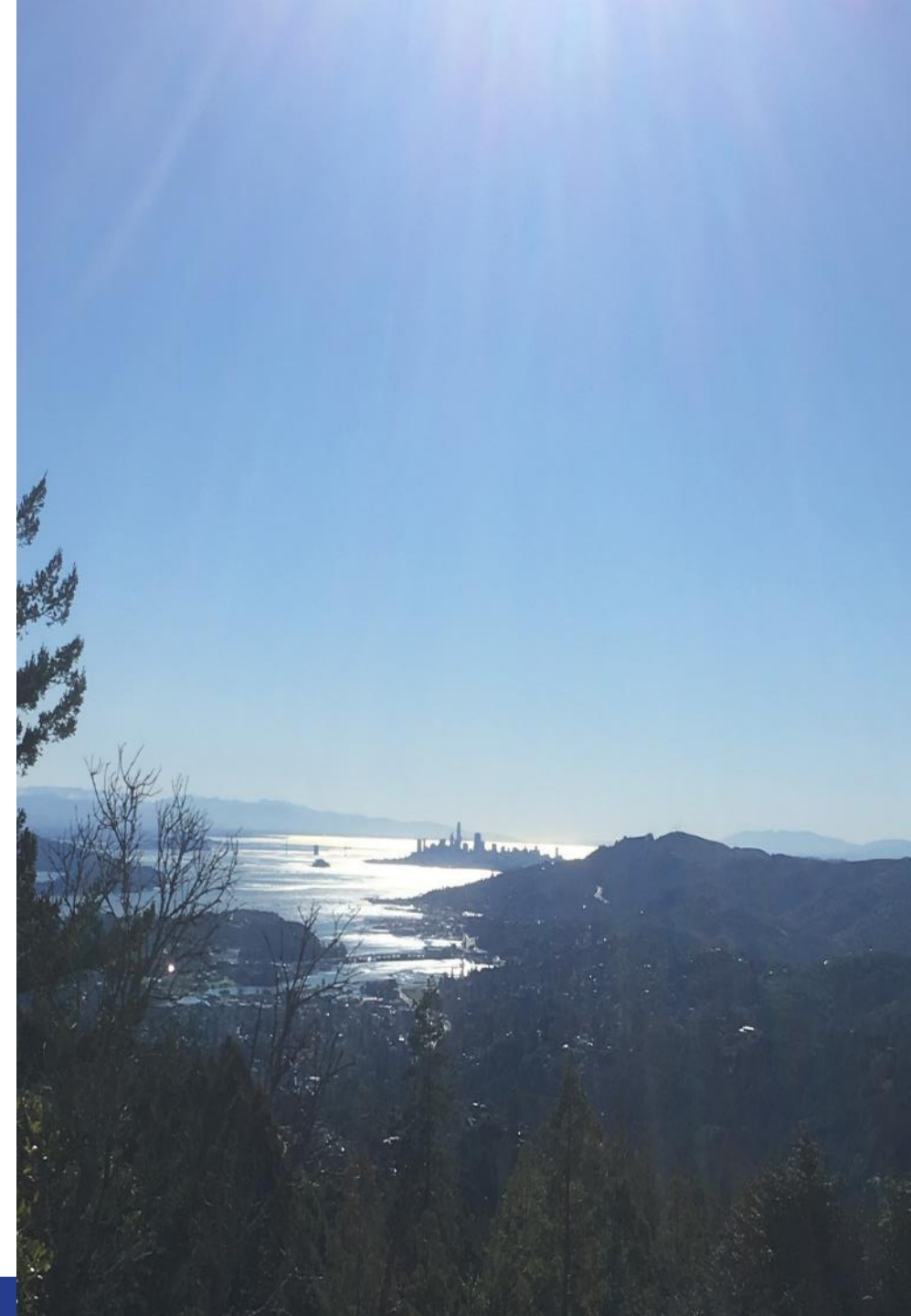
Use the [Marin BHRS EHR Support Request](#) /ticketing system to submit all new inquiries. The BHRS EHR support email should be used to respond to additional EHR requests to previously submitted tickets.

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

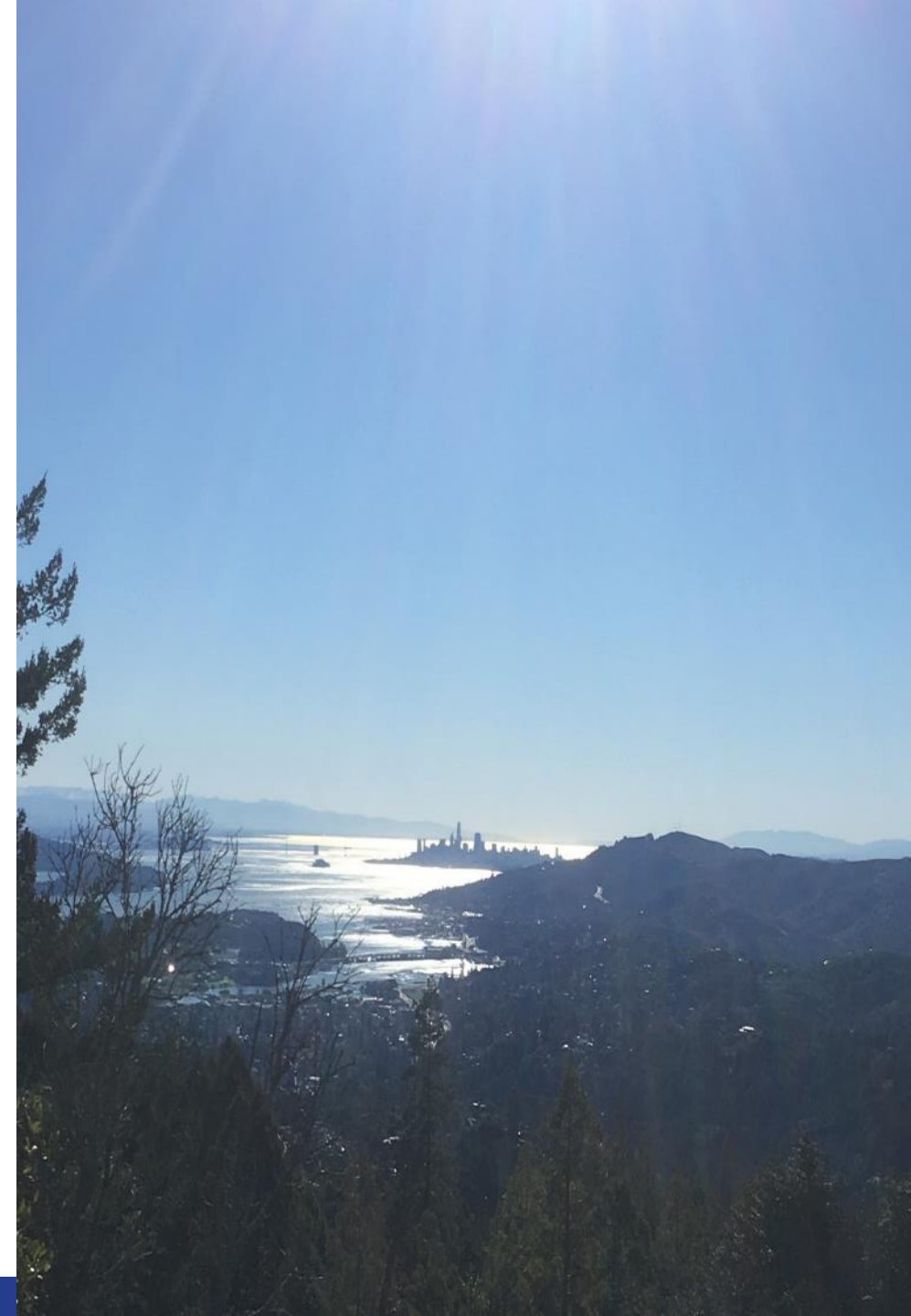
Ongoing Clinical Support:

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.



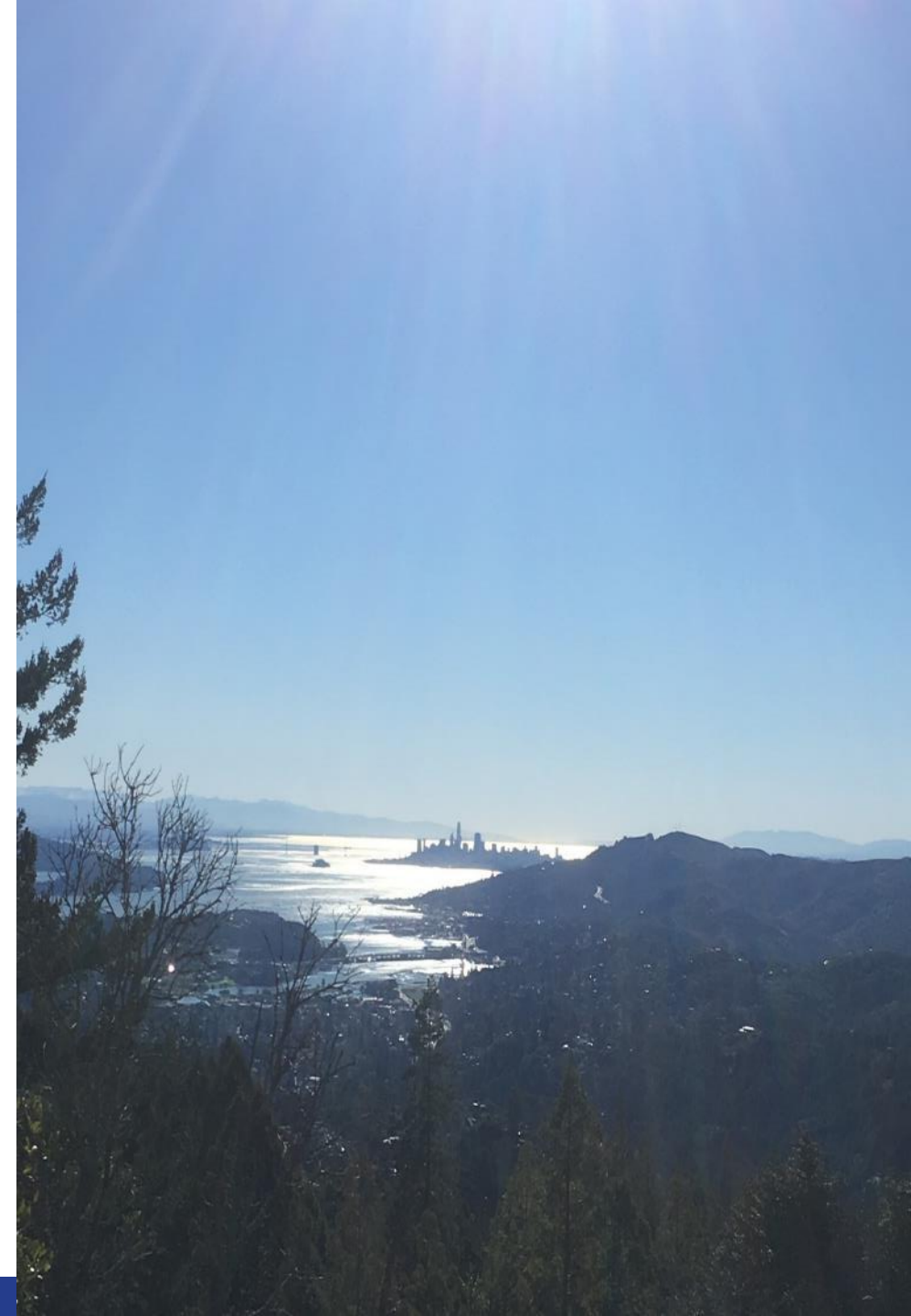
SmartCare - Seeking Help

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 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.





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