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DMC-ODS Contractor Meeting

April 8, 2026



Agenda

- Welcome and Introductions
- Presentation: Medi-Cal Changes
 - Genna Tomasi, Marin HHS Social Services
- Provider Updates/Announcements
- Spanish Services Incentive
- County Updates/Announcements
 - ASCMI – Steve Wilbur, Marin BHRS Quality Management
 - ASAM 4th Edition
 - Treatment Perceptions Survey
 - FY 2026-27 Contract Renewal
 - Timeliness Records



Medi-Cal Changes

***Genna Tomasi,
Marin HHS Social Services***



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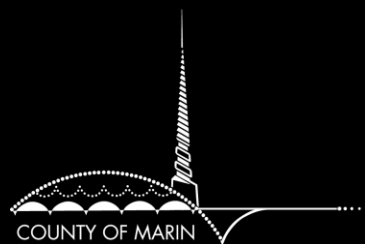


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Medi-Cal Changes

Genna Tomasi

Medi-Cal Analyst





Agenda

- Timeline of Medi-Cal Changes
- Reinstatement of Assets
- Expansion Freeze
- Overview of Upcoming Changes
- Call to Action
- Resources

MEDI-CAL CHANGES 2026-2028

Reinstatement of Asset Limits
\$130,000 per individual +65,000 for additional household member (up to 10).

JANUARY 2026

Full Scope Medi-Cal with no Dental
Some beneficiaries 19 and older will lose dental coverage.

JULY 2026

Semi Annual Redeterminations
New Adult Group beneficiaries will have redeterminations twice a year.

JANUARY 2027

Work Requirements
New Adult Group beneficiaries will be required to meet a work requirement or exemption.

JANUARY 2027

Cost Sharing
New Adult Group beneficiaries will have copays for certain services (\$1-\$35).

OCTOBER 2028

JANUARY 2026

Expansion Freeze
Applicants 19 and older will be granted restricted or full scope based on immigration status.

OCTOBER 2026

New Definition of Qualified Non-Citizen
This definition will exclude refugees, asylees, trafficking survivors, and similar groups.

JANUARY 2027

Retroactive Coverage
Will be reduced to 1 month for the New Adult Group and 2 months for all other programs.

JULY 2027

Monthly Premiums
Some beneficiaries with unsatisfactory immigration status will pay a \$30 monthly premium.



Asset Limit Reinstatement



Asset Elimination Background

- Historically Medi-Cal programs have required applicants and beneficiaries to meet an asset limit to be eligible and maintain Medi-Cal benefits.
- January 1, 2024, assets were eliminated.



Requests for disability accommodations may be made by phoning 415 473-3420 (Voice), CA Relay 711 or by e-mail at genna.tomasi@marincounty.gov

January 1, 2026 Reinstatement of Asset Limits

The asset limit applies to those who are:

- 65 and older
- Disabled, and
- Some families.

Applicants must be at or under the asset limit to qualify for Medi-Cal.

Beneficiaries will need to be at or under the asset limit for their 2026 annual redetermination.

Household Size	Asset Limits
1	\$130,000
2	\$195,000
3	\$260,000
4	\$325,000
5	\$390,000
6	\$455,000
7	\$520,000
8	\$585,000
9	\$650,000
10	\$715,000

Assets Overview

Assets include but are not limited to the following

- Bank Accounts
- Retirement Accounts
- Real Property
- Second homes (The home where an individual lives is not countable)
- Second cars (the first car is not countable)





Expansion Freeze

Scopes of Coverage

Scope of Coverage	Description
Full Scope	Provides medical, dental, mental health, family planning and vision care. Full scope also covers treatment for alcohol and drug use, prescriptions, and more.
Restricted Scope	Will cover emergency services and pregnancy related services such as prenatal care, labor, delivery, and postpartum care.

Satisfactory Immigration Status (SIS)

SIS refers to those who are

- Lawful Permanent Residents
- Lawful Temporary Residents
- Permanently Residing in the United States Under Color of Law (PRUCOL)



Full Scope Expansion

Name of Expansion	Implementation Date	Impacted Age Groups
SB 75 – Full Scope Medi-Cal for All Children	May 1, 2016	0 – 18
SB 104 – Young Adult Expansion	January 1, 2020	19 – 26
AB 133 – Older Adult Expansion	May 1, 2022	50 and older
SB 184 – Adult Expansion	January 1, 2024	26 – 49

Effective January 1, 2026

The Expansion Freeze will be implemented.

This means, only **SB 75 – Full Scope Medi-Cal for All Children** will be in effect.

- **Individuals under age 19** years old are eligible to full scope regardless of having immigration status.



Applications Beginning January 1, 2026

Application Date	Situation	Scope of Coverage
Applications received on or after January 1, 2026	Eligible applicants aged 19 or older who do not have SIS	Restricted scope.
	Eligible applicants under 19 years of age	Full Scope (regardless of immigration status).
	Eligible applicants of any age who are US citizens or have SIS	Full Scope.

Beneficiaries Beginning January 1, 2026

Beneficiaries who were granted full scope due to a Full Scope Expansion who

- Are 19 or older
- Do not have or cannot establish SIS

Will remain in full scope coverage until July 1, 2026.





July 1, 2026

Beneficiaries who were granted full scope due to a previous Full Scope Expansion who:

- Are 19 or older
- Do not have SIS

Will lose their dental coverage; referred to as Full Scope Medi-Cal With no Dental.



Requests for disability accommodations may be made by phoning 415 473-3420 (Voice), CA Relay 711 or by e-mail at genna.tomasi@marincounty.gov

Three Scopes of Coverage Effective July 1, 2026

Scope of coverage	Description
Full Scope	Provides medical, dental, mental health, family planning and vision care. Also covers treatment for alcohol and drug use, prescriptions, and more.
Restricted Scope	Will cover emergency services and pregnancy related services such as prenatal care, labor, delivery, and postpartum care. This scope will be effective January 1, 2026.
Full Scope Medi-Cal With no Dental	Will cover the same services covered under full scope with the exception of dental care services effective July 1, 2026.

Expansion Grace Period



The Expansion Grace Period allows a beneficiary three months to re-establish eligibility for Full Scope Medi-Cal With no Dental.

Grace Period

Situation	Scope of Coverage
If the individual re-establishes eligibility within the Grace Period	The individual will have Full Scope Medi-Cal With no Dental coverage.
If the individual does not re-establish eligibility within the Grace Period	The individual will have restricted scope coverage.





Upcoming Medi-Cal Changes



New Definition of Qualified Non-Citizen October 1, 2026

The new definition of Qualified Non-Citizen includes individuals who are:

- US nationals and citizens
- Lawful Permanent Residents
- Cuban or Haitian Entrants
- Individuals residing in US territories under the Compact of Free Association (COFA): citizens of the Marshall Islands, Micronesia, and Palau.

New Definition of Qualified Non-Citizens Continued

The new Qualified Non-Citizen definition excludes the immigration status:

- Conditional Entrant granted before April 1980
- Paroled into the United States for one year or more
- Battered non-citizens, or parent or child of a battered non-citizen
- Refugees
- Asylees





Semi Annual Redeterminations January 1, 2027

Beneficiaries in the New Adult Group (age 19-64) will need to complete a redetermination once every 6 months.

Currently, these beneficiaries complete 1 annual redetermination per year.



Work and Community Engagement Requirements January 1, 2027

Individuals in the New Adult Group (age 19-64) will need to work or volunteer to be eligible for Medi-Cal.

To meet this requirements individuals, need to:

- Work a minimum or 80 hours per month. Or earn at least \$580 per month
- Engage in community service
- Be enrolled in school at least half time
- Participate in an approved work program

Work and Community Engagement Exemptions

- Entitled to or enrolled in Medicare Part A or B
- American Indians or Native Alaskans
- Parents/caretaker relatives of dependent children under 14
- Pregnant individuals
- Former Foster Youth under 26
- Incarcerated individuals
- Meeting CalFresh Work Requirements
- Receiving CalWORKs
- Parent/caretaker of a disabled individual
- Disabled Veterans
- Individuals participating in drug/alcohol treatment
- “Medically frail” or has special medical needs – including have a substance use disorder or have a complex medical condition.



Reduction in Retroactive Coverage Months January 1, 2027

- Currently, individuals can receive Medi-Cal coverage up to 3 months prior to the month when they submitted their application.
- Retroactive coverage will be reduced to 1 month for individuals in the New Adult Group (age 19-64) and 2 months for all others.





Monthly Premiums July 1, 2027

- Beneficiaries age 19-59 who do not have Satisfactory Immigration Status will need to pay a monthly premium of \$30 to maintain their full scope Medi-Cal coverage.
- If premiums are not paid, the beneficiary will be reduced to restricted scope.



Cost Sharing

October 1, 2028

Beneficiaries in the New Adult Group (ages 19-64) with income above 100% of the FPL will need have a copay for some medical services.

- The copay will range from \$1 to \$35 per service.
- Copays will not apply to the following services:
 - Substance use disorder treatment
 - Mental health
 - Emergency
 - Primary care
 - Prenatal
 - Pediatric

Call to Action

- Encourage beneficiaries to check their mail regularly for Medi-Cal redeterminations packets and follow up requests for information
- Encourage beneficiaries to use benefitscal.com



Resources

- [General Medi-Cal Changes](#)
- [Asset Limit Reinstatement FAQs](#)
- [Expansion Freeze/Immigration FAQs](#)



Grand Opening Celebration *for* RISING RECOVERY CENTER



hosted by

Wednesday, April 22nd
10 am – 12 pm
30 Joseph Court
San Rafael, CA

Please join us as we celebrate the opening of the **Rising Recovery Center**.

Come share this milestone with us, take a tour of the center, and enjoy light refreshments. Together, we are building a stronger community!

Celebration event from 10 am – noon.

Ribbon cutting and short program begins at 10:30 am.

RSVPs and inquiries, contact us at Development@Buckelew.org

We look forward to seeing you there!



Provider Updates

- Buckelew - Rising Recovery Center Ribbon Cutting (4/22 @ 10am)
- Other Provider Updates

Incentive – Increasing Services in Spanish



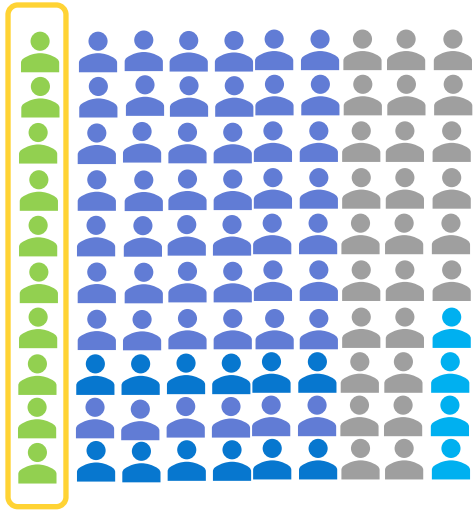
Recap & Key Take Aways

- Significant gap between Spanish-speaking population and those accessing services
- Limited culturally responsive services (language access alone is not enough)
- Minimal in-person options
- Shortage of bilingual providers
- Ongoing barriers: immigration concerns, housing, employment, and system navigation
- Limited trauma informed services



Data: Spanish Speakers - Access to Services

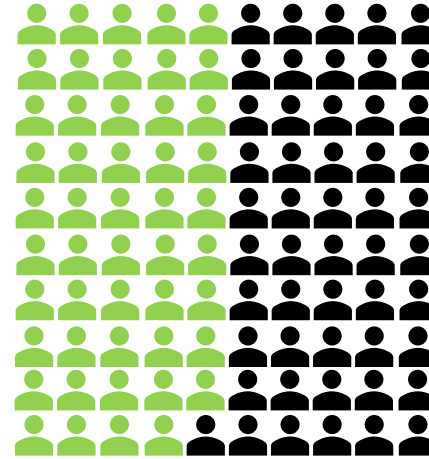
Clients Served - Substance Use Services



Primary Language:

- 10% Spanish
- 60% English
- 26% Not reported, 4% Other

Marin Medi-Cal population



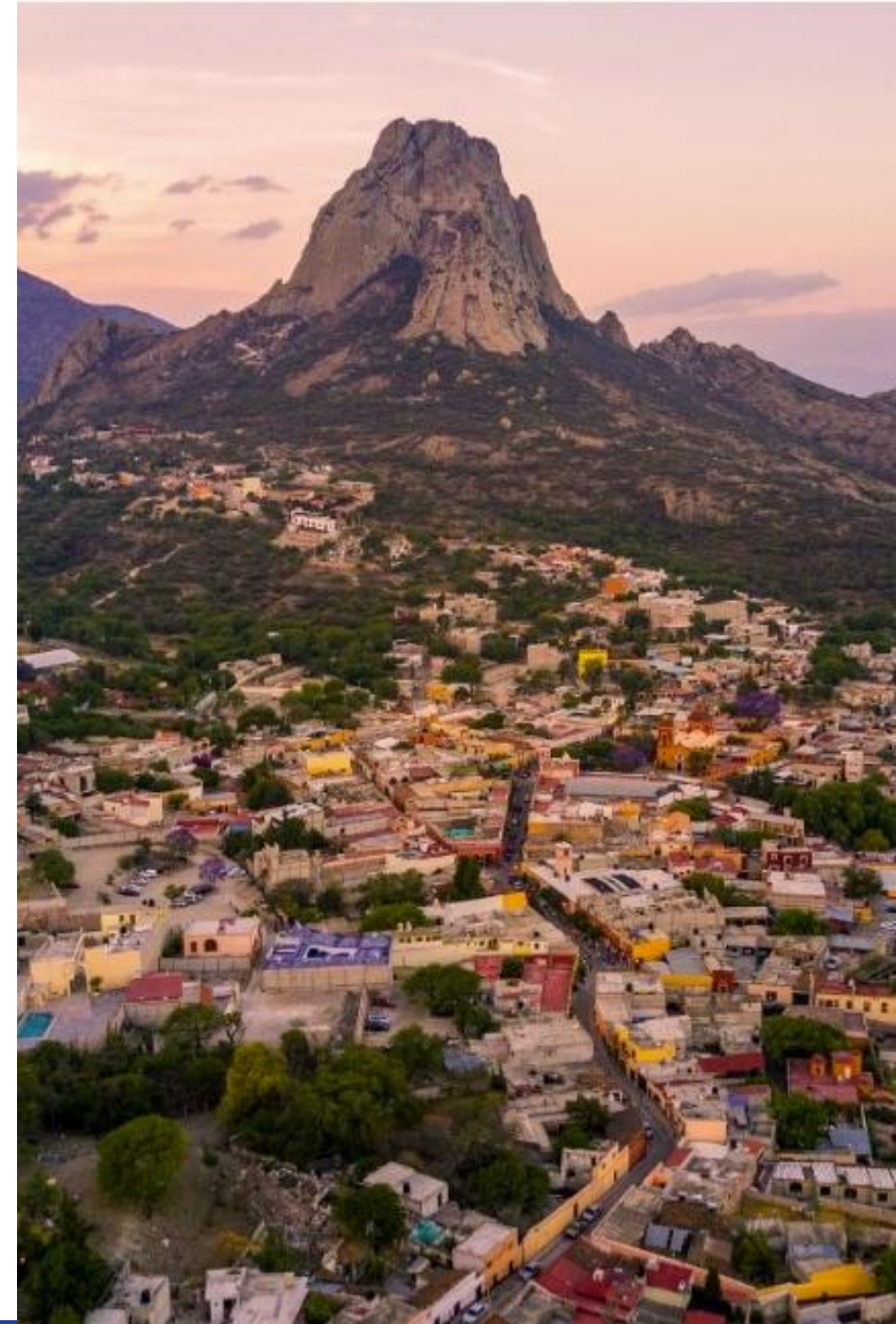
Primary Language:

- 49% Spanish
- 51% Other languages

Spanish speakers make up nearly half of Marin's Medi-Cal population, yet represent only 10% of clients served in substance use services. This gap highlights an opportunity to strengthen culturally and linguistically responsive access across the provider network.

Spanish Incentive Overview

- **Goal:**
 - Increase access to Spanish-language services
- **Focus:**
 - Expand Spanish-speaking workforce
 - Improve language data capture
 - Increase services delivered in Spanish
- **Two Core Components:**
 1. One-Time Startup Payment (Year 1 only)
 2. Ongoing Incentive (2 Years)



How the Incentive Works

- **Timeline:**
 - Prep & baseline: **April – June 2026**
 - Year 1: **7/1/2026 – 3/31/2027**
 - Year 2: **4/1/2027 – 3/31/2028**
- **Performance-Based Incentive:**
 - Agencies earn payments by increasing Spanish services vs. baseline
- **Tiered Incentive Structure**
 - Multiple performance tiers based on % increase
 - Higher increases → higher incentive payments



Core Expectations & Monitoring

- **Accurate Data Tracking is Critical**
 - Spanish must be selected at the service-level
 - Client preferred language must be documented
- **What Counts:**
 - Payable DMC-ODS services only in Complete status
- **Monitoring & Transparency:**
 - SmartCare report **Marin – Spanish Services – SUD Incentive** will be available to track progress
 - Keyword Search: “Incentive”



Incentive Tiers

- **Total available in Year 1: Up to \$16,000-\$17,000** per organization, via two payments
- Increase in Spanish Services: Two (2) tiers with different earning potential
- **Please begin entering Spanish service info now**, baselines will be calculated in July based on April 8, 2026 to June 30, 2026 data



Incentive Tiers, cont.

Year 1 First Payment

- One time payment (Year 1 only)
- SmartCare Users: \$3,000
- External EHR Users: \$4,000
- Included in September 2026 payment for August services



Incentive Tiers, cont.

Year 1 Second Payment - Increase in Spanish Services (7/1/2026 – 3/31/2027)

- **Tier 1: \$7,500**
 - 25% increase in eligible Spanish language services rendered
 - Included in June 2027 payment for May services
- **Tier 2: \$13,000**
 - 50% increase in eligible Spanish language services rendered
 - Included in June 2027 payment for May services

****Year two baseline will be updated in April 2027 and will use a similar tier structure to provide higher incentives with bigger increases**

Incentive Tiers, cont.

Year 2 Payment - Increase in Spanish Services (4/1/2027 – 3/31/2028)

- **Tier 1: \$8,000**
 - 25% increase in eligible Spanish language services rendered
 - Included in June 2028 payment for May services
- **Tier 2: \$12,000 – \$25,000**
 - 50% increase in eligible Spanish language services rendered
 - Included in June 2028 payment for May services

****Year 2 incentive payments may increase based on participation**

Incentive Requirements

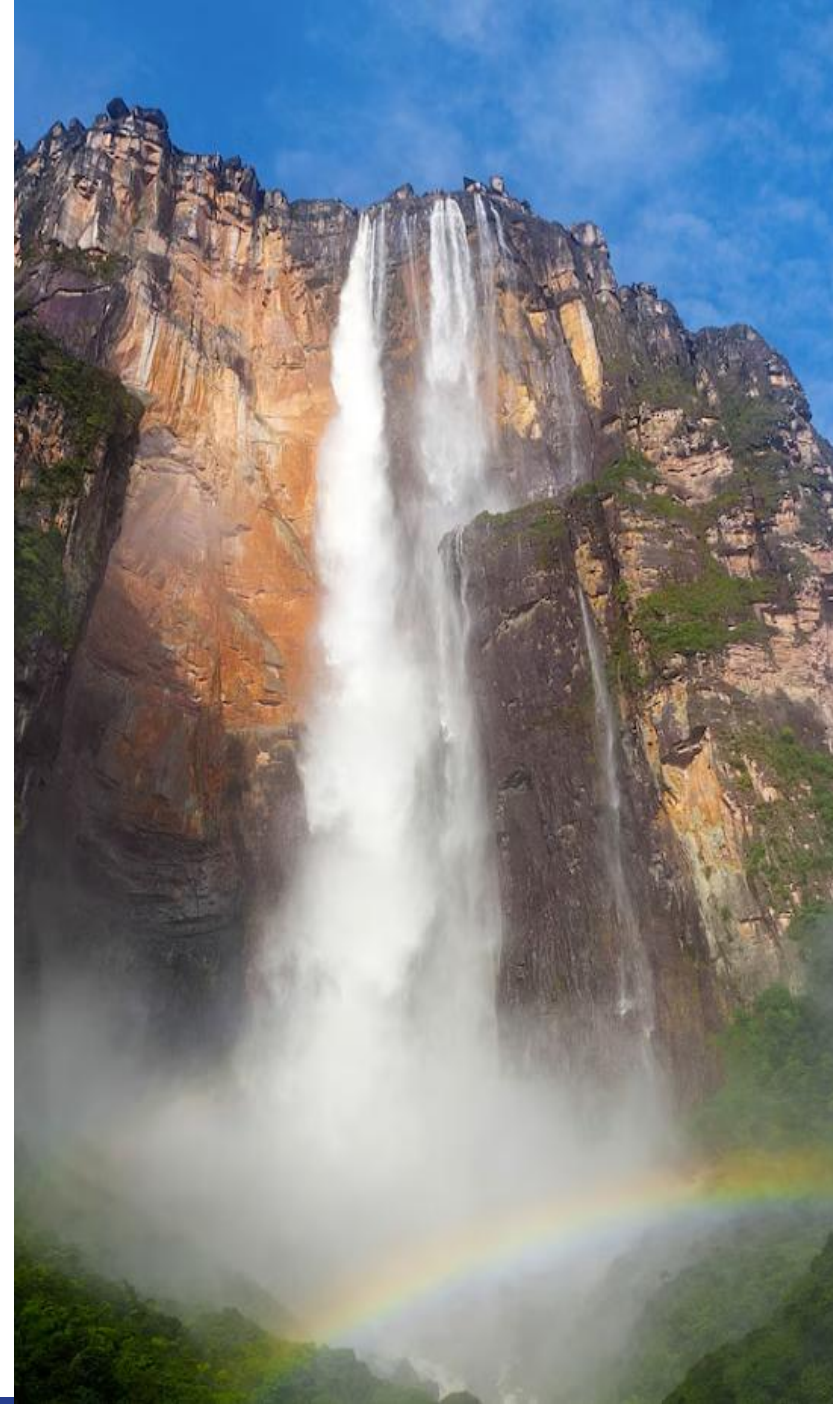
One Time Payment & Two-Year Incentive

- Completion of Implementation plan, update and close out template
 - Completion of Spanish services questionnaire
 - Completion of Spanish language box and interpreter field on qualifying services
 - Completion of Language demographics for all clients
- 👉 If all requirements are not met, the service doesn't count toward the incentive



Incentive Requirements, Plan

- **Completion of Spanish Services Incentive Plan Template**
 - Implementation Plan Template due by 7/31/2026
 - Plan Update Template due by 4/1/2027
 - Plan Close Out Template due by 4/1/2028
 - **Plan Template JotForm Link**



Incentive Requirements, Updates

- **Completion of Spanish Services Questionnaire**
 - Initial Questionnaire due by 7/31/2026
 - Monthly Updates due by the 10th
 - New box added to the monthly attestation
 - If there are changes, complete the Spanish Services Questionnaire
- **[Spanish Services Questionnaire JotForm Link](#)**



Incentive Requirements, Services

- **Completion of the language box on each qualifying service note**
 - Yes or No must be selected in Interpreter field on the service note
 - Spanish must be selected in the language box on the service note

Custom Fields

Interpreter Service

Interpreter has been scheduled Yes No

Language ▼

Interpreter Agency Scheduled

Incentive Requirements, Demos

- Completion of the primary/preferred language for each client
 - 95% of all active clients

Client Information

General Aliases **Demographics** Financial Release of Information Log Contacts Family External Referral External Identifications

Guarantor Custom Fields

Language

Interpreter Services Needed

Primary/Preferred Language Spanish Client does not speak English

Hispanic Origin Other Hispanic

Resources

- [Spanish Services Incentive Plan Template](#)
- [Spanish Services Incentive Questionnaire](#)
- [Monthly Attestation](#)
- SmartCare Report:
 - Marin – Spanish Services – SUD Incentive



Authorization to Share Confidential Member Information (ASCFI)

- ASCFI is a statewide effort to promote and standardize exchange of client's sensitive information among Care Partners
- Per BHIN 26-013, DHCS is requiring BHPs adopt the ASCFI as the statewide, standardized consent to disclose information (by January 1, 2027)
- Replaces Coordinated Care Consent in SmartCare
- Currently discussing local implementation
- Resources:
 - [DHCS ASCFI – CalAIM](#)
 - [DHCS ASCFI Care Partner and Client FAQs](#)
 - [CalMHSA: ASCFI Form Training Webinar](#)



ASAM 4th Edition

- **DHCS Projected Timeframes**

- Q3 2026: DHCS seeks public comment on draft DHCS licensing, LOC designation and DMC-ODS-related BHINs
- January 2027: DHCS Issues Guidance
- July 2027: DHCS Projects Go Live

- **Feedback already flagged (not exhaustive)**

- Implications (e.g. rates, staffing types, delays if require prior authorization) for 3.2-WM no longer being standalone LOC
- Access to training and updated assessment tools
- Approaches to rate setting and rate impacts with increased minimum clinical service hours in some LOC

Notable Level of Care changes



Removing Level 0.5. Early intervention and prevention are addressed in a new chapter.



Removing Level 3.3. Reflecting that cognitive deficits should be addressed in all levels of care.



Level 3.2 WM services integrated into Level 3.5.



Recovery support service expectations at each level of care.



Expectation that all levels of care be co-occurring capable at minimum.



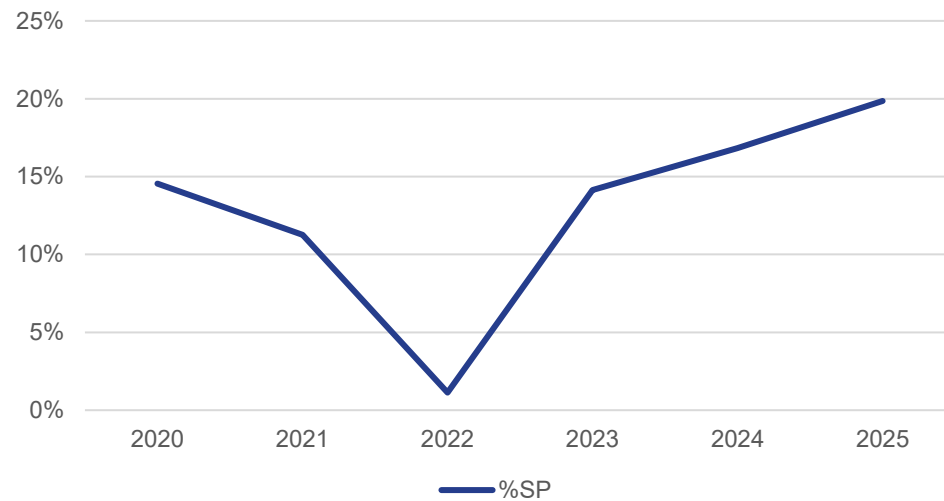
Adding harm reduction as a component of individualized care.

- **Resource:** [ASAM 4th Edition Overview/Training at May 2025 Provider Meeting](#)

Treatment Perceptions Survey

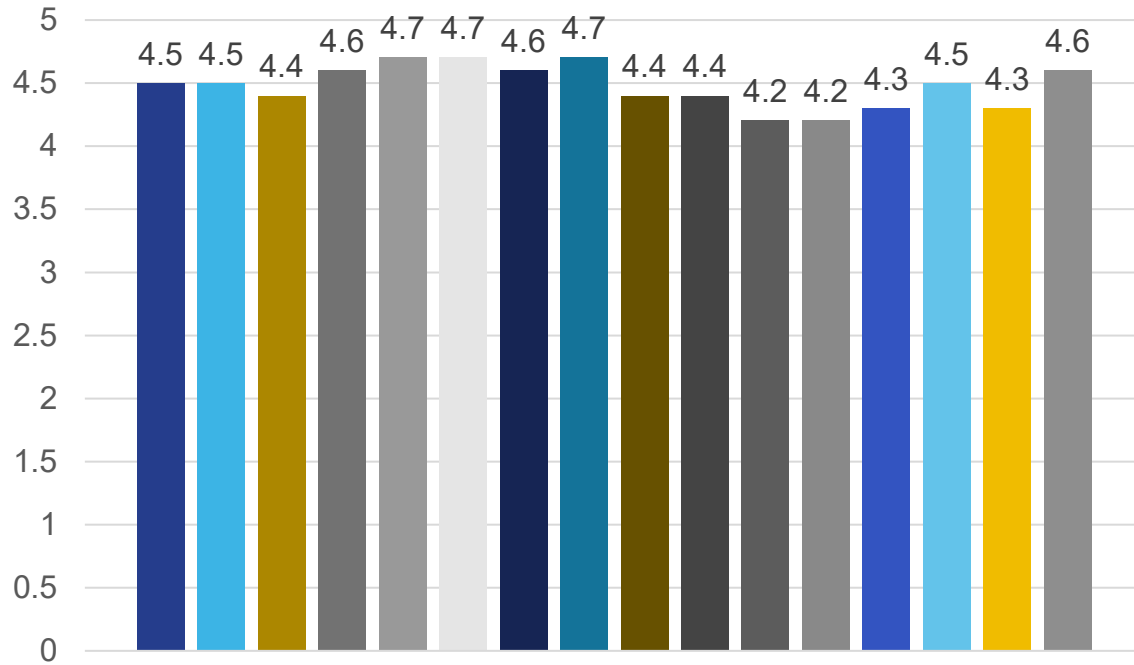
- 139 TPS participants
 - 111 English, 28 Spanish
 - 119 paper, 20 online
- Provider level reports will be sent out

Percent of Spanish TPS Surveys



Treatment Perception Survey, Cont.

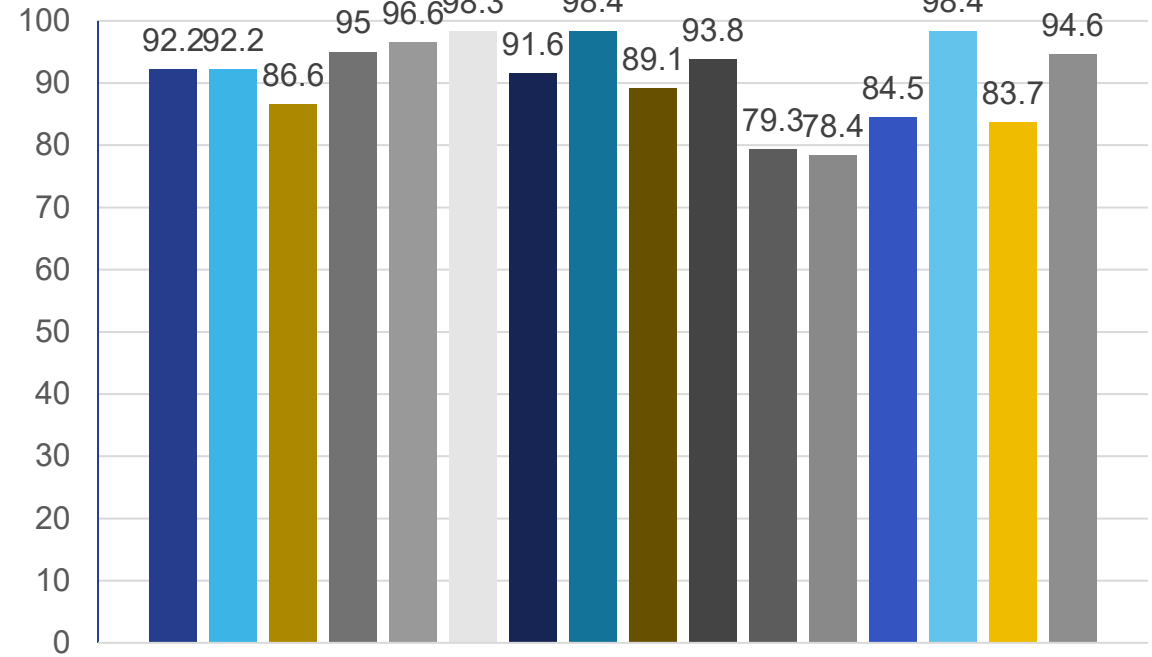
All Questions 2025, Average



Average

- Q1 ■ Q2 ■ Q3 ■ Q4 ■ Q5 ■ Q6 ■ Q7 ■ Q8
- Q9 ■ Q10 ■ Q11 ■ Q12 ■ Q13 ■ Q14 ■ Q15 ■ Q16

% of Clients in agreement with question (value of 4 or 5)

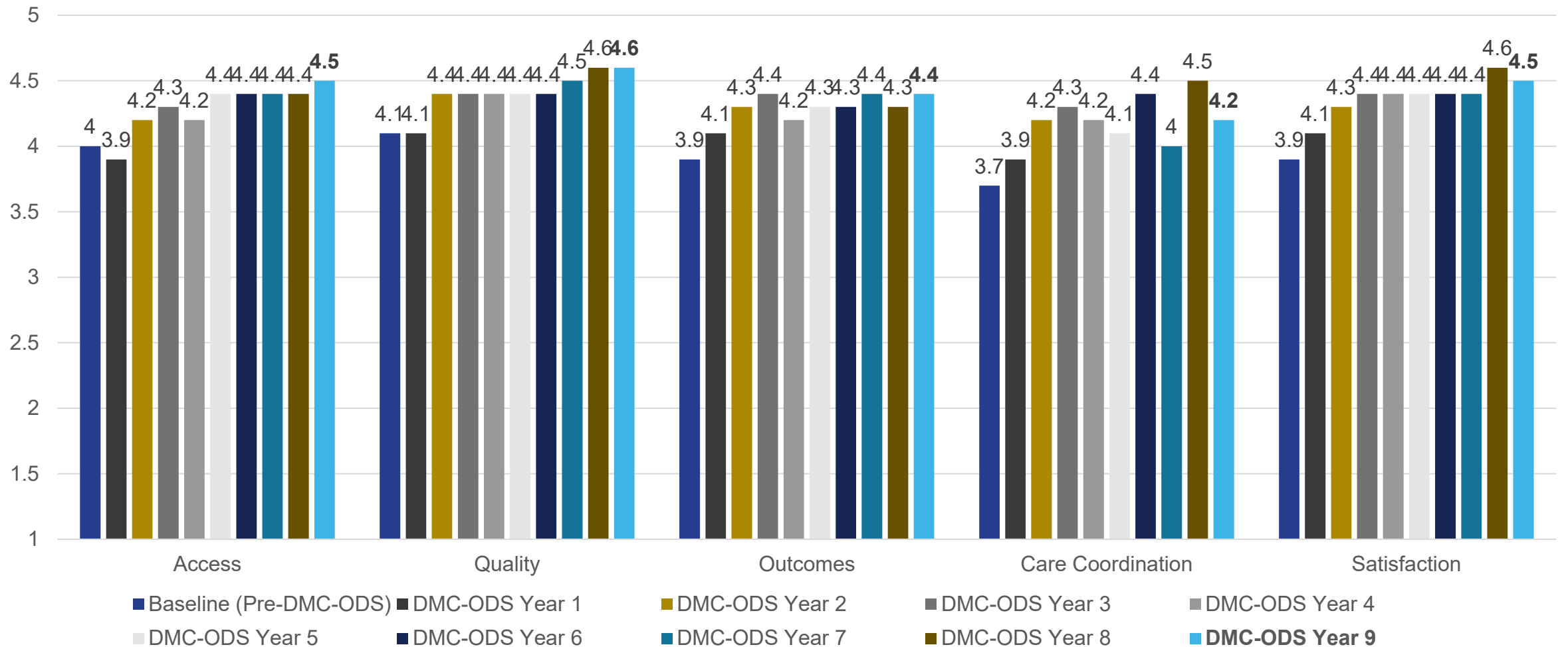


% In Agreement

- Q1 ■ Q2 ■ Q3 ■ Q4 ■ Q5 ■ Q6 ■ Q7 ■ Q8
- Q9 ■ Q10 ■ Q11 ■ Q12 ■ Q13 ■ Q14 ■ Q15 ■ Q16

Treatment Perception Survey

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



FY 2026-27 Contract Renewal

- Rate Increases for FY 2026-27
- Send Allocations & Contract Renewal Manual by 4/30
- Exhibit I Updates:
 - Incorporated DHCS BHINs released in FY 2025-26
 - BHSA Individual Service Level Data
 - Under BHSA, DHCS has a mandate to collect non-Medi-Cal person level encounter data - DHCS still finalizing guidance
 - ISL data to be submitted to DHCS starting 1/1/2027
 - Expected Impacts: Outreach and Housing (Housing may be back-end changes only as SLE providers already reporting)
- Insurance Reminders –
 - Certificates should list “County of Marin” and 3501 Civic Center Drive, San Rafael
 - Youth Providers – Sexual Misconduct/Assault Insurance
 - Data Sharing – Cyber Insurance Certificate



DMC Timely Access to Services

- **Reminder:**
 - Timeliness form completion with new enrollments
 - Resolve missing/incomplete records monthly
 - **Please complete all timeliness records by Friday 4/17**
- **Resources:**
 - **SmartCare Report - SUD Clients Missing Data**
 - **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/>
 - Procedure and additional resources are on our website under [timeliness](#)





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RESOURCE SLIDES

Please share with applicable staff

Navigating Medi-Cal Changes



Navigating Medi-Cal Changes:

Link: [BenefitsCal.com](https://www.benefitscal.com)

- New Medi-Cal changes require more frequent re-certifications
- Clients without mailing addresses face challenges receiving notices
- BenefitsCal.com offers a secure online option for updates and messages
- Providers can help clients stay informed and reduce stress

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.marinbhhs.org/providers/substance-use-providers/electronic-health-record-resources>



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

- **Next Seeds of Hope event on March 2nd**
 - New email:
seedsofhope.marin@gmail.com
 - Call for volunteers
 - Please bring your clients!



Seeds Of Hope Lunch Celebration

Monday, March 2nd 11 AM - 1:30 PM

San Rafael Community Center Albert Park | 618 B Street, San Rafael

FUN STUFF

Haircuts, acupuncture, photo booth, massage, integrated health and plenty more!
Lunch by **Dee Wagner Catering**

HOUSING/HOMELESSNESS

Homelessness assessments and information about housing status and housing programs available

SUBSTANCE USE/MENTAL HEALTH

Learn about residential and outpatient treatment options, as well as mental health and peer support programs; behavioral health van available for limited on site services

MEDICAL

Appointments and information available from local providers; basic medical services available on site

LEGAL/IMMIGRATION

Legal aid services and information available for immigration, drug court, unpaid fines, housing, and employment issues

BENEFITS ASSISTANCE

MediCal and CalFresh representatives available for sign up assistance


Marin Humane will NOT be attending

[Scan the QR Code for a full list of providers and their offerings](#)















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

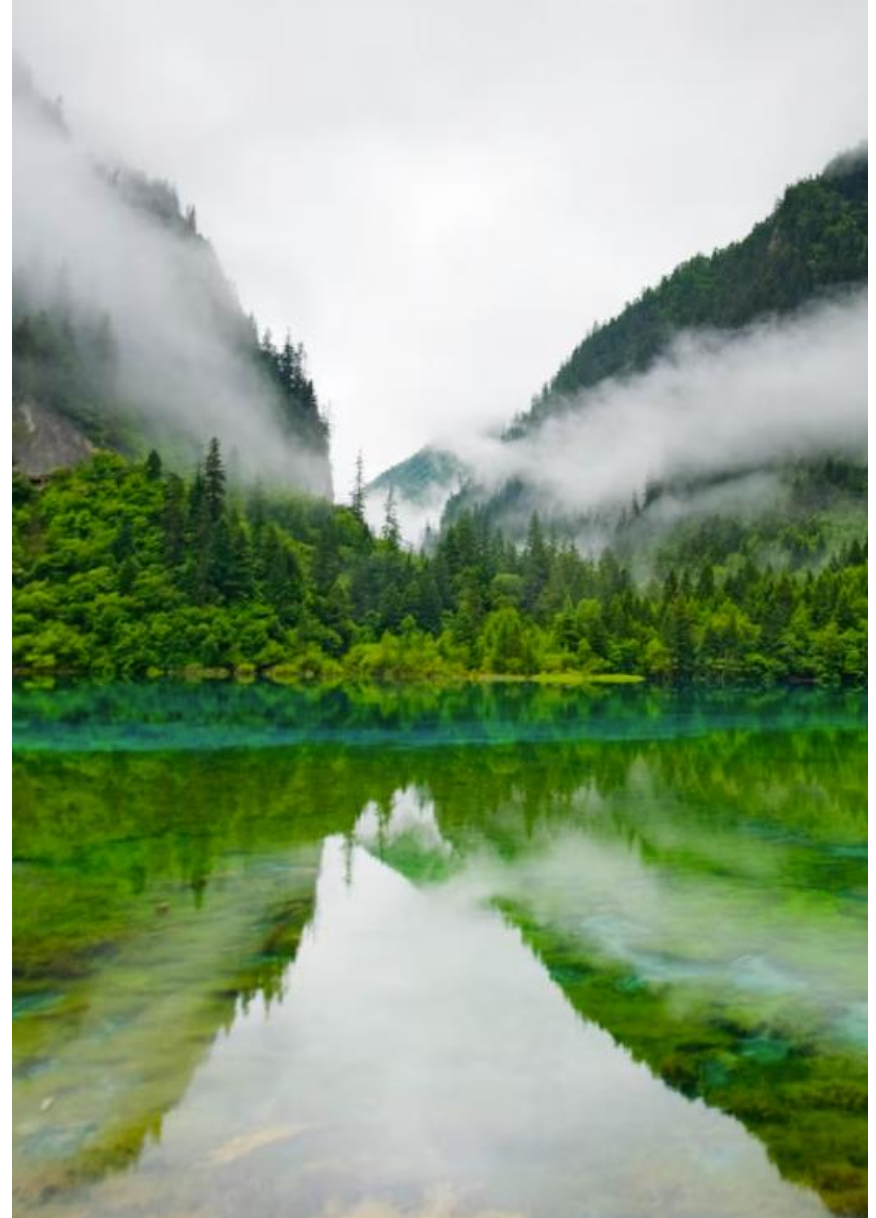
- Tip: If the client is not showing, you can either do an Inquiry or go back to the previous method used to check Medi-Cal eligibility.
- Reminder: Ensure you click “Update Coverage”
- Reminder: The End Date is the date of eligibility being searched for (e.g. first day of month)
- Reminder: Please verify 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 SmartCare. 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 for the date 07/01/2023 - No End Date, with a 'Change COB Order...' button and 'Set End Date' buttons for each plan.

**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 for '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.

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.





SUPPORT



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