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Marin County Behavioral Health and Recovery Services

Summer 2026

IN THIS EDITION:

Minimum Billing Time for Popular Procedure Codes

Some services need to have a minimum time to bill Medi-Cal. A resource has been developed listing popular procedure codes, minimum times needed to bill them, and which staff are able to use these codes by license type. It is attached with the newsletter and has also been added to the BHRS website here: Behavioral health contractor resources | County of Marin Department of Health and Human Services.

Remember to add up times for all of the same type of services provided to a client over the course of a day and write one progress note that captures all of the time to efficiently document services provided to a client.

NOABDs and Required Attachments

NOABD templates are already in SmartCare and BHRS NOABD templates in English, Spanish, and Vietnamese along with required attachments of Notice of Discrimination and updated Notice of Availability (formerly language taglines) can be found here: https://hhs.marincounty.gov/services/behavioral-health-contractor-resources

Next Clinical Documentation Training

The next Clinical Documentation training will be held on Teams on Aug 27th, from 9:30-11:00am. Please email BHRSQM@MarinCounty.gov to sign up.

Full Service Partnerships (FSP) no longer require ISSPs

Effective July 1, 2026, mental health and substance use disorder (SUD) services funded under BHSA (with the exception of hospital inpatient and Narcotic Treatment Program (NTP) services) must comply with documentation requirements established in Behavioral Health Information Notice (BHIN) 23-068, including:

- Care Planning
  - Static treatment plans such as the Full Service Partnership (FSP) Individual Services and Support Plan (ISSP) are no longer required by DHCS
  - Care planning is an ongoing process that is documented flexibly in the clinical record, including through the problem list and progress notes

https://policy-manual.mes.dhcs.ca.gov/behavioral-health-services-act-county-policy-manual/LIVE/8-documentation-requirements-for-bhsa-services

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Department of Healthcare Services (DHCS) Audit Results

The DHCS audit covered the period of July 1, 2024, through December 31, 2024 for both SMHS and DMC-ODS. The audit was conducted from January 13, 2026, through January 23, 2026. The audit consisted of documentation review, verification studies, and interviews with the Plan's representatives.

Specialty Mental Health Service (SMHS)
The audit evaluated six categories of performance: Network Adequacy and Availability of Services, Care Coordination and Continuity of Care, Access and Information Requirements, Coverage and Authorization of Services, Member Rights and Protection, and Program Integrity.
BHRS had one out of compliance item total for both the DMC-ODS and the SMHS audits. The finding was in the Access and Information Requirements section that has resulted in a Corrective Action Plan (CAP) for telehealth consents. BHRS was found to be out of compliance in obtaining members' written or verbal consent for the use of telehealth prior to the initial delivery of covered services via telehealth. BHRS is actively working on updating our telehealth procedures as part of our CAP to ensure 100% compliance with obtaining the telehealth consent prior to telehealth services. Please see attached for more detailed findings.

Telehealth Consent

It is required to obtain telehealth consent prior to the delivery of telehealth service. Each program is responsible for ensuring that all clients have a valid telehealth consent in SmartCare. Supervisors should review all clients enrolled in their program to ensure that clients have valid telehealth and consent to treat consents in SmartCare.

Telehealth consent is the only consent that you can document client's verbal agreement. All other consents require wet or electronic signatures.

New clients - check to see if telehealth consent along with consent to treat has been signed by client in SmartCare. If not, review consents with client and obtain signature ASAP.

Open clients - Supervisors should review caseload with staff to ensure that all open clients have telehealth consent in SmartCare. Please document client's consent using SmartCare telehealth consent form.

Links:
How to Complete a Consent for Telehealth
How to View What Consents a Client has Signed
Minor Consent, Conservatorship, and Guardians
Zoom's Remote Control Function to Obtain Signature

BHRS 84 Telehealth Services | MARIN COUNTY BHRS

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SmartCare Updates

Please see below for a variety of updates to the SmartCare EHR.

Client Clinical Problem Detail – Required Comment Field Validation

A change introduced in the February MSP added a validation requirement to the Client Clinical Problem Detail screen that now requires users to enter a comment before saving.

- As a temporary workaround, users may enter "n/a" in the comment field to save successfully.

This validation requirement was not included in the release notes and was, therefore, not identified during testing. CalMHSA has an open ticket with Streamline to evaluate disabling the validation and will provide updates as they become available.

Renaming SmartCare Documents

CalMHSA plans to rename select SmartCare documents to improve clarity and reduce confusion:

- "California CANS" to "California IP-CANS"
  CalMHSA has used the IP-CANS since go-live (which is simply the CANS-50 plus the Trauma module). While no changes to the document are required for BHIN 25-035 compliance, this update clarifies its current use.
- "CalAIM Assessment" to "Mental Health Assessment"
  This change is intended to better reflect its use for SMHS and reduce confusion for new users.

Planned implementation is end of day Friday, May 29, with availability to users Monday, June 1. CalMHSA recognizes these updates will require revisions to KB articles, LMS courses, and any county-developed training materials — a worthwhile endeavor, as the changes are intended to improve long-term clarity and consistency.

Updating SUD Assessment Procedure Code Display Names

Effective June 12, CalMHSA will update the display names of several SUD assessment-related procedure codes in SmartCare to better align with the DMC-ODS Service Table. This is a display-name-only change — rates, documentation requirements, authorized users, and historical data are not affected.

Updated Display Name

Code	Current Display Name	New Display Name
H0001	SUD Screening	SUD Assessment
G2011, G3096, G3097	ASAM or other structured SUD assessment	SUD Structured Assessment (not tobacco)
H0049	Alcohol or Drug Screening	SUD Screening

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Diagnosis Document Requirement Update

As part of the recent MSP release, the diagnosis document requirement has been updated.
Moving forward, a new diagnosis document is required each time a client is enrolled in a program. While this has always been considered best practice, some counties were able to continue using a previously completed document. This is no longer supported.
For example:

- A client enrolled in Program A requires a diagnosis document.
- If the client is discharged from Program A and later enrolled in Program B, a new diagnosis document is required.
- If the client is subsequently re-enrolled in Program A, a new diagnosis document is required at the time of re-enrollment.

Update to Diagnosis Document: "Other General Medical Conditions" Field

To support documentation consistency and prevent an unintentionally blank field, the Other General Medical Conditions field in the SmartCare Diagnosis document will now automatically populate with 'N/A' by default.

What this means for staff:

- If the person you are supporting has no other significant general medical conditions, no action is needed — N/A will remain in the field.
- If there are relevant medical conditions to document, simply delete the text and enter the appropriate clinical information.

This update will be deployed to the production environment on July 16.

Update to ASCMI Preferences Visibility

Staff can now more easily review a client's ASCMI consent preferences as captured within SmartCare by navigating to the Client Information Screen (Custom Fields tab) and viewing the summary of the client's ASCMI data sharing preferences for each data type, as well as the date of signature and form expiration date.

This section will automatically update with any new ASCMI data captured within SmartCare on a per-client basis.

SmartCare will soon require Documentation Time and Travel Time to be entered before a progress note can be signed.

Since Payment Reform, county behavioral health plans are no longer reimbursed separately for travel and documentation time. Instead, these activities are built into the all-inclusive rate for the service provided. Although travel and documentation time are not billable and are not included in the total service time, CalMHSA has consistently recommended documenting the actual time spent on these activities.

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Capturing this information provides valuable operational data that helps counties understand the true amount of staff time required to deliver services. Over time, these data can help demonstrate whether current service rates adequately reflect the work being performed and support future rate-setting discussions.

Staff should always enter the *actual* travel and documentation time associated with each service. Avoid using standard or default values (for example, entering five minutes for every note), as doing so reduces the accuracy and usefulness of the data.

What is not changing?

- Travel time and documentation time **remain non-billable and are not included in the total service time.**
- Existing workflows should not be impacted for counties already entering documentation and travel time before signing notes.
- Documentation and travel time should continue to be included in batch service uploads, consistent with CalMHSA guidance.

Please note:

- The validation will only run when a user attempts to sign a progress note.
- Users may continue to save a service or note without completing these fields; however, the note cannot be signed until the required information has been entered.
- The batch service upload process is not expected to be impacted, as batch-uploaded services do not include a note that is signed.

If you have any questions, please reach out to bhrsehrsupport@marincounty.gov

Member Handbook Updates

The member handbook has been updated (July 2026) with additional services added to the Additional Information about your County page: Behavioral health member handbook | County of Marin Department of Health and Human Services

ADDITIONAL INFORMATION ABOUT YOUR COUNTY

Marin BHRS offers:

Peer Support Services
Parent-Child Interaction Therapy (PCIT)
Functional Family Therapy (FFT)
Coordinated Specialty Care (CSC) for First Episode Psychosis
Assertive Community Treatment (ACT)
Forensic Assertive Community Treatment (FACT)
Clubhouse Services
Individual Placement and Support (IPS) Supported Employment (SMHS)
Contingency Management

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How to Reach Us

BHRS ACCESS Team: BHRSAccessPublic@marincounty.gov
BHRS ACCESS Supervisor: BHRSAccessSupervisor@marincounty.gov
BHRS QM General: BHRSQM@marincounty.gov
BHRS SUS Residential Care Authorization: BHRSAuthSUS@marincounty.gov
MHP Inpatient Care Authorization: BHRSQMPublic@marincounty.gov
BHRS Electronic Health Record (EHR) Team: BHRSEHRSupport@marincounty.gov
BHRS Admin Team: BHRSAdmin@marincounty.gov
BHRS Credentialing Public: BHRSCredentialingPub@marincounty.gov

All documentation training and manuals are available here:
Behavioral health contractor resources | County of Marin Department of Health and Human Services

Share with your staff so they are in the know!

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