Memo

Date: January 30, 2026

To: Alameda County Behavioral Health Department (ACBHD) Specialty Mental Health Services (SMHS) and Drug Medi-Cal Delivery System (DMC-ODS) Providers

From: Torfeh Rejali, Division Director, Quality Assurance (QA) *Torfeh Rejali*

Subject: Relevant Changes in 2025 Impacting Training Documents

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The purpose of this memo is to notify providers of the publication of a resource document, titled *Relevant Changes to Documentation and Codes in 2025*. The document includes relevant changes implemented in 2025 that may require updates to a provider's training material.

Background

Per the ACBHD training policy and Provider Training Reference Guide published on the QA Manual page of the Provider Website, providers are responsible for ensuring that all team members providing services to Medi-Cal covered individuals have received the required training prior to delivering services and that their training content is consistently updated to include the most current and accurate information. Training materials and evidence of training, including sign-in sheets, must be provided as evidence to Alameda County Behavioral Health Department (ACBHD) and/or Department of Health Care Services (DHCS) when requested.

Relevant Changes Impacting Training Documents

The document titled *Relevant Changes to Documentation and Codes in 2025*, attached to this memo, is a compilation of new and/or updated requirements that were rolled out in 2025. It is being provided as a courtesy to support updates to providers' existing training materials. These changes pertain to both SMHS and DMC-ODS providers. Depending on a provider's specific program, there may be other relevant information that was communicated in 2025 but not included in this resource document. It is each providers' responsibility to update their training material promptly when new or updated requirements are pushed out.

This document is divided into four (4) main sections:

1. Changes that impact both SMHS and DMC-ODS providers
2. Changes that impact SMHS providers only
3. Changes that impact DMC-ODS providers only
4. Reminder regarding annual training requirements

Action Required

Please utilize this resource to ensure that your training materials are up to date and accurate.

Contact QATA@acgov.org for questions.

Relevant Changes to Documentation and Codes in 2025

Quality Assurance Division

Abstract

This document is being provided as a courtesy to Specialty Mental Health Services and Drug Medi-Cal Delivery System providers to assist them in updating their training material. It includes information about relevant changes that were implemented in the previous year. Providers are required to review all memos and guidance published by the county throughout the year and update their resource documents accordingly.

January 2026

Contents

Introduction

Per the [ACBHD training policy](#) and [Provider Training Reference Guide](#) published on the [QA Manual](#) page of the Provider Website, providers are responsible for ensuring that all staff providing services to Medi-Cal covered individuals have received the required training prior to delivering services and that their **training content is consistently updated to include the most current and accurate information.** Training materials and evidence of training, including sign-in sheets, must be provided as evidence to Alameda County Behavioral Health Department (ACBHD) and/or Department of Health Care Services (DHCS) when requested.

This document is a compilation of new and/or updated requirements that were rolled out in 2025. It is being provided as a courtesy to support updates to providers' existing training documents. These changes pertain to both Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery Systems (DMC-ODS) providers. **It is each providers' responsibility to update their training material promptly when new or updated requirements are pushed out.**

This document is divided into four (4) main sections:

1. Changes that impact both SMHS and DMC-ODS providers
2. Changes that impact SMHS providers only
3. Changes that impact DMC-ODS providers only
4. Reminder regarding annual training requirements

Changes for SMHS Providers and DMC-ODS Providers

Updated Integrated Member Handbook and Informing Materials

Integrated Member Handbook

The ACBHD Member Handbook has been integrated for SMHS and DMC-ODS and is available in standard and large format in all threshold languages on the [ACBHD Providers Website.](#)

Informing Materials

- The following documents were updated in 2025:
  - [Notices of Adverse Benefit Determination (NOABD) templates](#)
    - Revised in accordance with [DHCS BHIN 25-014](#).
  - [Grievance and Appeals Poster and Documents](#)

- See section titled *Documents that must be visible and accessible in the provider's lobby or office.*
- Revised in accordance with [DHCS BHIN 25-014](#).

- [Language Assistance Poster](#)
  - Revised in accordance with [DHCS BHIN 24-007](#).
  - See section titled *Documents that must be visible and accessible in the provider's lobby or office.*
  - Updated posters may be requested using this [form](#).
- The timeframe for review of Informing Materials was changed to be consistent with DHCS requirement. Informing Materials must be reviewed with members or their authorized representatives: 1) At intake, 2) When there is a substantial change to the content, and 3) Upon request.
- The *Acknowledgement of Receipt page* must be completed and signed by the member or their authorized representative, acknowledging that the material has been reviewed, or re-reviewed, with them and providing their consent to receive voluntary services. The form must be saved in the member's clinical record.

Related Memos:

- [2/6/2025: NEW Integrated (SMHS and SUD) Member Handbook](#)
- [8/18/2025: New Informing Materials Packet and Protocols](#)
- [9/10/2025: Updated Member Materials and Consumer Notice](#)

Consumer Notice of Significant Change

DHCS issued a Behavioral Health Information Notice [(BHIN) 25-042](#) instructing behavioral health plans to make specific updates to the Integrated Member Handbook and disseminate the Handbook to members by February 1, 2026. Plans are required to provide members with a notice of significant change to the handbook at least 30 days prior to the effective date of the changes:

- Post the Consumer Notice in a visible location in their office(s).
- If a copy of the notice is requested by a member, provide the notice as well as the following required enclosures: 1) Notice of Availability of Language Assistance Services and Auxiliary Aids and Services, 2) Non-Discrimination Notice.
- Download the Consumer Notice and the appropriate enclosures from the QA's [Informing Materials](#) page. See section titled *Documents that must be visible and accessible in the provider's lobby or office*.

Related Memos:

- January 7, 2026: New Consumer Notice Regarding Upcoming Revised Integrated Member Handbook

Selecting Diagnoses/Codes for Claiming

A new document has been created titled ACBHD Diagnosis and Code Guidance and published in Section 13 of the QA Manual. This ACBHD resource provides information about selecting diagnoses and codes for claiming in the DMC-ODS and SMHS delivery systems. It includes a table summarizing the guidance and requirements from DHCS related to diagnosis codes that may be used for claiming across the systems and levels of care and helpful links to DHCS source material.

Related Memos:

- 3/7/2025: Considerations for Selecting Diagnoses/Codes for Claiming

Determining Urgent Services

This memorandum was published to provide integrated and standardized guidance to Acute Crisis Care and Evaluation for Systemwide Services (ACCESS) staff and providers on how to determine urgency for SMHS and SUD service requests. This supersedes *Determining Urgent Services - Alameda County Mental Health Plan Memo (2022)*.

Related Memo:

- 8/25/2025: Determining Urgent Services – Specialty Mental Health Services and Substance Use Disorder Services

Updated Policies

The following policies are new or revised policies published in 2025. These policies pertain to both SMHS and DMC-ODS providers. Policies are published on the ACBHD Policy and Procedure webpage.

Date Published	P&P Number	P&P Title	New or Revised
01/30/25	1603-7	ACBHD Provider Training Requirements	New
04/28/25	407-1-1	ACBHD Peer Support Services (APSS)	New
06/24/25	300-2-1	Advance Directives	Revised

06/24/25 7/29/25	300-1-1	Consumer Grievance and Appeal System Consumer Grievance and Appeal Procedure Manual	Revised
06/24/25	100-2-8	Network Adequacy Standard Requirements, Data Collection, Monitoring, and Reporting for MHP and DMC-ODS	New
07/18/25	501-1-1	Clinical Psychiatric Pharmacist Scope of Practice for Medication Therapy Management	Revised
08/25/25	300-3-1	Client Right to Request Amendment of Health Records	Revised
09/15/25	300-1-2	Notices of Adverse Benefit Determination for Medi-Cal Beneficiaries	Revised
09/18/25	100-2-3	Timely Access to Service Standards, and Tracking and Monitoring Requirements	Revised
09/24/25	408-1-1	Community Altruist Compensation Policy	New
09/24/25	1702-2	Community Based Organization Program Closures	New
09/24/25	100-2-7	Telehealth	Revised
10/19/25	300-6-1	Ensuring Privacy of Minor Services When Parent/Guardian Involvement is Not Appropriate	New

Changes for SMHS Providers

Updated Procedure Code to Claim Intensive Home-Based Services (IHBS)

Per the current DHCS SMHS Medi-Cal Billing Manual, IHBS activities should be claimed with codes that best describe the specific service provided using an HK modifier. Any code that allows the HK modifier on the DHCS SMHS Service Table can be used to report IHBS.

For example, when assessment information is gathered for IHBS, the IHBS provider would bill the activity using the most appropriate assessment procedure code that allows the HK modifier (e.g., 90791:HK or H0031:HK). During service entry the HK modifier must be manually added to IHBS claims.

ACBHD reviewed all Medi-Cal SMHS procedure codes that allow the HK modifier and due to the large number of codes, created only the codes relevant to our delivery system. If

codes necessary to report IHBS are not available in SmartCare, please reach out to QATA@acgov.org.

An [ACBHD IHBS Service Table](#) has been created to assist providers in determining which codes are appropriate for claiming IHBS. This service table is posted in Section 13 of the [QA Manual](#). These changes are effective January 31, 2025.

Related Memo:

- [1/27/2025: Updates to Claiming for Intensive Home-Based Services (IHBS)](#)

SmartCare

Two major changes were made to SmartCare that impact Outpatient registration and discharge of clients for State Reportable programs. Non-State Reporting programs are not impacted by this change.

Effective October 20, 2025, Outpatient programs are required to use the MHS Annual/Discharge document in SmartCare when discharging clients from a program. The previous process of discharging clients from the Programs (Client) screen was not in compliance with Client and Service Information (CSI) periodic data. Effective November 1, 2025, data entry staff ability to edit the Programs (Client) screen to complete the client discharge was discontinued.

Additionally, effective October 15, 2025, Outpatient programs are required to collect Lanterman-Petris-Short (LPS) data (Legal Class at Admission and Discharge) using the MHS Registration and Annual/Discharge documents for reporting compliance with the DHCS.

- [LPS MHS Registration Annual Discharge Document Instructions](#)

Related Memo:

- [10/17/2025: SmartCare Mental Health Services (MHS) Outpatient Registration and Discharge Changes](#)

Timeliness Tracking for SMHS Providers

Effective September 29, 2025, ACBHD launched a new Web Application for tracking member timeliness data. Providers are required to use this Web Application for entry of required timeliness data for members whose 1st service date or referral was **on or after July 1, 2025**.

The CSI/TADT e-form should continue to be used for entry of required timeliness data for members with a 1st service or referral date prior to July 1, 2025.

Additional Resources:

- A recorded ACBHD training titled *MH Timeliness Tracking FY 2025/2026 and Web Application Demo is available* on the [QA Training](#) page.
- Other Timeliness Tracking Resources: See section 5 of [QA Manual](#)

Related Memo:

- [9/16/2025: NEW SMHS Timeliness Tracking Process, Requirements and Training](#)

Updated Policies

The following SMHS policies have been revised and republished in 2025.

Date Published	P&P Number	P&P Title
06/24/25	1603-3-1	[Mental Health Professional Licensure Waiver](#)
07/18/25	403-2-1	[Obtaining Authorization for Prescribing Psychotropic Medication to Youth in Out of Home Placement Under the Protection of the Juvenile Court](#)
11/25/25	100-2-6	[Adult and Older Adult Specialty Mental Health Member Care Transitions Within the Mental Health Plan](#)

Changes for DMC-ODS Providers

Updated Clinician's Gateway Templates

Discharge Documentation Requirements and Templates

Previously non-OTP (Opioid Treatment Program) SUD providers were required to complete a Discharge Plan for planned discharges and a Discharge Summary in cases where contact with a member was lost. To align with the [DHCS Alcohol and Other Drug (AOD) Program Certification Standards](#), the following changes have been made on how discharges are documented:

- Discharge plans will no longer be required.

- Discharge Summaries will be required for all discharges.

- Discharge Summaries must be completed no later than 7 days after discharge.

SUD Progress Note Templates

All SUD Clinician's Gateway (CG) single service progress note templates were updated to include checkboxes listing the state required evidence-based practices (EBPs). The new templates have been available since October 8, 2025.

Providers will need to select one of the checkboxes to indicate which EBP was used during the service. If one of the listed EBPs was not used during the session, the N/A option should be checked. In addition, providers should continue to elaborate and provide details related to the EBP in the narrative of their progress notes, as appropriate. For example, "During the session provider used motivational interviewing to explore member's ambivalence related to abstaining from substances." EBP checkboxes were not added to residential daily note templates because the individual services dropdowns already include EBP options.

Related Memos:

- [7/16/2025: Changes to Substance Use Disorder (SUD) Discharge Documentation Requirements and Templates](#)
- [9/23/2025: Updates to Substance Use Disorder (SUD) Progress Note Templates](#)

Timeliness Tracking for DMC-ODS Providers

Effective August 1, 2025, DMC-ODS timeliness tracking templates have been updated in CG to comply with the new TADT requirements.

Providers are no longer required to capture first, second and third initial/intake appointment and follow-up appointment dates. Instead, providers will need to capture the initial appointment offered date, and first and second service rendered dates.

SUD providers must use the CG timeliness tracking templates for both referrals through Portal and direct referrals/walk-ins.

Providers who receive referrals from a Portal:

- Are not required to complete a Timeliness Tracking template for members who do not attend their first service appointment (Intake) despite multiple attempts to engage the member.

- Are required to contact the referring portal, via email or phone, to notify them that the member did not attend an initial appointment, despite attempts from the provider to engage the member[1].

For 3.2-WM programs, the initial assessment and timeliness tracking process was updated to meet current DHCS requirements. Specific information is available on the [QA Training page](#) in the training titled: *Timeliness Templates/Cherry Hill*.

Additional Resources:

- A recorded ACBHD training titled *SUD Timeliness Tracking FY 2025/2026 - Timeliness Template* is also available on the [QA Training](#) page.

Related Memo:

- [7/9/2025: NEW Substance Use Disorder (SUD) Timeliness Tracking Requirement and Training](#)

Updated Policies

The following SUD policies have been revised and republished in 2025.

Date Published	P&P Number	P&P Title
03/31/25	150-1-4	[Expanding Access to Medications for Addiction Treatment (MAT)](#)
07/14/25	150-1-5	[Naloxone Distribution Program (NDP)](#)

Reminder of Annual Trainings

Mandatory Training Topics for DMC-ODS and SMHS Providers

The following are mandatory training topics that must be offered <u>annually</u>:

- Compliance and Code of Conduct
  - Providers are required to complete the training provided by the County and sign two (2) attestations: *Compliance/Code of Conduct and a Confidentiality Statement.* Information is tracked and reported to DHCS.
- [Culturally and Linguistically Appropriate Standards (CLAS)](#)

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[1] During training, providers were asked to *also* notify the Portal when a member attended their Intake appointment. Due to enhancements to the tracking process, this step is no longer required.

- o Providers must ensure that at least half of their direct service staff and managers who provide or support services through their county contract complete at least three (3) CLAS courses annually.
- o At least one (1) of the CLAS training courses must be offered through ACBHD and attended by at least two (2) staff from the provider's organization, one of which must be a manager. There is no expectation that these trainings are offered during orientation or at the start of employment.
- o Providers are required to complete 1) An electronic survey that demonstrates their implementation of CLAS Standards; and 2) A list of CLAS trainings attended by staff and managers who are providing or supporting services through their county contract.
- HIPAA Privacy and Security
  - o HIPAA Privacy and Security training is delegated to Community Based Organizations (CBOs), who are responsible for training their staff and subcontractors on HIPAA Privacy and Security requirements, policies, and procedures.
- Network Adequacy/Timely Access
  - o Providers may develop their own training or utilize the recorded training offered by ACBHD and posted on the [QA Training](#) webpage.
- Unusual Occurrence Reporting Requirements
  - o Providers may develop their own training or utilize the recorded training offered by ACBHD and posted on the [QA Training](#) webpage.

Mandatory Training Topics for DMC-ODS Providers

- Professional staff (LPHAs) must complete a minimum of five (5) hours of continuing education (CEU/CME) in addiction medicine each year.
- Training in American Society of Addiction Medicine (ASAM) Criteria prior to providing services. At minimum, providers and staff conducting assessments are required to complete the two (2) e-Training modules entitled:
  - o ASAM Multidimensional Assessment
  - o From Assessment to Service Planning and Level of Care
- Medi-Cal requires Evidence-Based Practices (EBPs) to be reviewed during initial training and annually.
- For programs that provide detoxification or withdrawal management services, training in provisions of detoxification, including first aid and cardiopulmonary resuscitation.

For more information regarding training requirements, please refer to the [ACBHD training policy](#) and [Provider Training Reference Guide](#).

Additional Resources

Quality Assurance's Training Page

[Quality Assurance's Training Page](#) has the most up to date information on trainings provided by QA including registration for upcoming trainings, recordings of past trainings and presentations, and handouts and resources.

Please check the training page regularly for additional training opportunities from QA.

Brown Bag Series for Mental Health Providers

This monthly virtual meeting allows ACBHD QA staff to share information and provide technical assistance related to Medi-Cal for mental health providers.

Meeting Information: Find the link on the [QA Training](#) page

Dates and Times: 2nd Fridays, Monthly, from 12-1 p.m., except where noted.

Meeting notes for each of the sessions are also posted here.

Brown Bag Series for Substance Use Disorder Providers

This monthly virtual meeting allows ACBHD QA staff to share information and provide technical assistance related to Medi-Cal for

Meeting Information: Find the link on the [QA Training](#) page

Dates and Times: 3rd Thursday of each month from 12-1 p.m., except where noted.

Meeting notes for each of the sessions are also posted here.