

Clinicians Gateway is implementing changes July 2024 to respond the new requirements from CalAIM, California State DHCS, MediCare, SmartCare and for the convenience of the staff.

Attending Physician/ LPHA Supervisor

- **Clinical Trainees** are required to have notes approved by licensed staff. The approver will be sent to SmartCare (SC) as the “Attending” staff. (Clinical Trainees must have review required on their CG account.) See ACBHD QA memo at [Billing for Student Services.pdf \(acgov.org\)](#)
- Attending Physician is now required for notes in **residential programs** in SUD and MHS. (MHS TAY programs are excepted). There is a new drop-down box for Attending Physician.

Billing time

Primary Clinician: 201351 - Grampsas, Juanita

Provider: BACS WOODROE PLACE CRISIS RES (81441)

Attending Physician: Select a Clinician

Client ID:

- If the SmartCare ClientID is different from the Clinicians Gateway ClientID, CG will display the SC client ID for reference in the clinical notes billing header and on the client facesheet.

Service #: New Title: Clinician's Progress Note CalAIM 23-07 Potential Harm: (Select One)

Service date: []

Client opened: 5/24/2023

Util. review date:

Client Plan due date:

Client: 75117698 [] [X] [...]
 (Smartcare #: 75117698)

Procedures: Select Procedure
KTA ELIGIBLE (Jan 1 2013)

Service Location: Select Location

CONSUMER INFORMATION

Preferred Name: []
 Issued On: 6/21/2023
 Address: 2910 McClure Street
 Oakland, CA 94605

Home Address:

Language: English
 Education: Unknown
 Marital: Never Married
 Staff:
 Ethnic Origin: Non-Hispanic
 Problem:

Number: **75321446**
 Birth Date: 6/25/1956
 Age: 67
 SSN: 545-98-4193
 Gender: Male
 Account:

Phone: (510) 836-3677
 Ethnicity: Black or African American
 Disability:
 RP Owes: \$0.00
 Veteran: Unknown
 Deceased On:

Care Team Members

Name	Company	Phone	Role	Removal Date	Result
No Records					

View: 10

<< First < Prev 1 Next > Last >>

Consumer Detail Alert

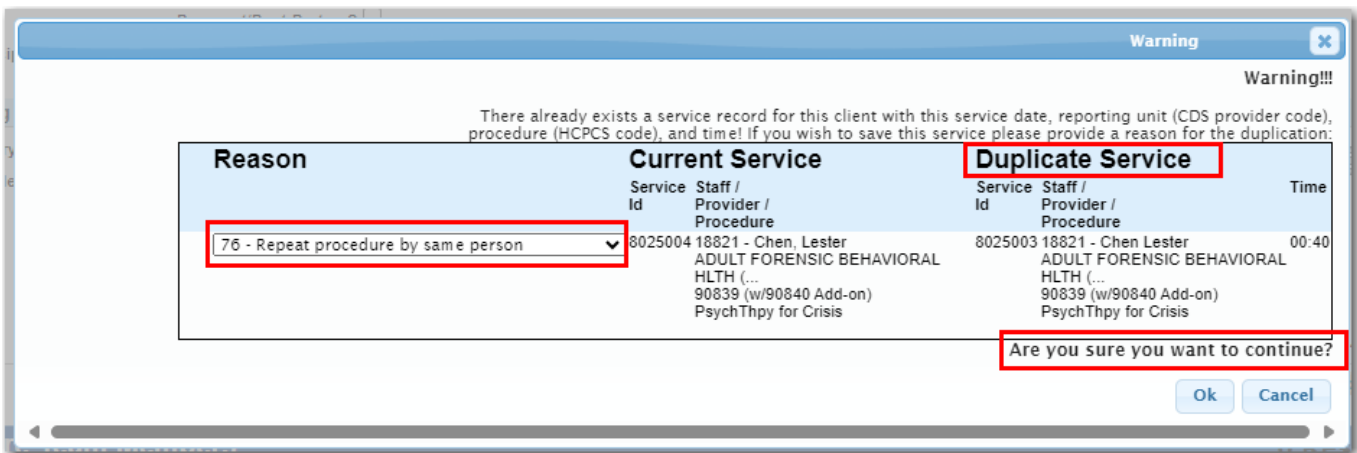
SmartCare Client ID# 10015058

Procedure Codes:

- Add-on codes for prolonged time are changing. Many add-on codes will be automatically incorporated into the primary code so a second code choice and duration will not be needed. CG is adapting to new rules implemented by the State. Please refer to documentation from ACBHD QA which will be published on the Providers Website. [Procedure-Code-Changes-for-Prolonged-Service-Codes-Effective-FY2024-25.pdf \(acgov.org\)](#)

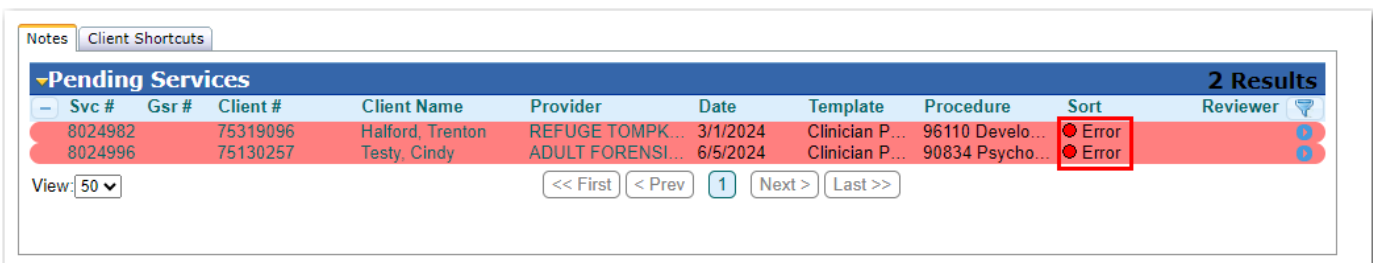
Duplicates:

- Some of the duplicate reason modifiers are changing. Please refer to documentation in the service tables concerning Lockout codes published by California DHCS at <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>
- The choices appropriate for that procedure code will be offered in the duplicate popup window.



Errored Notes Processing:

- Notes that are rejected during transfer to SmartCare will be returned to Clinicians Gateway in draft status for correction and resubmittal. For more information on the types of errors please refer to the Errored Notes Processing document on the Providers Website. <https://bhcsproviders.acgov.org/providers/CG/docs/CG-SC%20Errored%20Notes%20Processing%202024-06-01.pdf>



Emergency Indicator:

- Emergency indicator field will be removed from the note entry screen and instead will be automatically applied by CG if the note is written in a crisis program.

Currently in Prod (will be removed)

The screenshot shows a form with two checkboxes: "Emergency?" and "Pregnant/Post-Partum?". The "Emergency?" checkbox is highlighted with a red box. Below the checkboxes is a "Principal Diagnosis:" field with two dropdown menus: "(Select ICD-..." and "(Select ICD-10 description)".

Indirect Notes:

- Client, Diagnosis and Mode of Delivery are required by SmartCare for any type of note. CG will default in values when an indirect note is written for the convenience of the note writer.
- If no client or an unenrolled client is indicated on the Indirect note, when it is sent to SmartCare, the AAA-Indirect Service Organizational Client: 80002450 will be added or substituted.
- An enrolled client may be added to the indirect note.
- Diagnosis and Mode of Delivery will now be required but CG will default the diagnosis code Z03.89 and Mode of Delivery 'Other'. They can be updated if desired.

The screenshot shows the "Indirect Note" form. The "Client:" field has "Unknown" in a dropdown, with a red box around it and a callout: "Enrolled Client can be added. If no client or an unenrolled client, then the AAA Indirect Client will be sent to SC". The "Procedures:" field has "Select Procedure" in a dropdown, with a red box around it and a callout: "Diagnosis and Mode of Delivery will be added". The "Service Location:" field has "Select Location" in a dropdown, with a red box around it and a callout: "Diagnosis and Mode of Delivery will be added". The "Reporting Unit:" field has "A BETTER WAY ALAMEDA SCH MH CH (01L" in a dropdown, with a red box around it and a callout: "Diagnosis and Mode of Delivery will be added". The "Primary Clinician:" field has "Peterson Camille" in a dropdown, with a red box around it and a callout: "Diagnosis and Mode of Delivery will be added".

The Indirect service in SmartCare will have the AAA-Indirect Service client # 80002450 added as a proxy in SmartCare if no client, or an unenrolled client had been entered on the Indirect note in CG.

The screenshot shows the "Service" form. The "Client..." dropdown is highlighted with a red box and contains "AAA-INDIRECT SE...". The "Status" dropdown is set to "Show". The "Start Date" is "08/04/2023". The "Program" dropdown is "LA FAMILIA PEER RESPIT". The "Procedure" dropdown is "680 - General Administration". The "Start Time" is "1:00 PM". The "Total Duration" is "180 Minutes". The "Clinician Name" dropdown is "Arevalo, Jacqueline". The "End Date" is "08/04/2023". The "Location" dropdown is "Office (Primary)". The "Attending" dropdown is "Attending". The "Referring" dropdown is empty. The "Client was present" checkbox is checked. The "Other Person(s) Present" field is empty. The "Cancel Reason" dropdown is empty.

For Any Notes:

- If **Location 'Phone'** is chosen, then Mode of Delivery 'Telephone' or 'TeleVideo' will be required.
- **Mode of Delivery** 'Face to Face' or 'Written' in CG will be converted to 'Other' in SmartCare.
- **License Start and Expiration** dates will restrict the service dates for which notes can be written. (Please update license start and expiration dates in SmartCare via the Staff ID Number Request e-form so you can continue to write notes.)

Minutes to Units conversion:

- Some codes will be recorded in minutes in Clinicians Gateway but will be sent to SmartCare as a single unit of service. (Example: H2011 mobile crisis encounter will be recorded in minutes in CG but sent to SmartCare as 1 encounter).

Home | Help | Log Out

Individual Staff Log

Service Date: 4/16/2024

Svc #	Type	RU	Client #	Client Name	Procedure	Time H:M	Grp Ct	Loc	Rec.	Flags
8024963	Indiv.	01911 LA CLINICA MHS ADULT SVC TEAM (01911)			H0031 MH Assessment non-Phy, 15min.	05:00	1	Office (Primary)		
8024962	Indirect	01F61 LA CLINICA UELP MHS CHILD ADLT (01F61)			426 - Community/Indiv Consultation	01:20	1	Community Mental Health Center		
8024961	Indirect	01F61 LA CLINICA UELP MHS CHILD ADLT (01F61)			426 - Community/Indiv Consultation	03:00	1	Field		
8024959	Indiv.	81163 MOBILE CRISIS RESP PGM MHS AD (81163)			H2011 Mobile Crisis, per 15 min.	01:19	1	Crisis Mobile Unit-Service		E/

Client Name	DOS	Units	Charge (Rate Id)	Procedure	Status	Clinician	Program
	04/16/2024 5:32 PM		62528.64...	H2011 Mobile Crisis, ...	Complete	Peterson, Ca...	MOBILE CRI...
	02/10/2024 6:05 PM	1.00	2605.36 (...)	H2011 Mobile Crisis, ...	Complete	Peterson, Ca...	MOBILE CRI...

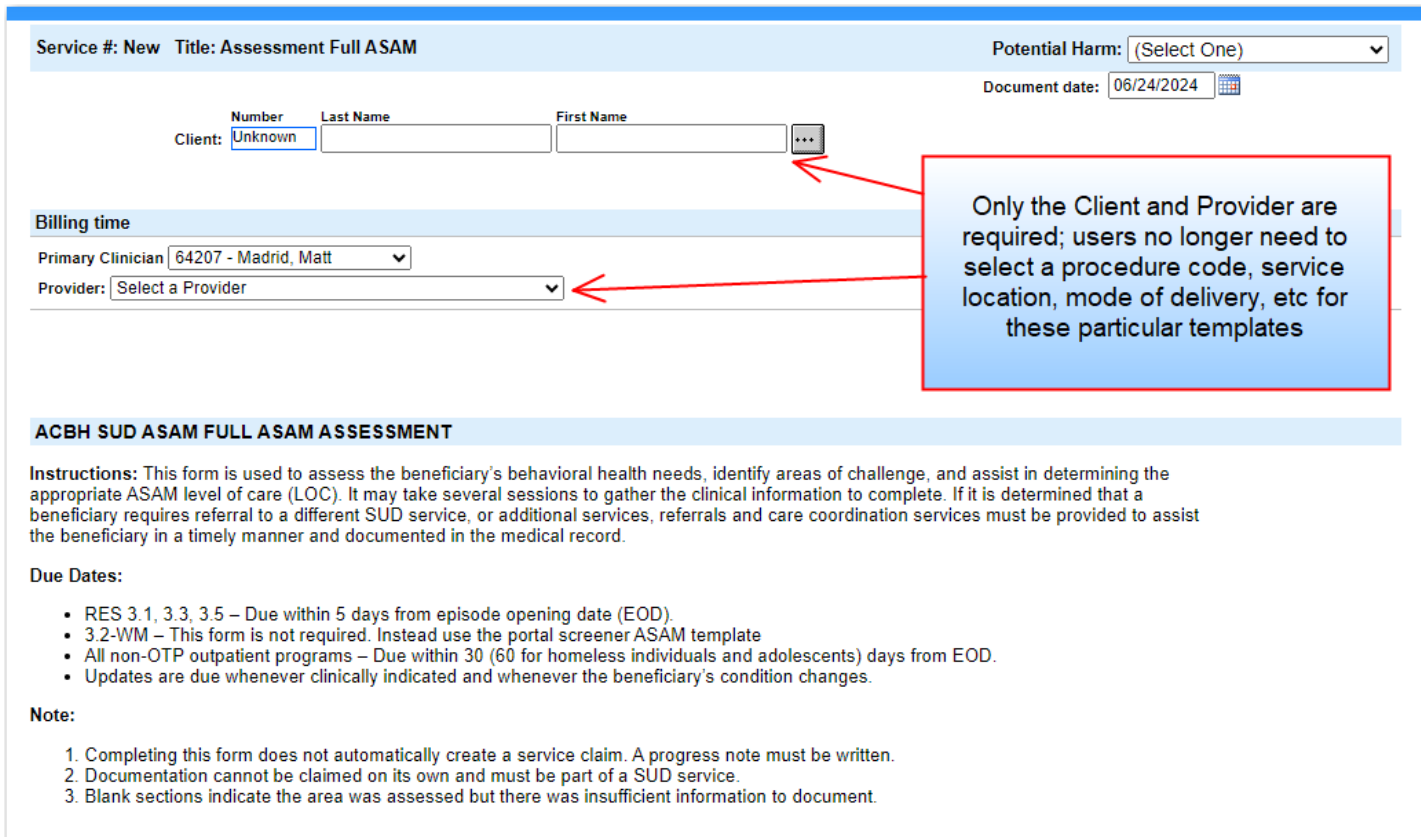
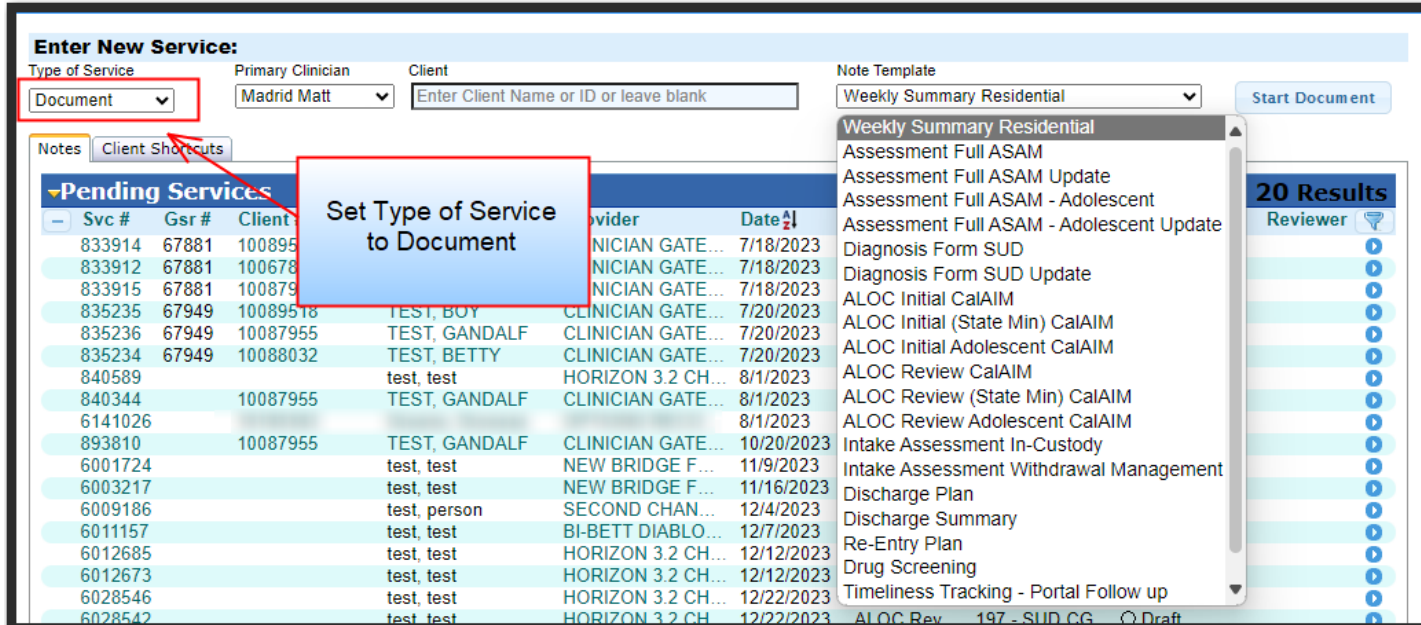
SmartCare Service Detail Screen – Adding CG Service Record Number

- The CG Service Record number will be added to the SmartCare service details screen (future development in SmartCare). It can be used to link SC services to CG notes.

SUD Specific Changes

Templates changed to Documents:

- Many CG “Form” templates have been changed from Individual Service type notes to Document type templates in order to remove the need to enter billing information such as the Procedure code. Data entry will be streamlined with billing fields removed.
- These templates have otherwise not been changed in their functionality.
- Please see the list of forms converted to document types in the image below.



Treatment Plan SUD Simplified CalAIM 24-07:

- A new simplified treatment plan has been created as an optional Document template. Per DHCS, standalone client plans are no longer required. This simplified Planning template was created to affirm that care planning is ongoing without needing to use the full treatment plan process.

Enter New Service:

Type of Service: Document (dropdown)
Primary Clinician: Madrid Matt (dropdown)
Client: Enter Client Name or ID or leave blank (text field)
Note Template: Treatment Plan SUD Simplified CalAIM 24-07 (dropdown)
Start Document (button)

Notes | Client Shortcuts

Service #: New **Title:** Treatment Plan SUD Simplified CalAIM 24-07 **Potential Harm:** (Select One) (dropdown)
Document date: 06/25/2024 (calendar icon)

Client: Number: Unknown (dropdown) Last Name: (text field) First Name: (text field) (button)

Billing time

Primary Clinician: 64207 - Madrid, Matt (dropdown)
Provider: Select a Provider (dropdown)

Instructions & Pre-Existing Diagnoses

Program Enrollment Date: (calendar icon) Services were provided in: English (dropdown)
by interpreter (text field) or clinician ICD-10: (text field) DSM 5: (text field)

Episode Diagnosis Information

Primary Secondary Tertiary SU GMC

Instructions: Treatment planning is a key component to quality clinical care, however per DHCS standalone client plans are no longer required. The intent of this change is to affirm that care planning is an ongoing, interactive component of service delivery rather than a one-time event. This template is optional and is intended to provide a simplified template to document treatment planning activities.

For residential services, the following treatment planning requirements remain in place:

- A full treatment and/or recovery plan shall be developed within 10 calendar days from the date of the resident's admission.
- Only clinical and professional staff shall develop or review a treatment plan or collaborate with residents to develop a recovery plan.
- The resident's progress shall be reviewed and documented within 30 calendar days after signing the treatment plan and no later than every 30 calendar days thereafter.

Summary

This text box will pre populate with data from a previous finalized Simplified Plan, similar to how the assessment update templates work.






Assign to be reviewed by

Reviewer: Select Reviewer (dropdown) Notes: (text field)

Cancel Spell Check Submit for Review Save and Continue Save as Pending Save as Draft

Documentation Time Log Removed:

- The Documentation Time Log at the bottom of several templates in CG will be removed. Because documentation time is now logged in the Billing Header of notes, this section has become redundant.

Documentation Time Log					Type/Notes		
Date:	<input type="text"/>	 Time Start:	<input type="text"/>	End:	<input type="text"/>	Duration:	<input type="text"/>
Date:	<input type="text"/>	 Time Start:	<input type="text"/>	End:	<input type="text"/>	Duration:	<input type="text"/>
Date:	<input type="text"/>	 Time Start:	<input type="text"/>	End:	<input type="text"/>	Duration:	<input type="text"/>
Date:	<input type="text"/>	 Time Start:	<input type="text"/>	End:	<input type="text"/>	Duration:	<input type="text"/>
Date:	<input type="text"/>	 Time Start:	<input type="text"/>	End:	<input type="text"/>	Duration:	<input type="text"/>
Total Documentation Time:							

This section will be removed from templates in CG