

# SMHS Documentation Training- Part 1

## Question and Answers

### Access Criteria

**How are these criteria for Early Intervention different from SMHS access criteria? How do we distinguish from SMHS? How to separate who goes to EI and who goes to other SMHS services? (La Clinica)**

ACBHD EI SMHS Model is the start of the SMHS continuum of care, which includes the following three components: 1) Outreach 2) Access and Linkage 3) Mental Health Tx Services and Supports.

The program is intended for members whose symptoms first appear or are identified (e.g., early psychosis), and care/services are initially sought out.

Additionally, these programs: 1) serve the full age range, allowing the entire family to be incorporated and be the focus of treatment; 2) include culturally responsive and linguistically appropriate interventions and strategies to advance equity and reduce disparities, 3) include outreach services as a key part of the model, 4) do not include medication support services (these would be referred to SMHS prescriber), and 5) are time limited, generally up to 24 months.

As the *Outreach* component of the model typically involves groups of individuals, and a case is not opened, SMHS Access Criteria would not apply and billing would be through *Medi-Cal Administrative Activities (MAA)*. For these Outreach services, MAA criteria should continue to be utilized.

**Can you talk about the screening process for providers to use with the potential clients that they outreach to directly? What screening tools do providers use in those circumstances? (Alameda County)**

When members contact mental health providers directly, providers should follow their existing process and, as appropriate, complete a clinical assessment of the member without the use of the Screening Tools.

**Do we need a Mental Health Diagnosis for each client that we serve as of July First in the EI program? Our organization only serves severe Mental Health Diagnoses. (Multi-Lingual Counseling Center Inc.)**

A diagnosis is not a prerequisite for accessing SMHS, however, there must be a code assigned that describes a person's condition in order to submit a claim for service reimbursement. As noted in the Documentation training, until a diagnosis can be established, providers can use Z55-Z65 codes for claiming purposes.

If your client population is generally members with severe MH Diagnoses we would expect to see an established diagnosis within a reasonable amount of time after treatment begins.

**For trauma faced by many refugee Adults and Children where does that fall under the criteria for services? (Afghan Coalition)**

Individuals under age 21 who score in the high-risk range under a trauma screening tool approved by DHCS (ACE questionnaire and the PEARLS tool) automatically meet access criteria. Also, if they are homeless, involved in child welfare or juvenile justice, they would also meet criteria.

For those 21 or over, they need to demonstrate significant impairment or have a reasonable probability of significant deterioration in functioning AND either have a MH diagnosis or be suspected of having one that is not yet diagnosed.

## **Scope of Practice**

**I noticed under the list of LMHP services, therapeutic services (individual and group therapy) were not listed. Can you provide more information on why these services aren't allowed? (RAMS, Inc)**

The services listed for LMHPs was not exhaustive and we can see where that may have caused some confusion. Some LMHPs, and certain clinical trainees working toward licensure, are scoped to provide individual and group therapy services, in addition to a range of other allowable services designated by provider type. Please refer to the [Scope of Practice](#) which goes into detail about allowable services by provider type. This will be a resource that all providers should be familiar with and refer to.

**Can an Associate under the supervision of a licensed supervisor complete the Assessment and treatment plan then move the work to non-licensed staff to continue case management or rehab and bill Medi-cal?**

Generally, Associates are scoped for the same set of services that their licensed counterparts are scoped for, which includes assessment and plan development. Non-licensed staff can only provide services that they are scoped for but they can apply the information obtained in the formal assessment to their work.

**What jobs can the LCAs perform under this program? (Afghan Coalition)**

Staff members who have completed the Lay Counselor Academy training will likely fall under the unlicensed provider categories of Mental Health Rehabilitation Specialists (MHRS), Peers, or Other Qualified Providers.

Here is a picture from the Documentation Training Part 1 that shows what services this group can provide.

Services	Non-Licensed Providers
Assessment	
Diagnosis	
MH Crisis Services	X
Plan Development	X
Individual and Group Rehab	X
Targeted Case Management (TCM)	X
Intensive Care Coordination	X
Intensive Home-Based Services (IHBS)	X

**What steps should our non-profit take to get the correct Provider Type assigned to our unlicensed staff for billing purposes?**

There are three SMHS Medi-Cal non-registered/waivered/licensed discipline types: 1) Mental Health Rehabilitation Specialist (MHRS), 2) Other Qualified Provider types, and 3) Certified Peer Support Specialist (CPSS). [ACBHD SMHS Scope of Practice Reference Guide](#) provides more details. When your program has successfully transitioned to becoming a SMHS Medi-Cal provider, submit [Staff ID Request](#) for all licensed and unlicensed staff.

## Informing Materials and Required Forms/Tools

**Our Electronic Health Record (CareLogic), allows us to create forms within the site. For informing materials and consents, can we recreate the form electronically so that it can all be maintained within the record and cut down on administrative time for providers (i.e. locate form, print it, complete it, have client sign, then upload to chart)? They would just complete the form within the chart and have client sign. (Boys Republic)**

Yes, as long as the forms are identical to ACBHD’s forms, that would be ok. However, please note that these forms are periodically updated, which means, your E.H.R will also need to be updated to stay in compliance.

## Will we be given the list of required tools and where we have options for tools of our own? (DHTI)

There are several tools/documents that must be used by providers. Some of these include:

- [Informing Materials](#)
  - Advance Directive educational material
  - Integrated Member Handbook (which includes the Notice of Privacy Practices)
  - Acknowledgement of Receipt and Consent to Service form
- [Grievance/Appeals forms](#)
- [Notice of Adverse Benefit Determinations](#)
- [Unusual Occurrence Notifications](#)- See section 6 for policy and forms
- [Transition of Care Tool for Medi-Cal Mental Health Services](#)
- The ACE questionnaire and PEARLS are approved by DHCS for Trauma Screening and are available [here](#)
- [Child and Adolescent Needs and Strengths \(CANS\)](#)
- [PSC-35](#)

## QA Support and Oversight

**Please explain specifically when we will interact with you and QA staff in the new Early Intervention program. I haven't heard anything about denials, or your review, etc. or QA internal expectations. Thanks!** (La Clinica)

### QA Consultation and Support:

- Questions can be sent to our Technical Assistance Email box: [QATA@acgov.org](mailto:QATA@acgov.org).
- Providers are invited to our Monthly Brown Bag Meetings. Dates and training links are available on the [QA Training](#) page. Pre-registration is not required.
- Recorded and live training programs are also available on the [QA training](#) page.

### QA Monitoring Responsibilities:

- **Audits:** QA completes annual chart audits of a random sample of providers. Selected programs are notified by mail prior to the scheduled audit.
- **CQRT:** QA has developed a Clinical Quality Review Team (CQRT) tool that must be used by providers to complete monthly reviews of a percentage of their charts. Once the EI SMHS program goes live, QA will reach out to you to schedule a CQRT training. See section 8 of the [QA Manual](#) for CQRT procedures and tool.
- **Site Certifications:** QA completes Site Certifications of SMHS programs every 3 years. Once your program is site certified, you will be contacted by our team when it is time for renewal.

- **Credentialing:** QA completes the credentialing process for licensed, waived, registered and/or certified providers offering SMHS Medi-Cal covered services prior to the provision of services and re-credentialing verification every 3 years.

## Funding

**Is ACBHD opting in to DHCS BH-Connect? If so, which EBPs does the MHP cover, and where may those services be delivered? Will there be possibilities for programs delivering those EBPs to bill for bundled services?** (La Clínica de La Raza)

Yes, ACBHD has opted in to the BH-CONNECT Incentive Program. The ACBHD network provides many of the BH-CONNECT EBPs (i.e. ACT, FACT, CSC for FEP, IPS), and continues to render fiscal analysis of Fee-for-Service compared to the BH-CONNECT EBP bundled services reimbursement structure.

**Please attend the next training sessions in this series:**

- **March 24, 2026, 11am-12pm, Part 2**
- **April 2, 2026, 11am-12pm, Part 2 Q&A**

**Q&A Page:** [Early Intervention Transition FAQ - Mental Health Services Act - Alameda County Behavioral Health Care Services](#)