



Interim Record Request FAQ

- 1. What is the best way to find client information for continuity of care?**
 - a. Review available client info and clinical documents within SmartCare.
- 2. When will Optum begin ROIs?**
 - a. Jan 1, 2026 Optum will begin accepting ROIs from programs for the templates/forms that are available. The templates/forms will increase as more are transitioned and validated.
- 3. What is the expected turnaround time of a request?**
 - a. Standard: 30 days, with goal of 14 days
- 4. For urgent requests, does the 48 hrs turnaround time include holidays and weekends?**
 - a. TBD
- 5. Will Optum be pulling info from SmartCare as well or is this process strictly for CCBH data?**
 - a. Just CCBH data. The programs will be responsible for pulling anything needed from SmartCare.
- 6. What is the process for releases that span SmartCare & CCBH for contracted programs?**
 - a. Contracted providers would pull from SmartCare and send a request to Optum for portion to release from CCBH,
- 7. What is the process for ROIs that span SmartCare & CCBH for County operated programs?**
 - a. HIMS would work with Optum for CCBH portion for County programs.
- 8. How do the contracted programs know if a client has data in CCBH that needs to also be included in the release if Program Assignments were not all migrated to SmartCare?**
 - a. We would leverage the date of data requested. If it includes dates prior to 9/1/24 then data would be pulled through the Optum/archive Interim Record Request Form process. Anything 9/1/24 and forward would be pulled through program owned SmartCare process.
- 9. Redactions are part of the current ROI process. Will redaction be part of the Optum process?**
 - a. No. A notation is included on the request form that communicates the program is responsible for reviewing the record for appropriateness to share, any redaction needed, and delivery. Optum is functioning as the source to provide the info replacing access to CCBH.



10. Will there be a clinical review process?

- a. Programs will be responsible for this. Optum is not replacing the responsibility of the programs/providers.

11. Will there be a redaction tracking log? Who will own this and be responsible for updating it?

- a. This could be managed by the programs for themselves. HIM to manage their own if needed.

12. Will client data for any program be included, or just the requesting program data?

- a. ROIs will only include information of the requesting program. Optum is acting as the source in place of direct access to CCBH. The programs/providers will be responsible for the management of the data after being received. And they are only responsible for their program's info.

13. Record Retention: California requires retention for five years post-contract or last Medi-Cal audit. Removing access to records prior to 2022 jeopardizes our ability to meet legal obligations.

- a. To clarify, all records from CCBH are being transition to a new data archive system which will meet retention requirements. These records can be requested through the Optum Help desk after Jan 1, 2026. What is changing is access through the front end CCBH system, which is no longer available from the Oracle Health/Cerner vendor after Jan 1st 2026

14. Alternative Access: Since CCBH was mandated since 2008, we did not maintain full paper records. Is the County allowing record downloads? Printing 14 years of charts in one week is not feasible.

- a. It is not necessary to print full paper charts at this time; these historic charts will be available as needed upon request. The communication requested to evaluate if your program has scanned documents into the CCBH system in the past, this would include signed consents or other documents not electronically completed in CCBH. If so, these potentially would need to be captured elsewhere to ensure continued access after CCBH is retired.

Printing is one method that could be used to ensure this.

15. Legal Requests: We receive subpoenas and record requests up to 15 years post-discharge. Will Optum's process be timely enough to meet deadlines?

- a. There will be an option for a standard request with a goal to complete within 15 business days. There will also be an exception process for urgent request that will be evaluated on a one-off basis. One of the benefits of leveraging the Optum help desk is the additional availability of resources to help provide timely responses.



16. SmartCare Completeness: “Most documentation” suggests omissions required for a complete designated record set. Will progress notes and other required items be accessible?

- a. All data from CCBH will be available by request in the new data archive that will be used for records requests, this includes clinical documentation. The description of “most documentation” describes what was previously moved into SmartCare and remains available for direct provider/staff access within that current EHR. Not all historic clinical documentation was moved into SmartCare however, the continuity of care document and the most recent (prior to SmartCare go live 9/2024) progress note and assessments were included.
- b. Depending on the dates of the date, the historic and current client information remains in 2 separate systems. This was CCBH (entries prior to 9/1/24) and SmartCare (after 9/1/24) and will now be a CalMHSA Data Archive and SmartCare. What is changing is access to the historic data by way of a request versus direct system access.

17. Billing Compliance: CMS audits require progress notes and billing records. Lack of access to these prior to July 2025 could put us out of compliance.

- a. Progress notes from 2022 to current remain available in SmartCare. Billing records from 9/1/24 are available in SmartCare and prior to 9/1/24 would be available by request.

18. ROI Requirement: The memo references “a new process for requesting client charts and ROI’s.” Please clarify. Providers should not need an ROI for access, and if Optum controls ROI decisions for third-party requests, this raises concerns about client barriers and provider authority.

- a. Optum will utilize an approved county process to capture and complete requests for historic client charts timely. This process is intended to optimize not limit providers access to this information. Providers will continue to have direct access to current client charts from within SmartCare.

19. Process Improvement: How can I provide feedback with suggestion on way to improve the process?

- a. Continued review of this new process is a high priority to ensure we decrease and remove barriers. User groups and provider forums will provide opportunity for feedback. Additional suggestions can be provided to the Optum support desk.