

MCST OVERSIGHT

- EXPIRED LICENSES, WAIVERS, CERTIFICATIONS AND REGISTRATIONS
- NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)
- APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS
- PAVE ENROLLMENT (MHP PROVIDERS ONLY)
- CHANGE OF PROVIDER/2ND OPINIONS (MHP/DMC-ODS)
- CAL-OPTIMA CREDENTIALING (AOA COUNTY CLINICS)
- GRIEVANCES & INVESTIGATIONS
- COUNTY CREDENTIALING
- ACCESS LOGS
- CLINICAL/COUNSELOR SUPERVISION
- MHP & DMC-ODS PROVIDER DIRECTORY

REMINDERS, ANNOUNCEMENTS & UPDATES

MCST REQUIREMENTS FOR PROGRAMS THAT ARE CLOSING OR MERGING

When a program plans on closing or merging, Quality Management Services (QMS) must be notified. The MCST requires the program to complete the following:

- ✓ Clinical Supervision Report Form (CSRF) – a CSRF must be completed by the clinical supervisor to terminate supervision or change to a new clinical supervisor.
- ✓ NOABDs – submit any pending NOABDs issued to the beneficiary. An NOABD Termination is not required if the beneficiary is transferring within the network to continue services.
- ✓ Access Log – enter any pending access log entries and run the Access Log report to correct all errors and issue NOABD Timely Access (if applicable). Existing beneficiaries transferring within the network to continue services do not require an access log entry.
- ✓ Provider Directory – submit the spreadsheet that will identify all the staff separating and/or transitioning to other locations within the entity. The MCST will utilize the updated provider directory to deactivate credentialed providers who have separated from the program or update the providers information for those that have transitioned to a new location within the entity.
- ✓ Credentialing – submit an updated Insurance Verification Form and New Application Request Form (NARF) for the sites that will be taking on the existing providers at the new locations within the entity.
- ✓ Change of Provider/2nd Opinion – submit the quarterly log prior to the closure of the County-Contracted program only.



REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

PROVIDER DIRECTORY



Friendly reminder, do NOT tamper with the provider directory spreadsheet formulas and validations. We will require the program to resubmit their information using the correct spreadsheet. MCST and IRIS requires accurate data collection to track and monitor all the providers information.

- If a provider is dually licensed, they should be listed consecutively on the **provider tab** and indicate whether the license is “primary” or “secondary” under the column **New or Inter-Agency Transfer Comments**. See example below:

PROGRAM NAME:		PROGRAM ADDRESS:						
Provider Name Last Name, First Name	Provider Status	Effective Date	New or InterAgency Transfer Comments	Is this Provider accepting new beneficiary referrals?	Provider Type	License Number #####	Certifying Organization Name	License Expiration Date
Example: Smith, John	LOA End	04/01/2023	Provider returning from LOA that started 2/1/23	Yes	APCC - Associate Professional Clinical Counselor	12345	Board of Behavioral Sciences (BBS)	04/01/2024
Jones, Sam	Active		Primary License		APCC - Associate Professional Clinical Counselor	12234345	Board of Behavioral Sciences (BBS)	01/01/2024
Jones, Sam	Active		Secondary License		ASW - Associate Clinical Social Workers	23442522	Board of Behavioral Sciences (BBS)	01/01/2024

- If a provider is transferring from within the same agency to another location, it would be identified as **Interagency Transfer** (not as “separated”). Also, in the column **New or Inter-Agency Transfer Comments** you must enter the site location the provider is transferring from and to. Both sites would indicate the interagency transfer on the monthly provider directory. See example below:

PROGRAM NAME:		PROGRAM ADDRESS:		
Provider Name Last Name, First Name	Provider Status	Effective Date	New or InterAgency Transfer Comments	Is this Provider accepting new beneficiary referrals?
Example: Smith, John	Interagency Transfer	04/01/2023	CRP Telecare South to CRP Telecare North	Yes

CLINICAL SUPERVISION (COUNTY ONLY)

Service Chiefs can now reach out to Behavioral Health Training Services (BHTS) to find someone to clinically supervise a license-waivered staff. Please e-mail Michael Mullard at mmullard@ochca.com or Giselle Rocha at grocha@ochca.com to help you find a clinical supervisor. Remember, all license-waivered staff must receive weekly supervision and be in clinical supervision until they become licensed.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

COUNTY CREDENTIALING & RE-CREDENTIALING

- All **new providers** must submit their County credentialing packet within 5-10 business days of being hired to the MCST. The newly hired provider must **NOT** deliver any Medi-Cal covered services under their license, waiver, registration and/or certification until they obtain a letter of approval confirming they have been credentialed by the MCST. This means the new hire must **NOT** provide direct treatment or supportive services to a beneficiary on their own nor document any services. The IRIS team will not activate a new provider in the IRIS system without proof of the credentialing approval letter. It is the responsibility of the direct supervisor to review and submit the new hire credentialing packet to the MCST.
- **Certified Peer Support Specialists** registered with the certifying organization, CalMHSA must be credentialed. Be sure to submit credential packet to the MCST to be County credentialed.



- The County's Credentialing Verification Organization, VERGE/RLDatix will be sending e-mail notifications **120 days** prior to re-credentialing. The request is to obtain the most current e-mail addresses on file upon the initial credentialing which occurred three years ago. It is important to have the provider's respond to the e-mail within **one (1) business day** to confirm their primary e-mail, employer's agency name, direct supervisor name and supervisor's e-mail for the various agencies the provider is currently employed with. Updating this information will help with the re-credentialing process and prevent any delay or suspension with the re-credentialing process.



- Providers are required to be re-credentialed every 3 years. The Credentialing Verification Organization, Verge/RLDatix sends an e-mail notification to providers **90 days** in advance and then every week until the provider attest and provides the required documents needed to initiate the re-credentialing process. Be sure to re-credential your providers on-time by promptly responding to the Verge/RLDatix e-mail notifications!

NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABD)

DECEASED

Department of Health Care Services (DHCS) requires a Termination NOABD to be mailed to the last known address of the deceased beneficiary within two (2) business days.



REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)



**AVAILABLE
NOW**

MONTHLY MCST TRAININGS – NOW AVAILABLE

MCST is offering open training sessions effective 1/1/24 for new and existing providers. The 2-hour training will be on NOABDs, Grievances, Appeals, 2nd Opinion/Change of Provider and Access Logs.

Please e-mail AQISGrievance@ochca.com with Subject Line: MCST Training for MHP or DMC-ODS and a MCST representative will send you an e-mail invitation to attend the training via Microsoft Teams.

2nd Tuesdays of the Month @ 1 p.m. MCST Training (MHP)
4th Tuesdays of the Month @ 1 p.m. MCST Training (DMC-ODS)

MCST TRAININGS ARE AVAILABLE UPON REQUEST

- **NEW** MHP and DMC-ODS programs are required to schedule a full-day training to comply with the MCST oversight and DHCS requirements. It is recommended to have the Directors, Managers, Supervisors and Clinical Staff participate in the training to ensure those requirements are met and implemented. Please contact MCST to schedule the training at least a month prior to delivering Medi-Cal covered services.
- If you and your staff would like a refresher on a specific topic or a full training about the MCST's oversight please e-mail the Health Services Administrator, Annette Tran at antran@ochca.com and the Service Chief II, Catherine Shreenan at cshreenan@ochca.com.



GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2ND OPINION AND CHANGE OF PROVIDER

Leads: Esmi Carroll, LCSW Jennifer Fernandez, MSW

CLINICAL SUPERVISION

Lead: Esmi Carroll, LCSW

ACCESS LOGS

Lead: Jennifer Fernandez, MSW

PAVE ENROLLMENT FOR MHP

Leads: Araceli Cueva, Staff Specialist Elizabeth "Liz" Fraga, Staff Specialist

CREDENTIALING AND PROVIDER DIRECTORY

Credentialing Lead: Elaine Estrada, LCSW
Cal Optima Credentialing Lead: Sam Fraga, Staff Specialist
Provider Directory Lead: Ashley Cortez, LCSW

COMPLIANCE INVESTIGATIONS

Lead: Ashley Cortez, LCSW



CONTACT INFORMATION

400 W. Civic Center Drive., 4th floor
Santa Ana, CA 92701
(714) 834-5601 FAX: (714) 480-0775

E-MAIL ADDRESSES

AQISGrievance@ochca.com (NOABDs/Grievance Only)
AQISManagedCare@ochca.com

MCST ADMINISTRATORS

Annette Tran, LCSW
Health Services Administrator

Catherine Shreenan, LMFT
Service Chief II