February 2025

QRTips

Behavioral Health Services
Quality Management Services
Quality Assurance & Quality Improvement Division

UPDATES 📣

Coding Quick Guides

Coding Quick Guides by provider type have been updated and uploaded to the following site:
https://ochealthinfo.com/providers-partners/quality-management-services-qms/payment-reform-resources

If you have trouble opening the file, please right-click on the file of your choosing and select "Save Link As" to download the file.

*If you visited the site between 1/22/2025 and 1/28/2025, updates were made to certified Medi-Cal Peer Support Specialists, MD, NP, CNS, and PA Coding Quick Guides.

Telephone Evaluation and Management Services
CDM codes 99441-4 through 99443-4 have been deactivated as of 1/1/2025

DHCS has removed Telephone E/M Services from the list of allowable services as of 1/1/2025.

This update is applicable to the following provider types: MD, NP, CNS, and PA.

CANS AND PSC-35 FAQ

The CANS and PSC-35 FAQ has been updated. The FAQ can be found on the CANS website.
Please direct any CANS or PSC-35 questions to AQISSupportTeams@ochca.com and indicate "AOA" or "CYS" in the subject line.

Documentation Tips: Interventions

An intervention is a *service* provided to the client and/or support person. Providers should ask themselves, "What did I *do* with the client and/or support person in session today?"

A billable intervention is one that is medically necessary and documented as such.

- **Under 21 years of age**: A service that is necessary to correct or ameliorate a mental illness or condition.
- **21 years of age and older**: A service that is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.

Documentation must include a service that briefly describes how the service addressed the client's behavioral health needs (e.g., symptom, condition, diagnosis, and/or risk factors).

In the table below, there are examples of no identifiable interventions provided, non-billable interventions, and billable interventions.

No intervention provided	Example 1) *Client reported he was feeling better, attended a social group at the Wellness Center this week, walked his dog, and went to the park.*
	Example 2) *Client's mother called to state suspicion that client has been off his medication due to increase response to internal stimuli.*
Non-billable intervention in green	Example 1) *Client reported he was feeling better, attended a social group at the Wellness Center this week, walked his dog, and went to the park.* Provider praised client and scheduled an appointment to meet again next week.
	Example 2) *Client's mother called to state suspicion that client has been off his medication due to increase response to internal stimuli.* Provider expressed understanding and concern.
Billable intervention (if service meets minimum service time requirements) in blue	Example 1) Provider reviewed client's goals from last session, including attending more groups and performing at least 1 self-care activity. *Client reported he was feeling better, attended a social group at the Wellness Center this week, walked his dog, and went to the park.* Provider explored if feelings of loneliness and hopelessness decreased after completing these activities. Provider developed new goals with client for the following week. Client reported she will attend the social group on a weekly basis, try to attend an additional group at the Wellness Center, and try to walk her dog at least 2x/week.
	Example 2) *Client's mother called to state suspicion that client has been off his medication due to increase response to internal stimuli.* Provider gathered more information on client's recent behaviors and symptoms, asked client's mother when she noticed the change, and encouraged client's mother to develop a plan with client regarding medication management. Provider informed client's mother to contact CAT if client is having a psychiatric emergency. After the call, Provider consulted with MD regarding mother's concerns. Provider contacted client to schedule an earlier MD appointment per MD's request.

Reminder:

<u>ALL</u> MHP providers must complete the following <u>**BEFORE**</u> providing services:

- The Annual Provider Training (APT) – The General module and the division module(s) that apply to the population served by your program
- Obtain an NPI number
- The MCST credentialing process (excluding providers who are not license eligible, e.g., MHRS, MHW)
- Submit a Supervision Reporting Form (if applicable). Below is a list of the provider types required to submit one of the 4 types of supervision forms:

CLINICIANS	COUNSELORS	MEDICAL PROVIDERS	QUALIFIED PROVIDERS
•Registered ASW •Registered MFT •Registered PCC •Registered/Waivered Psychologist •Psychologist Clinical Trainee •Clinical Social Worker Clinical Trainee •Marriage & Family Therapist Clinical Trainee •Professional Counselor Clinical Trainee •Associate Applicant – BBS 90 Day Rule	•Registered Counselors	•Nurse Practitioner •Nurse Specialist Trainee •Registered Nurse Trainee •Vocational Nurse Trainee •Psychiatric Technician Trainee •Occupational Therapist Trainee •Occupational Therapist Assistant •Pharmacist Trainee •Physician Assistant Trainee •Physician Assistant •Medical Assistant •Licensed Vocational Nurse •Licensed Practical Nurse •Licensed Psychiatric Technician •Certified Nurse Assistant	•Mental Health Rehabilitation Specialist •Other Qualified Provider I •Other Qualified Provider II •Certified Peer Support Specialist

Med Monitoring Packets Reminder

All packets must be submitted by 3/31/2025

- County clinics: Submit the completed forms via **email** to AQISSupportTeams@ochca.com with "**Medication Monitoring: CYS**" or "**Medication Monitoring: AOA**" in the subject line.

- Contracted providers set-up with TLS by HCA IT, please follow the directions above for county clinics.

- Contracted providers that are <u>not</u> set-up with TLS must use their Box account to transmit the medication monitoring files.

Reminder to Service Chiefs & Supervisors: Please submit monthly program and provider updates / changes for the Provider Directory and send to: AQISManagedCare@ochca.com and BHSIRISLiaisonTeam@ochca.com. Review QRTips in staff meetings and include in your meeting minutes.

MANAGED CARE SUPPORT TEAM

OC health CARE AGENCY

MCST OVERSIGHT

- EXPIRED LICENSES, WAIVERS, CERTIFICATIONS AND REGISTRATIONS
- NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)
- APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS
- CHANGE OF PROVIDER/2ND OPINIONS (MHP/DMC-ODS)
- CAL-OPTIMA CREDENTIALING (AOA COUNTY CLINICS)
- SUPERVISION REPORTING FORMS & REQUIREMENTS

- GRIEVANCES & INVESTIGATIONS
- COUNTY CREDENTIALING
- ACCESS LOGS
- MHP & DMC-ODS PROVIDER DIRECTORY
- PAVE ENROLLMENT (MHP PROVIDERS ONLY)

REMINDERS, ANNOUNCEMENTS & UPDATES

CREDENTIALING: SUPERVISION REPORTING FORM REQUIRED FOR SUBMISSION

- To prevent any potential deficiency for disallowances or recoupments, the MCST will require the submission of the **Supervision Reporting Form** for applicable providers to be submitted with the initial credentialing packets, effective **2/1/25.**

- All **new providers** must submit their initial 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 member on their own nor document any services, including non-billable 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, timely.

CREDENTIALING

OC health CARE AGENCY

SUBMISSION CHECKLIST

A complete packet should contain the following documents listed below and be labeled Last Name, First Name. The document names can be abbreviated. For example, New Applicant Request Form (NARF), Annual Provider Training (APT), Cultural Competency (CC), etc. The e-mail subject line must be titled Credentialing – Program Name.

MHP CHECKLIST
- ✓ Doe, John NARF
- ✓ Doe, John Resume
- ✓ Doe, John APT
- ✓ Doe, John CC
- ✓ Provider Insurance Verification Form
- ✓ **Supervision Reporting Form** (if applicable)

NOTE: The APT and CC Training must be the most current training that was completed in the last year.

DMC-ODS CHECKLIST
- ✓ Doe, John NARF
- ✓ Doe, John Resume
- ✓ Doe, John APT
- ✓ Doe, John CC
- ✓ Doe, John ASAM A
- ✓ Doe, John ASAM B
- ✓ 5 CEU/CME in Drug Addiction/Recovery (**ONLY** for MD, LCSW, LMFT, LPCC, Psychologist)
- ✓ Provider Insurance Verification Form
- ✓ Supervision Reporting Form (if applicable)

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

RUSSIAN THRESHOLD LANGUAGE

- The Department of Health Care Services (DHCS) has identified Orange County as meeting the population threshold language for Russian.
- Per DHCS, "Threshold Language" means a language that has been identified as the primary language, as indicated on the MEDS (Medi-Cal Eligibility Data System), of 3,000 members or five percent of the member population, whichever is lower, in an identified geographic area.
- Quality Management Services (QMS) is working on having all the member materials translated in Russian.
- The 8 threshold languages are English, Vietnamese, Spanish, Korean, Chinese (Simplified), Arabic, Farsi and Russian.

BRAILLE REQUIREMENT

The Department of Health Care Services (DHCS) has required Orange County to provide member materials in Braille in the 8 threshold languages. The MCST has already requested the "Grievance & Appeals Poster" and "Grievance Form" that are under our oversight to be translated by a vendor through Behavioral Health Training Services (BHTS). QMS is working diligently to have member materials to be translated. Stay tuned.

30 DAY RESOLUTION FOR GRIEVANCES

- DHCS is requiring grievances to be resolved within 30 calendar days instead of 90 calendar days to be aligned with the Federal requirements for the Managed Care Plan. This will go into effect **1/1/25**.
- DHCS will be issuing a revised BHIN 18-010E sometime in February.

- The MCST requires program's assistance to quickly respond to our Investigation Representative when requesting supporting evidence (e.g., chart, lab results, medication listing, etc.) and discussing the case to help conclude the grievance. Your cooperation is appreciated to help expedite information needed to resolve the member's grievance, timely.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

MCST TRAININGS ARE AVAILABLE UPON REQUEST

- **NEW** programs are required to schedule a full 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. Contact the 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 MCST's oversight please e-mail the Health Services Administrator, Annette Tran at anntran@ochca.com and the Service Chief II, Catherine Shreenan at cshreenan@ochca.com.

MONTHLY MCST TRAININGS – NOW AVAILABLE

MCST is offering open training sessions for new and existing providers. The 2-hour training is on NOABDs, Grievances, Appeals, State Fair Hearings, 2nd Opinion/Change of Provider, Supervision Reporting Forms 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)

GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2ND OPINION AND CHANGE OF PROVIDER
Leads: Esmi Carroll, LCSW & Jennifer Fernandez, LCSW

CLINICAL SUPERVISION
Lead: Esmi Carroll, LCSW

ACCESS LOGS
Lead: Jennifer Fernandez, LCSW

PAVE ENROLLMENT FOR MHP
Leads: Araceli Cueva & Elizabeth "Liz" Fraga (Staff Specialists)

CREDENTIALING AND PROVIDER DIRECTORY
Credentialing Lead: Elaine Estrada, LCSW & Ashley Cortez, LCSW
Cal Optima Credentialing Lead: Araceli Cueva & Elizabeth "Liz" Fraga
Provider Directory Leads: Esther Chung & Joanne Pham (Office Specialists)

COMPLIANCE INVESTIGATIONS
Lead: Catherine Shreenan, LMFT & Annette Tran, 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

QMS MAILBOXES

Please email the group mailboxes below to ensure your questions arrive to the correct team rather than to an individual team member who may be on vacation, unexpectedly out of the office or otherwise unavailable.

Group Mailbox / QMS Team	Oversees
AQISCalAIM@ochca.com CalAIM Services Team	ECM and Community Supports Referrals & Questions
AQISCDSS@ochca.com Inpatient and Designation Support Services	General Questions regarding Certification & Designation
AQISDesignation@ochca.com Inpatient and Designation Support Services	Inpatient Involuntary Hold Designation ● LPS Facility Designation ● Outpatient Involuntary Hold Designation
AQISGrievance@ochca.com Managed Care Support Team	Grievances & Investigations ● Appeals / Expedited Appeals ● State Fair Hearings ● NOABDs
BHSInpatient@ochca.com Inpatient and Designation Support Services	Inpatient TARs ● Hospital Communications ● ASO / Carelon Communication
AQISManagedCare@ochca.com Managed Care Support Team	Access Logs, Errors & Corrections ● Change of Provider / 2nd Opinion ● Supervision Forms for Clinicians/Counselor/Medical Professionals/Qualified Providers ● County Credentialing ● Cal-Optima Credentialing (AOA County Clinics) ● Provider Directory ● Expired Licenses, Waivers, Registrations & Certifications ● PAVE (MHP Only)
AQISMCCert@ochca.com SUD Support Team	MHP Medi-Cal Certification ● PAVE (County SUD Clinics Only)
AQISSUDSupport@ochca.com SUD Support Team	CalOMS Questions (clinical-based) ● DMC-ODS ● Clinical Chart Reviews ● DATAR Submissions ● DHCS Audits of DMC-ODS Providers ● DMC-ODS ATD ● MPF Updates ● SUD Documentation Questions ● SUD Documentation Trainings ● SUD Newsletter Questions
AQISSupportTeams@ochca.com AOA & CYS Support Teams ** Please identify AOA or CYS in subject line **	AOA & CYS Documentation Support ● CANS / PSC-35 ● Medication Monitoring ● MHP Chart Reviews ● QRTips ● Provider Support Program (AOAST only)
BHSHIM@ochca.com BHS Health Information Management (HIM)	County-Operated MHP & DMC-ODS Programs Use Related: Centralized Retention of Abuse Reports & Related Documents ● Centralized Processing of Client Record Requests and Clinical Document Review & Redaction ● Release of Information, ATDs, Restrictions & Revocations ● IRIS Scan Types, Scan Cover Sheets & Scan Types Crosswalks ● Record Quality Assurance & Correction Activity
BHSIRISFrontOfficeSupport@ochca.com BHS Front Office Coordination	IRIS Billing ● Office Support
BHSIRISLiaisonTeam@ochca.com BHS IRIS Liaison Team	EHR Support, Design & Maintenance ● Add/Delete/Modify Program Organizations ● Add/Delete/Maintain All County & Contract Rendering Provider Profiles in IRIS ● Register Eligible Clinicians & Doctors with CMS ● Assist in Maintaining PTAN Status of Eligible Clinicians & Doctors
BHSNACT@ochca.com BHS IRIS Liaison Team	Manage MHP & DMC-ODS 274 Data and Requirements ● Support of MHP County & Contract User Interface for 274 Submissions

Disclaimer: The Quality Management Services (QMS) Quality Assurance (QA) and Quality Improvement (QI) Division develops and distributes the monthly QRTips newsletter to all MHP providers as a tool to assist with various QA/QI regulatory requirements. It is NOT an all-encompassing document. Programs and providers are responsible for ensuring their understanding and adherence with all local, state, and federal regulatory requirements.