

January 2025

QRTips

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



SMHS Assessment Domain Requirements

After recent chart reviews, QMS' MHP support teams would like to remind providers of the components required in the comprehensive assessment. The purpose of the comprehensive assessment is to evaluate a client's medical necessity for SMHS. Clinical information in each of these domains shall be included to the extent the information is available. It is best practice to state "unable to assess" and the reason the domain was not assessed (e.g., "Unable to assess due to client's refusal to discuss trauma.")

Domain 1:

- Presenting Problem(s)
- Current Mental Status
- History of Presenting Problem(s)
- Client-Identified Impairment(s)

Domain 2:

- Trauma

Domain 3:

- Behavioral Health History
- Co-occurring Substance Use

Domain 4:

- Medical History
- Current Medications
- Co-occurring Conditions (other than substance use)

Domain 5:

- Social and Life Circumstances
- Culture/Religion/Spirituality

Domain 6:

- Strengths, Risk Behaviors, and Protective Factors

Domain 7:

- Clinical Summary and Recommendations
- Diagnostic Impression
- Medical Necessity Determination/Level of Care/Access Criteria

Reminder: Direct client care is required in order to bill for the completion of Domains 1-6. Consolidating and synthesizing Domain 7 is billable with or without direct client care and should be completed only by an LMHA.

TRAININGS & MEETINGS



AOA Online Trainings
[*AOABH Annual Provider Training*](#)

MHP AOA QI Coordinators' Meeting
Teams Meeting: 2/6/2025
10:30- 11:30am

CYS Online Trainings
[*CYPBH Integrated Annual Provider Training*](#)

MHP CYS QI Coordinators' Meeting
Teams Meeting: 1/9/2025
10:00-11:30am
More trainings on [*CYS ST website*](#)

HELPFUL LINKS



[OMS AOA Support Team](#)

[OMS CYS Support Team](#)

[BHS Electronic Health Record](#)

[Medi-Cal Certification](#)

Documentation Simplification

Would you like to learn how to simplify or shorten your progress notes? While there isn't a specific formula on how to do that, below are key characteristics of a quality progress note (*).

- Accurate
- Concise
 - Information elsewhere in the clinical record (e.g., treatment plan) does not need to be duplicated on a progress note.
 - Documentation length may vary based on engagement of the member.
- Documents the medical necessity of the service provided.

(*) *These characteristics do not replace the required elements of a progress note for SMHS as listed on the September 2024 QRTips, which include:*

1. Type of service rendered
2. Narrative describing the service, including how the service addressed the client's behavioral health need
3. Date that the services were provided to the client
4. Duration of the service
5. Location of the client at the time of receiving the service
6. Typed or legibly printed name, signature of the service provider and date of the signature
7. ICD-10 code
8. Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code
9. Planned action steps by the provider or by the client, collaboration with the client, collaboration with other providers

Med Monitoring Packets Reminder

All packets must be submitted by 3/31/2025

- County clinics: Submit the completed forms via **email** to AQISupportTeams@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 not 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.

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

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)

GENERAL REMINDERS ABOUT SUPERVISION REQUIREMENTS

- Any status change for clinicians, counselors and medical professionals requires an updated Supervision Reporting Form to be submitted to the MCST (e.g., separation, change of Clinical Supervisor, etc.).
- BBS and BOP registered, waived and trainees must be assigned to a clinical supervisor and remain in clinical supervision until they become licensed.
- BBS and BOP registered, waived and trainees are required to have clinical supervision **weekly** until licensed.
- Medical Professionals and Registered Counselors must have “regular” supervision to meet the minimum requirements by their licensing board or certifying organization.
- Providers under required supervision by their licensing board or certifying organization (e.g., Nurse Practitioner, Registered AOD Counselor, AMFT, APCC, Certified Peer Support Specialist, Medical Assistant, etc.) are prohibited from delivering Medi-Cal covered services if they have **NOT** submitted their Supervision Reporting Form. Be sure to always secure supervision for the supervisee to prevent any supervision gaps and potential deficiency for disallowances or recoupments.



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](#) soon.
- 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)



RUSSIAN THRESHOLD LANGUAGE

- The Department of Health Care Services (DHCS) has identified Orange County as meeting the population threshold language for Russian.
- 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). **County Providers**, will need to reach out to BHTS to assist with ordering copies of the braille materials that MCST recently translated. For **Contract Providers**, please reach out to your contract monitor and/or County administrator for guidance with obtaining the required Braille materials to have available at your site. QMS is working diligently to have other member materials to be translated. Stay tuned.



NOTIFICATION OF EXPIRED LICENSE, REGISTRATION, CERTIFICATION AND WAIVER

- Programs are strongly encouraged to have their providers renew their credentials with the certifying organization or licensing board at least 2-3 months prior to the expiration. It is not appropriate for a provider to continue delivering Medi-Cal covered services while a registration or certification has lapsed on the assumption that the certifying organization will renew the credential retroactively, as this may not always be the case and can potentially lead to a disallowance.
- When the provider’s credential has expired the MCST and IRIS takes action to deactivate the provider in the County system. The MCST e-mails a notification of the expired credential and requires the provider and direct supervisor to provide a response by the end of the business day.
- The provider’s reinstatement is **NOT** automatic. The provider must petition for their credentialing suspension to be lifted and e-mail proof of the license, certification and/or registration renewal to the MCST and IRIS to reinstate their privileges to begin delivering Medi-Cal covered services.



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 antran@ochca.com and the Service Chief II, Catherine Shreenan at cshreenan@ochca.com.



AVAILABLE
NOW

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 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 Log Errors / Corrections • Change of Provider / 2 nd Opinion • Supervision Forms for Clinicians/Counselor/Medical Professionals/MHP Qualified Providers • County Credentialing • Cal-Optima Credentialing (AOA County Clinics) • Provider Directory • Expired Licenses, Waivers, Registrations & Certifications • PAVE (MHP Only)
AQISMCCert@ochca.com Inpatient and Designation Support Services	MHP Medi-Cal Certification • PAVE (County SUD Clinics Only)
AQISSUDSupport@ochca.com SUD Support	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 <i>* Please identify AOA or CYS in subject line *</i>	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.