

March 2025 QRTips

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

New QMS Email Addresses

New email addresses are in place for providers to submit QMS-related questions. We encourage the immediate use of these new emails, which are located at the end of this newsletter. Old email addresses will expire on August 1, 2025, and any correspondence sent to the old emails will be forwarded to the new emails until that date.

What is a “Note to Chart”?

A **Note to Chart** is a very **brief administrative document** to note **non-clinical activity** that is relevant to the beneficiary’s/client’s care. It is activity that should be documented in the chart, but the content of which does not meet the criteria for a Progress Note. Such activities may include leaving a phone message, receiving a phone message or documenting a no-show.

Note to Chart documents do not generate any Units of Service. They do not appear on the EOC Last DOS Report. Some AOA and CYP programs use this report to monitor EHR compliance.

General Guidelines:

- Be mindful and professional when documenting a Note to Chart.
- Although brief, a Note to Chart is a record of activity documented in the **legal record** of MHRS activity on behalf of a client.
- When a client’s record is requested: Note to Chart documents are included in the Designated Record Set and in the Legal Health Record.

Examples:

- Client no-showed to a MD appointment.
- Client left a voicemail asking for a call back. PC returned Client’s call but was unable to reach Client or leave a voicemail.
- Client called and left a message on PC’s voicemail; when PC returned the call, Client did not answer. PC left a message asking Client to return the call to a specific phone number.

TRAININGS & MEETINGS



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

MHP AOA QI Coordinators’
Meeting
Teams Meeting: 3/6/2025
10:30- 11:30am

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

MHP CYS QI Coordinators’
Meeting
Teams Meeting: 3/13/2025
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](#)

PWB/IS/TFC Update

The updated **PWB/IS/TFC Eligibility Assessment** form is live in the County EHR for IRIS users and available to contracts through your Contract Monitor. This new form includes the Therapeutic Foster Care (TFC) component. When assessing for PWB/IS and a youth meets eligibility for either, the provider will be prompted to assess for TFC.

If the youth is meeting eligibility criteria for TFC, the CFT must be consulted and the provider must explore other intensive services (i.e. Wrap, FSP, TBS, etc.) to meet the youth's mental health needs, since TFC services are not yet available in Orange County. This process must be clearly documented in a progress note to demonstrate the efforts made to link the youth to appropriate level of care.

For questions, please reach out to your Service Chief or Contract Monitor. If your question is still unresolved, please email the PWB Inbox at: PWBMHReferral@ochca.com.

Did You Know: Documenting Intakes

Did you know you can claim for completing intake paperwork with a member **only if** clinical information is also obtained and documented in that same session? Often times, the various intake documents are able to provide clinical information that can support, determine, or discover a need for specialty mental health services. For example, reviewing the elements of informed consent with the member is not only necessary to begin services but can be a good opportunity to assess the member's willingness for treatment or explore how specialty mental health services could work to address the initial presenting problem.

Tip: Solely doing intake paperwork with no clinical information being obtained is seen as an administrative or clerical task which is not a billable service.

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

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.

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

QUALIFIED PROVIDER SUPERVISION FORM (QPSF) – EFFECTIVE 3/1/25



- Department of Health Care Services (DHCS) has identified more providers who can serve and bill for Medi-Cal covered services. The “Qualified Provider” types include additional qualifications to provide an opportunity for professional growth and to allow for more providers who can serve the SMHS and DMC-ODS population to be hired in the Behavioral Health Plan (BHP). With the additional types of providers, it also requires a supervisor who can provide direct or functional supervision of the services.
- The “Qualified Provider” types must attest that they are under supervision and submit the form to the MCST to track and monitor. The provider’s education and work experiences is what will determine which type of provider the person falls under:
 - ✓ Mental Health Rehabilitation Specialist
 - ✓ Other Qualified Provider II
 - ✓ Other Qualified Provider I
 - ✓ Certified Peer Support Specialist
- If you have questions about determining which provider type best fits your program needs, contact AOA or CYS Support Team via the e-mail below:

AOA – BHPAOASupport@ochca.com

CYS – BHPCYSSupport@ochca.com

- The QPSF and County Memo is available and accessible online at:

MHP: [Behavioral Health Plan and Provider Information | Orange County California - Health Care Agency](#)

DMC-ODS: [DMC-ODS For Providers | Orange County California - Health Care Agency](#) :

- Be sure to submit the QPSF form for all your applicable providers to the MCST by **3/31/25**.



REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

SUPERVISION REPORTING FORMS

There are four types of supervision reporting forms the MCST oversees. Below is a grid listing all the provider types that must submit one of the required supervision reporting forms below:

- ✓ Clinician Supervision Reporting Form
- ✓ Counselor Supervision Reporting Form
- ✓ Medical Supervision Reporting Form
- ✓ Qualified Provider Supervision Form

SUPERVISION REPORTING FORMS



LIST OF PROVIDERS REQUIRED TO SUBMIT A SUPERVISION REPORTING FORM

CLINICIANS	COUNSELORS	MEDICAL PROVIDERS	QUALIFIED PROVIDERS
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Registered Counselors 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Mental Health Rehabilitation Specialist • Other Qualified Provider I • Other Qualified Provider II • Certified Peer Support Specialist

REMINDER

- All required providers must submit the supervision form to the MCST upon commencement (e.g., new hire).
- Any status change requires an updated form to be submitted to the MCST (e.g., separation, change in supervisor, etc.).
- Supervision must be provided regularly.
- Provider's that require supervision are **prohibited** from delivering any Medi-Cal covered services if they have **NOT** submitted their supervision reporting form.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

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 the 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	DMC-ODS CHECKLIST
<ul style="list-style-type: none">✓ Doe, John NARF✓ Doe, John Resume✓ Doe, John APT✓ Doe, John CC✓ Provider Insurance Verification Form✓ Supervision Reporting Form (if applicable)	<ul style="list-style-type: none">✓ 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)

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



CAL-OPTIMA CREDENTIALING FOR AOA COUNTY CLINIC PROVIDERS ONLY

- OneCare and OneCare Connect are CalOptima's two Medicare health plans under the Certified Medicare Advantage Plans (CMAP), and the BHP has many members who have OneCare or OneCare Connect, with secondary Medi-Cal. OneCare and OneCare Connect are the only private insurances that are identified as "in network" in the BHP.
- In 2024, the legislation allowed LPCCs and LMFTs to bill Medicare directly for mental health diagnosis and treatment services. The MCST will be reaching out to the AOA county providers and Service Chiefs to begin the CalOptima credentialing process for the existing and new LMFT and LPCC providers.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)



NOW AVAILABLE - RUSSIAN THRESHOLD LANGUAGE

- The 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) has completed translating all informing materials in Russian and it is now available and accessible online at:
MHP: [Behavioral Health Plan and Provider Information | Orange County California - Health Care Agency](#)
DMC-ODS: [DMC-ODS For Providers | Orange County California - Health Care Agency](#)
- The 8 threshold languages are English, Vietnamese, Spanish, Korean, Chinese (Simplified), Arabic, Farsi and Russian.

BRAILLE REQUIREMENT

The DHCS has required Orange County to provide member materials in Braille in the 8 threshold languages. The “Grievance & Appeals Poster” and “Grievance Form” are being translated by a vendor through Behavioral Health Training Services (BHTS). QMS is working diligently to have all the member materials to be translated in braille and disseminated to the programs. 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 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)

MCST GENERAL E-MAIL BOXES

QMS has renamed all the general e-mail addresses and created new ones to enhance the communication and efficiency with serving our providers and members. Please begin using the e-mail addresses listed below for questions and documents to be sent to the appropriate mailboxes. The old e-mail addresses will automatically be forwarded to the new ones for a short period of time. Please update our contact information, as soon as possible.

MCST MAILBOXES	OVERSEES
BHPGrievanceNOABD@ochca.com	Grievances & Investigations; Appeals/Expedited Appeals; State Fair Hearings; NOABDs; MCST Training Requests
BHPManagedCare@ochca.com	Access Logs, Access Log Entry Errors & Corrections; Change of Provider/2 nd Opinion; County Credentialing; Cal-Optima Credentialing (AOA County Clinics); Expired Licenses, Waivers, Registrations & Certifications; PAVE (MHP Only)
new BHPProviderDirectory@ochca.com	Provider Directory Notifications; Provider Directory submission for SMHS and DMC-ODS programs by the 15 th of every month.
new BHPSupervisionForms@ochca.com	Submission of the Supervision Reporting Forms for Clinicians, Counselor, Medical Professionals and Qualified Providers; Submission of updated Supervision Forms for Change of Supervisor, Separation, License/Registration Change, etc.

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, Supervision Reporting Forms and Access Logs.

Please e-mail BHPGrievanceNOABD@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)

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 Mail Box	Oversees
BHPGrievanceNOABD@ochca.com	Grievances & Investigations • Appeals / Expedited Appeals • State Fair Hearings • NOABDs • MCST Training Requests
BHPManagedCare@ochca.com	Access Logs • Access Log Errors & Corrections • Change of Provider / 2nd Opinion • County Credentialing • Cal-Optima Credentialing (AOA County Clinics) • Expired Licenses, Waivers, Registrations & Certifications • PAVE (MHP Only)
BHPSupervisionForms@ochca.com	Submission of Supervision Reporting Forms for Clinicians, Counselor, Medical Professionals and Qualified Providers • Submission of Updated Supervision Forms for Change of Supervisor, Separation, License/Registration Change, etc.
BHPProviderDirectory@ochca.com	Provider Directory submission for SMHS & DMC-ODS programs by the 15 th of every month.
BHSHIM@ochca.com	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
BHSIRISLiaison@ochca.com	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
BHPNetworkAdequacy@ochca.com	Manage MHP & DMC-ODS 274 Data and Requirements • Support of MHP County & Contract User Interface for 274 Submissions
BHPPTAN@ochca.com	
BHPAOASupport@ochca.com	AOA Documentation Support • CANS / PSC-35 • Medication Monitoring • MHP Chart Reviews • QRTips • Provider Support Program (AOAST only)
BHPCYSSUPPORT@ochca.com	CYS Documentation Support • CANS / PSC-35 • Medication Monitoring • MHP Chart Reviews • QRTips
BHPSUDSupport@ochca.com	SUD Documentation Support • CalOMS (clinical questions) & DATAR • DMC-ODS Reviews • MPF Updates • PAVE (County SUD Clinics)
CalAIMSupport@ochca.com	
BHPBillingSupport@ochca.com	IRIS Billing • Office Support
BHPIDSS@ochca.com	General Questions regarding Certification & Designation
BHPDesignation@ochca.com	Inpatient Involuntary Hold Designation • LPS Facility Designation • Outpatient Involuntary Hold Designation
BHPCertifications@ochca.com	MHP Medi-Cal Certification
BHSInpatient@ochca.com	Inpatient TARs • Hospital Communications • ASO / Carelon Communication
BHPUMCCC@ochca.com	Utilization management of Out of Network (and in network) complex care coordination. Typically for ECT, TMS, Eating disorders