Disclaimer: These instructions relate to County IRIS users but can also be valuable to Contracted users who enter PSC-35 data into IRIS

PSC-35 QUICK GUIDE

Purpose

This guide provides instructions for completing the PSC-35 Powerform, used to measure overall psychosocial functioning in children and adolescents. The PSC-35 is one of two measures required for all children and adolescents between the ages of 3 and 18 years old with Medicaid health insurance who receive mental health services.

The PSC is completed by parents at intake and then every six months that a child continues to receive services. The purpose of the program is to enable providers to compare the functioning of children over time in different counties and service settings.

Steps to complete a PSC-35

1. **Orient to the FIN the service was administered on:**
   - Click the dropdown next to the magnifying glass, select **FIN**, and enter the number in the white search field and hit Enter or click on the magnifying glass
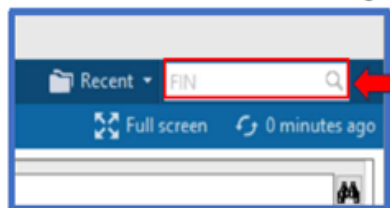
   - Alternatively, you can navigate to your **Home Screen**, change the date to the encounter date and double click on the **Red Checked In** appt to orient to it.
2. **From the banner bar, double check that the client and FIN match your client and FIN encounter.**

3. **Navigate to the Powerforms for Charting widget**
   - Expand the Psychometrics/Measures section
   - Select the PSC-35 form (The powerform should open)
4. **On the Administration tab, fill out the following sections:**
   - **Facility** (required)
   - **Language of Administration if other than English**
     i. Specify Other Language will be required if you select Other
   - **How was psychometric/measure completed?**
   - **Does the client have a caregiver involved in treatment?** (required)
     i. If the answer is Yes, the PSC-35 tab will open and you will complete the form using one of the Suggested Form Statuses.
     ii. If the answer is No, the "Was the most recent PSC-35 an Admin Close or a Discharge? (Please refer to Form History Smart Template and reference text)" question will be required
        1. Please review the **Form History Smart Template** below this question to confirm the **Status** of the most recent PSC-35 and make the appropriate selection
        2. If the most recent PSC-35 was an **Admin Close**, you will select "Yes" and then sign the PSC-35.
        3. If the most recent PSC-35 was not an **Admin Close**, you will select "No". The PSC-35 tab will open and you will complete an **Admin Close** and sign the form.

TRAININGS & MEETINGS
• • •

AOA Online Trainings
AOABH Annual Provider Training

MHP AOA QI Coordinators' Meeting
Teams Meeting: 4/3/2025
10:30- 11:30am

CYS Online Trainings
CYPBH Integrated Annual Provider Training

MHP CYS QI Coordinators' Meeting
Teams Meeting: 4/10/2025
10:00-11:30am
More trainings on CYS ST website

HELPFUL LINKS
• • •

QMS AOA Support Team

QMS CYS Support Team

BHS Electronic Health Record

Medi-Cal Certification

5. On the PSC-35 tab, review the PSC-35 form Suggested Use Smart Template at the top of the form.
    - The Smart Template will direct you, based on the most recently submitted PSC-35, which **Form Status** to select at this time.
    - If the **Form Suggestion** does not show the same status you intended to select, review the **Form History Smart Template** to the right to determine what might be causing this issue.
    - If you are unable to determine why there is a discrepancy, please contact the IRIS Liaison Team through email at bhsirisliaison@ochca.com for assistance.

PSC-35 Form Suggested Use	
Form Type	**Form Suggestion**
Initial	Suggested
Re-Assessment	Not Suggested
Discharge	Not Suggested
Administrative Close	Not Suggested
Urgent	Not Suggested

6. On the PSC-35 tab, fill out the following sections:
    - Caregiver(s) (if applicable)
    - Assessor (required)
    - Form Status (required and should be validated by using the Smart Templates)
7. On the PSC-35 tab, enter the questions based on the Caregiver(s) responses.
    - If this is an **Admin Close**, you can leave them blank if the purpose of the form is to close out the treatment of a client who is no longer seeking treatment or is otherwise out of contact.
    - However, if this is an **Admin Close** that is being used instead of a **Discharge** due to it being outside of the **Discharge** window of 5-7 months, please enter in the data as you normally would.
    - Note: Any PSC-35 form other than an **Admin Close** that has 4 or more missing answers will be rejected by the state.
8. Once complete, click on the "Return" icon at the top of the PSC-35 form.

    P PSC-35 -
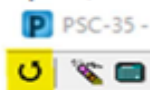
9. After being returned to the Administration tab of the form, sign the form by selecting the Green check box in the top left.

MANAGED CARE SUPPORT TEAM

OChealth 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

QUALIFIED PROVIDER SUPERVISION FORM (QPSF)

- 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

OC health CARE AGENCY

LIST OF PROVIDERS REQUIRED TO SUBMIT A SUPERVISION REPORTING FORM

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

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.

OC health CARE AGENCY

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

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.

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/2nd Opinion; County Credentialing; Cal-Optima Credentialing (AOA County Clinics); Expired Licenses, Waivers, Registrations & Certifications; PAVE (MHP Only); Personnel Action Notification (PAN).
BHPProviderDirectory@ochca.com *(new)*	Provider Directory Notifications; Provider Directory submission for SMHS and DMC-ODS programs by the 15th of every month.
BHPSupervisionForms@ochca.com *(new)*	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.

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.

CalOptima Health

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 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)

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

SUPERVISION REPORTING FORMS
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
BHPGrievanceNOABD@ochca.com
BHPManagedCare@ochca.com
BHPProviderDirectory@ochca.com
BHPSupervisionForms@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 Mail Box	Inquires related to:
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 15th 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