

August 2025

# QRTips

Behavioral Health Services  
Quality Management Services

## Diagnosis in the Assessment Phase

BHP providers have the following options during the assessment phase of a beneficiary's treatment when a diagnosis has yet to be established:

1. **ICD-10 codes Z55-Z65**, "Social Drivers of Health" may be used by **all providers** as appropriate **during the assessment phase prior to diagnosis** and do not require certification as, or supervision of, a Licensed Mental Health Professional (LMHP).
2. **ICD-10 code Z03.89**, "Encounter for observation for other suspected diseases and conditions ruled out" may be used by an **LMHP** during the assessment phase of a beneficiary's treatment when a diagnosis has yet to be established.
3. **Any clinically appropriate ICD-10 code** may be used by an **LMHP** in cases where services are provided due to a suspected disorder that has not yet been diagnosed.
  - a. For example, these include codes for "Other specified" and "Unspecified" disorders, or "Factors influencing health status and contact with health services."



**KEEP  
CALM  
AND  
STAY IN  
YOUR LANE**

## TRAININGS & MEETINGS

Online Training:  
[BHP Annual Provider Training](#)

### SMHS QA/QI Coordinators' Meeting

Teams Meeting  
9/11/25  
10:00 AM - 11:30 AM

### SMHS Documentation Office Hours

Teams Meeting  
1<sup>st</sup> & 3<sup>rd</sup> Thursday  
of the Month  
10:00 AM - 10:50 AM

## Helpful Links:

[QMS Support Team](#)  
[BHS EHR Blog Posts](#)  
[Medi-Cal Certification](#)

# CANS Reminder for Clients Who Have an Open Case with Child Welfare or Probation

Effective immediately, when a client is open with HCA County or Contracted Program and with SSA/Probation, it is important to review/share the CANS scores with the assigned Social Worker (SW)/Probation Officer (PO) to ensure that the scores align.

## Practitioner Expectations

1. HCA practitioners will attend all CFT meetings and be prepared to share/review/update the CANS scores with the CFT members accordingly. When a new CANS is completed by HCA providers, updated scores will be shared with the assigned SW/PO.
2. SW/PO will share their CANS scores with HCA providers, upon case opening and every time CANS scores are updated.

\*CANS completed by HCA providers and SW/PO must have scores that are consistent. Any inconsistencies will require a discussion between HCA providers, SW/PO, client, caregiver, and any relevant support person.

Events that can trigger an updated CANS may include but are not limited to when a youth/youth's:

1. Has an open child welfare or open probation case
2. Enters into foster care
3. Case with child welfare or probation is closed
4. Is referred or placed into an STRTP
5. Has a change in SMHS level of care
6. Has a placement preservation CFT meeting or is at risk of losing placement
7. Foster care placement changes
8. Is hospitalized (psychiatric or medical)
9. Is incarcerated
10. Is deemed eligible for Regional Center services
11. Is newly eligible for special education services or significant change in the youth's existing IEP
12. Is deemed eligible for California Children's Services (CCS) due to an acute or chronic health condition.
13. The HCA provider is responsible to maintain an accurate CANS timeline with the correct form status. The Urgent form status can be used for any updated CANS outside of the 5-7 month window. HCA providers are to coordinate with the SW/PO to ensure consistent CANS scores but are not required to follow the placing agency's (child welfare/probation) CANS timelines.

The HCA provider is responsible to maintain an accurate CANS timeline with the correct form status. The Urgent **form status** can be used for any updated CANS outside of the 5-7 month window. HCA providers are to collaborate with the SW/PO to ensure consistent CANS scores but are not required to follow the **placing agency's (child welfare/probation)** CANS timelines.

**Reminder to Service Chiefs & Supervisors:** Please submit monthly program and provider updates / changes for the Provider Directory and send to: [BHPProviderDirectory@ochca.com](mailto:BHPProviderDirectory@ochca.com) and [BHSIRISLiaison@ochca.com](mailto:BHSIRISLiaison@ochca.com). Review QRTips in staff meetings and include in your meeting minutes.

**Disclaimer:** Quality Management Services (QMS) develops and distributes the monthly QRTips newsletter to all Specialty Mental Health Service (SMHS) providers as a tool to assist with various Quality Assurance (QA) and Quality Improvement (QI) regulatory requirements. The newsletter is NOT an all-encompassing document. 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)
  - GRIEVANCES, INVESTIGATIONS & INFORMING MATERIALS
  - APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS
  - CAL-OPTIMA CREDENTIALING (ONLY PTAN COUNTY PROVIDERS)
  - SUPERVISION REPORTING FORMS & REQUIREMENTS
  - COUNTY CREDENTIALING/RE-CREDENTIALING
  - ACCESS LOGS
  - CHANGE OF PROVIDER/2<sup>ND</sup> OPINIONS
  - PROVIDER DIRECTORY
  - PAVE ENROLLMENT (SMHS PROVIDERS ONLY)
  - PROVIDER TRANSACTION ACCESS NUMBER (PTAN)
- new** PROFESSIONAL LICENSING WAIVERS

## REMINDERS, ANNOUNCEMENTS & UPDATES

### PROVIDER DIRECTORY

Department of Health Care Services (DHCS) recently issued the [BHIN 25-026](#) that supersedes BHIN 18-020, 25-015 (in part) and 22-068 (in part). It introduces new requirements that builds on existing policy by mandating that provider directories be searchable in electronic form, include whether each provider offers covered services via telehealth, etc.



In addition, DHCS also recognizes how the 274 Provider Network File aligns with the Provider Directory. In preparation to streamline the Orange County Provider Directory we will be integrating it into the 274 User Interface (UI). In July, a revised Provider Directory spreadsheet was disseminated containing additional fields to be completed to successfully help migrate some of the required data to the 274 UI. We kindly ask that program follow the submission guidelines using the most current Provider Directory spreadsheet, to maintain the accuracy of the information each month.

The MCST, Data Analytics & Evaluation (DAE) and HCAIT are working quickly to integrate the Provider Directory into the 274 UI. We are anticipating the launch of the Provider Directory 274 UI sometime soon! More information to come!



**REMINDER:** Provider Directory submissions are due on the 15<sup>th</sup> of every month to

[BHPPProviderDirectory@ochca.com](mailto:BHPPProviderDirectory@ochca.com).

NEW

## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

### TRANSGENDER, GENDER DIVERSE, OR INTERSEX (TGI) GRIEVANCES

Senate Bill (SB) 923 (Chapter 822; Statutes of 2022), known as the Transgender, Gender Diverse or Intersex Inclusive Care Act, added section 14197.09 to the W&I and mandated Department of Health Care Services (DHCS) to require all of its Behavioral Health Plans (BHPs), subcontractor, and downstream subcontractor staff who are in direct contact with members in the delivery of care or member services to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as transgender, gender diverse, or TGI. Trans-inclusive health care means comprehensive health care that is consistent with the standards of care for individuals who identify as TGI, honors an individual's personal bodily autonomy, does not make assumptions about an individual's gender, accepts gender fluidity and nontraditional gender presentation, and treats everyone with compassion, understanding, and respect. Additionally, SB 923 requires DHCS to track, monitor, and report grievances, impose sanctions for violations of the law, and publicly report this data alongside other grievance data.

#### WHAT DOES THIS MEAN FOR THE GRIEVANCE PROCESS?

The [BHIN 25-019](#) indicates, if a member submits a grievance against the provider or staff for failure to provide trans-inclusive health care, the BHP is required to report the grievance to DHCS quarterly, effective 7/1/25.

The MCST is also required to submit additional information, as specified by DHCS, that verifies the grievance data reported to DHCS on a quarterly basis when the outcomes of the grievance reported are resolved in a member's favor. If the grievance is resolved in the member's favor, then the individual named in that grievance who is employed by the BHP, **must complete a refresher course by retaking the trans-inclusive health cultural competency training immediately AND before they have direct contact with members again.** This means the individual is **NOT** permitted to have any phone contact, face-to-face interaction, provide treatment services and is unable to deliver any non-billable/billable services, nor chart in the medical records for **ALL** members until the TGI training has been completed and submitted to the MCST to close out the grievance.

Providers or staff at a program should note that any pattern of repeated TGI grievances that are substantiated against a provider(s) and/or staff at a program presumes that the provider(s) and/or staff at that program (BHP, subcontractors, and downstream subcontractors) are not providing adequate trans-inclusive care as required. Such patterns and practices suggest that existing training is ineffective or that the working culture is hostile towards TGI members and requires further remediation, including, but not limited to staff training, staff discipline, and/or re-evaluation of the training curriculum.

## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

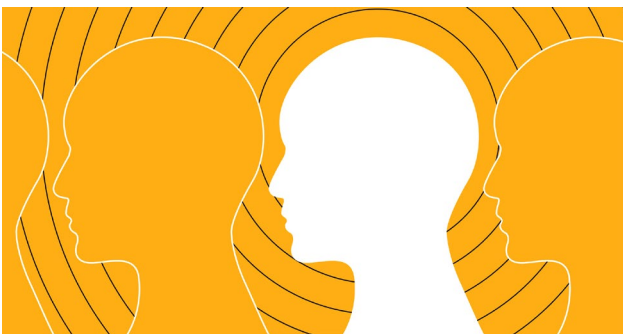


### **PROVIDER TRANSACTION ACCESS NUMBER (PTAN)**

The PTANs will be transitioned to the MCST, effective 7/1/25. Eligible providers are required to be registered with a PTAN in the SMHS Adult & Older Adult (AOA) outpatient county clinics for the county to be reimbursed for Medicare and Medi-Medi covered services.



If you are a county LMHP provider, you may be eligible to obtain a PTAN. Please contact the PTAN Lead at [BHPPTAN@ocha.com](mailto:BHPPTAN@ocha.com) to initiate the process.



### **WHAT IS A PLW?**

It is a Professional Licensing Waiver (PLW) for psychology candidates who has accumulated 48 semester units or 72 quarter units of graduate coursework or has graduated from a doctoral program and wants to deliver Medi-Cal covered services at a county clinic or contracted program.

### **PROFESSIONAL LICENSING WAIVERS (PLW)**

Effective 7/1/25, the PLWs will be transitioned to the MCST. The MCST is required to complete the PLW application for County and County-contracted CYS and AOA providers. The PLW allows pre- and post-doctoral candidates to bill Medi-Cal for SMHS while acquiring supervised professional experience to obtain their license.

If you are a county or contracted provider needing to apply for a PLW please contact the Supervision Lead at [BHPSupervisorForms@ocha.com](mailto:BHPSupervisorForms@ocha.com) with the subject line: PLW Request to initiate the process, effective 7/1/25.

## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)



### DHCS REVISED THE NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABD) & ENCLOSURES



Department of Health Care Services (DHCS) recently issued the [BHIN 25-014](#) and supersedes BHIN 18-010E. It provides updated clarification and guidance regarding the application of federal regulations and state law for processing grievances and appeals.

This BHIN also encloses several notice templates, including the Notice of Grievance Resolution (NGR), Notices of Adverse Benefit Determination (NOABD), Notices of Appeal Resolution (NAR), a “Your Rights” attachment, a member non-discrimination notice, and language assistance taglines. These notices provide members with required information about their rights under the Medi-Cal program.

### BRIEF OVERVIEW OF THE REVISIONS

- Grievance and NOABD enclosures are renamed to:  
Your Rights => Your Rights Under Medi-Cal Managed Care  
Language Assistance => Notice of Availability
- The enclosure titled “Your Rights Under Medi-Cal Managed Care” include additional content about:
  - ✓ **Aid Paid Pending (APP)** – members have the right to keep receiving approved services while waiting for a final decision from an appeal or State hearing.
  - ✓ **Second Opinion** – members have the right to a second opinion from a network provider, or for the BHP to arrange for the member to obtain a second opinion outside of the network, at no cost to the member.
- The revised English NOABDs and enclosures are now available on the QMS website. The other threshold languages are currently being translated. See links below to access the forms:  
QMS SMHS Forms: [Mental Health Plan and Provider Information | Orange County California - Health Care Agency \(ohealthinfo.com\)](#)  
QMS DMC-ODS Forms: [DMC-ODS For Providers | Orange County California - Health Care Agency \(ohealthinfo.com\)](#)
- The revised NOABDs and enclosures are to go into effect, immediately.

### NOABD DELIVERY SYSTEMS TO BE ISSUED TO SUD DMC-ODS MEMBERS

- SUD DMC-ODS outpatient programs are now required to use **NOABD Delivery System** instead of the NOABD Denial of Authorization for Requested Services.
- The **NOABD Delivery System** is used when it is determined that the member does not meet the criteria to be eligible for substance use disorder services and shall refer the member to the appropriate health care delivery system (i.e., Managed Care Plan, mental health, Medi-Cal Fee-for-Service), or other services.
- The **NOABD Denial of Authorization for Requested Services** is still available to use for denying the authorization of SUD residential service requests.

## 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. Please update our e-mail addresses, as some of the old e-mail addresses will expire August 2025.



MCST MAILBOXES	OVERSEES
<a href="mailto:BHPGrievanceNOABD@ochca.com">BHPGrievanceNOABD@ochca.com</a>	Grievances & Investigations; Appeals/Expedited Appeals; State Fair Hearings; NOABDs; MCST Training Requests
<a href="mailto:BHPManagedCare@ochca.com">BHPManagedCare@ochca.com</a>	Access Logs, Access Log Entry Errors & Corrections; Change of Provider/2 <sup>nd</sup> Opinion; County Credentialing; Cal-Optima Credentialing (AOA County Clinics); Expired Licenses, Waivers, Registrations & Certifications; PAVE (SMHS Only); Personnel Action Notification (PAN)
<a href="mailto:BHPProviderDirectory@ochca.com">BHPProviderDirectory@ochca.com</a>	Provider Directory Notifications; Provider Directory submission for SMHS and DMC-ODS programs by the 15 <sup>th</sup> of every month.
<a href="mailto:BHPSupervisionForms@ochca.com">BHPSupervisionForms@ochca.com</a>	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; Mental Health Professional Licensing Waivers
<a href="mailto:BHPPTAN@ochca.com">BHPPTAN@ochca.com</a>	Provider Transaction Access Number (PTAN) enrollment and inquiries.

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## 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](mailto:antran@ochca.com) and the Service Chief II, Catherine Shreenan at [cshreenan@ochca.com](mailto:cshreenan@ochca.com).



### MONTHLY MCST TRAININGS – NOW AVAILABLE

MCST is offering open training sessions for new and existing providers. The 3-hour training is on NOABDs, Grievances, Appeals, State Fair Hearings, 2<sup>nd</sup> Opinion/Change of Provider, Supervision Reporting Forms and Access Logs.

Please e-mail [BHPGrievanceNOABD@ochca.com](mailto:BHPGrievanceNOABD@ochca.com) with Subject Line: MCST Training for SMHS or DMC-ODS and a MCST representative will send you an e-mail invitation to attend the training via Microsoft Teams.

**2<sup>nd</sup> Tuesdays of the Month @ 1 p.m. MCST Training (SMHS)**  
**4<sup>th</sup> Tuesdays of the Month @ 1 p.m. MCST Training (DMC-ODS)**

#### GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDs, 2<sup>ND</sup> 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 SMHS

Leads: Araceli Cueva & Elizabeth "Liz" Fraga (Staff Specialists)

#### CREDENTIALING AND PROVIDER DIRECTORY

Credentialing Leads: Ashley Cortez, LCSW & Esther Chung, Staff Specialist

Cal Optima Credentialing Lead: Araceli Cueva & Elizabeth "Liz" Fraga

Provider Directory Leads: Esther Chung & Joanne Pham, Office Specialist

#### PROVIDER TRANSACTION ACCESS NUMBER (PTAN)

Lead: Boris Nieto, Staff Assistant

#### COMPLIANCE INVESTIGATIONS

Lead: Catherine Shreenan, LMFT & Annette Tran, LCSW



#### CONTACT INFORMATION

400 W. Civic Center Drive, 4<sup>th</sup> floor  
Santa Ana, CA 92701  
(714) 834-5601 FAX: (714) 480-0755

#### E-MAIL ADDRESSES

[BHPGrievanceNOABD@ochca.com](mailto:BHPGrievanceNOABD@ochca.com)  
[BHPManagedCare@ochca.com](mailto:BHPManagedCare@ochca.com)  
[BHPProviderDirectory@ochca.com](mailto:BHPProviderDirectory@ochca.com)  
[BHPSupervisionForms@ochca.com](mailto:BHPSupervisionForms@ochca.com)  
[BHPPTAN@ochca.com](mailto:BHPPTAN@ochca.com)

#### MCST ADMINISTRATORS

Annette Tran, LCSW  
Health Services Administrator

Catherine Shreenan, LMFT  
Service Chief II

## QMS MAILBOXES

Please email questions to the group mailboxes to ensure emails arrive to the correct team rather than an individual team member who may be out on vacation, unexpectedly away from work, or otherwise unavailable.

Group Mailbox	Oversees
<a href="mailto:BHPGrievanceNOABD@ochca.com">BHPGrievanceNOABD@ochca.com</a>	Grievances & Investigations • Appeals / Expedited appeals • State Fair Hearings • NOABDs • MCST training requests
<a href="mailto:BHPManagedCare@ochca.com">BHPManagedCare@ochca.com</a>	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 (SMHS Only) • Personnel Action Notification (PAN)
<a href="mailto:BHPSupervisionForms@ochca.com">BHPSupervisionForms@ochca.com</a>	Submission of supervision reporting forms for clinicians, counselors, medical professionals & other qualified providers • Submission of updated supervision forms for change of supervisor, separation, license/registration change • Mental Health Professional licensing waivers
<a href="mailto:BHPProviderDirectory@ochca.com">BHPProviderDirectory@ochca.com</a>	Provider Directory notifications • Provider Directory submission for SMHS & DMC-ODS programs
<a href="mailto:BHSHIM@ochca.com">BHSHIM@ochca.com</a>	County-operated SMHS & 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
<a href="mailto:BHSIRISLiaison@ochca.com">BHSIRISLiaison@ochca.com</a>	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
<a href="mailto:BHPNetworkAdequacy@ochca.com">BHPNetworkAdequacy@ochca.com</a>	Manage MHP and DMC-ODS 274 data & requirements • Support of MHP county & contract user interface for 274 submissions
<a href="mailto:BHPPTAN@ochca.com">BHPPTAN@ochca.com</a>	Assist in maintaining PTAN status of eligible clinicians & doctors
<a href="mailto:SMHSClinicalRecords@ochca.com">SMHSClinicalRecords@ochca.com</a>	Chart reviews • Corrective Action Plan (CAP) assistance • Documentation & coding support • Use of downtime forms • Scope of practice guidance • QRTips newsletter
<a href="mailto:BHPSUDSupport@ochca.com">BHPSUDSupport@ochca.com</a>	SUD documentation support • CalOMS (clinical questions) & DATAR • DMC-ODS reviews • MPF updates • PAVE (County SUD Clinics)
<a href="mailto:CalAIMSupport@ochca.com">CalAIMSupport@ochca.com</a>	Enhanced Care Management
<a href="mailto:BHPBillingSupport@ochca.com">BHPBillingSupport@ochca.com</a>	IRIS billing • Office support
<a href="mailto:BHPIDSS@ochca.com">BHPIDSS@ochca.com</a>	General questions regarding designation
<a href="mailto:BHPDesignation@ochca.com">BHPDesignation@ochca.com</a>	Inpatient involuntary hold designation • LPS facility designation • Outpatient involuntary hold designation
<a href="mailto:BHPCertifications@ochca.com">BHPCertifications@ochca.com</a>	SMHS Medi-Cal certification
<a href="mailto:BHSInpatient@ochca.com">BHSInpatient@ochca.com</a>	Inpatient TARs • Hospital communications • ASO / Carelon communication