



Requirements to Deliver Behavioral Health Plan Medi-Cal Covered Services

For the Activating, Relocation and Closure of a Program

OC Health Care Agency
Behavioral Health Services
Quality Management Services
Data Analytics & Evaluation

Table of Contents

WELCOME.....	3
INTRODUCTION TO THE MANUAL.....	4
OVERVIEW OF THE DEPARTMENTS	5
MEDI-CAL CERTIFICATION TEAM	5
MANAGED CARE SUPPORT TEAM.....	5
ELECTRONIC HEALTH RECORDS SYSTEM SUPPORT TEAM.....	6
BILLING TEAM	6
CLINICAL RECORDS REVIEW TEAM.....	6
ACTIVATING A NEW PROGRAM	7
ITEMS TO BE SENT TO OR ADDRESSED BY THE MEDI-CAL CERTIFICATION TEAM	7
ITEMS TO BE SENT TO OR ADDRESSED BY THE MANAGED CARE SUPPORT TEAM	8
ITEMS TO BE SENT TO OR ADDRESSED BY THE ELECTRONIC HEALTH RECORDS SYSTEM SUPPORT TEAM.....	17
ITEMS TO BE SENT TO OR ADDRESSED BY THE BILLING TEAM	17
ITEMS TO BE SENT TO OR ADDRESSED BY THE CLINICAL RECORDS REVIEW TEAM.....	18
SPECIALTY MENTAL HEALTH SERVICES.....	18
SUBSTANCE USE DISORDER SERVICES.....	18
RELOCATION OF A PROGRAM.....	22
ITEMS TO BE SENT TO OR ADDRESSED BY THE MEDI-CAL CERTIFICATION TEAM	22
ITEMS TO BE SENT TO OR ADDRESSED BY THE MANAGED CARE SUPPORT TEAM	23
ITEMS TO BE SENT TO OR ADDRESSED BY THE ELECTRONIC HEALTH RECORDS SYSTEM SUPPORT TEAM.....	24
ITEMS TO BE SENT TO OR ADDRESSED BY THE BILLING TEAM	25
ITEMS TO BE SENT TO OR ADDRESSED BY THE CLINICAL RECORDS REVIEW TEAM.....	25
SPECIALTY MENTAL HEALTH SERVICES.....	25
SUBSTANCE USE DISORDER SERVICES.....	25
CLOSURE OF A PROGRAM	27
ITEMS TO BE SENT TO OR ADDRESSED BY THE MEDI-CAL CERTIFICATION TEAM	27
ITEMS TO BE SENT TO OR ADDRESSED BY THE MANAGED CARE SUPPORT TEAM	28
ITEMS TO BE SENT TO OR ADDRESSED BY THE ELECTRONIC HEALTH RECORDS SYSTEM SUPPORT TEAM.....	29
ITEMS TO BE SENT TO OR ADDRESSED BY THE BILLING TEAM	30
ITEMS TO BE SENT TO OR ADDRESSED BY THE CLINICAL RECORDS REVIEW TEAM.....	30
SPECIALTY MENTAL HEALTH SERVICES.....	30
SUBSTANCE USE DISORDER SERVICES.....	30
RESOURCES & CONTACT INFORMATION.....	33
POLICIES & PROCEDURES	33
PRACTICE GUIDELINES	33
QUALITY MANAGEMENT SERVICES E-MAIL BOXES.....	33
ACRONYMS	36

WELCOME

Quality Management Services (QMS) and Data Analytics & Evaluation (DAE) are committed to collaborating and providing the necessary support to meet the county Behavioral Health Plan (BHP) requirements to deliver Medi-Cal covered services for the opening, relocation, and closure of a program.

The QMS and DAE divisions encompass several departments that programs and providers must work closely with to comply with county, state, and federal requirements to become a Specialty Mental Health Services (SMHS) or Drug Medi-Cal Organized Delivery System (DMC-ODS) provider under the county BHP. These departments include:

- Medi-Cal Certification Team
- Managed Care Support Team (MCST)
- Electronic Health Record (EHR) System Support Team – Data Analytics & Evaluation
- Billing Team
- Clinical Records Review (CRR) Team
 - ✓ Specialty Mental Health Services (SMHS)
 - ✓ Substance Use Disorder (SUD) Services

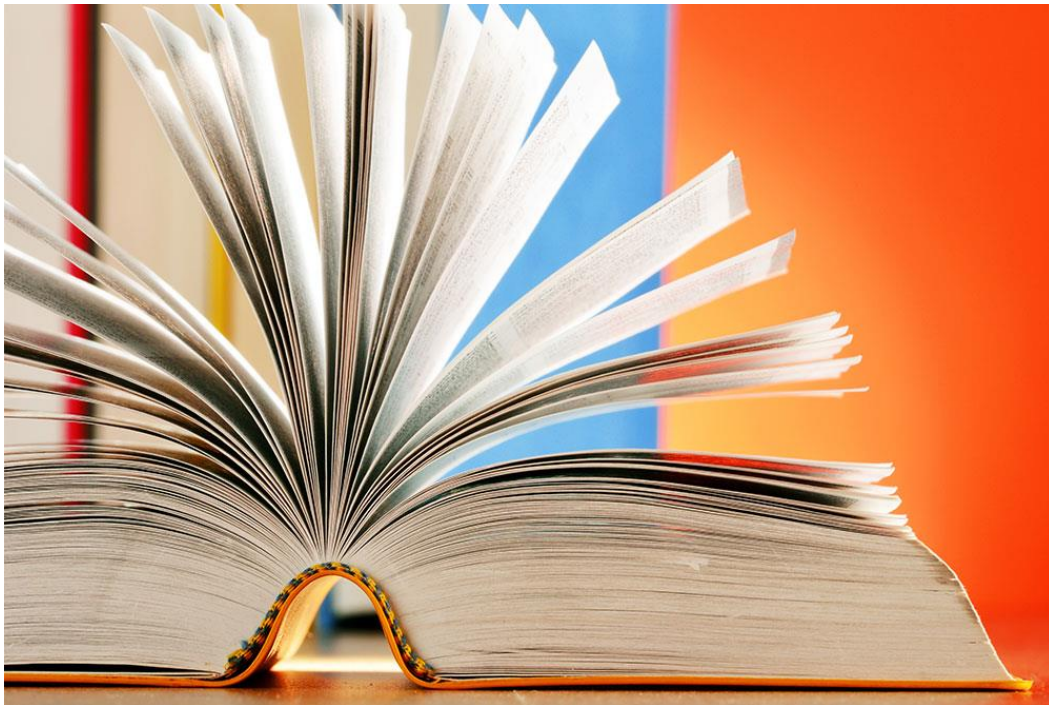


INTRODUCTION TO THE MANUAL

This manual is organized into three main chapters, each containing subcategories that outline the requirements for opening, relocating, and closing within the designated departments of QMS and DAE. Providers can choose to meet the requirements for the CRR Team for Children Youth Services (CYS), Adults & Older Adults (AOA) services and/or SUD services, depending on the type of treatment services the provider will offer.

This manual serves as a comprehensive guide to assist providers in meeting these requirements, starting with the initiation of the process to become a Medi-Cal Certified site through the Medi-Cal Certification Team. During the Medi-Cal site certification process, providers can simultaneously and collaboratively work with other departments within QMS and DAE to fulfill additional requirements and achieve their desired goals.

Additionally, the [Provider Manual](#) is a valuable resource that informs program and providers of their obligations under the Orange County BHP. It provides essential information for understanding the operations, policies, standards, and guidance offered by the Orange County Health Care Agency (OC HCA) and Behavioral Health Services (BHS).



OVERVIEW OF THE DEPARTMENTS

THE MEDI-CAL CERTIFICATION TEAM

For a **SMHS** provider to deliver and be reimbursed for services given to a Medi-Cal member, the program must first be Medi-Cal Certified. The Medi-Cal Certification Team will work directly with the County-operated program wishing to become certified or with the Contracted program and their monitoring team to work through the requirements listed below. Recertification must occur *at least* every three years, which is conducted by the Medi-Cal Certification Team for contracted programs and standard recertifications for county-operated programs, but the Department of Health Care Services (DHCS) will send their own staff for site reviews of County-operated sites related to new activations, or relocations.

Please note that **DMC-ODS** providers are certified by DHCS. The Medi-Cal Certification team will be gate keepers for any needed Master Provider File (MPF) changes, when the appropriate change forms are submitted by the contract monitors.

THE MANAGED CARE SUPPORT TEAM

The MCST is responsible for tracking, monitoring, and providing education on the requirements set forth by DHCS, Federal and State regulations for delivering Medi-Cal covered services in the County of Orange. The MCST ensures compliance among county and contracted providers under the BHP. The areas overseen by the MCST include:

- ✓ Access Logs
- ✓ Provider Directory
- ✓ County Credentialing and Recredentialing
- ✓ CalOptima Credentialing for AOA and SUD County Clinic Providers
- ✓ Provider Application and Validation for Enrollment (PAVE) for SMHS Providers
- ✓ Expired Licenses, Waivers, Registrations and Certifications
- ✓ Grievances and Investigations
- ✓ Notice of Adverse Benefits Decision (NOABD)
- ✓ Appeals and Expedited Appeals
- ✓ State Faire Hearings
- ✓ Supervision Reporting Forms, Requirements and Processes
- ✓ Mental Health Professional Licensing Waivers (PLW)
- ✓ Change of Provider and Second Opinion
- ✓ Provider Transaction Access Number (PTAN)
- ✓ Trainings

OVERVIEW OF THE DEPARTMENTS

Requirements to Deliver Behavioral Health Plan Medi-Cal Covered Services For the Activating, Relocation & Closure of a Program

THE ELECTRONIC HEALTH RECORDS SYSTEM SUPPORT TEAM

The EHR System Support Team manages the Integrated Records Information System (IRIS) which is a database used by the HCA BHS, Correctional Health Services and Public Health Services. IRIS includes the EHR for County-operated BHS programs, as well as the database that processes all the information for county and contracted billing.

THE BILLING TEAM

The Billing Team is responsible for providing oversight and monitoring of Behavioral Health Contract Providers' billing to Short-Doyle Medi-Cal and DMC-ODS. In addition, the team provides training and support to contract front office and billing staff on the use of IRIS applications, the Revenue Cycle, Registration Conversation, and related processes.

The team ensures that all billing complies with federal and state regulations, as well as Health Insurance Portability and Accountability Act (HIPAA) guidelines. They also support HCA Information Technology (IT) with IRIS updates and projects, and assist Programs, Program Support, the Office of Compliance (OOC), and other QMS units with IRIS related issues.

THE CLINICAL RECORDS REVIEW TEAM

Both SMHS and DMC-ODS CRR teams provides Quality Assurance (QA) support related to the documentation of clinical services provided by providers. The CRR teams conduct clinical chart reviews to identify areas in the clinical record considered to be outside of DHCS' standard and then collaborate with providers to ensure that Corrective Action Plans (CAP) are developed to prevent future deficiencies in the clinical record. The CRR teams offer additional support of providers' accurate clinical records through the provision of trainings and technical assistance.

For more information, please refer to [Orange County's HCA Drug-Medical Organized Delivery System](#), [Orange County's DMC-ODS Implementation Plan](#) and [DHCS DMC-ODS website](#).

ACTIVATING A NEW PROGRAM

THE MEDI-CAL CERTIFICATION TEAM

SPECIALTY MENTAL HEALTH SERVICES

- ☐ **Program** to submit [Medi-Cal Certification Application](#), along with a **Program Description**, **Fire Clearance**, and a copy of the **Professional License** of the Head of Service. For contracted providers, Medi-Cal Certification Team will also review the contract to ensure the provider description accurately reflects what is stated in the contract for population served, services provided, etc. The Medi-Cal Certification Team can be reached at BHPCertifications@ochca.com.
- ☐ **Program** to apply for a new **National Provider Identifier (NPI) number, if needed**, or change Doing Business As (DBA) to an agreed upon name. Provider will need to follow BHS naming convention for their programs that are in Orange County.
- ☐ The Medi-Cal Certification Team to request new **Provider Number** from DHCS, and **Legal Entity Number** if needed.
- ☐ **Program** to begin preparing required **Policies & Procedures (P&P)** for provider operation; these documents will be kept in the Medi-Cal binder and will be reviewed just before or at the time of the site review. Medi-Cal Certification Team will furnish a list of required Policies & Procedures and will work with provider to ensure key elements are included in the P&Ps.
- ☐ The Medi-Cal Certification Team will provide an **Operational Date** for program to begin providing services. A brief site visit may be needed to verify operability.
- ☐ Within the first month of operation, the Medi-Cal Certification Team will conduct the initial **Site Review** and review P&Ps for approval.

SUBSTANCE USE DISORDER SERVICES

The MPF is a comprehensive database managed by DHCS that maintains SUD provider records for each California county.

The MPF ensures that provider information is current and accurate, which is essential for:

- Submitting Drug Medi-Cal claims

- Monthly California Outcomes Measurements System (CalOMS) and Drug and Alcohol Treatment Access Report (DATAR) submissions
- Primary Prevention data reporting
- Quarterly Substance Use Prevention Treatment and Recovery Services Block Grant (SUBG) invoicing
- Annual Cost reports

HCA must notify DHCS when new programs are contracted, submit forms to create or update provider records in the MPF, and ensure all provider data is accurate for compliance and funding.

There are three forms used to make updates to the MPF:

1. New Provider Request Form
2. Existing Provider Information Form
3. Out-of-County Referral Request (OOCR) Form

Contract monitors will complete the appropriate form to submit to BHPCertification@ochca.com. The Medi-Cal Certification team will review the forms for accuracy before submitting them to DHCS. Here are some considerations for requesting changes:

The operational date is contingent on the program obtaining fire clearance and their Alcohol and Other Drug (AOD) certification or DHCS license and is usually a date decided upon in conjunction with the program. The operational date is listed on the MPF as the “Effective Date of Change.” The operational date cannot be a future date but can be retroactive.

When the program is ready to begin receiving referrals, the contract monitors will email the new program’s name, address and phone number to BHPCertification@ochca.com to add the new program to the list of providers on the DMC-ODS Authorized Treatment Disclosure (ATD) Form.

County DMC-ODS Providers only: DHCS requires individual providers to enroll/affiliate to the clinic where they provide services through DHCS’ PAVE portal. This process is managed by the Medi-Cal Certification team for County-operated clinic providers and is initiated by a Service Chief or manager when they submit the staff member’s Personnel Action Notification (PAN).

THE MANAGED CARE SUPPORT TEAM

- **Credentialing/Re-Credentialing & Provider Directory Training** – The **program** is to contact the assigned Credentialing Representative to schedule the required training via e-mail at BHPManagedCare@ochca.com with Subject Line: Credentialing/Re-Credentialing & Provider Directory Training Request. A Credentialing Representative will be assigned to be your point of

contact.

- ☐ **Credentialing (Initial)** – The **program** is to submit all required documents to complete the credentialing packet for the individual providers identified as licensed, registered, certified or waived within 5-10 business days upon hire.

[Credentialing Forms | Orange County California - Health Care Agency](#)

The required documents for SMHS submission are:

- ☐ New Applicant Request Form (NARF)
- ☐ Resume (5-year work history)
- ☐ Annual Provider Training Certificate
- ☐ Cultural Competency Training Certificate
- ☐ Provider Insurance Verification Form
- ☐ Certificate of Professional Liability Insurance (County-Contracted Programs ONLY)
- ☐ Supervision Reporting Form for the Specific Provider Type (if applicable)

The required documents for DMC-ODS submission are:

- ☐ NARF Form
- ☐ Resume (5-year work history)
- ☐ Annual Provider Training Certificate
- ☐ Cultural Competency Training Certificate
- ☐ ASAM I/II or ASAM A/B Training Certificates
- ☐ 5 CEU/CME for LPHAs completed in the last year (e.g. MD, LCSW, LMFT, LPCC, Psychologist, etc.)
- ☐ Provider Insurance Verification Form
- ☐ Supervision Reporting Form for the Specific Provider Type (if applicable)
- ☐ Certificate of Professional Liability Insurance (County-Contracted Programs ONLY)

Once a provider receives a confirmation email from the Credentialing Verification organization (CVO), Verge/RL Datix indicating successful submission of their online credentialing application and attestation, they may have the option to begin delivering Medi-Cal covered services. The **attestation date** of the application will serve as the **provisional start date** for service delivery, pending full credentialing approval.

Be aware the provisional start date is contingent upon the new provider ultimately receiving an official credentialing approval letter. If any issues arise during the credentialing process—such as findings on the Office of Inspector General (OIG) Exclusion List or delays caused by the provider (e.g., failure to respond to Verge/RL Datix's requests for additional information)—and are not approved within 30 days, a credentialing denial letter will be issued. In such cases, the provider must immediately cease all services, and any services rendered during the provisional period may be subject to recoupment and corrective actions. Utilizing the attestation date to begin delivering Medi-Cal covered services is optional and you may wait to begin delivering Medi-Cal covered services upon receiving the credentialing approval letter. Choosing the option of providing services before the final credentialing approval is at the provider's discretion. To avoid delays or compliance issues, it is critical that both the provider and the designated administrator remain vigilant in monitoring and responding promptly to all communications from Verge/RL Datix and the MCST.

Important reminder, **program** must submit the individual provider's 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 have received an e-mail from Verge/RLDatix indicating that they have successfully completed their application and attested. It is the responsibility of the designated administrator to review and submit all the required documents for the new hire credentialing packet including the supervision reporting form for the applicable providers to the MCST, timely. Once the provider attest, the credentialing process is automatically expedited and approved within an average of 3-5 business days.

- ❑ **MCST Training** - New **programs** are required to schedule a training prior to delivering Medi-Cal covered services prior to the start of service provisions 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. This training session is available to new and existing providers. The 3+ hour training is on NOABDs, Grievances, Appeals, State Fair Hearings, Supervision Reporting Forms, 2nd Opinion/Change of Provider and Access Logs.

To schedule the above training e-mail BHPGrievanceNOABD@ochca.com with Subject Line: MCST Training for SMHS or DMC-ODS. An MCST representative will send an e-mail

invitation to attend the training via Microsoft Teams. Training will be held 2nd Tuesday of the Month @ 1 p.m. (SMHS) or 4th Tuesdays of the Month @ 1 p.m. (DMC-ODS).

- ❑ **Re-Credentialing** – Occurs every 3 years for the individual provider and may be subject to a shortened 1-year review depending on the findings (e.g. probation by licensing board, multiple grievances, etc.). A notification e-mail from the CVO will be sent 90 days prior to the expiration date of their initial credentialing.

[Credentialing Forms | Orange County California - Health Care Agency](#)

The required documents for SMHS submission are:

- ✓ Annual Provider Training Certificate
- ✓ Cultural Competency Training Certificate
- ✓ Program Questionnaire
- ✓ Grievance Questionnaire (MCST to Complete)
- ✓ QMS Support Team Questionnaire (CRR Team to Complete)

The required documents for DMC-ODS submission are:

- ✓ Annual Provider Training Certificate
- ✓ Cultural Competency Training Certificate
- ✓ 5 CEU/CME for LPHAs (e.g. MD, LCSW, LMFT, LPCC, Psychologist, etc.)
- ✓ Program Questionnaire
- ✓ Grievance Questionnaire (MCST to Complete)
- ✓ QMS Support Team Questionnaire (CRR Team to Complete)

E-mail the re-credentialing packet to BHPManagedCare@ochca.com with Subject Line: Re-Credentialing - (Individual Provider Name & Program Name). A Credentialing Representative will be assigned to be your point of contact.

- ❑ **Supervision Reporting Forms** - Clinician, Counselors, Medical Professionals and Qualified Provider Supervision Forms must be submitted via e-mail BHPSupervisionForms@ochca.com with Subject Line - Supervision Reporting Form to the MCST prior to delivering Medi-Cal covered services by the Clinical Supervisor. Any status change for clinicians, counselors and medical professionals requires an updated Supervision Reporting Form to be submitted promptly to the MCST (e.g., separation, change of Clinical Supervisor, etc.). All supervisees must be in "weekly"

or "regular" supervision to meet the minimum requirements by their licensing board or certifying organization. County Employees who are Clinical Supervisors claiming Clinical License Services (CLS) coding on their timecards must complete a Clinical Supervisor Agreement form and may be subject to an audit by County Human Resources, Audit Controller, OOC, QMS, etc.

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

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

- ❑ **Professional Licensing Waivers (PLW)** - The MCST is required to complete the PLW application for County and County-contracted CYS and AOA individual providers, prior to delivering any Medi-Cal covered services. The PLW allows pre- and post-doctoral candidates who have 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 to do so. When applying for the PLW the individual **provider** will need to provide MCST with their: E-mail address, resume, official transcript and # of hours gained. The PLW is good for 5 consecutive years. It cannot be renewed nor transferred to another county. To begin the process, reach out to the Supervision Reporting Forms Lead at BHPSupervisionForms@ochca.com with Subject Line: Request for PLW.
- ❑ **Access Log** – The **program** Service Chiefs/Program Directors are to run and review Access Log reports in IRIS weekly to fix timely access errors and ensure Access Log entries are entered daily by the staff (e.g. Intake Counselor, Clinician, front office staff, etc.) for new members accessing services in the BHP. Existing members currently in treatment with other BHP providers, are not required to be added to the Access Log. The MCST runs the Access Log reports quarterly to monitor programs and request corrections to access log entry errors (e.g. duplications, data entry errors, issuance of NOABD, etc.) that program did not fix within 3 business days of the request. Contact the Access Log Team at BHPManagedCare@ochca.com with Subject Line - Access Log (Program Name).
- ❑ **Access Log Narcotic Treatment Programs (NTP) (DMC-ODS ONLY)** - The NTP **programs** are required to review the Access Log spreadsheet weekly to resolve timely access errors and ensure Access Log entries are entered daily. Access Log Spreadsheet must be sent by the 10th of the following month to MCST at BHPManagedCare@ochca.com with the Subject Line: NTP Access Log Monthly Submission (Program Name/Location). The MCST will review the spreadsheet to ensure for accuracy. Any errors found must be corrected and re-submitted by the program within 3 business days. Contact the Access Log Team at BHPManagedCare@ochca.com with Subject Line - Access Log (Program Name) for questions and to obtain the most current Access Log spreadsheet to complete your submission.

- ❑ **Provider Directory** – Monthly submissions for the BHP Provider Directory have transition to the 274 User Interface (274 UI) for all programs and individual providers. This platform aligns with several data elements required by the DHCS Network Adequacy Certification Tool (NACT). This will help support improved data consistency and streamlined reporting for both the NACT and Provider Directory.

County contracted program must request a token from the EHR System Support Team to access the county network to enter the data requirements for the NACT and Provider Directory on the 274 UI.

The Provider Directory submissions must be completed by the 15th of each month and be ensured for accuracy by the **program**. All updates made in the 274 UI by program administrators will automatically reflect on the Provider Directory website: <https://BHPProviderDirectory.ochca.com>. Any questions related to the Provider Directory can be e-mailed to BHPProviderDirectory@ochca.com.

- ❑ **Change of Provider/Second Opinion** – This is due on the 10th of the following month when the quarter ends. For the County Clinic, individual **providers** are to complete the "Change of Provider" power form in the Integrated Records Information System (IRIS) when the member request a Change of Provider or Second Opinion. County Contracted **providers** are required to submit a Change of Provider/Second Opinion quarterly log via e-mail at BHPManagedCare@ochca.com with Subject Line – Change of Provider/Second Opinion - (Program Name). To access the most current quarterly log, please e-mail at BHPManagedCare@ochca.com.

- ❑ **Expired Licenses, Waivers, Certification and Registrations** - Programs are strongly encouraged to have their individual providers renew their credentials with the certifying organization or licensing board at least 2-3 months prior to the expiration. It is not allowed 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 EHR System Support Team 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 at BHPManagedCare@ochca.com and SST to reinstate their privileges to begin delivering Medi-Cal covered services.

- ❑ **Grievance/Appeal Posters & Grievance Forms** - Informing materials along with the self-addressed stamped envelopes must be available in the lobby for the member to pick up without

having to make a request. The completed grievance form is confidential and should not be read by staff. The member may request the program to mail the completed grievance form to QMS at no cost. Any complaints from the member must be formally filed with QMS by the provider. The posters and forms must be available in the threshold languages: English, Spanish, Vietnamese, Korean, Farsi, Arabic, Chinese (Simplified) and Russian. Aids and services for people with disabilities, like documents in braille and large print, are also available. These services are free of charge. E-mail at BHPGrievanceNOABD@ochca.com.

Materials are available online at:

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

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

- ❑ **Grievance Investigations** - A "grievance" is an expression of dissatisfaction to the BHP, or any provider about any matter having to do with the provision of Medi-Cal services. Grievances may include, but are not limited to, the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, failure to respect Medi-Cal member rights regardless of whether remedial action is requested, and the member right to dispute an extension of time proposed by the BHP to make an authorization decision. When the member expresses any dissatisfaction of the services, the **provider** is required to file a grievance on the member's behalf and e-mail it to BHPGrievanceNOABD@ochca.com to be processed and assigned to a Grievance Investigator. Minors have the right to file a grievance, and it cannot be waived by the person's parent, guardian, or conservator. Grievances are required to be resolved within 30 calendar days. The MCST requires **program** and **provider** assistance to quickly respond to the Investigation Representative when requesting supporting evidence (e.g., chart, lab results, medication listing, etc.) and discussing the case to help conclude the grievance. An Investigator Representative will be assigned to the grievance, and your cooperation is appreciated to help expedite information needed to resolve the member's grievance, timely.

Materials are available online at:

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

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

- ❑ **Notice of Adverse Benefits Determination (NOABD)** – The **providers** will issue a member with a written NOABD when the program takes action (e.g. deny authorization, termination, modification, delay authorization, timely access, etc.). The NOABD must be issued and meet the DHCS required timeframe (2 business days) along with including the enclosure "Your Rights" to

notify the members of their rights in compliance with the federal regulations. A copy of the NOABD must also be e-mailed timely to the MCST at BHPGrievanceNOABD@ochca.com with Subject Line: NOABD (Program Name) to track and monitor for compliance.

Materials are available online at:

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

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

- **Cal-Optima Credentialing (AOA and SUD County Clinics 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 the BHP is "in network" with since it is part of CalOptima. Since, the BHP is "in-network" that means the **providers** need to be credentialed by CalOptima and PTAN for the providers' claims to be approved.

The MCST must credential the specific providers with CalOptima so that claims will successfully adjudicate, and Behavioral Health Services (BHS) receive reimbursement for both OneCare and OneCare Connect claims as well as the secondary Medi-Cal reimbursements.

These provider types below are the only ones that must be credentialed to bill Medicare under the CMAP:

- ✓ LCSW
- ✓ LPCC
- ✓ LMFT
- ✓ Psychologist
- ✓ Nurse Practitioner
- ✓ Physician Assistant
- ✓ Doctor of Osteopathy (Board Certified)
- ✓ Psychiatrist (Board Certified)
- ✓ Medical Doctor (Board Certified)

The MCST is responsible for coordinating CalOptima credentialing, reconciling, and tracking the identified County providers for re-credentialing. If you are one of the County providers listed above, you must contact the CalOptima Credentialing Leads at the MCST to initiate the process. Program must reach out to BHPManagedCare@ochca.com with Subject Line: Cal-Optima Credentialing for assistance.

- **PAVE Enrollment (SMHS Providers ONLY)** - To ensure compliance with the Cures Act and Final Rule mandates, DHCS requires that the BHP ensure all applicable network **providers** enroll through DHCS' PAVE portal. The intent of the federal regulations is to reduce the incidence of fraud and abuse by ensuring that network providers are individually identified and screened for licensure and certification.

The mental health providers required to be enrolled in PAVE are:

- ✓ Physician Assistant
- ✓ Psychiatrist
- ✓ Physician
- ✓ Pharmacist
- ✓ Nurse Practitioner
- ✓ LMFT
- ✓ LCSW
- ✓ LPCC
- ✓ Psychologist
- ✓ Speech Therapist

The MCST, tracks, reconciles, monitors, and ensures mental health providers in the BHP are PAVE enrolled. Contact the PAVE Leads for assistance with initiating the steps prior to delivering any Medi-Cal covered services. Program must reach out to BHPManagedCare@ochca.com with Subject Line: PAVE Enrollment for assistance.

- **Provider Transaction Access Number (PTAN) (County AOA Clinics ONLY)** – The **program** is to notify, BHPPTAN@ochca.com with the Subject Line: Activate PTAN, if your provider (e.g. LPHA/LMHP) qualifies to be a Medicare provider in the Behavioral Health Plan. The PTAN representative from MCST will reach out to assist your provider with initiating the PTAN process to begin billing for Medicare covered services.

THE ELECTRONIC HEALTH RECORDS SYSTEM SUPPORT TEAM

- ☐ The Medi-Cal Certification Team will complete the organization (ORG) workbook with program and send to EHR System Support Team.
- ☐ The EHR System Support Team will utilize the ORG workbook to complete and build out to access EHR, billing capabilities, appointment scheduling, reports, etc.
- ☐ The EHR System Support Team will submit the ORG workbook to the Information Technology (IT) department, letting them know where it is on the priority list.
- ☐ The IT Department will build the ORG/building.
- ☐ The IT Department will notify EHR System Support Team when the ORG/building is ready for testing for any errors and glitches.
- ☐ The EHR System Support Team will begin ORG testing and work with the IT Department to make sure the ORG/building is functioning correctly.
- ☐ The EHR System Support Team will request Billing Team to do their testing on the org and they will work with the IT Department to make sure the ORG/building is functioning correctly. While the ORG is being built, provider should work with the MCST to get all necessary staff credentialed.
- ☐ The **provider** will complete the PAN for all clinical staff that have completed credentialing as well as the staff that do not require credentialing and send to EHR System Support Team.
- ☐ The EHR System Support Team will make sure all required documents are sent in with the PAN and will submit staff information to build the provider's profile in IRIS.
- ☐ The EHR System Support Team will notify the Program when provider profile is ready for billing.

THE BILLING TEAM

- ☐ The Billing Team will coordinate with the EHR SST and the IT Department on billing code ORG assignment.
- ☐ Once the IT Department assigns billing codes to the new ORG in the EHR, the Billing Team will test all billing codes in IRIS Charge Entry for different provider types, rates, nightly ops jobs, etc.
- ☐ The Billing Team will notify the EHR System Support Team once all testing has passed.
- ☐ The **provider** will complete a PAN for all front office staff, billers, and administrative staff, and submit it to the EHR System Support Team.

- ☐ When a PAN is processed, the EHR System Support Team will notify the Billing Team that the user has been added to IRIS.
- ☐ The Billing Team will enroll users in all required trainings before EHR access is granted.
- ☐ The Users will be granted EHR access on the day initial training is completed.

THE CLINICAL RECORDS REVIEW TEAM

SPECIALTY MENTAL HEALTH SERVICES

- ☐ **Program** must inform the CRR Team of the opening and provide the information needed:
 - ✓ The Service Chief/Program Director's name
 - ✓ Email address
 - ✓ Contract Monitor's name
 - ✓ Licensure(s)
 - ✓ Physical address
 - ✓ Program description, including SMHS to be provided at that site
- ☐ The CRR Team will schedule the program for an annual chart review.
- ☐ The **program** must provide the name/email address of the one Licensed Mental Health Professional (LMHP) who is the provider's Quality Assurance (QA) Coordinator responsible for the integrity of the provider's clinical record.
- ☐ The assigned consultant on the CRR Team' Technical Assistance and Training Support team will arrange for documentation training to the QA Coordinator and Program Director upon completion of the Annual Provider Training.

SUBSTANCE USE DISORDER SERVICES

- ☐ **SUD QA Reviewer is assigned to the new program** - Every new program is assigned a SUD QA Reviewer, who is available to train, provide technical assistance, and answer any questions/concerns when first opening a program. The SUD QA Reviewer works closely with the SUD Contract Monitor and HCA Contract Administrator. The SUD QA Reviewer leads the program's clinical chart review at least once every fiscal year.

- ❑ **After the SUD Contract Monitor has been assigned to the new program, the SUD CRR Team requests the following information from the SUD Contract Monitor:**

- ✓ Program Information (Address; levels of care offered; number of beds, if applicable)
- ✓ Date when the program starts as a DMC-ODS provider with Orange County
- ✓ Date when the program begins providing services to clients
- ✓ Name of the program's Contract Administrator
- ✓ Program Director/Service Chief (SC) – name, license, title, and email address
- ✓ Two (2) program contacts' names and emails (usually this is the Program Director/Service Chief and Quality Improvement (QI) Coordinator).

The program contacts are usually the Program Director/Service Chief and the lead QI Coordinator for the program. These program contacts attend the monthly SUD QI Coordinator's meeting, receive the monthly SUDsies Newsletters, receive updates to manuals and information about trainings, and all CRR Team email announcements made for all DMC-ODS programs. All information received should be disseminated to all staff when applicable.

- ❑ **The CRR Team needs the program's CURRENT AOD Certification and/or DHCS license at the opening of the program and throughout the program's contract. ALL DMC-ODS programs need to be DMC certified to provide AND bill for services.**
- ❑ **The SUD Contract Monitor sends the CRR Team ALL current certifications consistent with all of the program's services.** These certifications may include DMC certifications, AOD certifications, DHCS Level of Care (LOC) Designation certification, or the ASAM LOC Designation certification to BHPSUDSupport@ochca.com.
- ❑ **When the new program is first contracted with Orange County's DMC-ODS system of care, QMS will provide a new provider orientation.**

The DMC-ODS program's assigned CRR Team's QA Reviewer will coordinate with the Program Director, program's QI Coordinator or SUD Contract Monitor training for the new program.

- ❑ **When the new program is first contracted with Orange County's DMC-ODS system of care, QMS will provide LOC orientation specific to the program.**

The DMC-ODS program's assigned CRR Team's QA Reviewer will coordinate with the Program Director, program's QI Coordinator or SUD Contract Monitor training for the new program.

- ☐ **When the new program is first contracted with Orange County's DMC-ODS system of care, QMS will provide DMC-ODS Clinical Documentation training.**

The DMC-ODS program's assigned CRR Team's QA Reviewer will coordinate with the Program Director, program's QI Coordinator or SUD Contract Monitor the training.

- ☐ **When the new program is first contracted with Orange County's DMC-ODS system of care, QMS will provide Current Procedural Terminology (CPT) billing code training.**

The DMC-ODS program's assigned CRR Team's QA Reviewer will coordinate with the Program Director, program's QI Coordinator or SUD Contract Monitor the training.

- ☐ **When the new program is first contracted with Orange County's DMC-ODS system of care, the QI Systems Team's Office Support staff will provide DATAR training to the new DMC-ODS program.**

The QI Support Team's Office Support staff will coordinate with the Program Director, program's QI Coordinator, or the SUD Contract Monitor a training on how to complete the Waiting List Record (WLR) and DATAR. DATAR is a system of tracking treatment capacity for DMC-ODS programs in California.

The DATAR form is due from DMC-ODS providers to the QI Systems Team via email, QISystems@ochca.com by the **5th day of the month following the report activity month.**

- ☐ **Training requirements BEFORE providing and billing services:**

ALL providers, including volunteers and interns, are required to be trained and complete at least once prior to providing and billing services, the following two training modules:

- ✓ ASAM Multidimensional Assessment (sometimes referred to as ASAM-A or ASAM I).
- ✓ Assessment to Service Planning and Level of Care (sometimes referred to as ASAM-B or ASAM II).

This ASAM requirement applies to all physicians and Medical Directors regardless of their role in the program and may only be waived for physicians/Medical Directors who are Board Certified with an Addiction sub-specialty.

ACTIVATING A NEW PROGRAM

Requirements to Deliver Behavioral Health Plan Medi-Cal Covered Services

For a list of all required DMC-ODS training requirements for providers, please refer to the DMC-ODS Training requirements P&Ps. This and all other BHS P&Ps can be found by visiting Orange County's BHS P&Ps here [BHS Policies and Procedures | Orange County California - Health Care Agency](#). QMS will provide this list to the new program and website(s) for reference.

RELOCATION OF A PROGRAM

THE MEDI-CAL CERTIFICATION TEAM

SPECIALTY MENTAL HEALTH SERVICES

- ☐ **Program** to send a proposal/memo/email with the relocation plan including new address and floor plan including use of spaces (label reception, clinician offices, group rooms, etc.) to the Medi-Cal Certification Team.
 - a. How will the program (staff, clients services, etc.) be housed?
 - b. How will the move affect the services?
 - c. How will the move affect the security of Protected Health Information (PHI)?
 - d. Is the new facility operational?
 - e. Does the move change the population being served?
 - f. What is the proposed timeline for the changes?
 - g. *Additional information may be required before moving to the next step.
- ☐ Provide confirmation the lease has been secured and fire clearance completed.
- ☐ Provide planned timeline to become operational at new site to begin seeing members.
- ☐ The Medi-Cal Certification Team to determine operational/activation date; may require a preliminary site visit.
- ☐ The Medi-Cal Certification Team will coordinate with EHR System Support Team to update address in IRIS.
- ☐ **Program** to update NPI to new address.
- ☐ Recertification site review will be scheduled at which time that updated P&P binder will be reviewed. For County-operated programs, this will require a visit from DHCS.

SUBSTANCE USE DISORDER SERVICES

There are three forms used to make updates to the MPF:

1. New Provider Request Form
2. Existing Provider Information Form
3. OOCR Form

RELOCATION OF A PROGRAM

Requirements to Deliver Behavioral Health Plan Medi-Cal Covered Services

Contract monitors will complete the appropriate form to submit to BHPCertification@ochca.com. The Medi-Cal Certification team will review the forms for accuracy before submitting them to DHCS.

Existing DMC-ODS programs needing to change their legal entity name, address, or director name/email must do so via PAVE, not MPF.

When the program is ready to begin receiving referrals at their new location, the contract monitors will email the program's complete name, new address and phone number to BHPCertification@ochca.com to update the new address on the provider list of the DMC-ODS ATD Form.

THE MANAGED CARE SUPPORT TEAM

- ❑ **Supervision Report Forms** for Clinical, Counselors, Medical and Qualified Providers must be completed by the Clinical Supervisor to terminate supervision or change to a new clinical supervisor and submitted to BHPSupervisionForms@ochca.com with Subject Line - Supervision Reporting Form.

Materials are available online at:

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

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

- ❑ **NOABDs** - Pending NOABDs must be issued to the member and e-mailed to BHPGrievanceNOABD@ochca.com by the **providers**. An NOABD Termination is not required if the member is transferring within the BHP to continue services.

Materials are available online at:

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

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

- ❑ **Access Log** – The **providers** must enter any pending access log entries and run the Access Log report to correct all errors and issue NOABD Timely Access (if applicable). Existing members transferring within the BHP to continue services do not require an access log entry. E-mail at BHPManagedCare@ochca.com with subject line Access Log (Program Name) for assistances and questions.

RELOCATION OF A PROGRAM

Requirements to Deliver Behavioral Health Plan Medi-Cal Covered Services

- ❑ **Provider Directory** – The Provider Directory submissions must be completed by the 15th of each month and be ensured for accuracy for the relocation by the **program**. All updates made in the 274 UI by program administrators will automatically reflect on the Provider Directory website: <https://BHPProviderDirectory.ochca.com>. Any questions related to the Provider Directory can be e-mailed to BHPProviderDirectory@ochca.com.
- ❑ **Credentialing** – The **program** must submit an updated Insurance Verification Form and NARF for the sites that will be taking on the existing providers at the new locations within the entity to BHPManagedCare@ochca.com. Lead: To Be Assigned to Credential Representative
- ❑ **Change of Provider/Second Opinion** – The **program** must submit the quarterly log prior to the move of the County-Contracted program only to BHPManagedCare@ochca.com with Subject Line: Change of Provider/Second Opinion (Program Name - Closure). For the County Clinic, submit all pending "Change of Provider" power forms in IRIS.
- ❑ **Provider Transaction Access Number (PTAN) (County AOA Clinics ONLY)** – The **program** must notify, BHPPTAN@ochca.com with Subject Line: Deactivate or MOVE - PTAN, if your provider (e.g. LPHA/LMHP) is a Medicare provider who is separating/moving locations in the Behavioral Health Plan. The provider will be deactivated, or their profile will be updated to the new location.
- ❑ **CalOptima Credentialing (County AOA Clinics ONLY)** - The **program** must notify, BHPManagedCare@ochca.com with Subject Line: Deactivate or MOVE - CalOptima Credential, if your provider (e.g. LPHA/LMHP) is a Medicare provider who is separating/moving locations in the Behavioral Health Plan. The provider will be deactivated, or their profile will be updated to the new location.

THE ELECTRONIC HEALTH RECORDS SYSTEM SUPPORT TEAM

- ❑ After completing requirements from the Medi-Cal Certification Team, **provider** should notify EHR System Support Team for any of the following changes:
 - ✓ Moving
 - ✓ Name Change
 - ✓ Change in Services Provided
 - ✓ Change in Program Type
- ❑ The EHR System Support Team will evaluate the changes and determine how to update the program in the EHR.

THE BILLING TEAM

- ☐ If the program is moving and renaming, the Billing Team will ensure ORGs are added to claim rules, nightly ops jobs, transmission jobs, etc.
- ☐ The Billing Team will monitor any Pending Provider Certification holds where applicable and coordinate with the EHR System Support Team to ensure timely release and compliance with filing deadlines.

CLINICAL CHART REVIEW TEAM

SPECIALTY MENTAL HEALTH SERVICES

- ☐ The CRR Team needs to be informed of an address change in order to ensure an onsite annual chart review can be conducted.

SUBSTANCE USE DISORDER SERVICES

- ☐ The moving program notifies the County (SUD Contract Monitor and CRR Team) when an upcoming move will happen as soon as possible.

For ALL County moves, the SUD Health Services Manager (HSM) is the contact person.

- ☐ The moving program notifies DHCS (Provider Enrollment Division (PED) and Licensing/Certification) the program is moving or reducing services.
 - ✓ DHCS PED - DHCSDMCRecert@dhcs.ca.gov
 - ✓ DHCS Licensing/Certification - LCDQuestions@dhcs.ca.gov
- ☐ Before relocating, the moving program must have either their AOD certification relocation approved OR their DHCS license (whether that is Residential, Withdrawal Management or NTP) relocation approved.
- ☐ Before the moving program can schedule the AOD Certification onsite visit with DHCS, the moving program must obtain fire clearance at the new location.
- ☐ Before relocating, the moving program must send their AOD certification and/or DHCS license(s) to their assigned SUD Contract Monitor and the SUD Contract Monitor will then file/store the current certification/license.

- ☐ The moving program receives an email notification that DHCS has completed the review, and the application has been submitted to the next level for signature and final review.
- ☐ Once the SUD program that is moving receives email confirmation of the approval, then a move in date can be scheduled.
- ☐ Once all the above required elements are met, the moving program can move into the new location and apply for a business license update.

CLOSURE OF A PROGRAM

THE MEDI-CAL CERTIFICATION TEAM

SPECIALTY MENTAL HEALTH SERVICES

- ☐ The **program** to inform the Medi-Cal Certification Team of planned closure/termination via email at BHPCertifications@ochca.com.
- ☐ The **program** to send a proposal/memo/e-mail with the termination plan including:
 - ✓ Reason for closing
 - ✓ Planned last date of service
 - ✓ Planned program termination date
 - ✓ Member transition plan
 - ✓ How will PHI/charts be stored
- ☐ The Medi-Cal Certification Team will coordinate with EHR System Support Team for termination date to be scheduled.
- ☐ The Contracted **program** to inactivate NPI by sending an e-mail to BHPCertifications@ochca.com to inform when the NPI number has been deactivated. A copy of this e-mail will be forwarded to DHCS. County-operated programs NPI number will be closed by the Medi-Cal Certification Team in coordination with the Office of Compliance.

SUBSTANCE USE DISORDER SERVICES

- ☐ **Program** to confirm the Medi-Cal Certification Team of planned closure/termination via email at BHPCertifications@ochca.com. Once the program has verified all CalOMS are entered, QMS will confirm there are no open admissions pending in BHIS. After billing and CalOMS are complete, update the MPF to reflect this provider is no longer contracted with the County effective (Month Date, Year).
- ☐ **QMS runs CalOMS information needing to be completed by the closing program.** The SUD Contract Monitor ensures all CalOMS have been entered, and all errors have been corrected.
- ☐ **The closing program runs their Open Client report and Caseload Rosters in IRIS to ensure ALL EOCs are closed out in IRIS.**
- ☐ **After ALL, CalOMS Submittals are completed and ALL EOCs have been closed:**

The SUD Contract Monitor confirms with QMS that the closing program has completed ALL CalOMS submittals and ALL EOCs are closed. Once the SUD Contract Monitor has confirmed all IRIS entries are completed and all CalOMS have been submitted and EOCs are closed, QMS runs the Open Provider report in BHIS to confirm there are no open clients.

- ☐ Contract monitors will complete the appropriate form to submit to BHPCertification@ochca.com. The Medi-Cal Certification team will review the forms for accuracy before submitting them to DHCS.
- ☐ There are two forms that may be used to make updates to the MPF when providers are terminating their programs:
 - ✓ Existing Provider Information Form
 - ✓ OOCR Form
- ☐ Once the provider has determined their last day to receive referrals, the contract monitors will email the program's name and last date to receive referrals to BHPCertification@ochca.com to remove the program from the list of providers on the DMC-ODS ATD Form.

THE MANAGED CARE SUPPORT TEAM

- ☐ **Supervision Report Forms** for Clinical, Counselors, Medical and Qualified Providers must be completed by the Clinical Supervisor to terminate supervision or change to a new clinical supervisor and submitted to BHPSupervisionForms@ochca.com with Subject Line - Supervision Reporting Form.

Materials are available online at:

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

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

- ☐ **NOABDs** - Pending NOABDs must be issued to the member by the **provider** and e-mailed to BHPGrievanceNOABD@ochca.com. An NOABD Termination is not required if the member is transferring within the network to continue services.
- ☐ **Access Log** – The **provider** is to enter any pending access log entries and run the Access Log report to correct all errors and issue NOABD Timely Access (if applicable). Existing members

transferring within the BHP to continue services do not require an access log entry. E-mail at BHPManagedCare@ochca.com with subject line Access Log (Program Name).

- ❑ **Provider Directory** – The Provider Directory submissions must be completed by the 15th of each month and be ensured for accuracy for the deactivation by the **program**. All updates made in the 274 UI by program administrators will automatically reflect on the Provider Directory website: <https://BHPPProviderDirectory.ochca.com>. Any questions related to the Provider Directory can be e-mailed to BHPPProviderDirectory@ochca.com.
- ❑ **Change of Provider/Second Opinion** – The **program** is to submit the quarterly log prior to the closure of the County-Contracted program only to BHPManagedCare@ochca.com with Subject Line: Change of Provider/Second Opinion (Program Name - Closure). To obtain the most current quarterly log, e-mail BHPManagedCare@ochca.com. For the County Clinic, submit all pending "Change of Provider" power forms in EHR System Support Team.
- ❑ **Credentialing** – The **program** must submit a list of the providers no longer providing services leaving the BHP and/or submit an updated Insurance Verification Form and New Application Request Form (NARF) for the sites that will be taking on the existing providers at the new locations within the entity to BHPManagedCare@ochca.com. Lead: To Be Assigned to Credential Representative

[Credentialing Forms | Orange County California - Health Care Agency](#)

- ❑ **CalOptima Credentialing (County AOA Clinics ONLY)** – The **program** must notify, BHPManagedCare@ochca.com with Subject Line: Deactivate or Move - CalOptima Credential, if your provider (e.g. LPHA/LMHP) is a Medicare provider who is separating/moving locations in the BHP. The provider will be deactivated, or their profile will be updated to the new location.

THE ELECTRONIC HEALTH RECORDS SYSTEM SUPPORT TEAM

In preparation for the location to close, **program** should do the following:

- ❑ Work their billing queues to resolve all issues
- ❑ Ensure all encounter/FINs have been created and all charges have been entered or corrected.
 - ✓ Make sure to discharge or transfer all members
 - ✓ Close all Episode of Care(s) (EOC)

- ☐ Once the program officially shuts down, the **program** should submit that date to the EHR System Support Team as well as a PAN form for anyone who is separating from their program or transferring to another site.
- ☐ The EHR System Support Team will then close the program in the EHR.

THE BILLING TEAM

- ☐ In preparation for the closure of a location, the **program** should:
 - ✓ Work all billing queues.
 - ✓ Resolve all pending claims.
 - ✓ The Billing Team will notify the Certification Team once all billing queues have been cleared.

THE CLINICAL CHART REVIEW TEAM

SPECIALTY MENTAL HEALTH SERVICES

- ☐ The CRR needs to be informed about the program's closure in order to update the annual chart review calendar and ensure an annual chart review and Program Review have been completed.
- ☐ The **program** shall ensure that the clinical record of each member affected by the provider closure should include documentation of the provider's plan for the member's continued care.

SUBSTANCE USE DISORDER SERVICES

- ☐ Upon being notified a program is closing by the SUD Division, the CRR Team sends out an email to confirm what is needed to close the program.

Email is sent with HIGH IMPORTANCE and addressed to:

- ✓ SUD Division - Senior HSM, SC, SUD Contract Monitor
- ✓ QMS - Assistant Deputy Director, QA HSA
- ✓ EHR System Support Team – HSM, SC over SUD

- ✓ Billing Team – HSM, SC, Program Supervisor
- ✓ CRR Team – HSM, SC, assigned QMS SUD QA Reviewer
- ✓ MCST – HSA, SC

Email template:

Subject Line: BHS Contract Termination – Effective (Month Date, Year)

Body of Email:

Snip-It of the Provider's row on the MPF

Effective at the end of day on [Day, Month Date, Year], [Complete Name of Program – Provider ID Number] is no longer contracted with the OC HCA. This is a (levels of care provider served) provider.

- ☐ If there was any IRIS access granted to the provider, please coordinate with the program and with IRIS and the Billing Team to suspend access when it has been verified that all services/forms have been entered and billing reconciled.
- ☐ **Notices to Member** - Each member is required to be sent a notice by the closing program. The notice must be sent “30 calendar days prior to the effective date of the termination or 15 calendar days after receipt or issuance of the termination notice, whichever is later.” The closing **program** must send out the term letter to each client and then the closing program must provide evidence to the County that this was done in the form of a copy of the letter sent.
- ☐ **Notice of termination of services must be sent to DHCS within 15 calendar days by QMS.**

The notice of termination of services must be sent to DHCS within the fifteen (15) calendars day period. The SUD Contract Monitor provides a copy of the notice of termination of services to the SUD CRR Team and then the CRR Team sends the notice of termination of services to DHCS.

☐ **Drug and Alcohol Treatment Access Report (DATAR)**

Up until the time the DMC-ODS program has completely closed, the DMC-ODS closing **program** will complete the DATAR form and send it to the QI Systems Team at QISystems@ochca.com by the 5th day of the month following the report activity month.

Once the DMC-ODS program has closed, DHCS is notified with the MPF form, and the closed program will be removed from Orange County's DATAR list of DMC-ODS programs.

□ Notice of the Termination of the Contract with a Subcontractor

The CRR Team must notify DHCS of the termination of any contract with a contracted provider, and the basis for termination, within two business days. The CRR Team shall submit the notification using a Secure Managed File Transfer system specified by DHCS.

The notification is sent with HIGH IMPORTANCE and addressed to:

- ✓ DHCS – The Contractor shall submit the notification using a Secure Managed File Transfer system specified by DHCS.
- ✓ CRR Team – HSM, SC
- ✓ QMS - Assistant Deputy Director, Health Services Administrator
- ✓ BHS – Behavioral Health Director

Subject Line: [secure] (Complete Name of Provider) Contract Termination - Orange

Body of Notification:

Snip-it of BH Integrated Intergovernmental Agreement on Termination of a Provider Contract

This correspondence shall serve as the official notification that Orange County's contract with DMC certified provider (Provider ID 6-digit number) (Complete Name of Provider) ended effective (Month Date, Year). The provider's contract was (mutually terminated by the County and provider; terminated by the County; terminated by the provider).

Snip-It of the Provider's row on the MPF

RESOURCES & CONTACT INFORMATION

POLICIES & PROCEDURES

BHS Policies and Procedures (P&Ps) are available to all providers via the County website or from Contract Monitors. P&Ps explain the requirements for conducting business within SMHS and DMC-ODS behavioral health plans. P&Ps are reviewed, developed, and updated as necessary. The reasons for editing P&Ps include changes in business practices, client and agency needs, and laws and regulations. Providers are expected to review P&Ps and be familiar with those that directly impact operations specific to one's role within the agency.

Links to P&Ps specific to both the OC HCA at-large and to Behavioral Health Services can be found on the County Intranet here: [Health Care Agency P&Ps - OCHCA Intranet](#).

Links to P&Ps specific to Behavioral Health Services can be found on OCHCAinfo.com here: [BHS Policies and Procedures](#).

PRACTICE GUIDELINES

Orange County offers services that are based on valid and reliable clinical evidence or a consensus of providers in the field. We consider the needs of our members and adopt practice guidelines in consultation with our network of healthcare providers. Practices are reviewed and updated periodically to ensure their relevance to the clients we serve. You can review all the County's practice guidelines by clicking on the link, [BHS Practice Guidelines](#).

QMS E-MAIL BOXES

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 out of the office or otherwise unavailable.

QMS TEAM	EMAIL ADDRESS	OVERSEES
MCST	BHPGrievanceNOABD@ochca.com	Grievances & Investigations; Appeals/Expedited Appeals; State Fair Hearings; NOABDs
MCST	BHPManagedCare@ochca.com	Access Logs, Errors & Corrections; Change of Provider/2 nd Opinion; County Credentialing; Cal-Optima Credentialing (AOA County Clinics); Expired Licenses, Waivers, Registrations & Certifications; PAVE (SMHS Only)

RESOURCES & CONTACT INFORMATION

*Requirements to Deliver Behavioral Health Plan Medi-Cal Covered Services
For the Activating, Relocation & Closure of a Program*

MCST	BHPSupervisionform@ochca.com	Supervision Reporting Forms for Clinicians, Counselors, Medical Professionals and Qualified Providers and Professional Licensing Waivers
MCST	BHPProviderDirectory@ochca.com	Provider Directory notifications and Program submissions
MCST	BHPPTAN@ochca.com	Provider Transaction Access Number (PTAN)
Health Information Management (HIM)	BHSHIM@ochca.com	County-Operated SMHS and SUD DMC programs Use Related: Centralized Retention of Abuse Reports & Related Documents; Centralized Processing of Client Record Requests, Clinical Document Reviews, and Redactions; Release of Information, ATDs, Restrictions, and Revocations; IRIS Scan Types, Scan Cover Sheets, and Scan Types Crosswalks; Record Quality Assurance and Correction Activity.
EHR SST	BHSIRISLiaison@ochca.com	IRIS & EHR Processes (County); CalOMS - Data Entry Questions (County)
EHR SST	BHPNetworkAdequacy@ochca.com	NACT/274 User Interface
CalAIM	calaimsupport@ochca.com	CalAIM/ECM Referrals, Forms, and Questions
SMHS CRR (AOA) and TATS	SMHSClinicalRecords@ochca.com	ALL inquiries for Adult and Older Adult (AOA) Services intended for the AOA Support Team (including AOA Documentation Support; Provider Support; Program Referrals; Certified Reviewer Applications)
SUD CRR and TATS	BHPSUDSupport@ochca.com	ALL inquiries for DMC-ODS and SUD intended for the SUD Clinical Chart Review (CRR) Team, including DMC-ODS Clinical Chart Reviews, Provider Support, SUD Documentation Support and SUD Newsletter Questions, and DHCS audits of DMC-ODS Providers
SMHS CRR (CYS) and TATS	SMHSClinicalRecords@ochca.com	ALL inquiries for Children and Youth Services (CYS) intended for the CYS Support Team (including CYS Documentation Support; Provider Support; Program Referrals; Certified Reviewer Applications)
Billing Team	BHPBillingSupport@ochca.com	IRIS Billing; Office Support; CalOMS - Data Entry Questions (Contract programs)

RESOURCES & CONTACT INFORMATION

*Requirements to Deliver Behavioral Health Plan Medi-Cal Covered Services
For the Activating, Relocation & Closure of a Program*

Inpatient & Designation Support Services (IDSS)	BHPIDSS@ochca.com	General Questions regarding Designation
IDSS	BHPDesignation@ochca.com	Inpatient Involuntary Hold Designations; LPS Facility Designation; Outpatient Involuntary Hold Designations.
Medi-Cal Certification Team	BHPCertifications@ochca.com	SMHS Medi-Cal Certification and DMC-ODS MPF Updates; PAVE for DMC-ODS county providers; DMC-ODS ATD
QI Systems	QISystems@ochca.com	For SMHS and DMC-ODS programs: • Evidence Based Practices, Quality Assessment and Performance Improvement (QAPI) program, Behavioral Health Accreditation (BHA) • HEDIS / POM (including CalOMS and CANS) • BHP QI Support (DATAR Submissions, Medication Monitoring, Treatment/Client Perception Surveys)

ACRONYMS

- **AOA:** Adults & Older Adults Services
- **AOD:** Alcohol and Other Drug
- **ASAM:** American Society of Addiction Medicine
- **ATD:** Authorized Treatment Disclosure
- **BHA:** Behavioral Health Accreditation
- **BHS:** Behavioral Health Information Systems
- **BHP:** Behavioral Health Plan
- **BHS:** Behavioral Health Services
- **CALAIM:** California Advancing and Innovating Medi-Cal
- **CALOMS:** California Outcomes Measurements System
- **CAP:** Corrective Action Plans
- **CRR:** Clinical Chart Review Team
- **CEU:** Continuing Education Unit(s)
- **CHOA:** Change of Address
- **CLS:** Clinical License Services
- **CME:** Continuing Medical Education
- **CPT:** Current Procedural Terminology
- **CRR:** Clinical Records Review
- **CYS:** Children Youth Services
- **CVO:** Credentialing Verification Organization
- **DAE:** Data Analytics & Evaluation
- **DATAR:** Drug and Alcohol Treatment Access Report
- **DBA:** Doing Business As
- **DHCS:** Department of Health Care Services
- **DMC-ODS:** Drug Medi-Cal Organized Delivery System
- **EHR:** Electronic Health Records

*Requirements to Deliver Behavioral Health Plan Medi-Cal Covered Services
For the Activating, Relocation & Closure of a Program*

- **EOC:** Episode of Care(s)
- **HSA:** Health Services Administrator
- **HCA:** Health Care Agency
- **HIPAA:** Health Insurance Portability and Accountability Act
- **HIM:** Health Information Management
- **HSM:** Health Services Manager
- **IRIS:** Integrated Records Information System
- **ID:** Identification
- **IT:** Information Technology
- **LCSW:** Licensed Clinical Social Worker
- **LMFT:** Licensed Marriage Family Therapist
- **LMHP:** Licensed Mental Health Professional
- **LOC:** Level of Care
- **LPHA:** Licensed Practitioner of the Healing Arts
- **LPCC:** Licensed Professional Clinical Counselor
- **MPF:** Master Provider File
- **MCST:** Managed Care Support Team
- **NACT:** Network Adequacy Certification Tool
- **NARF:** New Applicant Request Form
- **NPI:** National Provider Identifier Number
- **NOABD:** Notice of Adverse Benefits Decision
- **NTP:** Narcotic Treatment Programs
- **OC:** Orange County
- **OIG:** Office of Inspector General
- **OOC:** Office of Compliance
- **OOCR:** Out-of-County Referral Request Form
- **ORG:** Organization
- **PAN:** Personnel Action Notification
- **PAVE:** Provider Application and Validation for Enrollment
- **PED:** Provider Enrollment Division

Requirements to Deliver Behavioral Health Plan Medi-Cal Covered Services For the Activating, Relocation & Closure of a Program

- **PHI:** Protected Health Information
- **PLW:** Professional Licensing Waivers
- **P&P:** Policies and Procedures
- **PTAN:** Provider Transaction Access Number
- **QA:** Quality Assurance
- **QAPI:** Quality Assessment and Performance Improvement
- **QI:** Quality Improvement
- **QMS:** Quality Management Services
- **SC:** Service Chief
- **SMHS:** Specialty Mental Health Services
- **SUBG:** Substance Abuse Prevention & Treatment Block Grant
- **SUD:** Substance Use Disorder Services
- **UI:** User Interface
- **WLR:** Waiting List Record