January 2026

QRTips

Behavioral Health Services
Quality Management Services

Important Announcements!

Training!

SMHS Documenting with Confidence: Medi-Cal Documentation & Service Codes for New and Experienced Providers (see next page for details)

Provider Type Coding Quick Guides

Updated!

Will be posted online by end of January
What's new:

- Assessment and Therapy Substitute codes
- More coding and documentation tips
- Telephone (audio-only) and Telehealth (audio-only and audio-visual communication) added to some services
- Facility lockouts (psychiatric inpatient, residential, crisis residential and psychiatric health facility) column added to the "Table" tab

Please attend SMHS Documentation Office Hours or email SMHSClinicalRecords@ochca.com if you have any questions.

TRAININGS & MEETINGS

Online Training:
BHP Annual Provider Training

SMHS QA/QI Coordinators' Meeting

Teams Meeting
1/8/2026
10:00 AM – 12:00 PM

SMHS Documentation Office Hours

Teams Meeting
1st Thursday
at 10:00 AM – 10:50 AM
&
3rd Wednesday
at 3:00 PM – 3:50 PM
of every month

Email
SMHSClincalRecords@ochca.com
for invitation

Helpful Links:

QMS Support Team
TATS Training Request Form
BHS EHR Blog Posts
Medi-Cal Certification

SMHS DOCUMENTING WITH CONFIDENCE: MEDI-CAL DOCUMENTATION & SERVICE CODES FOR NEW AND EXPERIENCED PROVIDERS

February 10, 2026

New Providers:
8:30 AM - 4:30 PM

Experienced Providers:
10:30 AM- 4:30 PM

Presented by:
Technical Assistance & Training Support (TATS) Team

In-Person at BH Training Center
750 The City Dr South Suite 130
Orange, CA 92868

REGISTRATION

Complete the registration using the link below:

https://forms.office.com/g/sL8GjhrxaJ

Eligible attendees: County and contract staff are eligible to attend this training. A maximum of 20 contracted staff may participate, and their QI Coordinator must accompany them. Certified Peers are not eligible for this session; however, future trainings specifically for peers will be announced.
There are no CE/CEU for this training.

TRAINING DESCRIPTION

This comprehensive training is designed to equip both new and existing providers with essential knowledge of Medi-Cal documentation standards and service codes for Specialty Mental Health Services (SMHS). The session begins with a lecture tailored for new direct service providers, covering foundational topics such as access criteria, medical necessity, and an introduction to our system of care. Midway through the day, existing providers will join alongside new providers for a refresher on key service codes and service types. In the afternoon, all participants will engage in interactive discussions using realistic scenarios to practice identifying appropriate service types and documenting services accurately. By the end of the training, attendees will begin to feel confident in selecting correct service codes and documenting to Medi-Cal standards.

To further support participants, the Technical Assistance & Training Support (TATS) team will follow up approximately one month after the training to review documentation and provide individualized feedback to help reinforce learning and track progress. Additionally, a post-training Teams meeting will be scheduled by the TATS team to offer a space for participants to ask questions, share experiences, and receive continued guidance as they apply their new skills in real-world settings.

OBJECTIVES

- Identify appropriate service codes and service types for various clinical scenarios in alignment with Medi-Cal standards.
- Describe the criteria for access and medical necessity within the context of Specialty Mental Health Services (SMHS).
- List key documentation requirements necessary for compliant Medi-Cal billing.
- Demonstrate the ability to accurately document services provided, using realistic case examples and proper formatting.
- Apply learned documentation practices in their daily work and participate in follow-up sessions to receive and integrate feedback from the TATS team.

Accommodations: If you need a disability-related reasonable accommodation/alternative format for this training event, please contact BHTS@ochca.com beforehand. For any grievance concerning the OC Health Care Agency's Continuing Education Program, please write to Behavioral Health Training Services at 750 The City Dr. South Suite 210 Orange, CA 92868 or call (714) 667-5600.

Questions & Answers

What is the difference between the problem list and a billing or primary diagnosis?

The problem list is a list that may include symptoms, conditions, diagnoses, social drivers, and/or risk factors identified through assessment, psychiatric diagnostic evaluation, crisis encounters, or other types of service encounters. It may be updated throughout the course of treatment by clients of the care team. Maintaining a comprehensive list of health conditions and issues in one place in the clinical record can support continuity of care between providers.

An individual's primary Diagnostic and Statistical Manual of Mental Disorders (DSM) mental health or substance use disorder (SUD) diagnosis is typically included within the problem list. However, the problem list is a broader list that also includes additional conditions and risk factors. In addition to mental health or SUD diagnoses, the problem list may include other issues that are self-reported by the client or identified by other health care providers.

Medi-Cal claims must include clinically appropriate International Classification of Diseases, Tenth Revision (ICD-10) codes associated with each service encounter, regardless of whether the problem list has been updated to include a primary DSM diagnosis. Per Welfare and Institutions Code section 14184.402(f)(1)(A), a behavioral health diagnosis is not a prerequisite for access to covered Specialty Mental Health, Drug Medi-Cal, or Drug Medi-Cal Organized Delivery System services.

Reference BHIN 23-068, BHIN 21-071, BHIN 21-073 & BHIN 23-001

Questions and Answers

(continued)

Can a provider update the problem list to include diagnoses that are outside their scope of practice?

Yes. Providers may add items to problem lists that are outside their scope of practice, including, but not limited to, physical health conditions, if they are reported to the provider by the client or by another qualified professional. For example, a primary care physician may diagnose a chronic physical health condition and share that information with the mental health or substance use disorder (SUD) provider. The mental health or SUD provider may update the problem list to include the physical health diagnosis. The client record may include information on when, by whom, and to whom the issue was reported. The mental health or SUD care team that accesses the problem list throughout the client's treatment can then be aware of a diagnosis that may impact the client's life or engagement in mental health or SUD treatment.

Can Targeted Case Management (TCM) services be provided prior to an assessment and completion of a TCM Care Plan?

Clinically appropriate and covered services, including TCM, can be provided prior to the TCM Care Plan being developed.

Medical necessity of that service should be clearly documented in the progress note and the comprehensive assessment and TCM Care Plan should be completed as expeditiously as possible.

MANAGED CARE SUPPORT TEAM

MCST OVERSIGHT

- EXPIRED LICENSES, WAIVERS, CERTIFICATIONS AND REGISTRATIONS
- NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)
- INFORMING MATERIALS, GRIEVANCES & INVESTIGATIONS
- APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS
- CAL-OPTIMA CREDENTIALING (AOA PTAN COUNTY PROVIDERS)
- SUPERVISION REPORTING FORMS & REQUIREMENTS
- PROFESSIONAL LICENSING WAIVERS
- COUNTY CREDENTIALING/RECREDENTIALING
- ACCESS LOGS
- CHANGE OF PROVIDER/2ND OPINIONS
- PROVIDER DIRECTORY
- PAVE ENROLLMENT (SMHS PROVIDERS ONLY)
- PROVIDER TRANSACTION ACCESS NUMBER (PTAN)

REMINDERS, ANNOUNCEMENTS & UPDATES

PROVIDER DIRECTORY TRANSITION TO THE 274 USER INTERFACE

Beginning November 1, 2025, monthly submissions for the Behavioral Health Plan Provider Directory will transition to the 274 User Interface (274 UI) for all providers. This platform aligns with several data elements required by the Department of Health Care Services (DHCS) Network Adequacy Certification Tool (NACT). This will help support improved data consistency and streamlined reporting for both the NACT and Provider Directory.

This transition will have the program administrators from county and county-contracted programs, be responsible for entering and updating data through the 274 UI monthly. To support this change, training materials have been distributed to the Service Chiefs and Contract Monitors. The Contract Monitors will provide the 274 UI Guide and work closely to train the county-contracted users once all tokens are issued to access the 274 UI through the county network. If a program and the Contract Monitor is unable to access the 274 UI during the transitional period, we recommend submitting the Excel spreadsheet for that month to adhere to the DHCS requirements.

All updates made in the 274 UI by program administrators will automatically reflect on the newly enhanced Provider Directory website.

https://bhproviderdirectory.ochca.com

This transition represents a significant advancement in streamlining and enhancing the efficiency of data collection for both providers and the MCST. To review the DHCS Provider Directory requirements, please refer to the BHIN 25-026.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

MEDI-CAL CLAIMING DURING THE BBS 90-DAY RULE PRIOR TO BBS REGISTRATION NUMBER

(OPTIONAL COUNTY CONTRACTED PROGRAMS ONLY)

The State Department of Health Care Services (DHCS) will honor the 90-day Board of Behavioral Sciences (BBS) rule and allow practitioners to provide services as if they are registered while they wait for their registration number after the completion of their Live Scan. DHCS has confirmed that Associates are considered "registered" during this 90-day period and can claim Medi-Cal for assessments and therapy services. BHIN 24-023, allows the implementation of the BBS 90-day rule to be implemented for dates of services on or after July 1, 2023.

REMINDERS:

The BBS and DHCS have allowed providers to provide and bill for Medi-Cal covered services who have completed their master's program but have not received their associate registration number yet, if:

- ✓ They apply for their BBS associate registration number within 90 days after their graduation date.
- ✓ They are in the position of a clinician at your program.
- ✓ The MCST receives both Clinical Supervision Reporting Forms - as a clinician without an associate registration number indicating that the provider is a "90 Day Applicant" and when your clinician receives their associate registration number indicate that they are now an associate, social worker, marriage family therapist or professional counselor.
- ✓ You submit their employer's live scan form (not the BBS live scan form).

Delivering Medi-Cal covered services can begin on:

- ✓ The date written on their employer live scan form (not their BBS application live scan form) **IF** the live scan form is completed after their graduation date.
  Example: The applicant, graduated on 6/1/2025, their employer live scan form is dated 6/15/2025 then billing can begin on 6/15/2025.
- ✓ The day after their graduation date, **IF** their employer live scan date was before their graduation date.
  Example: The applicant's, employer live scan form date is 5/15/2025, provider graduated on 6/1/2025, billing can begin on 6/2/2025.
- ✓ Be sure to confirm the billing date with the MCST prior to your provider billing for Medi-Cal services under the BBS 90 Day Rule to ensure it is correct and to prevent potential recoupment.

In general, new providers meeting the BBS 90-Day rule criteria must submit the CSRF indicating they are an "Associate Applicant – BBS 90 Day Rule" in the Registration Type drop-down and provide the Employer Live Scan Form to MCST. In addition, the new provider must obtain the county credentialing approval letter before delivering any Medi-Cal covered services.

DISCLAIMER: The program will take the risk of any billed services being disallowed, if the provider separates from their employer prior to receiving their BBS registration # or if the BBS registration # is not granted.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

FAQ - SCREENING & TRANSITION OF CARE TOOLS (SMHS ONLY)

NOABD QUESTION: Is the Behavioral Health Plan (BHP) required to issue a Notice of Adverse Benefit Determination (NOABD) if an individual is referred to the other Medi-Cal mental health delivery system based on their screening score?

***NO**. The Screening Tools do not determine benefit or service eligibility but instead determine the appropriate mental health delivery system referral for an initial assessment for Medi-Cal members who are not currently receiving mental health services when they contact the Managed Care Plan (MCP)/BHP seeking mental health services. MCPs/BHPs should not issue an NOABD if an individual is referred to the other Medi-Cal mental health delivery system for assessment based on their screening score. For additional information on the Screening and Transition of Care Tools refer to APL 22-028 for the NOABD requirements, MCPs and BHPs may refer to BHIN 25-014, respectively.*

ACCESS LOG QUESTION: When the screening tool score results in the BHP routing to the MCP, does the BHP need to do an Access Log?

***NO**. The screening process is not considered an access request. There is no need to enter screenings into the Access Log, as no request for access in our system is being made if the member screens for the MCP. Similarly, there is no need to issue an NOABD at that point. All the Screening Tool does is route the member to the appropriate system of care to help them. The Screening Tool is not considered an "assessment" but a guide that assists in referring the member to the appropriate level of care.*

EXPIRED LICENSES, WAIVERS, CERTIFICATIONS AND REGISTRATIONS

- Programs are strongly encouraged to ensure that their providers renew credentials with the appropriate certifying organization or licensing board at least 2–3 months before the expiration date. Providers should not continue delivering Medi-Cal covered services if their license, registration, waiver, or certification has lapsed or is pending renewal. Relying on the assumption that credentials will be retroactively renewed is not appropriate, as this is not guaranteed and may result in a disallowance.
- When the provider's credential has expired the MCST and IRIS takes action to deactivate the provider in the County system. The provider's reinstatement is **NOT** automatic. The provider must petition for their credentialing suspension to be lifted and e-mail proof of the license, certification and/or registration renewal to the MCST and IRIS to reinstate their privileges to begin delivering Medi-Cal covered services.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABD)

Be sure to discard all outdated NOABDs and issue the most current NOABD templates to the members that were revised and made readily available back in June 2025. The NOABDs are located on the QMS website.

SMHS:

Behavioral Health Plan and Provider Information | Orange County California - Health Care Agency

DMC-ODS:

DMC-ODS For Providers | Orange County California - Health Care Agency

AOD COUNSELORS IN SMHS

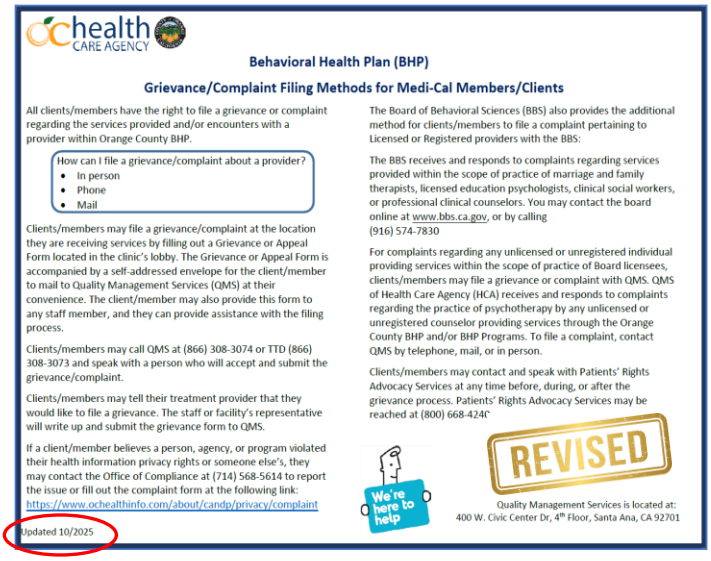
- Recent changes have now included the ability for AOD Counselors to deliver Medi-Cal covered services as a new provider type in Specialty Mental Health Services (SMHS).
- SMHS programs with AOD Counselors must now undergo the **County Credentialing** process with the MCST to provide services as this provider type.
- "Registered" AOD Counselors in SMHS must submit a **Counselor Supervision Reporting Form** to the MCST, as well.
- Documentation standards are different in the SMHS programs for AOD Counselors. Please consult with the Clinical Records Review Team for further information.

CHANGES TO THE OTHER QUALIFIED PROVIDERS (OQP)

- Previously, OQP Providers were differentiated into two levels: OQP I/II based on different experience requirements and allowed services for each category.
- The OQP provider type is now defined as one provider type with minimum qualifications required. While QMS recommends an additional 2 years or a BA degree for some allowed services, it's not required. It will be up to each program and supervisor to assess their staff and determine readiness.
- Programs that have previously submitted the Qualified Provider Supervision Form differentiating their staff between an OQP I/II do **NOT** have to resubmit an updated supervision form as MCST has internally combined the OQPs into one on the master tracking log.
- A revised Qualified Provider Supervision Reporting form is available on the QMS website. It combines the OQP I/II and includes the SUD matrix and a revised SMHS matrix.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

GRIEVANCE/COMPLAINT FILING METHODS FOR MEDI-CAL MEMBERS/CLIENTS



Behavioral Health Plan (BHP)

Grievance/Complaint Filing Methods for Medi-Cal Members/Clients

All clients/members have the right to file a grievance or complaint regarding the services provided and/or encounters with a provider within Orange County BHP.

How can I file a grievance/complaint about a provider?
- In person
- Phone
- Mail

Clients/members may file a grievance/complaint at the location they are receiving services by filling out a Grievance or Appeal Form located in the clinic's lobby. The Grievance or Appeal Form is accompanied by a self-addressed envelope for the client/member to mail to Quality Management Services (QMS) at their convenience. The client/member may also provide this form to any staff member, and they can provide assistance with the filing process.

Clients/members may call QMS at (866) 308-3074 or TTD (866) 308-3073 and speak with a person who will accept and submit the grievance/complaint.

Clients/members may tell their treatment provider that they would like to file a grievance. The staff or facility's representative will write up and submit the grievance form to QMS.

If a client/member believes a person, agency, or program violated their health information privacy rights or someone else's, they may contact the Office of Compliance at (714) 568-5614 to report the issue or fill out the complaint form at the following link: https://www.ochealthinfo.com/about/candp/privacy/complaint

Updated 10/2025

The Board of Behavioral Sciences (BBS) also provides the additional method for clients/members to file a complaint pertaining to Licensed or Registered providers with the BBS:

The BBS receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists, licensed education psychologists, clinical social workers, or professional clinical counselors. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830

For complaints regarding any unlicensed or unregistered individual providing services within the scope of practice of Board licensees, clients/members may file a grievance or complaint with QMS. QMS of Health Care Agency (HCA) receives and responds to complaints regarding the practice of psychotherapy by any unlicensed or unregistered counselor providing services through the Orange County BHP and/or BHP Programs. To file a complaint, contact QMS by telephone, mail, or in person.

Clients/members may contact and speak with Patients' Rights Advocacy Services at any time before, during, or after the grievance process. Patients' Rights Advocacy Services may be reached at (800) 668-4247

We're here to help

REVISED

Quality Management Services is located at: 400 W. Civic Center Dr, 4th Floor, Santa Ana, CA 92701

The **Grievance/Complaint Filing Methods for Medi-Cal Members/Clients Fact Sheet** for SMHS and DMC-ODS has been revised to reflect minor updates from DHCS and BBS. You may provide this handout upon the member's initial entry into services and when they are inquiring about the various methods for filing a grievance. The revised handout is currently available in English and will be available in all the threshold languages soon. To access the handouts, visit the hyperlinks below:

SMHS:

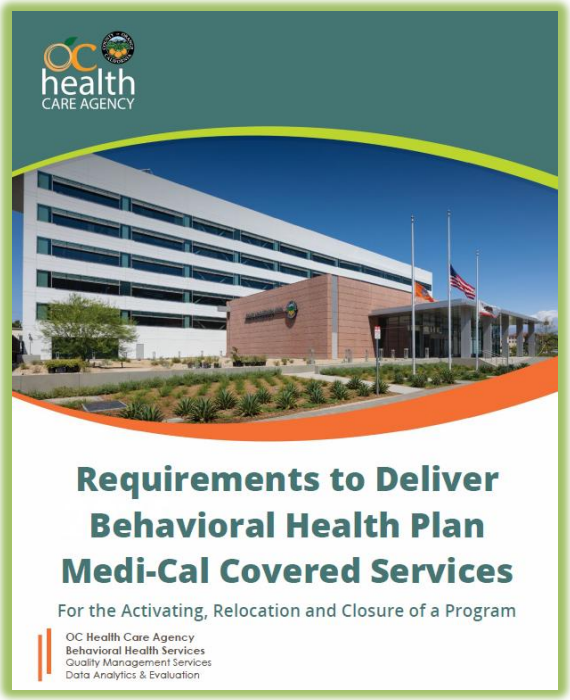
Behavioral Health Plan and Provider Information | Orange County California - Health Care Agency

DMC-ODS:

DMC-ODS For Providers | Orange County California - Health Care Agency

This new manual provides comprehensive guidance to support both prospective and existing programs in meeting the requirements for delivering Medi-Cal covered services under the County Behavioral Health Plan during the processes of opening, relocating, or closing.

Hyperlink: QA/QI Trainings and Documentation Support | Orange County California - Health Care Agency



REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

COUNTY CREDENTIALNG REQUIRED PRIOR TO DELIVERING MEDI-CAL SERVICES

All **new providers** must submit their initial County credentialing packet within 5-10 business days of being hired to the MCST. The newly hired provider must **NOT** deliver any Medi-Cal covered services under their license, waiver, registration and/or certification until they 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.

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, 2nd Opinion/Change of Provider, Supervision Reporting Forms and Access Logs.

Please e-mail 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.

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

MANAGED CARE SUPPORT TEAM

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 SMHS

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

CREDENTIALING AND PROVIDER DIRECTORY

Credentialing Lead: 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., 4th floor
Santa Ana, CA 92701
(714) 834-5601 FAX: (714) 480-0755

E-MAIL ADDRESSES

BHPGrievanceNOABD@ochca.com
BHPManagedCare@ochca.com
BHPProviderDirectory@ochca.com
BHPSupervisionForms@ochca.com
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
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 (SMHS Only) ● Personnel Action Notification (PAN)
BHPSupervisionForms@ochca.com	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
BHPProviderDirectory@ochca.com	Provider Directory notifications ● Provider Directory submission for SMHS & DMC-ODS programs
BHSHIM@ochca.com	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
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
BHPNetworkAdequacy@ochca.com	Manage MHP and DMC-ODS 274 data & requirements ● Support of MHP county & contract user interface for 274 submissions
BHPPTAN@ochca.com	Assist in maintaining PTAN status of eligible clinicians & doctors
SMHSClinicalRecords@ochca.com	Chart reviews ● Corrective Action Plan (CAP) assistance ● Documentation & coding support ● Use of downtime forms ● Scope of practice guidance ● QRTips newsletter
BHPSUDSupport@ochca.com	SUD documentation support ● CalOMS (clinical questions) & DATAR ● DMC-ODS reviews ● MPF updates ● PAVE (County SUD Clinics)
CalAIMSupport@ochca.com	Enhanced Care Management
BHPBillingSupport@ochca.com	IRIS billing ● Office support
BHPIDSS@ochca.com	General questions regarding designation
BHPDesignation@ochca.com	Inpatient involuntary hold designation ● LPS facility designation ● Outpatient involuntary hold designation
BHPCertifications@ochca.com	SMHS 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
QISystems@ochca.com	CANS/PSC-35 data entry issues ● QA/QI Meeting invite requests