SUD Support Newsletter

QUALITY MANAGEMENT SERVICES

November 2026

WHAT'S NEW?

House Resolution 1 (H.R.1)

The federal bill also known as the "One Big Beautiful Bill Act" establishes significant new eligibility and enrollment changes to Medicaid.

Effective **October 1, 2026**, non-citizen eligibility for federally funded Medi-Cal has been reduced. The following groups will only be eligible for restricted-scope Medi-Cal:

- Refugees
- Asylees
- Amerasian Immigrants
- Individuals granted withholding of deportation or removal
- Conditional entrants granted before April 1980
- Individuals paroled into the United States for one year or more
- Battered non-citizens (or the parent/child of a battered non-citizen)
- Victims of human trafficking
- Individuals granted humanitarian parole (such as certain Afghans who aided U.S. operations in Afghanistan or people fleeing violence in the Ukrainian war)

There are also a few key Medi-Cal eligibility changes that directly impact DMC-ODS clients, which go into effect **January 1, 2027**:

- Work Reporting Requirements

...continued on page 2



Training & Resources Access

Training Requests

TATS Training Request Form

To be utilized by administrators (i.e., Service Chief, Program Director, QI Coordinator, etc.) to request training on documentation and service codes!

DMC-ODS Payment Reform 2026 - CPT Guide

Coding Quick Guides

By provider type at DMC-ODS Provider Website

SUD Documentation Manual

MAT Documentation Manual

DMC-ODS Allowable Modifiers & Lockouts Reference Sheet

DISCLAIMER: These documents are tools created to assist with various QA/QI regulatory requirements. They are NOT all-encompassing documents. Providers are responsible for ensuring their understanding and adherence with all local, state, and federal regulatory requirements. If you are unsure about the current guidance, please reach out to BHPSUDSupport@ochca.com

SUD Clinical Records Review Team

April Jannise, LCSW
Yvonne Brack, LCSW
Ashlee Al Hawasli, LCSW
Caroline Roberts, LMFT
Laura Parsley, LCSW
Ashlee Weisz, LMFT

SUD Technical Assistance & Training Support Team

Crystal Swart, LMFT, LPCC
Emi Tanaka, LCSW

CONTACT
BHPSUDSupport@ochca.com
(714) 834-5601

DMC-ODS Office Hours

A voluntary and informal space to ask questions and discuss documentation requirements. Occurs virtually on the second Wednesday (2pm) of every month.

Upcoming meetings:
December 9, 2026
January 13, 2027

***** NO Office Hours in November due to Veteran's Day! *****

WHAT'S NEW? (continued)

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- Six-Month Renewals
- Retroactive Medi-Cal Timeframes

Work Reporting Requirements: Unless exempt, requires adults to work, study, or volunteer at least 80 hours per month. Those participating in drug/alcohol treatment programs and individuals with a substance use disorder (SUD) are exempt.

Six-Month Renewals: Except for children, pregnant people, older adults ages 65 and older, persons with disabilities, and American Indian and Alaska Natives, requires Medi-Cal renewal every six months instead of once a year.

Retroactive Medi-Cal Timeframes: Reduces retroactive coverage from 3 months to 1 month for adults and 2 months for children, families, seniors, and persons with disabilities.

For more information, refer to the DHCS Implementation Plan for New Federal Eligibility and Enrollment Changes Under H.R.1



Peer Support Services: Plan of Care

Peer Support Services must be deemed as medically necessary and recommended by an LPHA acting within their scope of practice. Providers must ensure that Peer Support Services are provided based on a plan of care. It is not required to be a standalone document. It is permissible for the Certified Peer Support Specialist (CPSS) to create or develop the plan of care.

Requirements for the Peer Support Services plan of care are as follows:

- Be individualized and include specific individualized goals that have measurable results
- Must be co-signed by an LPHA
- Reviewed and updated at least annually

Peer Support Services claimed without a valid plan of care may be disallowed and/or recouped!



Documentation FAQ

1. Can a nurse assist in assessing a client for MAT?

Yes, a nurse can interview and gather information from a client to pass on to the MAT physician or physician extender. The nurse cannot evaluate, based on the information gathered, the client's appropriateness for MAT services. Therefore, the nurse should be sure to demonstrate in their documentation that they stayed within their scope of practice. At the residential or withdrawal management levels of care, a nurse's assessment service to contribute to the prescribing provider's MAT evaluation can be claimed using the Medication Training and Support-Individual per 15 Min (70899-110) code. For the outpatient levels of care, the nurse can use one of the assessment service codes, depending on the nature of the service.

2. Can an AOD Counselor bill for drug testing?

No, AOD Counselors cannot bill for drug testing in the DMC-ODS. The code allowed by the State for billing drug testing is the SUD Drug Testing Point of Care Tests (70899-104) H0048 and only the following providers are eligible to use this code:

- Licensed Physician or Medical Student in Clerkship
- Physician Assistant or PA Clinical Trainee
- Nurse Practitioner or NP Clinical Trainee
- Registered Nurse or RN Clinical Trainee
- Licensed Vocational Nurse or LVN Clinical Trainee
- Licensed Psychiatric Technician or LPT Clinical Trainee
- Medical Assistant
- Pharmacist or Pharmacist Clinical Trainee

3. When clients discharge from withdrawal management to admit to residential at the same program, how do we bill for the

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Documentation FAQ (continued)

…continued from page 2

discharge date?

Oftentimes in these situations, the discharge date from one level of care is the same as the admission date to the next level of care. Clinically and for the client's clinical record, there is nothing wrong with this. However, for billing, we need to be mindful of the hard lockout between two 24-hour services. This means that the withdrawal management and the residential service cannot be claimed on the same date. Only the discharge date from withdrawal management OR the admission date to residential treatment can be claimed. In most cases, it makes the most sense for the withdrawal management to not include the discharge date in billing for that episode of care and allow the residential admission date to be claimed for the new episode of care. Please be advised that billing by both on the same date of service will result in a denial of the claim by the State.



Telehealth Updates

We have recently received clarification from the State regarding the use of telephone and telehealth for DMC-ODS services. Going forward, please be sure to:

- Document the client's location for telephone and telehealth services.
- Document the location of the individual for non-client contacts (e.g., family, teacher, PO, etc.) via telehealth/telephone.
- For involvement of family not in California, telehealth/telephone services should be limited to care coordination or gathering information necessary to facilitate treatment and care for the client. Family Therapy should not be conducted as this requires an LPHA who should also be appropriately credentialed to provide services in the jurisdiction where the family is located.

REMINDERS



Scheduled Group Time vs. Actual Group Time

Remember that for billing group services, the actual number of minutes that the provider conducted the group must be used, not the total time the group is scheduled for. For example, the scheduled group may be from 9:00am – 10:30am, but if the facilitator ran the group from 9:03am – 10:31am, then the total service minutes of 88 minutes is claimed (not 90 minutes).

Overlapping Services

Clients should not be missing part of one service to attend another service. For example, a client attending half of a group to be pulled out to meet with their case manager for a one-on-one. If this is an unexpected situation and there is a need for this, it must be clearly documented, and the billing should reflect the actual time spent with the client for each service. However, clients should not be scheduled to receive services regularly in this way as they are not getting the full quality of treatment that they need. Billing the full time for overlapping services is considered fraud, waste, and/or abuse and will result in disallowance and/or recoupment.

Provider's Name & Signature

As the documents in the clients' clinical record are legal documents, providers should be using the same name and signature that is associated with their certification/credential/licensing, NPI, etc. as well as government-issued ID. Please do not sign with your nickname if that is not the name that you are registered/certified/licensed/credentialed as.

Disclaimer: *The Quality Management Services (QMS) Quality Assurance (QA) and Quality Improvement (QI) Division develops and distributes the monthly SUD Newsletter to all DMC-ODS providers as a tool to assist with various QA/QI regulatory requirements. It is NOT an all-encompassing document. Programs and providers are responsible for ensuring their understanding and adherence with all local, state, and federal regulatory requirements.*

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 274 USER INTERFACE

Monthly submissions for the Behavioral Health Plan Provider Directory have transitioned to the cloud-based 274 User Interface (274 UI) for all providers, effective July 6, 2026. This upgrade follows the successful completion of administrator and provider trainings in June.



With this transition, providers and program administrators from county and county-contracted programs are expected to maintain the established practice of updating program and provider profiles by the last day of each month.

This month the MCST will be conducting an audit and reaching out to programs and providers with no submission activity from July through September. Thereafter, a Notice of Deficiency will be issued to any entity still found non-compliant with DHCS BHIN-25-026 requirements in November.

ALL programs and providers should have access to the 274 UI.
If you still do **NOT** have access to the 274 UI portal, you are to contact BHPNetworkAdequacy@ochca.com immediately!



REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)



ANNUAL PROVIDER TRAINING FOR CREDENTIALING/RECREDENTIALING

CONTRACTED CLINICS ONLY

QMS has provided new guidance for Program Directors or Heads of Services to fill out and complete an attestation once all applicable staff and supervisors have completed the 2026 Annual Provider Training (APT). For contracted staff completing the APT as a group, the MCST requires both the attestation and sign-in sheet to be submitted for credentialing and recredentialing.

LICENSED VOCATIONAL NURSES (LVN)

- LVNs are not an independent practitioner.
- LVNs are entry-level health care providers who is responsible for rendering basic nursing care and practices under the direction of a physician or registered nurse.
- A LVN must provide nursing services under the direction of a registered nurse who directs nursing care and/or the patient's physician who directs medical care. The supervisor must be responsible for direction to the LVN regarding the respective nursing and medical procedures. The direction provided by the registered nurse or physician to the LVN must be available at least by telephone.(16 CCR § 2518.7).
- **LVN Trainees** instructor must be present for student supervision. The program must pair students with like discipline staff (with an academic MOU in place) but ultimately, supervision of the student trainee must come from the instructor.

Be sure LVNs are supervised by the correct practitioners and ensure the Medical Supervision Reporting Form (MSRF) reflects this, or they will NOT be able to deliver any Med-Cal covered services within that scope of practice and may be subject to recoupment of those services.



LIST OF FORMS UNDER THE MCST OVERSIGHT

GRIEVANCE & APPEAL

Grievance & Appeal Form
Grievance & Appeal Poster
Grievance & Appeal Poster (Large Print)
Grievance Fact Sheet
Grievance Tracking Form
Notice of Availability

NOTICE OF ADVERSE BENEFIT DETERMINATION

NOABD Delivery System
NOABD Denial of Authorization
NOABD Financial Liability
NOABD Modification
NOABD Payment Denial
NOABD Termination
NOABD Timely Access
Your Rights Under Medi-Cal Managed Care
Notice of Nondiscrimination – **UPDATED OCTOBER 2026**

SUPERVISION FORMS

Clinical Supervision Reporting Form
Counselor Supervision Reporting Form
Medical Supervision Reporting Form
Qualified Provider Supervision Reporting Form

COUNTY CREDENTIALING

Credentialing Checklist
New Applicant Request Form – **UPDATED SEPTEMBER 2026**
Provider Insurance Verification Form

Link to Access the SMHS Forms:
Behavioral Health Plan and Provider Information | Orange County California - Health Care Agency

Link to Access the DMC-ODS Forms:
DMC-ODS For Providers | Orange County California - Health Care Agency



REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)



MCST TRAININGS HAVE TRANSITIONED TO ONLINE MODULES FOR:

County Credentialing
NOABDs
Grievances, Appeals & State Fair Hearings
Supervision Reporting Forms
Access Logs
274 UI Provider Directory - NEW
2nd Opinion/Change of Provider – Coming Soon

Link to the MCST Trainings:

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

These trainings are now available on the QMS website for all new and existing providers. This transition is part of MCST's effort to streamline processes, increase efficiency, and ensure that essential training resources are easily accessible at any time—both for onboarding and for refresher purposes.

As part of MCST's role in tracking, monitoring and maintaining compliance with DHCS requirements the centralized trainings in an online format now allows MCST to verify participation, assess ongoing compliance, and ensure that all providers receive uniform guidance aligned with DHCS standards.

Each module is expected to take approximately 30–60 minutes to complete, depending on the trainee's pace and level of engagement with the interactive components designed to reinforce the understanding of DHCS mandates.

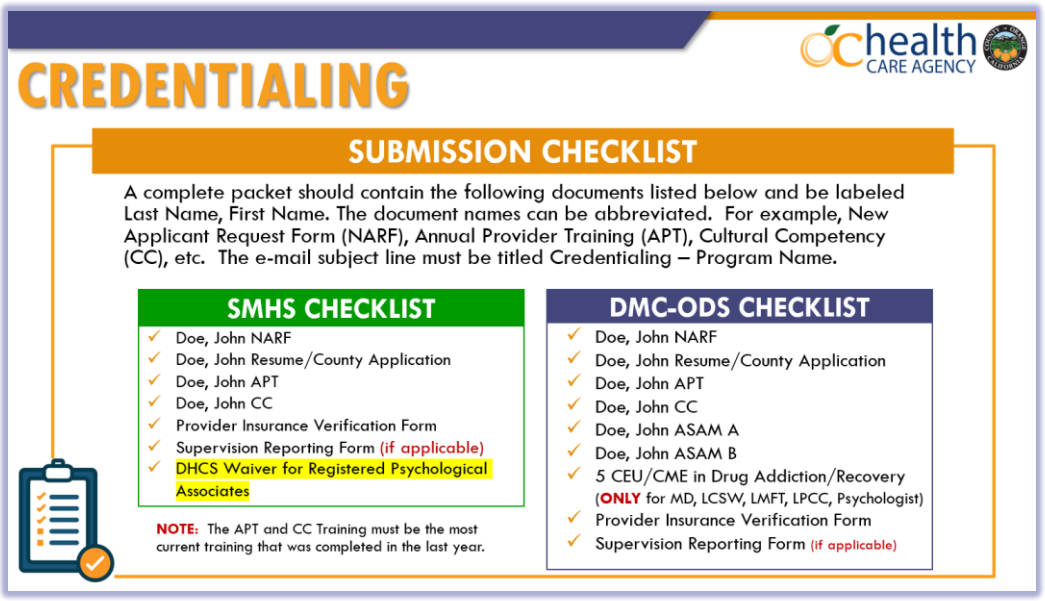
The MCST can offer a Microsoft Teams training session upon request. Please e-mail the MCST representative at BHPGrievanceNOABD@ochca.com with Subject Line: MCST Training Request for SMHS or DMC-ODS.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

COUNTY CREDENTIALING REQUIREMENTS

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. This means the new hire must **NOT** provide direct treatment or supportive services to a member on their own nor document any services, including non-billable services. 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.





REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

SUPERVISION REPORTING FORM REQUIREMENT

There are four types of supervision reporting forms the MCST oversees. We recently added some provider types on the forms and published it on the QMS website. Below is a grid listing all the provider types that must submit one of the required supervision reporting forms below:

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

SUPERVISION REPORTING FORMS

LIST OF PROVIDERS REQUIRED TO SUBMIT A SUPERVISION REPORTING FORM

CLINICIANS	COUNSELORS	MEDICAL PROVIDERS	QUALIFIED PROVIDERS
• Registered ASW • Registered MFT • Registered PCC • Registered/Waivered Psychologist • Psychologist Clinical Trainee • Clinical Social Worker Clinical Trainee • Marriage & Family Therapist Clinical Trainee • Professional Counselor Clinical Trainee • Associate Applicant – BBS 90 Day Rule	• Registered Counselors • Registered Trainee • Registered Intern	• Nurse Practitioner • Nurse Specialist Trainee • Registered Nurse Trainee • Vocational Nurse Trainee • Psychiatric Technician Trainee • Occupational Therapist Trainee • Occupational Therapist Assistant • Pharmacist Trainee • Physician Assistant Trainee • Physician Assistant • Medical Assistant • Licensed Vocational Nurse • Licensed Practical Nurse • Licensed Psychiatric Technician • Certified Nurse Assistant • Registered Dietitian	• Mental Health Rehabilitation Specialist • Other Qualified Provider • Certified Peer Support Specialist • Enhanced Community Health Workers

REMINDER

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

MANAGED CARE SUPPORT TEAM

ochealth CARE AGENCY



OUR TEAM



Annette Tran, LCSW
Health Services Administrator



Catherine Shreenan, LMFT
Service Chief II



Araceli Cueva
Staff Specialist



Boris Nieto
Staff Assistant



Jennifer Fernandez, LCSW
Behavioral Health
Clinician II

Ashley Cortez, LCSW
Behavioral Health
Clinician II



Liz Fraga
Staff Specialist



Vanessa Estrada
Office Specialist



Kimia Hashemi-Nejad
Office Specialist



Joanne Pham
Office Specialist



Esmi Carroll, LCSW
Behavioral Health
Clinician II

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

CREDENTIALING AND PROVIDER DIRECTORY
Credentialing Lead: Ashley Cortez, LCSW
Cal Optima Credentialing Lead: Araceli Cueva & Elizabeth "Liz" Fraga
Provider Directory Leads: Joanne Pham

PROVIDER TRANSACTION ACCESS NUMBER (PTAN)
Lead: Boris Nieto

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.

BHPBillingSupport@ochca.com	IRIS Billing ● Office Support
BHPCertifications@ochca.com	SMHS Medi-Cal Certifications ● PAVE (SUD and JI) ● MPF/OOCR Updates
BHPDesignation@ochca.com	Inpatient Involuntary Hold Designation ● LPS Facility Designation ● Outpatient Involuntary Hold Designation
BHPGrievanceNOABD@ochca.com	Grievances & Investigations ● Appeals/Expedited Appeals ● State Fair Hearings ● NOABDs ● MCST Training Requests
BHPIDSS@ochca.com	General Questions Regarding Designation
BHPIRISFrontOfficeSupport@ochca.com	County Front Office Operational Support – Guidance on Front Office Procedures and Non-Technical EHR Workflow Inquiries
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)
BHPNetworkAdequacy@ochca.com	Manage SMHS & DMC-ODS 274 Data ● Support of MHP County & Contract User Interface for 274 Submissions
BHPProviderDirectory@ochca.com	Provider Directory Notifications ● Provider Directory Submission for SMHS & DMC-ODS Programs
BHPPTAN@ochca.com	Assist in Maintaining PTAN Status of Eligible Clinicians & Doctors
BHPSUDSupport@ochca.com	DMC-ODS Clinical Chart Reviews ● Corrective Action Plan (CAP) Assistance ● Documentation & Coding Support ● Use of Downtime Forms ● Scope of Practice Guidance ● SUDsies Newsletter ● DMC-ODS Documentation Training Requests
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
BHPUMCCC@ochca.com	Utilization Management of Out-of-Network (and In-Network) Complex Care Coordination Typically for ECT, TMS, Eating Disorders
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 Documentation Review & Redaction ● Release of Information, ATDs, Restrictions & Revocations ● IRIS Scan Types, Scan Cover Sheets & Scan Types Crosswalks ● Record Quality Assurance & Correction Activity
BHSInpatient@ochca.com	Inpatient TARs ● Hospital Communications ● ASO/Carelon Communication
BHSIRISLiaison@ochca.com	EHR Support, Design & Maintenance ● Add/Delete/Modify Program Organizations ● Add/Delete/Maintain All County & Contract Rendering Provider and Front Office Staff Profiles in IRIS ● Manage SMHS & DMC-ODS 274 Requirements
BHSPandP@ochca.com	New BHS P&P needs ● BHS P&P updates
CalAIMSupport@ochca.com	Enhanced Care Management (ECM) ● Transitional Rent
QISystems@ochca.com	Quality Standards and Clinical Practice Team (QSCP) – EBPs, QAPI, BHA ● HEDIS/POM – CalOMS, CANS/PSC-35 ● BHP QI Support – QI Related Questions for SMHS and DMC-ODS Programs (Including DATAR, Medication Monitoring); QA/QI Meeting Invite Requests
QMSSpecialProjects@ochca.com	BHP Provider Manual ● Member Handbook ● Intake/Advisement Checklist ● Justice Involved SME
SMHSClinicalRecords@ochca.com	SMHS Clinical Chart reviews ● Corrective Action Plan (CAP) Assistance ● Documentation & Coding Support ● Use of Downtime Forms ● Scope of Practice Guidance ● QRTips Newsletter ● SMHS Documentation Training Requests