

# October 2026
# QRTips

**Behavioral Health Services**
**Quality Management Services**

## 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)

*Continued on page 2*

## TRAININGS & MEETINGS

Online Training:
BHP Annual Provider Training

### SMHS QA/QI Coordinators' Meeting

Teams Meeting
11/12/2026
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
SMHSClinicalRecords@ochca.com
for invitation

### Helpful Links:

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

## House Resolution 1 (H.R.1) (continued from page 1)

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

- Work Reporting Requirements
- 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



*This information applies solely to the examples provided in this article and should not be generalized to all services

# 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)

### CERTIFIED PEER SUPPORT SPECIALIST (CPSS)

CAL VOICES
ADVOCACY · RECOVERY · PEER SUPPORT
AB 96 Passes in the Senate

AB 96: Medi-Cal Peer Support Specialist

This bill removes the existing requirement for Certified Medi-Cal Peer Support Specialists (CMPSS) to hold a high school diploma or equivalent. Peer Support Specialists contribute significantly to the behavioral health system by applying their lived experience to support individuals in recovery. The bill recognizes lived experience as a key qualification for this role and eliminates the diploma requirement to help ensure certification is accessible during a time of heightened behavioral health needs.

AB 96 has passed both the California Assembly and Senate and has been enrolled, meaning it has been finalized by the Legislature and formally presented to the Governor as of September 3, 2026. Implementation cannot begin until the Governor reviews and approves the bill.

### 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

## 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. 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.

## CREDENTIALING

### PROVIDERS REQUIRED TO BE CREDENTIALED:



**NOTE:** Any provider who works in a job classification that requires a license, waiver, certification and/or registration and delivers Medi-Cal covered services must be credentialed by the County. This list is not exhaustive, please inquire with the MCST for further guidance.

- ✓ Licensed Vocational Nurse
- ✓ Licensed Psychiatric Technician
- ✓ Certified Nurse Assistant
- ✓ Certified Medical Assistant
- ✓ Certified/Registered AOD Counselor
- ✓ BBS Licensed (LMFT, LPCC, LCSW)
- ✓ BBS Associate (AMFT, APCC, ACSW)
- ✓ BOP Registered Associate with DHCS Waiver
- ✓ Physician Assistant
- ✓ Psychiatrist
- ✓ Physician
- ✓ Nurse Practitioner
- ✓ Registered Nurse
- ✓ Occupational Therapist
- ✓ Psychologist
- ✓ Pharmacist
- ✓ Certified Peer Support Specialist

## CREDENTIALING

### SUBMISSION CHECKLIST

A complete packet should contain the following documents listed below and be labeled Last Name, First Name. The document names can be abbreviated. For example, New Applicant Request Form (NARF), Annual Provider Training (APT), Cultural Competency (CC), etc. The e-mail subject line must be titled Credentialing – Program Name.

#### SMHS CHECKLIST

- ✓ Doe, John NARF
- ✓ Doe, John Resume/County Application
- ✓ Doe, John APT
- ✓ Doe, John CC
- ✓ Provider Insurance Verification Form
- ✓ Supervision Reporting Form (if applicable)
- ✓ DHCS Waiver for Registered Psychological Associates

**NOTE:** The APT and CC Training must be the most current training that was completed in the last year.

#### DMC-ODS CHECKLIST

- ✓ Doe, John NARF
- ✓ Doe, John Resume/County Application
- ✓ Doe, John APT
- ✓ Doe, John CC
- ✓ Doe, John ASAM A
- ✓ Doe, John ASAM B
- ✓ 5 CEU/CME in Drug Addiction/Recovery (**ONLY** for MD, LCSW, LMFT, LPCC, Psychologist)
- ✓ Provider Insurance Verification Form
- ✓ Supervision Reporting Form (if applicable)

## 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**

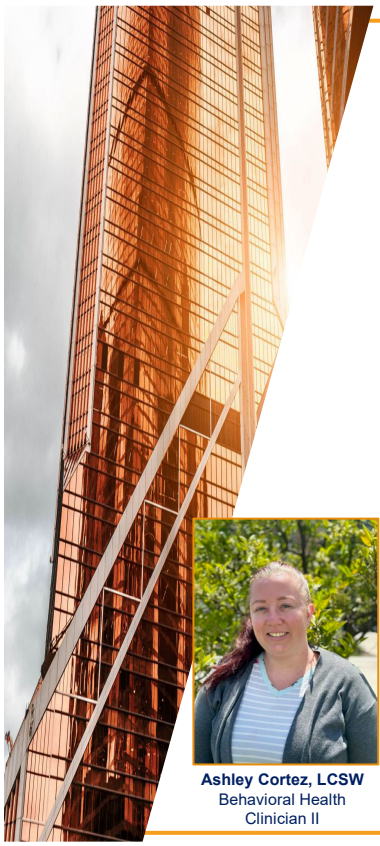
| CLINICIANS | COUNSELORS | MEDICAL PROVIDERS | QUALIFIED PROVIDERS |
|---|---|---|---|
| • Registered ASW<br>• Registered MFT<br>• Registered PCC<br>• Registered/Waivered Psychologist<br>• Psychologist Clinical Trainee<br>• Clinical Social Worker Clinical Trainee<br>• Marriage & Family Therapist Clinical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



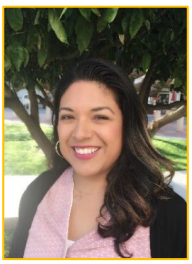
**Vanessa Estrada**
Office Specialist



**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

# BHS QMS Billing Team

## H.R. 1: Key Changes Affecting California Medi-Cal Billing

**•Immigration Status Changes – Effective October 1, 2026**
- Certain immigration categories will lose full-scope Medi-Cal eligibility
- Members in these categories will transition to restricted/emergency-only coverage
- Expect increased denials for full-scope services

**•Retroactive Eligibility Changes – Effective January 1, 2027**
- Applies to applications submitted after December 31, 2026
- Modified Adjusted Gross Income (**MAGI**) New Adult Group (19–64): Retroactive eligibility reduced to 1 month
- All Other Members: Retroactive eligibility reduced to 2 months

**•90-Day Renewal Grace Period (Cure Window)**
If a member reapplies within 90 days of losing coverage:
- MAGI Adults: Eligible for 1 month retroactive coverage
- All Other Members: Eligible for 2 months of retroactive coverage

**•Six-Month Eligibility Renewal – Effective January 1, 2027**
- MAGI Adult group must now renew eligibility every 6 months
- Higher likelihood of coverage gaps that may affect claim approval

**•Work/Community Requirements – Effective January 1, 2027**
- MAGI adults must meet work/activity requirements
- Non-compliance may lead to temporary loss of coverage
- Coverage gaps may affect billing and claim eligibility

**•Expanded Address Verification – Effective January 1, 2027**
- Counties will begin using the National Change of Address (NCOA) database for ongoing updates
- More frequent address corrections may occur
- Address updates may cause managed care plan changes, impacting billing

•Resource: HR1-DHCS-Fact-Sheet-2026.pdf

## Helpful Resources

**•BHS Contract Provider Web Portal:** BHS Contract Provider Claims/Billing Resources | OC – HCA

**•Medi-Cal Eligibility Verification:** DHCS - Provider Portal

**•MEDCCC Library (now known as):** County Claims Customer Services Library | DHCS

**•Medicare/CMAP COB Requirements, utilize:**
- **•ADP:** DMC-ODS Service Table FY 2025-2026
- **•MHP:** SMHS Service Table FY 2025-2026

**•Third-Party/Medicare HMO (OHC) COB Requirements, utilize:**
- **•ADP:** DMC-ODS Billing Manual FY 2025-2026
- **•MHP:** SMHS Billing Manual FY 2025-2026

**•Share of Cost Spend Down Guide:** Share of Cost (SOC) (share)

**•Aid Code Chart:** Aid Code Chart (SDMC)

**•Medicare Advantage Plans:** Medicare Advantage Plans

## DHCS Medi-Cal Claim Submission Timely Filing Limits

**•Initial Claim:** Must be submitted within 12 months from the month of service.
**•Replacement Claim:** Must be submitted within 15 months from the month of service (only if the initial claim was submitted within one year of the service date).

## County-to-State Claim (837 File) Submission Schedule:

**•Medi-Cal ADP Claim Submissions:** Occur every Tuesday. All charges should be entered or corrected by the end of day Monday.
**•Medi-Cal Short Doyle Claim Submissions:** Occur every Wednesday. All charges should be entered or corrected by the end of day Tuesday.

# 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 |