

QR Tips

Mental Health & Recovery Services (MHRS)
 Quality Management Services (QMS)
 Quality Assurance & Quality Improvement Division
 AOA-Support Team / CYS-Support Team / Managed Care / Certification and Designation

(County Provider's Only)

BH Assessment - Signing vs. Saving

All treatment team providers may contribute to the BH Assessment provided that the assessment components are within the provider's scope of practice.

The following are some important reminders to keep in mind when working on the BH Assessment:

The IRIS system has built required areas into the BH Assessment. The system will not allow a BH Assessment to be signed unless all of those required areas are completed. Some of the required areas can only be completed by an LPHA/LMHP. The required areas of the form are signified by red asterisks (*) on the assessment tabs.

If the required areas **are** completed, then the document can be signed.



A signed document **can** be modified by the original provider or another provider.

If the required areas **are not** completed, the document can only be saved.



A saved document **can** be modified by the original provider or another provider.



Question: In what case, would another provider modify a signed or saved BH Assessment?



Answer: The most common reason why another provider would modify a saved or signed BH Assessment would be if the BH Assessment was began and/or signed by an intake coordinator (*during the same EOC*) but is later modified/completed by the assigned PC (LPHA/LMHP).

For Example: On 7/14 an EOC is opened. The MHS meets with the Beneficiary then the MHS completes all of the IRIS required sections of the BH Assessment that are within their scope practice. Upon completion of those sections the MHS **saves** the document (*the document will not allow the MHS to sign it as there remain required areas which are clinical that only an LPHA/LMHP can complete*). On 7/20 the assigned LPHA/LMHP, in this case an LMFT, modifies the saved BH Assessment and completes all of the clinical areas of the BH Assessment which ensures that the document contains all necessary 7 Domains of the CalAIM Assessment. The LMFT also reviews the sections that were completed by the MHS. Upon completion, the LMFT **signs** the BH Assessment.

TRAININGS & MEETINGS



AOA Online Trainings

[New Provider Training \(Documentation & Care Plan\)](#)

[2022-2023 AOABH Annual Provider Training](#)

MHRS-AOA MHP QI Coordinators' Meeting

WebEx Meeting: 8/3/2023

10:30- 11:30am

CYS Online Trainings

[2022-2023 CYPBH Integrated Annual Provider Training](#)

MHRS-CYS MHP QI Coordinators' Meeting

Teams Meeting: 8/10/2023

10:00-11:30am

**More trainings on CYS ST website*

HELPFUL LINKS



[QMS AOA Support Team](#)

[QMS CYS Support Team](#)

[BHS Electronic Health Record](#)

[Medi-Cal Certification](#)

Where did collateral go ?



Prior to the implementation of Payment Reform, collateral services without the client present could be billed as collateral rehab or collateral psychotherapy; however, those two codes are no longer available. QMS has recently received guidance from CALMHSA regarding how to code

a collateral service with the new Payment Reform rules, which began on July 1, 2023. The guidance is provided below:

"While there is no longer a distinct service code called "collateral," collateral services can be billed as part of a component of many types of services including, but not limited to: Assessment, Rehabilitation, Plan Development, Peer Support Services, Targeted Case Management, TFC and Crisis Intervention. When documenting a service provided to a collateral contact, providers should select the service code that most closely fits the service provided and it should be clear in the progress note that the service was provided to a collateral contact."

What this means for our providers is that you can still provide a collateral service without the client present if clinically necessary. You would select a code within your provider role that best defines the service activity you provided and document "Collateral Contact" in the body of the note.

For example: If a clinician meets with a father alone and reviews the coping skills client is learning to practice at home when triggered, this can be coded under the psychosocial rehabilitation code available to clinicians since skills are being learned and reviewed.

Reminder for AOA Providers

(Please Note: CYS timelines may be different)

Child and Adolescent Needs and Strengths (CANS) and Pediatric Symptom Checklist (PSC)-35 Reminders

- Re-Certification must be completed annually (clinics must have at least 1 certified provider)
 - Only bachelor's degree level and above can be certified
- CANS and PSC-35 Completion Timelines
 - Initial: before the end of the 60-day assessment period
 - Reassessment: every 6 months
 - Planned Discharge: before the client is transferred or discharged as planned
 - Administrative Close: complete if the client is closed due to no contact
- There is no IRIS report for dates of previous CANS and PSC-35 completion
 - County: Past documents can be located in the "Clinical Documentation" folder or "Form Browser" sections in Power Chart
 - Contract: Past documents can be located in the "Form Browser" section of Power Chart. Please check with your supervisor to see who has access.

MCST OVERSIGHT

- EXPIRED LICENSES, CERTIFICATIONS AND REGISTRATIONS
- **NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)**
- APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS
- PAVE ENROLLMENT (MHP PROVIDERS ONLY)
- CHANGE OF PROVIDER/2ND OPINIONS (MHP/DMC-ODS)
- CAL-OPTIMA CREDENTIALING (AOA COUNTY CLINICS)
- GRIEVANCES & INVESTIGATIONS
- **COUNTY CREDENTIALING**
- ACCESS LOGS
- **CLINICAL/COUNSELOR SUPERVISION**
- MHP/DMC-ODS PROVIDER DIRECTORY

REMINDERS, ANNOUNCEMENTS & UPDATES

CLINICAL/COUNSELOR SUPERVISION

- If you are a clinical supervisor, you must maintain notes to account for the supervision of the supervisee (e.g., associate clinician, registered counselor, etc.) at all times. There is no law or regulation which addresses the retention and ownership of supervision notes. In general, if the clinical supervisor is instructed to keep the notes as part of their duties, then the employer can claim ownership of such documents.



- All license-waivered clinicians and registered counselors are required to be in clinical/counselor supervision until they have become licensed or certified. If the supervisee is not receiving the required clinical/counselor supervision, the provision of the services must cease immediately, and any services provided without clinical/counselor supervision will be subject to recoupment.

- There is an uptick of compliance cases related to clinical/counselor supervision that are currently under investigation. It is the responsibility of the supervisee and clinical supervisor to submit a Clinical Supervision Reporting Form (CSRF) to the MCST whenever there is a change in supervision status (e.g., separation, change in supervisor, etc.).



- **COUNTY EMPLOYEES ONLY** – Supervisors whose license is used to authorize the performance of clinical supervision and are designated by the department to provide supervised clinical hours for Clinical Psychologist I (7494HP) and Behavioral Health Clinician I (7066HP) that are obtaining clinical hours, shall be offered differential pay for all hours such licensure is required. This will go into effect July/August 2023 and will adhere to stringent requirements to enhance the tracking and monitoring of this new implementation. More information to be disseminated soon.



REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

COUNTY CREDENTIALING

- The Credentialing Verification Organization (CVO) VERGE Solutions LLC who provides professional credentialing verification services for the MHP and DMC-ODS health plans merged with the parent company, RL Datix (USA) Inc. Provider's undergoing County credentialing will see the change in the CVO company name through the e-mail correspondences with the CVO. The provider should keep an eye out for the CVO's e-mail and respond timely to prevent any delays with the credentialing process.

UPDATED NOABD LETTERS

- The NOABD letters have been updated to reflect **Azahar Lopez, QMS Interim Assistant Deputy Director** in the signature portion of the letters. The newly revised NOABD templates is available on the QMS website to download. Please begin using the revised NOABD templates, immediately and discard all old versions.

MCST TRAININGS ARE AVAILABLE UPON REQUEST

- NEW** MHP and DMC-ODS programs are required to schedule a full-day training to comply with the MCST oversight and DHCS requirements. It is recommended to have the Directors, Managers, Supervisors and clinical staff participate in the training to ensure those requirements are met and implemented. Please contact the MCST to schedule the training at least a month prior to delivering Medi-Cal covered services.
- If you and your staff would like a refresher on a specific topic or a full training about the MCST's oversight please e-mail the Health Services Administrator, Annette Tran at antran@ochca.com and/or the Service Chief II, Dolores Castaneda at dcastaneda@ochca.com.

GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2ND OPINION AND CHANGE OF PROVIDER

Leads: Esmi Carroll, LCSW Jennifer Fernandez, MSW

CLINICAL SUPERVISION

Lead: Esmi Carroll, LCSW

ACCESS LOGS

Lead: Jennifer Fernandez, MSW

PAVE ENROLLMENT FOR MHP & SUD

Leads: Araceli Cueva, Staff Specialist Elizabeth "Liz" Fraga, Staff Specialist

CREDENTIALING AND PROVIDER DIRECTORY

Credentialing Lead: Elaine Estrada, LCSW
Cal Optima Credentialing Lead: Sam Fraga, Staff Specialist
Provider Directory Lead: Paula Bishop, LMFT



CONTACT INFORMATION

400 W. Civic Center Drive., 4th floor
Santa Ana, CA 92701
(714) 834-5601 FAX: (714) 480-0775

E-MAIL ADDRESSES

AQISGrievance@ochca.com (NOABDs/Grievance Only)
AQISManagedCare@ochca.com

MCST ADMINISTRATORS

Annette Tran, LCSW
Health Services Administrator
Dolores Castaneda, LMFT
Service Chief II

Helpful Tips: Documentation Questions

The QMS support teams welcomes all of your questions, and due to CalAIM documentation changes and Payment Reform, we have received an increase in the volume of questions. We would like to remind our providers that we are diligently working on reviewing and collaborating with other teams to provide you with the appropriate guidance. In order to provide you with the best support, we ask that whenever possible, providers also include some additional information:

- Identify your program as CYS or AOA on the subject of your question on the subject line
- Email all documentation questions to AQISSupportTeams@ochca.com as it is the best way to start the process of answering your questions
- County operated programs: please copy your Service Chief and include any guidance/resources that you are referencing in your question(s).
- Community provider partners: please copy your MHRs Contract Monitor and include any guidance/resources that you reference in your question(s)

The AOA and CYS Support Teams appreciate your patience in the response time to your questions. Much of this guidance is emerging and evolving and some questions are more complex and involve consultations with DHCS and/or other departments.

Service Chiefs and Supervisors:

Please remember to submit monthly program and provider updates/changes for the Provider Directory and send to: AOISManagedCare@ochca.com and BHSIRISLiaisonTeam@ochca.com

Review QRTips in staff meetings and include in meeting minutes.

Disclaimer: The Quality Management Services (QMS) Quality Assurance (QA) and Quality Improvement (QI) Division develops and distributes the monthly QRTips newsletter to all MHP 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.

QMS, Quality Assurance & Quality Improvement Division

Azahar Lopez, PsyD, CHC
Interim Assistant Deputy Director, QMS

MHRS-AOA Support Team

714.834.5601

Manager

Berenice Moran, LMFT, AMII
bmoran@ochca.com

Service Chief II

Ken Alma, LCSW
kalma@ochca.com

BHCII Staff

Blanca Rosa Ayala, LMFT
bayala@ochca.com

Ashley Bart, LMFT

abart@ochca.com

Grace Ko, LCSW

gko@ochca.com

Sang-Patty Tang, LCSW

stang@ochca.com

Erin Sagubo, LCSW

esagubo@ochca.com

Support Staff

Sharon Hoang, SA
shoang@ochca.com

Ashley Lopez, OS

aslopez@ochca.com

MHRS-CYS Support Team

714.834.5601

Manager

John Crump, LMFT, AMII
jcrump@ochca.com

Service Chief II

Asmeret Hagos, LMFT
ahagos@ochca.com

Audit Staff

Mark Lum, Psy.D.
mlum@ochca.com

Cheryl Pitts, LCSW
cpitts@ochca.com

Eduardo Ceja, LMFT
ecreja@ochca.com

Tanji Ewing, LMFT
tewing@ochca.com

Support Staff

Mabel (Maby) Ruelas, SA
mruelas@ochca.com

Renee Serna, OS

RSerna@ochca.com

MC Support Team

714.834.6624

Health Services

Administrator

Annette Tran, LCSW
anntran@ochca.com

Service Chief II

Dolores Castaneda, LMFT
Dcastaneda@ochca.com

BHCII Staff

Paula Bishop, LMFT
pbishop@ochca.com

Esmi Carroll, LCSW
ecarroll@ochca.com

Ashely Cortez, LCSW
acortez@ochca.com

Elaine Estrada, LCSW
eestrada@ochca.com

Jennifer Fernandez, ASW
jfernandez@ochca.com

Staff Specialists

Araceli Cueva, SS
acueva@ochca.com

Samuel Fraga, SS
sfraga@ochca.com

Elizabeth Martinez, SS
emmartinez@ochca.com

Support Staff

Katherine Alvarado, OS
kalvarado@ochca.com

Certification & Designation Support Services Team

714.834.5601

Service Chief II

Rebekah Radomski, LMFT
rradomski@ochca.com

Certification

Sara Fekrati, LMFT
sfekrati@ochca.com

Eunice Lim, LMFT
elim@ochca.com

Debbie Montes, LMFT
dmontes@ochca.com

Andrew Parker, LMFT
aparker@ochca.com

Designation

Diana Mentas, Ph.D.
dmentas@ochca.com

Selma Silva, Psy.D.
ssilva@ochca.com

Support Staff

Josie Luevano, SA
jluevano@ochca.com

Fabiola Medina, OS
fmedina@ochca.com