

QRTips

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

5150/5585 Training and Testing Remix

Certification and Designation Support Services (CDSS) is pleased to announce that the Outpatient 5150/5585 testing and training process will be going through an overhaul. Quality Management Services has heard your feedback and understands that the online training and testing process can be improved upon. We are excited to announce that the 5150/5585 training will be returning to in person in the near future. Currently, CDSS is looking for volunteers from program staff who would like to participate in a 5150/5585 training workgroup. The intent of the workgroup is to discuss required elements of the 5150/5585 training and testing process and to elicit feedback from program staff on any additional elements that would be beneficial to include. The intent is that all outpatient LPS designated providers have confidence in their abilities to conduct crisis assessments and voluntary/involuntary holds.



Friendly Reminder

In an effort to better support and serve the needs of our MHP providers, the QMS Support Teams would like to remind you of the following when emailing the AQIS Support Teams mailbox:

1. Indicate the division you wish to reach, such as CYS or AOA, in the subject line of your email. This will allow us to address your needs and respond in a timely manner.
2. **For our community provider partners**, please cc your contract monitor in emails addressed to AQIS Support Team. By doing so, this will keep your monitor in-the-loop and give them better insight to your needs.

Thank you!

TRAININGS & MEETINGS

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AOA Online Trainings

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

[2022-2023 MHRS Annual Provider Training- All Divisions](#)

MHRS-AOA MHP QI Coordinators' Meeting

WebEx Meeting: 6/1/2023

10:30- 11:30am

CYS Online Trainings

[2022-2023 MHRS Annual Provider Training- All Divisions](#)

MHRS-CYS MHP QI Coordinators' Meeting

Teams Meeting: 6/8/23

10:00-11:30am

**More trainings on CYS ST website*

HELPFUL LINKS

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[AOIS AOA Support Team](#)

[AOIS CYS Support Team](#)

[BHS Electronic Health Record](#)

[Medi-Cal Certification](#)

Child and Adolescent Needs and Strengths (CANS) and PSC-35 Tips

QMS would like to remind our providers about the CANS and PSC-35 initial administration deadlines:

FSP within 30 days	Regional Outpatient Clinics within 60 days	STRTPs within 10 days
Specialized Programs (Orangewood, CCPU, YRC, and PACT) within 30 days		

Please note, it is very important to reference IRIS before completing an Initial CANS/PSC-35 to ensure it is needed at intake for the beneficiary. Community provider partners should check with their front office staff.

For the CANS and PSC-35 data entry:

- County programs: Enter your CANS/PSC-35 into IRIS in real time or soon as possible
- Community Provider partners:
 - Give the completed CANS/PSC-35 to your front office staff for entry into IRIS as soon as possible.

For any timeline questions about whether to complete CANS/PSC-35/other questions please email QMS CYS Support Team at AQISupportTeams@ochca.com

Payment Reform News

The CalAIM Behavioral Health Payment Reform initiative seeks to move counties away from cost-based reimbursement to better enable counties and providers to deliver value-based care that improves quality of life for Medi-Cal beneficiaries.

Beginning July 1, 2023, the CalAIM Behavioral Health Payment Reform initiative will change the way county BH plans claim federal reimbursement.

The CalAIM Behavioral Health Payment Reform initiative consists of three different transitions that will go live July 1, 2023:

1. Reimbursement Structure: End cost-based reimbursement and implement fee-for-service payments to county BH plans.
Goals:
 - Simplify county BH plan payments and reduce administrative burden for the State, counties, and providers. Develop county BH plan rates sufficient for the plan to attract and maintain an adequate network of qualified specialty providers.
 - Present Cost-Based Reimbursement
2. Financing Mechanism: Transition to Intergovernmental Transfers (IGTs) to finance Medi-Cal county BH plan payments.
Goals:
 - Enable county BH plans to continue providing the non-federal share of cost for Medi-Cal services without certified public expenditures and cost-based reimbursement.
3. Provider Billing: Implement CPT Coding Transition.
Goals:
 - Improve reporting and support data-driven decision making by disaggregating data on specialty behavioral health services. Align with other healthcare delivery systems and comply with Centers for Medicare & Medicaid Services (CMS) requirements for all state Medicaid programs to adopt CPT codes where

QMS is offering trainings in June and will be sharing a Quick Guide to payment reform coding. The same information will be repeated in each training. Please sign up for the training that best fits into your schedule.

Training Dates:

6/12: 2-4 pm

6/15: 10-12

6/20: 1-3pm

6/22: 10-12pm

MANAGED CARE SUPPORT TEAM



MCST OVERSIGHT

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

REMINDERS, ANNOUNCEMENTS & UPDATES

COUNTY CREDENTIALING



- The MCST is now required to credential **Certified Peer Support Specialists** if they are registered with the certifying organization, CalMHSA. If you have a provider with this certification you must submit their credential packet to the MCST in order to continue to deliver Medi-Cal covered services.
- All **new providers** must submit their 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 obtain a letter of approval confirming they have been credentialed by the MCST. The IRIS team will not activate a new provider in the IRIS system without proof of the credentialing approval letter. It is the responsibility of the direct supervisor to review and submit the new hire credentialing packet to the MCST.
- New providers must **NOT** provide any direct treatment or supportive services to a beneficiary until they have officially received a credentialing approval letter.

EXPIRED LICENSES, CERTIFICATION AND REGISTRATION

- Programs are strongly encouraged to have their providers renew their credentials with the certifying organization at least 2-3 months prior to the expiration. It is not appropriate 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.
- The County credentialing verification organization, VERGE e-mails notifications to providers **45/30/7 days** in advance about expiring licenses, certifications and registrations. They also send final notices the day of and the day after expiration.
- Providers who have had their privileges suspended due to expired credentials must submit proof of license, certification, and/or registration renewal via e-mail to QMS MCST at AQISManagedCare@ochca.com and QMS IRIS at BHSIRISLiaisonTeam@ochca.com. The provider must receive a confirmation letter from the MCST re-activating their privileges to begin delivering Medi-Cal covered services starting on that day.



REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

MCST REQUIREMENTS FOR PROGRAMS THAT ARE CLOSING & MERGING

When a program plans on closing and/or merging, Quality Management Services (QMS) must be notified. The MCST requires the program to complete the following:

- ✓ Clinical Supervision Report Form (CSRF) – a CSRF must be completed by the clinical supervisor to terminate supervision or change to a new clinical supervisor.
- ✓ NOABDs – submit any pending NOABDs issued to the beneficiary.
- ✓ Access Log – enter any pending access log entries and run the Access Log report to correct all errors and issue NOABD Timely Access (if applicable).
- ✓ Provider Directory – submit the spreadsheet that will identify all the staff separating and/or transitioning to other locations within the entity. The MCST will utilize the updated provider directory to deactivate credentialed providers who have separated from the program or update the providers information for those that have transitioned to a new location within the entity.
- ✓ Credentialing – 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.



PROVIDER DIRECTORY

- The provider directory spreadsheet has minor revisions and will go into effect **6/1/23**. It will be e-mailed to the providers on that day and must be used for the monthly submission due on **6/15/23**. The file name is: Orange County Provider Directory 5.2.23 Final.xlsm.
 - The NEW features:
 - ✓ Ability to add free text about transgender, gender diverse, or intersex (TGI) specialty that can be offered to beneficiaries under program and provider specialty, if applicable.
 - ✓ Added an “Effective Date” column to indicate the date of when the new provider started, the start date of the Leave of Absence (LOA), the end date of the LOA, interagency transfer date and separation date.
 - ✓ Added in the “Provider Type” – Certified Peer Support Specialist (CPPS).
 - ✓ Added in the “Certifying Organization Name” – CalMHSA.



REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

CLINICAL & COUNSELOR SUPERVISION REPORTING FORM (CSRF)

REVISED

- The Clinical and Counselor Supervision Reporting Form has been revised with minor changes. It is now available on the QMS website. Be sure to complete the most current form indicated on the bottom right hand corner [Revised 4/2023].
- Any status change requires an updated CSRF to be submitted to the MCST (e.g., separation, change of Clinical Supervisor, etc.).

MCST TRAININGS ARE AVAILABLE UPON REQUEST

If you and your staff would like a specific or a full training about the MCST's oversight and updates on the State and Federal regulations governing Managed Care please e-mail the Health Services Administrator, Annette Tran at antran@ochca.com or 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

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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

Disclaimer: The QMS Quality Assurance (QA) and Quality Improvement (QI) Division develops and distributes the monthly QRTips newsletter to County and County Contracted Behavioral Health providers as a tool to assist with compliance with various QA/QI regulatory requirements. IT IS NOT an all-encompassing document. Programs and providers are responsible for ensuring their understanding and compliance with all local, state, and federal regulatory requirements.

Service Chiefs and Supervisors:

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

Review QRTips in staff meetings and include in meeting minutes.

Thank you!

QMS, Quality Assurance & Quality Improvement Division

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