

October 2023

# QRTips

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

## Provider Type Quick Guides

The Provider Type Quick Guide Portfolios will be available **soon** on the OCHCA Website.

The Quick Guides are subject to change due to billing updates. As such, QMS will ensure to keep the most updated Quick Guides available on the OCHCA website.

Once posted, the exact location of the Quick Guide Portfolios will be shared via a QRTips announcement.



## 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: 10/5/2023**

**10:30- 11:30am**

### CYS Online Trainings

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

### MHRS-CYS MHP QI Coordinators' Meeting

**Teams Meeting: 10/12/2023**

**10:00-11:30am**

*\*More trainings on CYS ST website*



## ANNOUNCEMENT

The QRTips are once again available on to the HCA Website. You can access the QRTips via this link:

<https://www.ochealthinfo.com/providers-partners/authority-quality-improvement-services-division-agis/quality-assurance-quality-0>

*Please save this link to your "Favorites" list on your web browser for easy access to the most current and past QRTips.*

## Documentation Timeline Update!

**The day of service shall be considered day zero.**

That means, if you provided a service on 10/2/23 (day zero), then the progress note would be completed by 10/5/23 (3 business days) or by 10/3/23 (1 business day) for crisis services.



## HELPFUL LINKS



[QMS AOA Support Team](#)

[QMS CYS Support Team](#)

[BHS Electronic Health Record](#)

[Medi-Cal Certification](#)

# Progress Note Narratives

**Progress Notes "Narratives" need to address:** 1) The **type of service** rendered. 2) A **narrative** describing the service, including how the service addressed the beneficiary's behavioral health need (e.g. symptom, condition, diagnosis, and/or risk factors). 3) **Next steps** including, but not limited to, planned action steps by the provider or by the beneficiary, collaboration with the beneficiary, collaboration with other provider(s) and any update to the problem list as appropriate. \*\*\*These elements are only related to the narrative of the Progress Notes. Please reference CalAIM Memo #003 for all other required elements of a Progress Note.

## Progress Note Reminder:

- Pre CalAIM progress notes were lengthy and time consuming. CalAIM changes allow for shorter progress note narratives that address the above elements.
- Ensure that progress notes are not templated, but rather individualized to each beneficiary and to each session.



## Progress Note Narrative Examples:

### **Assessment**

*(for Clinician)*

Client was seen for the initial assessment for Specialty Mental Health Services. Client is a 26-year-old Iranian American female presenting at the clinic with symptoms of anxiety and depression (isolation, frequent crying, difficulty concentrating, ruminating thoughts). Provider assessed for current problems and conditions, mental health, medical, and substance use history, and client's risks/strengths. Provider documented responses into the BH Assessment during session. Client meets access criteria/medical necessity based on assessment service. Client acknowledged an interest in services. Plan is to continue collaborating with client on completing assessment.

### **Individual Rehabilitation**

Client engages in negative behaviors of pulling her hair out and scratching her scalp when she is feeling anxious in public. Mental Health Specialist (MHS) met with Client. MHS led Client in discussion of the consequences of engaging in her negative behavior including a recent visit to the ER due to a serious infection on her scalp. MHS led Client in brainstorming actions she can take which would minimize the chances in her engaging in the negative behavior. Client made a plan to wear a tight-fitting hat in public places and to keep her hands occupied with a fidget spinner when she feels the urge to scratch her scalp/pull her hair out. Meet next week to discuss Client follow through with using the plan and whether the plan reduced her negative behaviors.

### **Case Management/ICC Note**

ICC was provided to refer client to an audiologist. Client either refuses or is unable to stay in classroom setting for the full school day and recently had meltdown with mother over headphones now being allowed in classroom. Referral is to rule out possible inability to filter out background noises which could overwhelm client as she may compensate by putting on headphones. Shared with mom and client concerns and gathered further evidence of problem with noise for client since she started school. Educated mom regarding purpose of referral to audiologist. Discussed how findings could clarify diagnosis and formulate treatment. Clinician will follow-up with consultation with audiologist once mother has taken child for audiological evaluation.



## LVN & LPT UPDATE

After multiple inquiries from county MHPs including the OCMHP, DHCS recently addressed the Payment Reform changes that resulted in LVNs and PTs not being able to bill for administering an injectable medication.

**The following Question and Answer is taken from the recently updated DHCS CalAIM Payment Reform FAQ:**

**QUESTION:** Can Licensed Vocational Nurses (LVNs) and Licensed Psychiatric Technicians (LPTs) with the proper education and certification, *under the supervision of a Registered Nurse or Physician*, administer medications orally or **intravenously** to patients in the Specialty Mental Health delivery system?

**ANSWER:** LVNs and LPTs are recognized provider types of SMHS within their scope of practice. **LVNs and LPTs can administer medication (including injectables) using HCPC code H0033 which includes all modes of medication administration.**

## VERY IMPORTANT UPDATE:

Upon recent consultation with CalMHSA, it was clarified that the clinical formulation and writing of the 7 Domain Assessment without the beneficiary present is **no longer billable**.

Any formulation and write up of the 7 Domain Assessment without the beneficiary present should be documented under the non-billable assessment code 70899-407.

QMS will provide information on how to correct assessment services with billed non face-to-face time to be compliant with this updated guidance.

**Formulation and completion of the 7 Domain Assessment with the client present is billable.**



## Students in Field Practicum

**QUESTION:** Can **Master's degree students** and **non-licensed PhD students** (students who are not yet able to register with BBS/BOP) provide/bill for specialty mental health services?

**ANSWER:** **Yes**, in California, Master's degree students and non-licensed PhD students who are working in a field practicum may provide clinical services within their scope of practice under the supervision of a licensed behavioral health professional. When documenting SMHS they shall use appropriate CPT codes that are in line with their scope of practice.

**For Example:** An MFT Trainee in their practicum would use the billing codes that are allowed for an MFT.

*\*The MFT billing codes can be found on the "Clinicians" Quick Guide.*

## A Short Conversation about the AOAST Provider Support Program (County Only)

Hi AOAST, is the Provider Support Program still accepting referrals?

**Yes!** The Provider Support Program is available to new and existing providers, working in county AOA outpatient programs, who want additional support to strengthen documentation skills.

Great! What type of support will the provider receive?

The assigned QMS staff will work with the provider for two months to review documentation. 1:1 support is available to assist the provider with creating quality assessments, care plans and progress notes. Resources for guidelines on proper documentation are also available.

I know some providers who may benefit from this support. How can they enroll?

Service Chiefs should complete the referral form (email template) and send it to the QMS Support Teams inbox at [aqissupportteams@ochca.com](mailto:aqissupportteams@ochca.com).

## MCST OVERSIGHT

- EXPIRED LICENSES, WAIVERS, CERTIFICATIONS AND REGISTRATIONS
- NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)
- APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS
- PAVE ENROLLMENT (MHP PROVIDERS ONLY)
- CHANGE OF PROVIDER/2<sup>ND</sup> 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

### EXPIRED LICENSES, WIAVERS, CERTIFICATION AND REGISTRATIONS



When a provider's license has expired, the MCST sends an e-mail notification suspending the provider from delivering any Medi-Cal covered services. The e-mail requires an immediate response by the provider and/or administrator by the end of the business day to explain the reason for the lapse with the provider's credential. This is important information for the MCST to track and monitor. Be sure to respond promptly upon receiving the e-mail notification.

### ACCESS LOG (MHP ONLY)

The MHP Access Log will have some new fields added to meet the DHCS requirements. These additions will include 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> appointments offered; appointment times, Timely Access NOABD, etc. Stay tuned for more information to come.



### COUNTY RE-CREDENTIALING



Recently, there have been several provider's who failed to complete the re-credentialing process and were suspended from delivering Medi-Cal covered services. Provider's are required to be re-credentialed every 3 years. The Credentialing Verification Organization, Verge/RLDatix sends e-mail notifications to providers 90 days in advance and then every week until the provider attest and provides the required documents needed to initiate the re-credentialing process. Be sure to re-credential your providers on-time by promptly responding to the e-mail notifications!

## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

### CLINICAL/COUNSELOR SUPERVISION

- The Clinical/Counselor Supervision Reporting Form (CSRF) has been revised to enhance the tracking and monitoring of all supervisees and clinical supervisors. In an effort, to maintain an accurate tracking record, we are requiring all clinical supervisors to complete the two-page CSRF and make sure to list each of their supervisees. Anytime there is a change with supervision or separation a CSRF must be submitted. The revised CSRF goes into effect **10/1/23**. Please discard the old version of the CSRF as it will be invalid and you will be required to resubmit using the newly revised form.
- Waivered Psychologists are required to submit their Board of Psychology (BOP) Supervision Agreement to the MCST when submitting their CSRF.



- ✓ A supervisee must be in clinical/counselor supervision until they become licensed/certified.
- ✓ A CSRF is required for each supervisee being provided clinical supervision, whether it is individual, group, or both.
- ✓ If a supervisee has two or more licenses (e.g. AMFT and APCC) and is collecting clinical hours for both then two CSRFs for each discipline is required.
- ✓ If there is a status change with clinical/counselor supervision (e.g. change in supervisor, supervisee license, termination in supervision) then the CSRF is required to be submitted.
- ✓ If a CSRF is not on file and the supervisee has been providing services without clinical supervision a potential compliance investigation will be initiated and recoupment of services may occur.

### PROVIDER DIRECTORY



- Over the last few months there have been spreadsheet submissions with invalid conditions and formulas creating inaccurate data collection. Tampering with the spreadsheet validations will require the program to resubmit their information using the correct spreadsheet version to the MCST and IRIS.

## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

### PROVIDER DIRECTORY (CONTINUED)

- If a provider is dually licensed, they should be listed consecutively on the **provider tab** and indicate whether the license is “primary” or “secondary” under the column **New or Inter-Agency Transfer Comments**. See example below:

PROGRAM NAME:		PROGRAM ADDRESS:						
Provider Name <small>Last Name, First Name</small>	Provider Status	Effective Date	New or InterAgency Transfer Comments	Is this Provider accepting new beneficiary referrals?	Provider Type	License Number #####	Certifying Organization Name	License Expiration Date
Example: Smith, John	LOA End	04/01/2023	Provider returning from LOA that started 2/1/23	Yes	APCC - Associate Professional Clinical Counselor	12345	Board of Behavioral Sciences (BBS)	04/01/2024
Jones, Sam	Active		Primary license		APCC - Associate Professional Clinical Counselor	12234345	Board of Behavioral Sciences (BBS)	01/01/2024
Jones, Sam	Active		Secondary License		ASW - Associate Clinical Social Workers	23442522	Board of Behavioral Sciences (BBS)	01/01/2024

### 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 [anntran@ochca.com](mailto:anntran@ochca.com) and/or the Service Chief II, Dolores Castaneda at [dcastaneda@ochca.com](mailto:dcastaneda@ochca.com).

#### GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2<sup>ND</sup> 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

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

#### COMPLIANCE INVESTIGATIONS

Lead: Ashley Cortez, LCSW



#### CONTACT INFORMATION

400 W. Civic Center Drive., 4<sup>th</sup> 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

## Service Chiefs and Supervisors:

Please remember to submit monthly program and provider updates/changes for the Provider Directory and send to: [AQISManagedCare@ochca.com](mailto:AQISManagedCare@ochca.com) and [BHSIRISLiaisonTeam@ochca.com](mailto: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.*

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Interim Assistant Deputy Director, QMS

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