

April 2024

QR Tips

Behavioral Health Services
Quality Management Services
Quality Assurance & Quality Improvement Division

Supplemental Service Code Updates

Important, Interactive complexity (90785-4) and Sign Language or Oral interpretation (70899-411) should not be claimed together.

Since both supplemental codes may apply to a service, it is recommended that providers select the code that best describes how the majority of the session was interpreted for the client.

TRAININGS & MEETINGS

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AOA Online Trainings

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

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

MHP AOA QI Coordinators' Meeting

Teams Meeting: 04/04/2024

10:30- 11:30am

CYS Online Trainings

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

MHP CYS QI Coordinators' Meeting

Teams Meeting: 04/11/2024

10:00-11:30am

More trainings on CYS ST website

HELPFUL LINKS

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[QMS AOA Support Team](#)

[QMS CYS Support Team](#)

[BHS Electronic Health Record](#)

[Medi-Cal Certification](#)



Hello Spring

CANS and PSC-35 Form Status Definitions

Below are some helpful definitions to understand what form status to select when completing CANS and PSC-35.

Form Status: Initial Reassessment Discharge Administrative Close Urgent

Initial: Select this form status when the client's admission into your program is the first Facility EOC in the MHP County Tx EOC. Create an Initial CANS or Initial PSC-35 upon admission into your facility if it is the first facility EOC.

Reassessment: Select this form status when completing the next CANS and/or PSC-35 following the initial and is completed every 5-7 months during the re-evaluation process until a client's case is closed.

Discharge: Select this form status when you are discharging the client from your program within the reassessment window period (5-7 months) and there are no remaining Facility EOCs open for this client in the MHP. i.e., client moves out of state, client completes treatment with ALL County EOCs.

Administrative Close: Select this form status when discharging the client due to no contact with the client, resetting the timeline or no form has been completed within the 5-7 month window since the last signed form. Close out the MHP County Tx EOC, if applicable.

Urgent: Select this form status when completing the form outside of the reassessment window period, e.g., reassessing is clinically indicated outside of the reassessment window period. An Urgent CANS or PSC-35 does not impact or change any previous set timelines.

- Example situations for using an Urgent form status include program specific requirements to complete a CANS and PSC-35 outside the 5-7 month window or a significant change in the client's presentation in which it would be clinically appropriate to update the CANS and/or PSC-35 outside the 5-7 month window.

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/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

MCST REQUIREMENTS FOR PROGRAMS THAT ARE CLOSING OR MERGING

When a program plans on closing 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. An NOABD Termination is not required if the beneficiary is transferring within the network to continue services.
- ✓ 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). Existing beneficiaries transferring within the network to continue services do not require an access log entry.
- ✓ 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.
- ✓ Change of Provider/2nd Opinion – submit the quarterly log prior to the closure of the County-Contracted program only.



REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

PROVIDER DIRECTORY

DO NOT TAMPER

Friendly reminder, do NOT tamper with the provider directory spreadsheet formulas and validations. We will require the program to resubmit their information using the correct spreadsheet. MCST and IRIS requires accurate data collection to track and monitor all the providers information.

- 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 Last Name, First Name	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 3/1/23	Yes	APCC - Associate Professional Clinical Counselor	12345	Board of Behavioral Sciences (885)	04/01/2024
John, Jane	Active		Primary License		APCC - Associate Professional Clinical Counselor	1234567	Board of Behavioral Sciences (885)	01/01/2024
John, Jane	Active		Secondary License		ASW - Associate Clinical Social Worker	2345678	Board of Behavioral Sciences (885)	01/01/2024

- If a provider is transferring from within the same agency to another location, it would be identified as **Interagency Transfer** (not as “separated”). Also, in the column **New or Inter-Agency Transfer Comments** you must enter the site location the provider is transferring from and to. Both sites would indicate the interagency transfer on the monthly provider directory. See example below:

PROGRAM NAME:				
Provider Name Last Name, First Name	Provider Status	Effective Date	New or InterAgency Transfer Comments	Is this Provider accepting new beneficiary referrals?
Example: Smith, John	Interagency Transfer	04/01/2023	CRP Telecare South to CRP Telecare North	Yes

CLINICAL SUPERVISION (COUNTY ONLY)

Service Chiefs can now reach out to Behavioral Health Training Services (BHTS) to find someone to clinically supervise a license-waivered staff. Please e-mail Michael Mullard at mmullard@ochca.com or Giselle Rocha at grocha@ochca.com to help you find a clinical supervisor. Remember, all license-waivered staff must receive weekly supervision and be in clinical supervision until they become licensed.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

COUNTY CREDENTIALING & RE-CREDENTIALING

- 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. This means the new hire must **NOT** provide direct treatment or supportive services to a beneficiary on their own nor document any services. 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.
- **Certified Peer Support Specialists** registered with the certifying organization, CalMHSA must be credentialed. Be sure to submit credential packet to the MCST to be County credentialed.



- The County's Credentialing Verification Organization, VERGE/RLDatix will be sending e-mail notifications **120 days** prior to re-credentialing. The request is to obtain the most current e-mail addresses on file upon the initial credentialing which occurred three years ago. It is important to have the provider's respond to the e-mail within **one (1) business day** to confirm their primary e-mail, employer's agency name, direct supervisor name and supervisor's e-mail for the various agencies the provider is currently employed with. Updating this information will help with the re-credentialing process and prevent any delay or suspension with the re-credentialing process.



- Providers are required to be re-credentialed every 3 years. The Credentialing Verification Organization, Verge/RLDatix sends an e-mail notification 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 Verge/RLDatix e-mail notifications!

NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABD)

DECEASED

Department of Health Care Services (DHCS) requires a Termination NOABD to be mailed to the last known address of the deceased beneficiary within two (2) business days.



REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)



**AVAILABLE
NOW**

MONTHLY MCST TRAININGS – NOW AVAILABLE

MCST is offering open training sessions effective 1/1/24 for new and existing providers. The 2-hour training will be on NOABDs, Grievances, Appeals, 2nd Opinion/Change of Provider and Access Logs.

Please e-mail AQISGrievance@ochca.com with Subject Line: MCST Training for MHP or DMC-ODS and a MCST representative will send you an e-mail invitation to attend the training via Microsoft Teams.

2nd Tuesdays of the Month @ 1 p.m. MCST Training (MHP)

4th Tuesdays of the Month @ 1 p.m. MCST Training (DMC-ODS)

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 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 the Service Chief II, Catherine Shreenan at cshreenan@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

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: Ashley Cortez, LCSW

COMPLIANCE INVESTIGATIONS

Lead: Ashley Cortez, LCSW



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

Catherine Shreenan, 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: AOISManagedCare@ochca.com and BHSIRISLiaisonTeam@ochca.com.

Review QRTips in staff meetings and include in your 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

Claire Karp, LMFT

Senior Health Services Manager, QMS

AOA Support Team
714.834.5601

aqissupportteams@ochca.com

Health Services

Administrator

Berenice Moran, LMFT

bmoran@ochca.com

Service Chief II

Ken Alma, LCSW

Clinical Team

Blanca Rosa Ayala, LMFT

Grace Ko, LCSW

Sang-Patty Tang, LCSW

Erin Sagubo, LCSW

Patricia Iglesia, LCSW

Jessica Spargur, LMFT

Support Staff

Sharon Hoang, SA

Jaime Bueno, OS

CYS Support Team
714.834.5601

aqissupportteams@ochca.com

Health Services

Administrator

John Crump, LMFT

jcrump@ochca.com

Service Chief II

Asmeret Hagos, LMFT

Clinical Team

Mark Lum, Psy.D.

Niyati Roy, Psy.D.

Cheryl Pitts, LCSW

Eduardo Ceja, LMFT

Tanji Ewing, LMFT

Support Staff

Mabel (Maby) Ruelas, SA

Renee Serna, OS

**Managed Care
Support Team**
714.834.5601

aqismanagedcare@ochca.com

Health Services

Administrator

Annette Tran, LCSW

anntran@ochca.com

Service Chief II

Catherine Shreenan, LMFT

Clinical Team

Paula Bishop, LMFT

Esmi Carroll, LCSW

Ashley Cortez, LCSW

Elaine Estrada, LCSW

Jennifer Fernandez, ASW

Staff Specialists

Araceli Cueva, SS

Samuel Fraga, SS

Elizabeth "Liz" Fraga, SS

Support Staff

Esther Chung, OS

**Inpatient &
Designation
Support Services**
714.834.5601

aqiscdss@ochca.com

Service Chief II

Rebekah Radomski,
LMFT

rradomski@ochca.com

Certification Team

Sara Fekrati, LMFT

Eunice Lim, LMFT

Debbie Montes, LMFT

Andrew Parker, LMFT

Designation Team

Diana Mentas, Ph.D.

Selma Silva, Ph.D.

Support Staff

Josie Luevano, SA

Fabiola Medina, OS