

June 2024

# QRTips

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

## Plan Development

Plan Development is a service activity that consists of one or more of the following: development of client plans, approval of client plans, and/or monitoring of a beneficiary's progress.

Providers shall utilize the appropriate Downtime Progress Note located on the BHS MHP EHR Information blog [Downtime Procedure Guidelines and Forms – BHS MHP EHR Information \(ochca.com\)](#) for the following services:

- MHS Plan Developed by Non-Physician, 15 Minutes (70899-422/H0032)
- Med Team Conference by Non-MD, FTF with client and/or family, 30 Minutes or more (99366-4)
- Med Team Conference by Non-MD, Client or Family not present, 30 Minutes or more (99368-4)
- Med Team Conference by MD, Client or Family not Present, 30 Minutes or more (99367-4)
- Non-Billable Plan Development (70899-410)

For guidance of which Plan Development code to use, please refer to the Plan Development Code Table found at: [Payment Reform Resources | Orange County California - Health Care Agency \(ochealthinfo.com\)](#)

Code Name	Examples of Services
MHS Plan Developed by Non-Physician	<ul style="list-style-type: none"> <li>• Reviewing, updating, developing the TCM Care Plan or Legacy Care Plan</li> <li>• Intra-agency consultation between two providers</li> </ul>
Med Team Conference by Non-MD, FTF with client and/or family	<ul style="list-style-type: none"> <li>• Non-MD/DO provider participates in a meeting with a minimum of 2 other qualified health care professionals from different disciplines who provide care for the client, with client or family present</li> </ul>
Med Team Conference by Non-MD, Client or Family not present	<ul style="list-style-type: none"> <li>• Non-MD/DO provider participates in a meeting with a minimum of 2 other qualified health care professionals from different disciplines who provide care for the client, without client or family present</li> </ul>
Med Team Conference by MD, Client or Family not Present	<ul style="list-style-type: none"> <li>• MD/DO participates in a meeting with a minimum of 2 other qualified health care professionals from different disciplines who provide care for the client</li> </ul>
Non-Billable Plan Development	<ul style="list-style-type: none"> <li>• Plan Development services provided under the minimum billable time threshold or provided while client is in a lock out facility</li> </ul>

**County Only:** The IRIS Liaison Team is working diligently to make the Plan Development codes available in Powerchart.

## TRAININGS & MEETINGS

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### AOA Online Trainings

*2022-2023 AOABH  
Annual Provider Training*

### MHP AOA QI Coordinators' Meeting

Teams Meeting: 06/06/2024  
10:30- 11:30am

### CYS Online Trainings

*2022-2023 CYPBH Integrated  
Annual Provider Training*

### MHP CYS QI Coordinators' Meeting

Teams Meeting: 06/13/2024  
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](#)

## Rehabilitation vs. Targeted Case Management

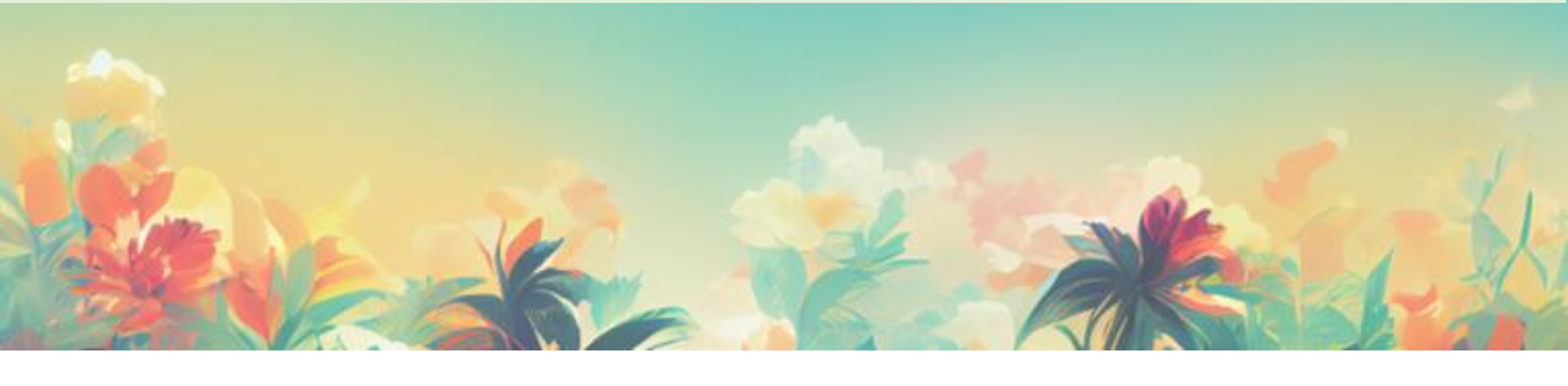
**Rehabilitation** services target specific problematic behaviors resulting from a mental health condition. Providers assist in developing, improving, maintaining, or restoring the client’s functional skills such as daily living skills, social skills, or personal hygiene.

**Targeted Case Management** services assist a person in care to access needed medical, educational, social, vocational, rehabilitative, or other community services. These activities may include, but are not limited to, communication, coordination, and referral.

Rehabilitation	Targeted Case Management
Teaching, coaching, skill-building, role modeling	Communication, coordination, referral
<b>Address behaviors</b>	<b>Address access to services</b>
Example phrases found in rehab notes: <ul style="list-style-type: none"> <li>• Identified consequences</li> <li>• Explored alternative ways to handle the situation</li> <li>• Taught and practiced _____ skill with client</li> </ul>	Example phrases found in case management notes: <ul style="list-style-type: none"> <li>• Referred client to LLOC to continue managing mental health</li> <li>• Assisted client with completing application forms because client is unable to do so independently</li> <li>• Contacted PCP with client’s caregiver to discuss physical health concerns</li> </ul>

For example, if a provider is addressing a client’s social area of functioning.

	Rehabilitation	Targeted Case Management
Purpose of session:	To teach client about social cues and setting boundaries.	To link client with community resources.
Intervention/ Service:	Provider met with client at clinic to teach social skills in order to improve client’s social relationships. Client has history of negative relationships and confrontations with others. Provider taught client about social cues such as reading facial expressions and tone of voice. Provider also taught client about the importance of boundaries; setting boundaries with others and respecting others’ personal space.	Provider met with client at clinic to refer client to Peer Mentor in order to practice skills taught to improve client’s social relationships. Client has difficulty establishing friendships due to anxiety, but desires social support. Provider educated the client about the Peer Mentor program and assisted the client with completing the application for services.



# Child and Family Team (CFT) Meeting Documenting Tips

## (CYS Only)

Documenting a CFT progress note can often be a challenging task for new providers and as well as for more seasoned providers. Below are some tips for documenting a CFT meeting.

- Please list all:
  - Names and roles of non-family members
  - Role only of family members
- The child and family must be in attendance for a CFT meeting to take place
- Participation in a CFT is claimed as Intensive Care Coordination (ICC)
  - Please select the MCFT modifier for CFT meetings
- A provider can claim up to the entire CFT meeting time if they actively participate in the meeting
- The provider should document their unique contribution to the CFT meeting based on their specific role on the client's mental health team
- The provider may document and bill for active listening time; however, it must be supported by documentation showing what information was shared and how it will be used in providing, planning, or coordinating services in relation to client's mental health needs
  - E.g., Therapist learned from social worker during the CFT that the family is struggling financially and might get evicted. Based on this information, therapist will check-in with client to process feelings around the family circumstances and work on a "Hope Board" to support positive coping for anxiety.

## Appointment Types in SCHED

### **(County Only)**

- Use BHS Non-Scheduled Activity appointment type for non-face-to-face and non-scheduled services.
- Other appointment types could trigger the Appointments widget and indicate that a client was or will be seen.
- Certain appointment types trigger an appointment reminder which can confuse our clients.
- "No Shows" should be marked as No Show. FIN should not be checked in.
- Rescheduled appointments should be marked as Rescheduled.
- Schedule in the Non-Scheduled Activity slot if there is documentation to be done (e.g., documentation of attempts to reach client).

\*\*Please note, we are required to report information on Kept Appointments, No Shows and Reschedules to the state and this allows us to collect accurate data.

If you have any questions please reach out to the IRIS Liaison Team @ 714-347-0388 Option 1 or [bhsirisliaison@ochca.com](mailto:bhsirisliaison@ochca.com).

# How to Document Crisis Intervention Services When Two Providers Respond

## (Excluding Mobile Crisis Services)

A mental health crisis is a situation in which a person's thoughts, emotions, and behaviors can put them in jeopardy of harming themselves or others and/or put them at risk of being unable to care for themselves or access food, clothing, or shelter. A crisis also includes acute conditions that could quickly deteriorate into dangerousness or inability to care for self, even if those issues do not currently pose a problem.

A mental health crisis can surface anywhere—in public, in the home or work environment, or in any number of clinical settings. In responding to a crisis, the clinician will assess the need for an immediate intervention due to an imminent threat to the client or to others.

Crisis intervention services may include, but are not limited to, assessment, evaluation, and collateral.

- If a crisis evaluation is handled by two providers, each provider should individually document what they did in the encounter and account for that specific service under billable service time.
  - For example, Provider A conducts a crisis assessment with the client and determines the client meets criteria for a 72-hour hold. Provider B contacts designated facilities to coordinate admission and organizes transportation.
    - Provider A documents the crisis assessment and its outcome and indicates billable service time for that service under the billable Crisis Intervention code (70899-413).
    - Provider B documents the coordination of care as it relates to the crisis and indicates billable service time for that service under the billable Crisis Intervention code (70899-413).
- If two providers are present and one is there for the sole purpose of providing safety, the one who is there to provide safety cannot bill for their time.
  - The billing provider can document that they were accompanied by that other staff member in their progress note.
  - County Only: The non-billing staff member may capture their time on a Universal Activity Form (UAF) if approved by Service Chief.
- If only one of the two providers is LPS certified, only the LPS certified provider can perform and document the crisis assessment.

**Reminder:** The service code selected should reflect the service provided. If a crisis intervention was provided, even if it is resulting in a diversion from psychiatric hospitalization, a crisis intervention code should be selected.



## 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

### COUNTY CREDENTIALING & RE-CREDENTIALING

- new** Department of Health Care Services (DHCS) recently indicated when a provider is hired for a provider type that does not require credentialing (e.g. Mental Health Rehabilitation Specialist (MHRS) or Other Qualified Providers (OQP), then there is no requirement to follow the credentialing process as stated in the [BHIN 18-019](#), established pursuant to Title 42 of the Code of Federal Regulations, Part 438.214. This mean, even if the provider also happens to have a license, certification or registration in a discipline that is not what they were hired for then they no longer need to be credentialed by the County.
- new** AOD Counselors in the Mental Health Plan (MHP) are **NOT** permitted providers in the network. They do **NOT** need to be credentialed and will **NOT** be able to accrue hours towards their certification. If the provider meets the qualification for either a MHRS or OQP, then they may work within the MHP program under that limited scope. To determine if the provider meets either of those qualifications, please consult with your division QMS Support Team.
- 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.
  - New employee who transferred from a non Medi-Cal site to a Medi-Cal site and requires a licensed, waiver, registration or certification for their job classification need to be credentialed, prior to delivering any Medi-Cal covered services.

## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

### GRIEVANCES & APPEALS MATERIALS



**Mental Health Plan (MHP) and Mental Health & Recovery Services (MHRS) Programs**  
Grievance/Complaint Filing Methods for Medi-Cal Beneficiaries/Clients

All clients/beneficiaries have the right to file a grievance or complaint regarding the services provided and/or encounters with a provider within Orange County Mental Health & Recovery Services.

How can I file a grievance/complaint about a provider?

- In person
- Phone
- Mail

Clients/beneficiaries may file a grievance/complaint at the location they are receiving services by filling out a Grievance or Appeal Form located in the clinic's lobby. The Grievance or Appeal Form is accompanied by a self-addressed envelope for the client/beneficiary to mail to Quality Management Services (QMS) at their convenience. The client/beneficiary may also provide this form to any staff member and they can provide assistance with the filing process.

Clients/beneficiaries may call Quality Management Services at (866) 308-3074 or TTD (866) 308-3073 and speak with a person who will accept and submit the grievance/complaint.

Clients/beneficiaries may tell their treatment provider that they would like to file a grievance. The staff or facility's representative will write up and submit the grievance form to QMS.

If a client/beneficiary believes a person, agency, or program violated their health information privacy rights or someone else's, they may contact the Office of Compliance at (714) 568-5614 to report the issue or fill out the complaint form at the following link: <https://www.ochcahhs.com/about-us/oc-compliance>



Quality Management Services is located at:  
400 W. Civic Center Dr., 4<sup>th</sup> Floor, Santa Ana, CA 92701



**Drug Medi-Cal Organized Delivery System**  
Grievance/Complaint Filing Methods for Medi-Cal Beneficiaries

All Beneficiaries have the right to file a grievance or complaint regarding the services provided and/or encounters with a provider within the Orange County Drug Medi-Cal Organized Delivery System (DMC-ODS). This includes all services at all levels of care through the Orange County DMC-ODS.

How can I file a grievance/complaint about a provider?


- In person
- Phone
- Mail

Beneficiaries may file a grievance at the location they are receiving services by filling out a Grievance or Appeal Form located in the program's lobby or other conspicuous location. The Grievance or Appeal Form is accompanied by a self-addressed envelope for the sender to mail to Quality Management Services (QMS) at their convenience. The beneficiary may also provide this form to any staff member, and they can provide assistance with the filing process.

Beneficiaries may call Quality Management Services at (866) 308-3074 or TTD (866) 308-3073 and speak with a person who will accept and submit the grievance/complaint.

Beneficiaries may tell their treatment provider that they would like to submit a grievance. The staff or facility's representative will write and submit the grievance to QMS.

If a beneficiary or participant believes a person, agency, or program violated their health information privacy rights, or someone else's, they may contact the Office of Compliance at (714) 568-5614 to report an issue or fill out the complaint form at the following link: <https://www.ochcahhs.com/about-us/oc-compliance>



Quality Management Services is located at:  
400 W. Civic Center Dr., 4<sup>th</sup> Floor, Santa Ana, CA 92701

- The Grievance/Complaint Filing Methods for Medi-Cal Beneficiaries can be given upon intake. Be sure to check your program's process and provide it to the beneficiary upon their initial entry into services and when they are inquiring about the various filing methods to complete a grievance.
- This form along with some of the threshold languages can be found on the QMS website.

### PROVIDER DIRECTORY

- There is a trend of programs not accurately reflecting the staffing pattern of the provider's listed on the monthly Provider Directory. Program Administrators must review and ensure the accuracy of the information on the spreadsheet prior to submitting it on the 15<sup>th</sup> of the month. Inaccurate reporting results in reconciliation errors and potential compliance issues. Please double check your submission before sending it to MCST!
- Another trending issue, is with programs not submitting their provider directory every month or submitting it past the 15<sup>th</sup> of the month deadline. The Provider Directory is a DHCS network and accessibility requirement indicated in the [BHIN18-020](#). If the program has three consecutive months of missing or late submissions it will result in a formal Notice of Deficiency to correct the issue.



## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

### PROVIDERS TYPES NEWLY ELIGIBLE TO CLAIM FOR SERVICES EFFECTIVE 7/1/23:

MHP	DMC-ODS
<ul style="list-style-type: none"> <li>• Medical Assistant*</li> <li>• Nurse Practitioner/Clinical Nurse Specialist Clinical Trainee**</li> <li>• Psychologist Clinical Trainee**</li> <li>• Clinical Social Worker (LCSW) Clinical Trainee**</li> <li>• Marriage and Family Therapist (MFT) Clinical Trainee**</li> <li>• Professional Counselor (LPCC) Clinical Trainee**</li> <li>• Psychiatric Technician Clinical Trainee**</li> <li>• Registered Nurse Clinical Trainee**</li> <li>• Vocational Nurse Clinical Trainee**</li> <li>• Occupational Therapist Clinical Trainee**</li> <li>• Pharmacist Clinical Trainee**</li> <li>• Physician Assistant Clinical Trainee**</li> <li>• Medical Student in Clerkship (Physician Clinical Trainee)**</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Assistant*</li> <li>• Occupational Therapist</li> <li>• Licensed Vocational Nurse</li> <li>• Licensed Psychiatric Technician</li> <li>• Nurse Practitioner Clinical Trainee**</li> <li>• Psychologist Clinical Trainee**</li> <li>• Clinical Social Worker (LCSW) Clinical Trainee**</li> <li>• Marriage and Family Therapist (MFT) Clinical Trainee**</li> <li>• Professional Counselor (LPCC) Clinical Trainee**</li> <li>• Psychiatric Technician Clinical Trainee**</li> <li>• Registered Nurse Clinical Trainee**</li> <li>• Vocational Nurse Clinical Trainee**</li> <li>• Occupational Therapist Clinical Trainee**</li> <li>• Pharmacist Clinical Trainee**</li> <li>• Physician Assistant Clinical Trainee**</li> <li>• Medical Student in Clerkship (Physician Clinical Trainee)**</li> </ul>

\* **Medical Assistants** must be under the supervision of a licensed physician or surgeon, or to the extent authorized under state law, a nurse practitioner or physician assistant that has been delegated supervisory authority by a physician and surgeon. The licensed physician or surgeon, nurse practitioner, or physician assistant **MUST** be physically present in the treatment facility (medical office or clinic setting) during the provision of services by a medical assistant, per the State Plan Amendment (SPA) 23-0026. If, the Medical Assistant does **NOT** have the required supervision on-site they will **NOT** be able to deliver any Medi-Cal covered services within that scope of practice.

\*\* **Clinical Trainee** is an unlicensed individual who is enrolled in a post-secondary educational degree program in the State of California that is required for the individual to obtain licensure as a Licensed Practitioner of the Healing Arts, is participating in a practicum or internship approved by the individual's school/program, and meets all relevant requirements of the school/program and/or the applicable licensing board to participate in the practicum or internship and provides rehabilitative mental health services or substance use disorder treatment services, including, but not limited to, all coursework and supervised practice requirements.

### CLINICAL/COUNSELOR SUPERVISION REPORTING FORM

The State Plan Amendment (SPA) 23-0026 has added more rendering provider types (see above). Therefore, DHCS expects the County to account for tracking, logging and determining the type of supervision required for these newly eligible providers claiming for services. This requires MCST to revise the supervision reporting forms to include clinical trainees, medical professionals and other qualified provider types. MCST is working on revising the forms and will have it available, as soon as possible.





## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

### CHANGE OF PROVIDER/2<sup>ND</sup> OPINION

When a beneficiary is requesting a change of provider or a 2<sup>nd</sup> opinion a grievance should be filed based on the situations listed below:



*Grievances!*

#### DO FILE A GRIEVANCE

If the beneficiary reports:

- ✓ Personality Conflict (e.g., not a good fit, rude, disrespectful, didn't feel heard, discriminated against, etc.)
- ✓ Quality of Provider Service (e.g., saw me for 5 minutes, didn't give me the medication I need, not able to reach provider, etc.)



#### DON'T FILE A GRIEVANCE

If the beneficiary reports:

- ✓ Language preference
- ✓ Gender preference
- ✓ Requesting a provider with a specific license, certification or registration
- ✓ Requesting a specific modality of treatment



### 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, 2<sup>nd</sup> Opinion/Change of Provider and Access Logs.

AVAILABLE  
**NOW**

Please e-mail [AQISGrievance@ochca.com](mailto: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.

**2<sup>nd</sup> Tuesdays of the Month @ 1 p.m. MCST Training (MHP)**  
**4<sup>th</sup> 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 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 MCST's oversight please e-mail the Health Services Administrator, Annette Tran at [antran@ochca.com](mailto:antran@ochca.com) and the Service Chief II, Catherine Shreenan at [cshreenan@ochca.com](mailto:cshreenan@ochca.com).





## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

### EXPIRED LICENSES, WAIVERS, CERTIFICATIONS AND REGISTRATIONS

- When the provider's license, certification or registration expires MCST immediately sends a notification e-mail suspending the provider from delivering any Medi-Cal covered services. If the provider still has not renewed their license within 3 months a follow-up e-mail will be sent to inquire on the status and if the expired credentials continues beyond 6 month the provider's County Credential will become deactivated. This will require the provider to undergo the credentialing process all over again upon receiving their renewed or newly issued credentials from their certifying organization.



### GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2<sup>ND</sup> OPINION AND CHANGE OF PROVIDER

Leads: Esmi Carroll, LCSW      Jennifer Fernandez, LCSW

### CLINICAL SUPERVISION

Lead: Esmi Carroll, LCSW

### ACCESS LOGS

Lead: Jennifer Fernandez, LCSW

### 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 Leads: Elaine Estrada, LCSW      Sam Fraga, Staff Specialist

### COMPLIANCE INVESTIGATIONS

Lead: Catherine Shreenan, LMFT



### 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

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: [AQISManagedCare@ochca.com](mailto:AQISManagedCare@ochca.com) and [BHSIRISLiaisonTeam@ochca.com](mailto: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 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.

Group Mailbox	QMS Team	Oversees
<a href="mailto:AQISCalAIM@ochca.com">AQISCalAIM@ochca.com</a>	CalAIM Services Team	ECM and Community Supports referrals and questions
<a href="mailto:AQISCDSS@ochca.com">AQISCDSS@ochca.com</a>	Inpatient and Designation Support Services	General questions regarding Certification and Designation
<a href="mailto:AQISDesignation@ochca.com">AQISDesignation@ochca.com</a>	Inpatient and Designation Support Services	Inpatient Involuntary Hold Designation LPS Facility Designation Outpatient Involuntary Hold Designation
<a href="mailto:AQISGrievance@ochca.com">AQISGrievance@ochca.com</a>	Managed Care Support Team	Grievances & Investigations Appeals/Expedited Appeals State Fair Hearings NOABDs
<a href="mailto:BHSInpatient@ochca.com">BHSInpatient@ochca.com</a>	Inpatient and Designation Support Services	Inpatient TARs Hospital communications ASO/Carelon communication
<a href="mailto:AQISManagedCare@ochca.com">AQISManagedCare@ochca.com</a>	Managed Care Support Team	Access Log Errors/Corrections Change of Provider/2 <sup>nd</sup> Opinion Supervision Forms for Clinicians/Counselor/Medical Professionals/MHP Qualified Providers County Credentialing Cal-Optima Credentialing (AOA County Clinics) Provider Directory Expired Licenses, Waivers, Registrations & Certifications PAVE (MHP Only)
<a href="mailto:AQISmccert@ochca.com">AQISmccert@ochca.com</a>	Inpatient and Designation Support Services	MHP Medi-Cal Certification PAVE County SUD clinics only
<a href="mailto:AQISSUDSupport@ochca.com">AQISSUDSupport@ochca.com</a>	SUD Support	CalOMS questions (clinical-based) DMC-ODS Clinical Chart Reviews DATAR submissions DHCS audits of DMC-ODS providers DMC-ODS ATD MPF updates SUD Documentation questions SUD Documentation trainings SUD Newsletter questions

Group Mailbox	QMS Team	Oversees
<a href="mailto:AQISupportTeams@ochca.com">AQISupportTeams@ochca.com</a> Please identify AOA or CYS in subject line	AOA & CYS Support Teams	AOA & CYS Documentation Support Medication Monitoring MHP Chart Reviews QRTips Provider Support Program (AOAST only)
<a href="mailto:BHSHIM@ochca.com">BHSHIM@ochca.com</a>	BHS Health Information Management (HIM)	County-operated MHP and DMC-ODS programs use related:  Centralized retention of abuse reports & related documents  Centralized processing of client record requests, Clinical Document Review and Redaction  Release of Information, ATDs, Restrictions, and Revocations  IRIS Scan Types, Scan Cover Sheets, Scan Types Crosswalks  Record Quality Assurance and Correction Activity
<a href="mailto:BHSIRISFrontOfficeSupport@ochca.com">BHSIRISFrontOfficeSupport@ochca.com</a>	BHS Front Office Coordination	IRIS Billing, Office Support
<a href="mailto:BHSIRISLiaisonTeam@ochca.com">BHSIRISLiaisonTeam@ochca.com</a>	BHS IRIS Liaison Team	EHR support, design, maintenance  Add, delete, modify Program organizations  Add, delete and maintain all County and Contract rendering provider profiles in IRISRegister eligible clinicians and doctors with CMS and assist in maintaining their PTAN status
<a href="mailto:BHSNACT@ochca.com">BHSNACT@ochca.com</a>	BHS IRIS Liaison Team	Manage the MHP and DMC-ODS 274 data and requirements  Support of the MHP County and Contract User Interface for 274 submissions

