PROBLEM LIST 101

QUESTION (for County IRIS users only): When should I create the BH Diagnosis/Problem List powerform?

ANSWER: The BH Diagnosis/Problem List powerform should be created when there is an addition or update to the original Diagnosis/Problem List. This helps to ensure an accurate clinical picture is reflected of the client.

◿ Initial Assessment/ Annual Re-Evaluation (5)
BH Assessment
BH Diagnosis/Problem List
BH Interim Care Plan
Care Plan
ECM Care Plan

CASE EXAMPLE OF A PROBLEM LIST (for County and Contract): Johnny, a 15-year-old high school student, was referred for services by his school counselor due to ongoing behavioral issues and *poor academic performance*. In the initial assessment, Johnny appeared *restless*, fidgety and had *difficulty maintaining focus*. His mother reported that he often gets into *arguments* with teachers and peers and has been *suspended* multiple times for aggressive behavior. Johnny has expressed *"I sometimes don't think and regret later what I did"*. At home, Johnny frequently argues with family members and has *difficulty following household rules* like doing his chores and bedtime. Johnny has been prescribed stimulant medication in the past but has had inconsistent follow-up and *adherence to the medication regimen* often leading to arguments with his mother. Mother is the sole provider for Johnny, as she *divorced* his father about a year ago.

Rationale: Two problem lists were created using the same case example found above. Problem List A only list a diagnosis of ADHD, as Johnny seems to meet the criteria. However, Problem List A misses an opportunity to capture a fuller picture of the problems Johnny is experiencing. Problem List B identifies various problems gathered from a brief interaction that reflects a whole picture of what Johnny is experiencing, helps monitor progress and provides clinical direction for anyone that looks solely at the problem list.

Problem List A	Problem List B (Recommended)
ADHD	ADHD
	Poor academic performance
	Restless
	Difficulty maintaining focus
	Argues with others
	Previous school suspensions
	Difficulty with impulse control
	Does not follow medication routine
	Difficulty following household rules
	Recent divorce of parents

Assessment vs. Plan Development

Assessment services are designed to evaluate the current status of a client's mental, emotional or behavioral health. It can include a mental status examination, analysis of clinical history, analysis of relevant biopsychosocial issues, cultural issues and history, diagnosis, and may include testing procedures.

Plan Development is a service that consists of one or more of the following: development of client plans, approval of client plans, reviewing and/or monitoring a client's progress, goals or problem list. Plan development also includes case consultations and treatment team meetings for the purpose of monitoring progress or goals.

Assessment Services	Plan Development Services
Assessing, evaluating, gathering information	Developing, reviewing, monitoring goals
Addresses medical necessity for services	**Addresses treatment planning, TCM/ICC goals**
Examples phrases found in assessment notes: • Gathered information from client to formulate diagnosis • Observed and collected clinical information from client's presentation • Administered and scored outcome measures	Examples phrases found in plan development notes: • Collaborated with client to develop TCM Care Plan and/or Legacy Care Plan • Reviewed and adjusted current treatment goals with client • Consulted with member of treatment team and updated Problem List

Example of an assessment service vs. a plan development service:

	Assessment Services	Plan Development Services
Purpose of Session:	To assess client's current symptoms, appropriate level of care, and medical necessity	To review client's TCM Care Plan and goals
Intervention/ Service:	Provider met with client to evaluate client's current symptoms and present condition. Client contributed to the comprehensive (7-domain) assessment by sharing relevant history and information. Provider determined client met access criteria for services and formulated diagnosis.	Provider met with client at clinic to conduct an annual review of the TCM Care Plan. Provider reviewed goals set by the client relating to education, finances, employment, and management of mental health sxs. Client reported no changes to goals and would like to continue to work towards stated goals.

Reminders:
- The comprehensive assessment should be completed with the client present with the exception of the time spent consolidating and synthesizing clinical information as part of the assessment to make recommendations for treatment or to make a medical diagnosis.
- **County only:** To document plan development services, please continue to use the Downtime Progress Note located on the BHS MHP EHR Information blog.

OC health
CARE AGENCY
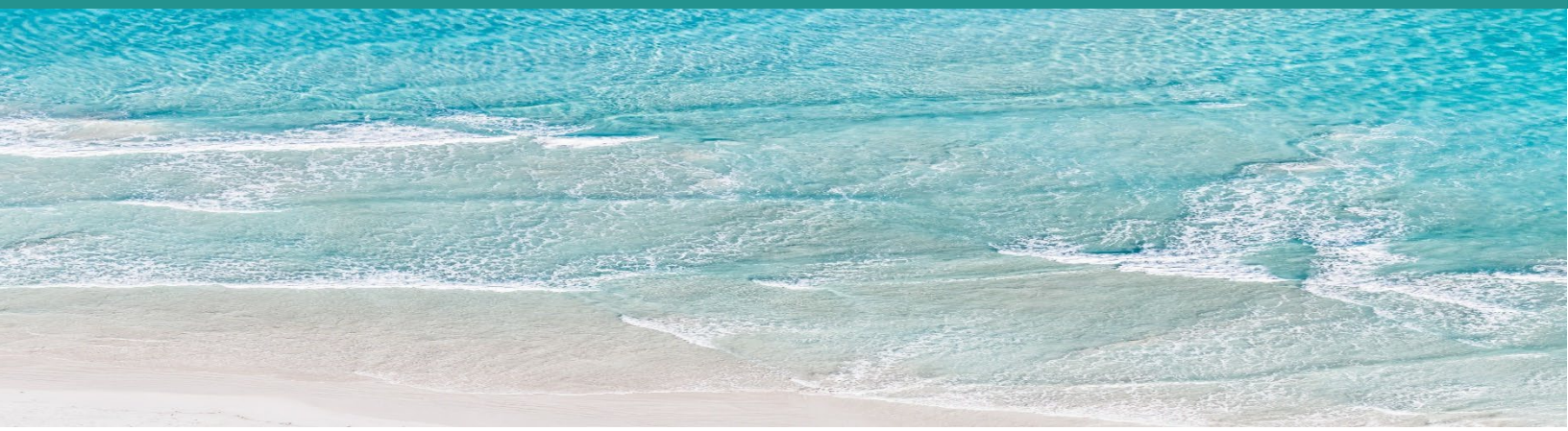
MCST OVERSIGHT

- **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

Welcome
TO THE TEAM
Joanne Pham

MCST would like to welcome Joanne, one of our newest members of the team. She graduated with a Bachelor's degree in Human Development and has an eclectic background in administrative and clerical experiences. She has always been inspired and passionate about doing good work in hopes to make a positive impact to those around her. Please welcome her as our new Office Specialist!

COUNTY CREDENTIALING & RE-CREDENTIALING

- 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.
- AOD Counselors are **NOT** permitted providers in the Mental Health Plan (MHP). 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.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

MEDI-CAL CLAIMING DURING THE BBS 90-DAY RULE PRIOR TO BBS REGISTRATION NUMBER
(COUNTY CONTRACTED PROGRAMS ONLY)

- The State Department of Health Care Services (DHCS) will honor the 90-day Board of Behavioral Sciences (BBS) rule and allow practitioners to provide services as if they are registered while they wait for their registration number after the completion of their Live Scan. DHCS has confirmed that Associates are considered "registered" during this 90-day period and can claim Medi-Cal for assessments and therapy services.

- The provider must submit the Clinical Supervision Report Form (CSRF) to MCST and follow the 90-day BBS rule guidelines below prior to delivering any Medi-Cal covered services:

CLINICAL SUPERVISION

OChealth CARE AGENCY

COUNTY-CONTRACTED PROGRAM REQUIREMENT
- ✓ Post degree hours may only be counted as of the date recorded at the bottom of the Request for Live Scan Service form.
- ✓ CSRF Form, BBS Responsibility Form, Written Agreement (if applicable) and a completed **Live Scan Fingerprint Form** from the employer must be submitted to MCST.
- ✓ IRIS will **NOT** enter the provider into the system to bill for services if they do not have an Associate #.
- ✓ Once BBS issues an Associate #, the provider must submit _updated_ clinical supervision forms to IRIS and MCST, along with the PAN.
- ✓ Without a PAN, IRIS will **NOT** activate the provider to begin billing for Medi-Cal covered services.
- ✓ County Employees do **NOT** qualify for the BBS "90-day rule" clause in the law. Human Resources requires an Associate # _in order to_ hire a Behavioral Health Clinician I.

Graduating on or After January 1, 2020?

Learn About Changes to the 90-Day Rule

BBS Board of Behavioral Sciences

Keep a copy of your completed employer-required Live Scan Fingerprint Form in order to count postdegree hours before issuance of your Associate registration

Make Your Hours Count!

90-DAY RULE FOR GRADUATES

https://www.bbs.ca.gov/pdf/90day_rule.pdf

- County-Contracted programs **MUST** hold the claims until the registration number comes through (if it is issued retroactively). The Live Scan date on the Live Scan form is the date the BBS will use as the registration date for the Associates. This means, as soon as the provider receives their registration number from BBS the program administrator must immediately:
    1. Submit an updated CSRF with the newly assigned registration #.
    2. County Credential the provider and include a copy of the **Request for Live Scan Service form** for the credentialing approval letter to incorporate the date the Live Scan form was completed to deliver Medi-Cal covered services.
    3. Submit an updated PAN along with supporting documents to IRIS to add the provider into the system to begin entering and billing for services, retroactively.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

FAQ - SCREENING & TRANSITION OF CARE TOOLS (MHP ONLY)

NOABD QUESTION: Is the Mental Health Plan (MHP) required to issue a Notice of Adverse Benefit Determination (NOABD) if an individual is referred to the other Medi-Cal mental health delivery system based on their screening score?

NO. The Screening Tools do not determine benefit or service eligibility, but instead determine the appropriate mental health delivery system referral for an initial assessment for Medi-Cal members who are not currently receiving mental health services when they contact the Managed Care Plan (MCP)/MHP seeking mental health services. MCPs/MHPs should not issue an NOABD if an individual is referred to the other Medi-Cal mental health delivery system for assessment based on their screening score. For additional information on NOABD requirements, MCPs and MHPs may refer to APL 21-011 and MHSUDS IN 18-010E, respectively.

ACCESS LOG QUESTION: When the screening tool score results in the MHP routing to the MCP, does the MHP need to do an Access Log?

NO. The screening process is not considered an access request. There is no need to enter screenings into the Access Log, as no request for access in our system is being made if the member screens for the MCP. Similarly, there is no need to issue an NOABD at that point. All the Screening Tool does is help route the member to the appropriate system of care to help them. The Screening Tool is not considered an "assessment".

COMING SOON
STAY TUNNED!

CLINICAL/COUNSELOR SUPERVISION REPORTING FORM

The State Plan Amendment (SPA) 23-0026 has added more rendering provider types (see below). 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 to revise the supervision forms and make it available, as soon as possible.

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.

EXPIRED

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

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

MHP	DMC-ODS
• Medical Assistant* • Nurse Practitioner/Clinical Nurse Specialist Clinical Trainee** • Psychologist Clinical Trainee** • Clinical Social Worker (LCSW) Clinical Trainee** • Marriage and Family Therapist (MFT) Clinical Trainee** • Professional Counselor (LPCC) Clinical Trainee** • Psychiatric Technician Clinical Trainee** • Registered Nurse Clinical Trainee** • Vocational Nurse Clinical Trainee** • Occupational Therapist Clinical Trainee** • Pharmacist Clinical Trainee** • Physician Assistant Clinical Trainee** • Medical Student in Clerkship (Physician Clinical Trainee)**	• Medical Assistant* • Occupational Therapist • Licensed Vocational Nurse • Licensed Psychiatric Technician • Nurse Practitioner Clinical Trainee** • Psychologist Clinical Trainee** • Clinical Social Worker (LCSW) Clinical Trainee** • Marriage and Family Therapist (MFT) Clinical Trainee** • Professional Counselor (LPCC) Clinical Trainee** • Psychiatric Technician Clinical Trainee** • Registered Nurse Clinical Trainee** • Vocational Nurse Clinical Trainee** • Occupational Therapist Clinical Trainee** • Pharmacist Clinical Trainee** • Physician Assistant Clinical Trainee** • Medical Student in Clerkship (Physician Clinical Trainee)**

* **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.

Questions ? Answers ?

QUESTION: Our program has a **Medical Assistant (MA)** who provides some of the specific duties such as assisting with pharmacy calls to refill medication and obtain vitals (height, weight, BMI, blood pressure, temperature, pulse). Would this person fall under the same regulations requiring the supervising physician to be physically present to oversee them if they are not performing medical procedures despite their credentials as a MA?

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

ANSWER: **YES**, *since the individual is being hired with the title of a MA, they would be held to the same standard regardless of the type of services that they are providing. If the program is interested in hiring staff who can assist with assisting with pharmacy calls to refill medication, vitals, but don't want to be subject to the supervision requirement of an MA, then consider a different provider type, such as "Other Qualified Provider" (OQP) or even a Mental Health Rehabilitation Specialist (MHRS). However, the OQP would not be eligible to perform any of the MA related duties (i.e. vitals, pharmacy calls to refill, etc.). Please work with your assigned division QMS Support Team to determine which provider type would best fit your program's need.*

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 anntran@ochca.com and the Service Chief II, Catherine Shreenan at

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)

GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2ND 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., 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

PATHWAYS TO WELL-BEING (PWB)/ INTENSIVE SERVICES (IS): COHORT DATES IN IRIS

Effective July 1, 2024, for new Episodes of Care (EOC), each program will need to enter their own cohort start date in IRIS for clients who meet PWB or IS eligibility criteria. This will allow each program to run their own reports and track timelines separately. PWB or IS cohort start dates must be entered after the client has met medical necessity for Specialty Mental Health Services and determined to be eligible for PWB or IS.

Reminders:
- The PWB or IS cohort start date in IRIS must be the same date the PWB/IS Eligibility Assessment Form was completed, which should be the date the client met PWB or IS eligibility.
- When entering a new cohort start date and there are other programs who have an open cohort line, please coordinate care with the other program.
  - *If the other program has closed out services but did not enter a cohort end date the new program must enter an end date for the previous cohort*
  - *For example:*

Program:	Start Date:	End Date:
Program A	04/22/2024	07/03/2024
Program B	07/03/2024	(entered when your program closes out services)

- If there are no additional lines to enter a new cohort date, please delete the oldest dated cohort line and enter the new start date in that line.
- When a client no longer meets PWB/IS criteria or is discharged from a program, please enter the end date for the cohort to close out the line.

CHILD AND FAMILY TEAM MEETING CODING UPDATE

Do you participate in Child and Family Team meetings (CFT)? If your answer is yes, please be aware that **effective July 1, 2024,** the Mental Health Plan for the County of Orange will no longer code participation in CFTs as Intensive Care Coordination (TCM with HK modifier).

CFTs will now be coded as: *70899-417 Comprehensive Multidisciplinary Evaluation* with the HK modifier

- Please also continue to include the **MCFT modifier** when applicable.
- All SMHS providers, except Certified Peer Support Specialist, are allowed to select this code. For further information on this code and allowable providers please reference [Payment Reform Resources | Orange County California - Health Care Agency (ochealthinfo.com)](#).
- Do not forget to register the special PWB/IS cohort when applicable, as this will allow the HK modifier to be automatically applied on the back end of IRIS.

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
AQISCalAIM@ochca.com	CalAIM Services Team	ECM and Community Supports referrals and questions
AQISCDSS@ochca.com	Inpatient and Designation Support Services	General questions regarding Certification and Designation
AQISDesignation@ochca.com	Inpatient and Designation Support Services	Inpatient Involuntary Hold Designation LPS Facility Designation Outpatient Involuntary Hold Designation
AQISGrievance@ochca.com	Managed Care Support Team	Grievances & Investigations Appeals/Expedited Appeals State Fair Hearings NOABDs
BHSInpatient@ochca.com	Inpatient and Designation Support Services	Inpatient TARs Hospital communications ASO/Carelon communication
AQISManagedCare@ochca.com	Managed Care Support Team	Access Log Errors/Corrections Change of Provider/2nd 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)
AQISmccert@ochca.com	Inpatient and Designation Support Services	MHP Medi-Cal Certification PAVE County SUD clinics only

Group Mailbox	QMS Team	Oversees
AQISSUDSupport@ochca.com	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
AQISSupportTeams@ochca.com 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)
BHSHIM@ochca.com	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
BHSIRISFrontOfficeSupport@ochca.com	BHS Front Office Coordination	IRIS Billing, Office Support
BHSIRISLiaisonTeam@ochca.com	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
BHSNACT@ochca.com	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

Happy Independence Day!