

December 2024

QRTips

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

UPDATE:

Certified Peer Support Specialist Service Codes

70899-420 was deactivated on 11/14/24

Please use:

- **70899-433 (H0025)** “Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior) [Peer Support group session]” for interventions provided to a group of clients
- **70899-421 (H0038)** “Self-help/peer services (individual)” for interventions provided to a single client

TRAININGS & MEETINGS

Online Training:
[MHP Annual Provider Training](#)

AOA QI Coordinators’ Meeting

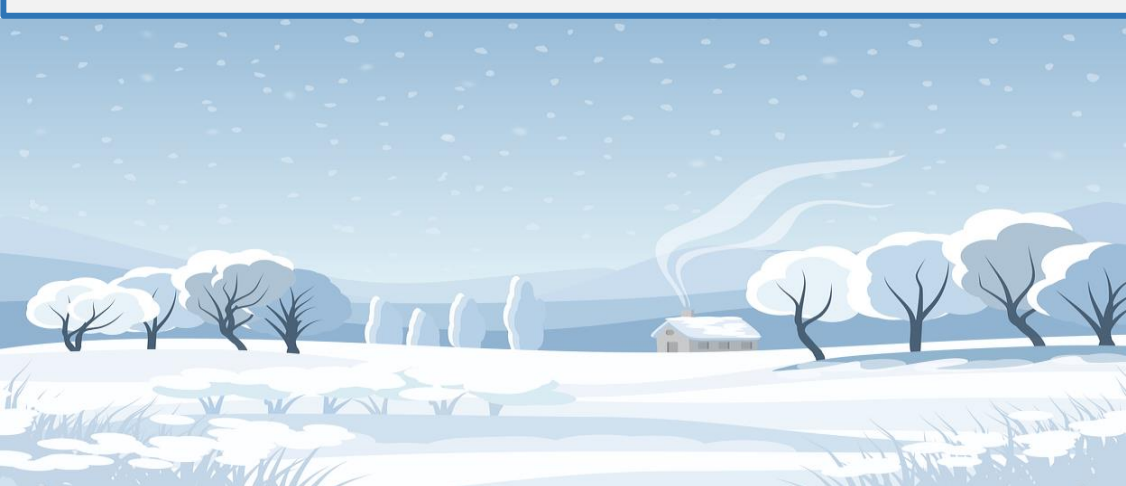
Teams Meeting: 2/6/25
10:30am-11:30am

CYS QI Coordinators’ Meeting

Teams Meeting: 1/9/25
10:30am-11:30am

Helpful Links:

[QMS Support Team](#)
[BHS EHR Blog Posts](#)
[Medi-Cal Certification](#)




Attention: Intensive Care Coordination

When a member becomes Pathways to Well-Being (PWB) or Intensive Services (IS) eligible, Intensive Care Coordination (ICC) is required to be provided. Please see the following guidance to learn about what services activities are included when providing ICC.

ICC service activities include:

- Care or treatment planning
- Monitoring or reviewing mental health treatment progress
- Consultations with the member's mental health treatment team
- Coordination of care with providers outside the member's mental health treatment team
- Identifying the need for and providing referrals and linkages
- Updating the problem list with the member

 **Tip:** Once a member is PWB/IS, any activity that would normally be captured as TCM or Plan Development is now captured as ICC.

Common questions:

Are CFT meetings coded as ICC?

- No, as of 7/1/2024 all CFT meetings are now claimed using Comprehensive Multidisciplinary Evaluation code, 70899-417.

What is the age limit for a member to receive ICC services?

- ICC is provided to members under the age of 21 (Medical Manual third edition, 2018).

UPDATE:

How do I code for PSC-35, CANS or other outcome measures?

(Please refer to your specific provider role)

Clinicians (applies to County and Contracted programs)

- **96127-4 (Brief Emotional/Behavioral Assessment)**
 - Can be used to capture time spent administering, reassessing, scoring, and documenting the measures
 - Minimum of 31 minutes, maximum of 67 minutes
- **90887-4 (Interpretation or explanation of psychiatric or other medical procedure to family or other responsible member)**
 - Can be used for interpreting and discussing the results of the measure with the member and/or significant support person after administering and scoring
 - Minimum of 26 minutes, maximum of 50 minutes
 - 90887-4 is dependent on 96127-4 being selected first
- **Important coding tip:**

When service time for code 96127-4 is less than 31 minutes, then use **70899-418 (Assessment by non-physician)** if it is at least 8 minutes **and** meets direct patient care*.

MHS/MHRS (applies to AOA: County and Contracted programs; CYS: contracted programs)

- **70899-418 (Assessment by non-physician)**
 - Can be used to capture time spent administering, gathering information, reassessing, scoring, documenting or discussing the results if through direct patient care*.
 - Minimum of 8 minutes, maximum of 1440 minutes

**Direct Patient Care: time spent directly with a member and/or caregiver, significant support person and professionals invested in the member's care. Time before or after the member/caregiver/significant support person leaves the session is non-billable.*

MCST OVERSIGHT

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

REMINDERS, ANNOUNCEMENTS & UPDATES

NOTIFICATION OF EXPIRED LICENSE, REGISTRATION, CERTIFICATION AND WAIVER

- Programs are strongly encouraged to have their providers renew their credentials with the certifying organization or licensing board 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.
- When the provider's credential has expired the MCST and IRIS takes action to deactivate the provider in the County system. The MCST e-mails a notification of the expired credential and requires the provider and direct supervisor to provide a response by the end of the business day.
- The provider's reinstatement is **NOT** automatic. The provider must petition for their credentialing suspension to be lifted and e-mail proof of the license, certification and/or registration renewal to the MCST and IRIS to reinstate their privileges to begin delivering Medi-Cal covered services.



RUSSIAN THRESHOLD LANGUAGE

- The Department of Health Care Services (DHCS) has identified Orange County as meeting the population threshold language for Russian.
- Quality Management Services (QMS) is working on having all the member materials translated in Russian.
- The 8 threshold languages are English, Vietnamese, Spanish, Korean, Chinese (Simplified), Arabic, Farsi and Russian.



REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

BRAILLE REQUIREMENT

The Department of Health Care Services (DHCS) has required Orange County to provide member materials in Braille in the 8 threshold languages. The MCST has already requested the “Grievance & Appeals Poster” and “Grievance Form” that are under our oversight to be translated by a vendor through Behavioral Health Training Services (BHTS). **County Providers**, will need to reach out to BHTS to assist with ordering copies of the braille materials that MCST recently translated. For **Contract Providers**, please reach out to your contract monitor and/or County administrator for guidance with obtaining the required Braille materials to have available at your site. QMS is working diligently to have other member materials to be translated. Stay tuned.



PROVIDERS OPTING OUT OF MEDICARE



As part of the credentialing process, the MCST is notified by VERGE/RLDatix on a monthly basis if a provider “opts out” of being a Medicare provider. This sometimes happens when the provider has a private practice, and it means a beneficiary pays the provider out-of-pocket and no one is reimbursed by Medicare. As a provider under our Behavioral Health Plan the County requirement is to serve our Medi-Cal and Medi-Care patients and be reimbursed for those services.

When the MCST is notified by VERGE/RLDatix that a provider has opted out of Medicare, they will provide an e-mail notification to the provider, direct supervisor, program manager, contract monitor, IRIS, MBU and the QMS Support Teams about the implications of opting out. For **Contract providers**, discuss this item with your contract monitor and administrator to determine how this will impact your program as Medicare must be billed first when members are dual eligible Medi-Medi. For **County Providers**, if you are a licensed Medicare eligible provider, you are **NOT** eligible to opt out of Medicare.

Below are the resources detailing what to do with your Medicare opt-out status, consult with your supervisor on this matter and seek advisement about opting out/in procedures directly from the Centers for Medicaid and Medicare (CMS) for further guidance.

RESOURCES:

[Opt Out of Medicare - JE Part B – Noridian](#)

[Medicare and Children: How Do I Get Medicare for My Child? | HelpAdvisor.com](#)

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)



We apologize for the delay as MCST is experiencing a high work volume. All new hire initial credentialing packets will be processed within 5 business days instead of 24-72 hours upon receipt. The credentialing process can take up to 30 days to approve once the provider has completed their online attestation. We hope to approve the provider before the 30 days as the average time has been between 3-18 days.

SEEK ADVISEMENT WITH YOUR CERTIFYING ORGANIZATION/LICENSING BOARD

The MCST encourages all supervisees and clinical supervisors to seek consultation directly with their certifying organizations and/or licensing boards for questions related to clinical supervision requirements (e.g., collecting hours, face-to-face hours, etc.) and regulations. The MCST is only required to track, log and monitor providers supervision reporting forms to ensure the types of providers maintain the necessary supervision needed to deliver Medi-Cal covered services.

CONSULTATION



SUPERVISION REPORTING FORMS

We are still missing supervision reporting forms from the medical professionals! The new and revised supervision reporting forms for Clinician, Counselor and Medical Professional went into effect, 10/1/24. The MCST has provided reminders, announcements and trainings at the QIC Meetings from August – September 2024. Any provider who requires supervision per the certifying organizations, licensing boards and DHCS requirements must have a supervision reporting form submitted to MCST. If the MCST does not have the supervision form on file the provider must **NOT** delivery any Medi-Cal covered services until it is received.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

GENERAL REMINDERS ABOUT CLINICAL SUPERVISION REQUIREMENTS

- Any status change for clinicians, counselors and medical professionals requires an updated Supervision Reporting Form to be submitted to MCST (e.g., separation, change of Clinical Supervisor, etc.).
- BBS and BOP registered, waived and trainees must be assigned to a clinical supervisor and remain in clinical supervision until they become licensed.
- BBS and BOP registered, waived and trainees are required to have clinical supervision **weekly** until licensed.
- Medical Professionals and Registered Counselors must have “regular” supervision to meet the minimum requirements by their licensing board or certifying organization.
- Providers under required supervision by their licensing board or certifying organization (e.g., Nurse Practitioner, Registered AOD Counselor, AMFT, APCC, Certified Peer Support Specialist, Medical Assistant, etc.) are prohibited from delivering Medi-Cal covered services if they have **NOT** submitted their Supervision Reporting Form. Be sure to always secure supervision for the supervisee to prevent any supervision gaps and potential deficiency for disallowances or recoupments.



30 DAY RESOLUTION FOR GRIEVANCES

- DHCS is requiring grievances to be resolved within 30 calendar days instead of 90 calendar days to be aligned with the Federal requirements for the Managed Care Plan. This is slated to go into effect sometime in January 2025.
 - DHCS will be issuing a revised [BHIN 18-010E](#) sometime soon.
- The MCST requires program’s assistance to quickly respond to our Investigation Representative when requesting supporting evidence (e.g., chart, lab results, medication listing, etc.) and discussing the case to help conclude the grievance. Your cooperation is appreciated to help expedite information needed to resolve the member’s grievance, timely.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

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



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, State Fair Hearings, 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 & Elizabeth "Liz" Fraga (Staff Specialists)

CREDENTIALING AND PROVIDER DIRECTORY

Credentialing Lead: Elaine Estrada, LCSW & Ashley Cortez, LCSW
Cal Optima Credentialing Lead: Araceli Cueva & Elizabeth "Liz" Fraga
Provider Directory Leads: Esther Chung & Joanne Pham (Office Specialists)

COMPLIANCE INVESTIGATIONS

Lead: Catherine Shreenan, LMFT & Annette Tran, 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

Q M S M A I L B O X E S

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
AQISCaAIM@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/2 nd 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
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 and trainings SUD Newsletter questions

Group Mailbox	QMS Team	Oversees
AQISSupportTeams@ochca.com Please identify AOA or CYS in subject line	AOA & CYS Support Teams	AOA & CYS Documentation Support CANS/PSC-35 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

