

QRTips

Mental Health & Recovery Services
Quality Management Services
Quality Assurance & Quality Improvement Division

Reminders



Med Monitoring Packets Reminder

All packets must be submitted by 3/31/24

Please email questions and completed forms to AQISSupportTeams@ochca.com and include AOA Med Monitoring or CYS Med Monitoring in the subject line



Where to Find QRTips



The QRTips are available on the HCA website at <https://www.ohealthinfo.com/providers-partners/authority-quality-improvement-services-division-aqis/quality-assurance-quality-0>

Please save this link to your "Favorites" on your web browser for easy access to current and past QRTips

New Service Chiefs, Program Directors, and Quality Assurance staff, will find it helpful to review the QRTips for recent changes and current information

TRAININGS & MEETINGS



AOA Online Trainings

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

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

MHP AOA QI Coordinators' Meeting

Teams Meeting: 02/01/2024
10:30- 11:30am

CYS Online Trainings

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

MHP CYS QI Coordinators' Meeting

Teams Meeting: 02/08/2024
10:00-11:30am

More trainings on CYS ST website

HELPFUL LINKS



[QMS AOA Support Team](#)

[QMS CYS Support Team](#)

[BHS Electronic Health Record](#)

[Medi-Cal Certification](#)

Service Spotlight: Family Psychotherapy (conjoint psychotherapy, with client present) 90847

The following are some helpful reminders and tips about when to select the CPT service code for Family Psychotherapy (conjoint psychotherapy, with client present).

- Client and family member(s) must be present for the majority of the service time.
- Service activities that reflect using this code are focused on family psychotherapy techniques, such as focusing on family dynamics, processing communication styles, etc.
- Family Psychotherapy (conjoint psychotherapy, with client present) cannot be selected if the service is less than 26 minutes.
 - *Tip:* If the service is less than 26 minutes, 70899-404 (Nonbillable BH Family Therapy) should be used to capture your service time. These are only examples; if the actual service provided is more accurately described by an alternate code, ensure that the correct code is entered into the billing system.



AOA Support Team—Provider Support Program (County Only)



We would like to provide a friendly reminder to all county Service Chiefs that the AOA Support Team Provider Support Program is available to all **new** and **existing** providers working in outpatient programs.

- QMS AOAST staff will work with the provider 1:1 for up to 2 months reviewing documentation
- Assist provider with creating quality assessments, care plans and progress notes
- Provide additional resources as needed



How to enroll: Service Chiefs to complete the referral from (email template) and send it to the QMS Support Team inbox at AQISSupportTeams@ochca.com with subject line: Provider Support Program referral



Note: New providers seeking this support must have access to IRIS and need to have completed the APT and NPT before being referred

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



CLINICAL/COUNSELOR SUPERVISION

Any of the status changes list below requires an updated Clinical/Counselor Supervision Reporting Form (CSRF) to be submitted to MCST.

- ✓ Change in Supervisor
- ✓ New Supervisee Registration #
- ✓ Termination in Supervision
- ✓ Name Change



OC Health CARE AGENCY Mental Health and Recovery Services Quality Management Services

Clinical Supervision Reporting Form

Clinical Supervisor Information

Name of Primary Clinical Supervisor: _____

List of All Current Supervisees

Name(s) of Current Supervisee(s)	Type of Supervision	Program Name	Supervisee Classification
Example: Jane Doe	<input checked="" type="checkbox"/> Group <input type="checkbox"/> Individual	AOA: Anaheim Clinic	ASW
	<input type="checkbox"/> Group <input type="checkbox"/> Individual		
	<input type="checkbox"/> Group <input type="checkbox"/> Individual		
	<input type="checkbox"/> Group <input type="checkbox"/> Individual		
	<input type="checkbox"/> Group <input type="checkbox"/> Individual		
	<input type="checkbox"/> Group <input type="checkbox"/> Individual		
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	<input type="checkbox"/> Group <input type="checkbox"/> Individual		
	<input type="checkbox"/> Group <input type="checkbox"/> Individual		

*** Reminder: If clinical supervision is terminated for any reason, a CSRF with the end date is required. ***

*Please complete in full and submit to: AGU@ocahca.org. For questions, please contact QMS main line: 714-834-9463.

©2015 Managed Care Support Team (Revised 6/2022)

- ✓ A supervisee who has individual and group supervision with two different clinical supervisors must submit **two** CSRFs.
- ✓ If the supervisor has the same clinical supervisor for both individual and group, then **one** CSRF is only required.
- ✓ Page 2 of the CSRF requires the Clinical Supervisor to list out their supervisees and re-submit when there is an update.
- ✓ All old versions of the CSRFs are invalid and will not be accepted. Be sure to use the newest version of the [Clinical Supervision Report Form](#).
- ✓ Newest version of the [Counselor Supervision Reporting Form](#).

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)



COUNTY EMPLOYEES ONLY

AUDITING TIMECARD CODING FOR CLINICAL SUPERVISORS

It is important for Clinical Supervisors to maintain proper supervisee documentation as part of the County requirement. Clinical supervision notes, weekly logs and/or records are subject to review and/or audit upon request (i.e. Human Resources, QMS, Auditor Controller, Program, etc.).

QMS and Human Resources recently conducted an audit of the clinical supervision hours claimed using the Clinical License Services (CLS) pay code on the timecards. As a reminder, it is important for Managers and Service Chiefs to maintain current records for clinical supervision, an updated Clinical Supervision Agreement (CSA) and/or the Clinical Supervision Reporting Form (CSRF) and reconcile the hours coded on the timesheet prior to approving it. This will assist MCST with concluding an accurate reconciliation when reporting the findings to Human Resources.

Remember, the CLS pay code shall only be coded for the hours dedicated to clinical supervision and that a Clinical Supervisor is certifying the Clinical Supervision Hours for a supervisee. Chart review, consultation, preparation, documentation review or other activities outside of the regularly scheduled individual and/or group supervision is **NOT** eligible to be claimed and coded to CLS. Clinical Supervision of interns and volunteers is **NOT** eligible for CLS, as well.

Refer to the [09.03.01 2003 Clinical Supervision Requirements P&P](#) for more detailed information.



REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

PROVIDER DIRECTORY

The provider directory template has been revised effective 10/27/23 to incorporate the new programs that joined the MHP and DMC-ODS network. All new programs are required to use the new template file name: Orange County Provider Directory Rev. 10.27.23.xlsm. All existing programs may continue using the prior provider directory template filename: Orange County Provider Directory Rev. 6.29.23.xlsm since the changes have no impact, at this time.



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.



REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

CHANGE OF PROVIDER/2ND OPINION (COUNTY CLINIC PROVIDERS ONLY)

The Change of Provider/2nd Opinion PowerForm has been updated to help streamline the data collection for the MHP and DMC-ODS County Clinics and went into effect **1/1/24**. Some of the new changes include:

1. Reason for why there was a change of provider request (Required Field)
2. Was a grievance submitted? YES or NO (Required Field). If NO, an explanation as to why a grievance was not filed, is required.
3. Consolidating two of the nine categories for the primary reasons for request. The “Care & Treatment” and “Therapeutic Approach” categories were combined due to several items overlapping. The combined category is now renamed to **Care & Treatment Approach**.

Adding item #1 and #2 to the PowerForm eliminates the MHP and DMC-ODS County Clinic providers from having to submit the quarterly “Request for Change of Provider/2nd Opinion Log” (see example below). The additional data being collected in IRIS will help eliminate the reporting duplication.

CONFIDENTIAL / PRIVATE INFORMATION
 Form: Care & Health Services CODE: 020642

The Following Process Must Be Followed To Ensure Client Privacy

1. Complete appropriate forms and check boxes below. Click on "Go to Home Screen"
2. Please send as a secure email
3. Send as attachment to: MCO Regional Case: MCORegionalCase@calix.com
4. Subject line: Change of Provider
5. Send to staff with no other attachments

COUNTY CLINICS
 REQUEST FOR CHANGE OF PROVIDER/SECOND OPINION LOG
 FISCAL YEAR 2024-2025

QUARTER: (Check one) JULY - SEPTEMBER OCTOBER - DECEMBER JANUARY - MARCH APRIL - JUNE
Submit by October 10 Submit by January 10 Submit by April 10 Submit by July 10

Clinic & Program: _____ **No Requests This Quarter**
(Example: Santa Ana Clinic - PACT)

Date of Request	Med. Cal	Reason	Client's Name & SSN #	Previous Provider	New provider	Reason for Request	Outcome of Request	Was a grievance filed? (Yes or No) & NO, why?
	<input type="checkbox"/>	<input type="checkbox"/> Provider change <input type="checkbox"/> 2 nd Opinion						
	<input type="checkbox"/>	<input type="checkbox"/> Provider change <input type="checkbox"/> 2 nd Opinion						
	<input type="checkbox"/>	<input type="checkbox"/> Provider change <input type="checkbox"/> 2 nd Opinion						
	<input type="checkbox"/>	<input type="checkbox"/> Provider change <input type="checkbox"/> 2 nd Opinion						
	<input type="checkbox"/>	<input type="checkbox"/> Provider change <input type="checkbox"/> 2 nd Opinion						
	<input type="checkbox"/>	<input type="checkbox"/> Provider change <input type="checkbox"/> 2 nd Opinion						
	<input type="checkbox"/>	<input type="checkbox"/> Provider change <input type="checkbox"/> 2 nd Opinion						
	<input type="checkbox"/>	<input type="checkbox"/> Provider change <input type="checkbox"/> 2 nd Opinion						

Service Chief Signature: _____ Date: _____

NOTE: County-Contracted Providers are **still** required to continue to submit the “Request for Change of Provider/2nd Opinion Log” every quarter since this feature is not available to non-IRIS users.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

EXPIRED LICENSES, WAIVERS, 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.

COUNTY RE-CREDENTIALING

Providers 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.

There is a trend of provider's who have failed to complete the re-credentialing process upon the expiration and were suspended from delivering any Medi-Cal covered services. Once you receive a re-credentialing approval letter from MCST you must contact IRIS to petition for your credential suspension to be lifted to begin delivering Medi-Cal covered services. Your reinstatement is not automatic. **Be sure to re-credential your providers on-time by promptly responding to the Verge/RLDatix e-mail notifications!**



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

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E-MAIL ADDRESSES

AQISGrievance@ochca.com (NOABDs/Grievance Only)
AQISManagedCare@ochca.com

MCST ADMINISTRATORS

Annette Tran, LCSW
Health Services Administrator

Service Chiefs and Supervisors:

Please remember to submit monthly program and provider updates/changes for the Provider Directory and send to: AQISManagedCare@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

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