

March 2024

ORTips

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





MYTH OR FACT: CANS and PSC-35 is done at every intake for each program.

Answer: Myth. A single "initial" CANS and PSC-35 is needed per Client's Mental Health Plan Episode of Care (MHP EOC). In other words, once an initial CANS and PSC-35 is entered for the client's current MHP EOC, an onboarding program does not need to complete another one.

Example: Client is open with a county clinic and an initial CANS/ PSC-35 is completed. Two months later, the client is referred to Wraparound as a supplement to treatment. In this case, Wraparound does not need to do another CANS/PSC-35 at intake.

MYTH OR FACT: I don't have to worry about coordinating care for CANS and PSC-35.

Answer: Myth. It is the responsibility of each facility/provider within a client's MHP EOC to coordinate care with each other for various reasons:

- Knowing administration timelines
- Determining the responsibility of completing the CANS and PSC-35 between the two providers
- Helping avoid errors and duplication form status entries

MYTH OR FACT: PSC-35 administration timelines do not matter as much as CANS.

Answer: Myth. PSC-35 have the same administration timelines, rules, and coordination of care guidelines as CANS.

Email any CANS and PSC-35 questions to <u>aqissupportteams@ochca.com</u>. Please also be on the lookout for the future release of the updated CANS and PSC-35 FAQ.

TRAININGS & MEETINGS

AOA Online Trainings

New Provider Training
(Documentation & Care Plan)

2022-2023 AOABH Annual Provider Training

MHP AOA QI Coordinators' Meeting

Teams Meeting: 03/07/2024 10:30- 11:30am

CYS Online Trainings

2022-2023 CYPBH Integrated Annual Provider Training

MHP CYS QI Coordinators' Meeting

Teams Meeting: 03/14/2024 10:00-11:30am

More trainings on CYS ST website

HELPFUL LINKS

OMS AOA Support Team
OMS CYS Support Team
BHS Electronic Health Record
Medi-Cal Certification

REMINDER: TCM & ICC Care Plan Review

TCM and ICC Care Plans are required to have a review/monitoring activity, at minimum, on an annual basis. Please note, if clinically indicated, a review of the care plan can happen before; however, it is required annually and needs to be clearly documented in client's chart.

Should you have any questions about this article, please send an email to QMS via aqissupportteams@ochca.com.

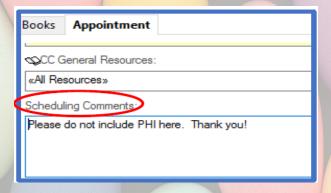


When to Consider Using a Modifier

There are services that require a modifier to prevent locking out other services. To see which services may be locked out, please refer to the Code Table listed under your provider type, which can be accessed here: Payment Reform Resources.

ADDING COMMENTS IN SCHEDULING TOOL

The IRIS team has noted that occasionally PHI is being entered into the Scheduling Comments box in SCHED. This may have been done to either assist front office staff with scheduling appointments or intake clinicians to prepare for sessions. The important thing to know is that this information can be viewed by anyone with IRIS scheduling access, including those who may not have a business reason to view this information. In addition, IT is unable to track who may have access to this information. For these reasons, *please do not enter PHI in the Scheduling Comments box*.



The following examples of what can be entered in the Scheduling Comments were provided by the Health Care Agency's Office of Compliance:

- Phone number where the client can be reached if it is not possible to update the client's phone number
 in the system
- Reminders to obtain an ATD (without the mention of what the ATD is for), complete the Care Plan, obtain intake paperwork
- Other general reminders that do not include PHI, for example: "Obtain ATD"; "Complete intake paperwork"; "Complete Care Plan"; "Begin assessment documents"

Thank you all so much for helping us to continually improve the EHR! If you have any questions or need further information, please contact us at bhsirisliaisonteam@ochca.com.



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



WE'RE SO
HAPPY
YOU'RE
HERE!



Catherine Shreenan, LMFT Service Chief II

MCST is excited to welcome Catherine Shreenan, LMFT, Service Chief II to our QMS family. Catherine is a Licensed Marriage Family Therapist and has worked for the County of Orange since 2000. She has worked in several different programs as a clinician and later promoted to a Service Chief I in the Anaheim PACT and then to the Anaheim Clinic. She promoted to a Service Chief II in Adult and Older Adult Mental Health in 2019. She has many years of experience working in County Mental Health and is looking forward to this new opportunity with MCST.



Esther Chung Office Specialist

Esther, our newest addition to the QMS MCST! Hailing from diverse professional experiences, Esther brings a wealth of expertise as a linguist and project manager in the field of translation. With a heart dedicated to mental health, Esther is passionate about contributing to the well-being of our community. Join us in welcoming Esther as she embarks on her journey to make a positive impact on the health and wellness in Orange County.



REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

COUNTY CREDENTIALING & RE-CREDENTIALING

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 recredentialing process. Be sure to re-credential your providers on-time by promptly responding to the Verge/RLDatix e-mail notifications!

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 <u>end of the business day to explain the reason for the lapse with the provider's credential</u>. This is important information for the MCST to track and monitor. Be sure to respond promptly upon receiving the e-mail notification.



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 <u>09.03.01 2003 Clinical Supervision</u>
Requirements <u>P&P</u> for more detailed information.



REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)



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 anntran@ochca.com and the Service Chief II, Catherine Shreenan at and cochca.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 (MOASD)(Vrievance 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: <u>AQISManagedCare@ochca.com</u> and <u>BHSIRISLiaisonTeam@ochca.com</u>.

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

Azahar Lopez, P<mark>sy</mark>D, CHC Assistant Deputy Director, QMS

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AOA Support Team 714.834.5601 aqissupportteams@ochca.com	CYS Support Team 714.834.5601 aqissupportteams@ochca.com	Managed Care Support Team 714.834.5601	Inpatient & Designation Support Services
		aqismanagedcare@ochca.com	714.834.5601 aqiscdss@ochca.com
Health Services	Health Services	Health Services	Service Chief II
Administrator	Administrator	Administrator	Support Staff
Berenice Moran, LMFT bmoran@ochca.com	John Crump, LMFT	Annette Tran, LCSW anntran@ochca.com	Rebekah Radomski, LMFT
bmoran@ocnca.com	<u>jerump@ocnea.com</u>	armtran@ocrica.com	rradomski@ochca.com
Service Chief II	Service Chief II	Service Chief II	President Control
Ken Alma, LCSW	Asmeret Hagos, LMFT	Catherine Shreenan, LMFT	Certification
			Sara Fekrati, LMFT
BHCII Staff	Clinical Staff	BHCII Staff	
Blanca Rosa A <mark>yala,</mark> LMFT	Mark Lum, Psy.D.	Paula Bishop, LMFT	Eunice Lim, LMFT
Grace Ko, LCSW	Niyati Roy, Psy.D.	Esmi Carroll, LCSW	Debbie Montes, LMFT
Sang-Patty Tang, LCSW	Cheryl Pitts, LCSW	Ashley Cortez, LCSW	Andrew Parker, LMFT
Erin Sagubo, LCSW	Eduardo Ceja, LMFT	Elaine Estrada, LCSW	Designation Diana Mentas, Ph.D.
Patricia Iglesia, LCSW	Tanji Ewing, LMFT	Jennifer Fernandez, ASW	Selma Silva, Ph.D.
Jessica S <mark>pa</mark> rgur, LMFT			
Sharon Hoang, SA	Support Staff Mabel (Maby) Ruelas, SA	Staff Specialists Araceli Cueva, SS	Support Staff Josie Luevano, SA
Jai <mark>me</mark> Bueno, OS	That of the state	Sold Cucva, So	
	Renee Serna, OS	Samuel Fraga, SS	Fabiola Medina, OS
		Elizabeth "Liz" Fraga, SS	8

Support Staff
Esther Chung, OS