

QRTips

Behavioral Health Services
Quality Management Services

Update: PWB/IS/TFC 90-Day Review Form

The PWB/IS/TFC 90-Day Review form has been updated and is now live in the County EHR. This new form includes the Therapeutic Foster Care (TFC) component and allows providers to check off and track when a youth meets TFC criteria, in addition to PWB/IS criteria.

Contract Providers: Please contact your Contract Monitors for this updated form.

A Conversation about Consultations

Provider: Dear BHP Support, I am helping my program explore overlooked services that can be claimed to Medi-Cal. Can a supervisor claim billable time for problem solving interventions with their supervisee? Can the supervisee claim this time as well?

BHP Support: Great question and it's always good to hear your program is being mindful of what can be billable. Our current guidance for your situation is that your service would not be billable because the supervisor and supervisee relationship meets more of an administrative responsibility. However, consultations between treatment team members regarding client's needs and/or treatment progress are billable.

Note:

- Treatment team members are those who are assigned to the client's case and will provide direct services to the client within the current episode of care.
- Minimum service time required for service code must be met to bill.



Tip : Valuable information gathered from a source that is brought back to the treatment team for consultation may be billable.

MEETINGS & TRAININGS

• • •

MHP QI Coordinators' Meeting

Teams Meeting: 6/12/2025
10:00-11:30am

AOA Online Trainings
[AOABH Annual Provider Training](#)

CYS Online Trainings
[CYS Integrated Annual Provider Training](#)

More trainings on [CYS ST website](#)

HELPFUL LINKS

• • •

[QMS AOA Support Team](#)

[QMS CYS Support Team](#)

[BHS Electronic Health Record](#)

[Medi-Cal Certification](#)

Supplemental Services

Supplemental services are additional and/or simultaneous services provided to a client during a visit or services that describe the severity of a client's condition. Supplemental codes are always used with a primary procedure. They are never billed independently.

Interactive Complexity

90785-4

May be reported when at least one of the following communication difficulties is present:

- The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care
- Caregiver emotions or behavior that interferes with the caregiver's understanding and ability to assist in the implementation of the treatment plan
- Evidence or disclosure of a sentinel event and mandated report to third part (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with client and other visit participants.
- Use of play equipment or physical devices to communicate with the client to overcome barriers to therapeutic or diagnostic interaction between the provider and a client who has not developed, or has lost, either the expressive language communication skills to explain their symptoms and response to treatment, or the receptive communication skills to understand the provider if they were to use typical language for communication.

May not exceed the time spent providing the primary service (service minutes must be less than or equal to the primary billable service)

Interpretation or Explanation of Results

90887-4

Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist client

- Minimum service time of 26 minutes *in addition* to the primary service

Coding example:

- Service: MD met with an established client for an office E/M service for 45 minutes then explained the results of a psychiatric measure to the client's family for 28 minutes
- Coding: MD selects service code 99215-4 and enters 45 Service Minutes. MD also selects Interpretation or Explanation of Results code 90887-4 and enters 28 Service Minutes.

Supplemental Services (Continued)

Sign Language or Oral Interpretative Service 70899-411 (T1013)

When the provider and the client cannot communicate in the same language, and the provider uses an on-site interpreter and/or individual trained in medical interpretation to provide medical interpretation.

- May not exceed the time spent providing the primary service (service minutes must be less than or equal to the primary billable service)
- May not be claimed during an inpatient or residential stay as the cost of interpretation is included in the residential rate in DMC or SMH systems.
- May not be claimed for mobile crisis services as the rate for mobile crisis incorporates interpretation.
- Cannot be claimed for automated/digital translation or relay services.

For example:

- 1) Client only speaks Spanish. Treatment team member asks another staff member to assist with interpretation/translation.
- 2) Client only speaks Russian. Treatment team member calls Language Line to assist with interpretation/translation.

In the first example, the staff member providing the interpretation/translation will document the service as a non-billable service.

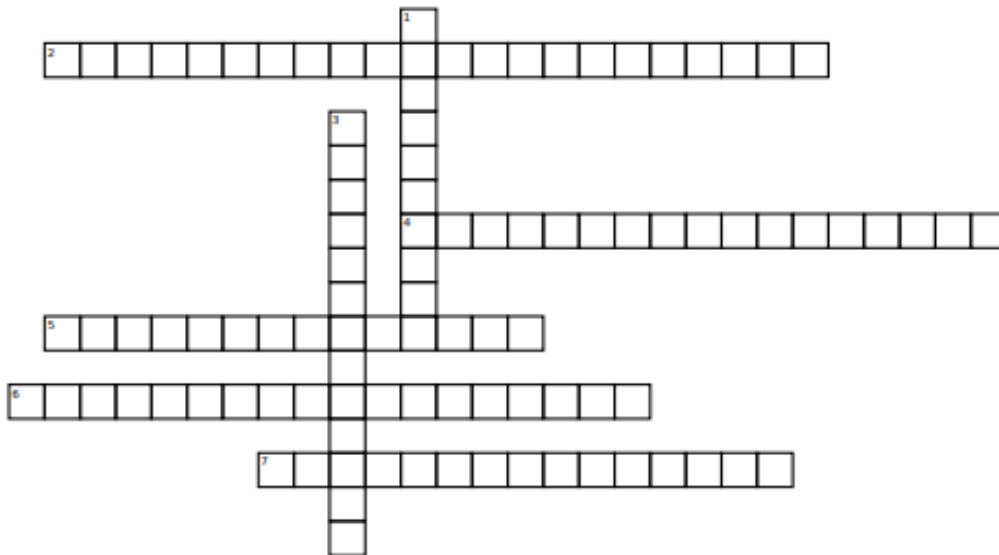
*Include the need for interpretation and who provided the interpretation service in your documentation.

*Interactive complexity and interpretation should not be claimed together.

County Only:

- The “Regular Supplemental Services” are located on the “NEW Billable Services” tab

Types of Services



Down:

1. Gathering information and conceptualizing client's treatment needs, determine diagnosis(es), confirm appropriate delivery system and level of care.
3. Targets symptom reduction to improve functional impairments; addresses feelings, thought processes, conditions, attitudes or behaviors which are emotionally, intellectually, or socially ineffective.

Across:

2. Referring/linking clients to services in the community.
4. A service that includes prescribing, administering, dispensing, and monitoring of psychiatric medications that are necessary to alleviate the symptoms of a mental health condition.
5. Targets specific problematic behaviors resulting from a mental health condition; assist in developing, improving, maintaining, or restoring the client's functional skills.
6. Unplanned, expedited services, to or on behalf of a member to address a mental health related condition that requires a more timely response than a regularly

Reminder to Service Chiefs & Supervisors: Please submit monthly program and provider updates / changes for the Provider Directory and send to: BHPPProviderDirectory@ochca.com and BHSIRISLiaisonTeam@ochca.com. Review QRTips in staff meetings and include in your meeting minutes.

Disclaimer: Quality Management Services (QMS) develops and distributes the monthly QRTips newsletter to all Specialty Mental Health Service (SMHS) providers as a tool to assist with various Quality Assurance (QA) and Quality Improvement (QI) regulatory requirements. The newsletter is NOT an all-encompassing document. Providers are responsible for ensuring their understanding and adherence with all local, state, and federal regulatory requirements.

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 PTAN COUNTY CLINIC PROVIDERS)
- SUPERVISION REPORTING FORMS & REQUIREMENTS
- GRIEVANCES & INVESTIGATIONS
- COUNTY CREDENTIALING
- ACCESS LOGS
- MHP & DMC-ODS PROVIDER DIRECTORY
- PAVE ENROLLMENT (MHP PROVIDERS ONLY)
- **new** PROVIDER TRANSACTION ACCESS NUMBER (PTAN)

REMINDERS, ANNOUNCEMENTS & UPDATES



BRILLE MATERIALS HAS FINALLY ARRIVED!!!

The Department of Health Care Services (DHCS) requires the Behavioral Health Plan (BHP) to accommodate the communication needs of all members and be prepared to facilitate alternative format request for Braille, audio format, large print, accessible electronic format, and other auxiliary aids and services that may be appropriate.

The County has received the Braille grievance informing materials to meet the requirement for the:

- Grievance & Appeal Form
- Grievance & Appeal Poster (SMHS)
- Grievance & Appeal Poster (DMC-ODS)

Information has been communicated to county and contracted programs via e-mail from BHPProviderDirectory@ochca.com. If you have questions or need materials, please reach out to the MCST for assistance.

A	B	C	D	E	F	G	H	I	J	K	L	M
•	•	••	••	•	••	••	••	•	••	•	•	••
N	O	P	Q	R	S	T	U	V	W	X	Y	Z
••	••	••	••	••	•	••	••	••	••	••	••	••

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

SUPERVISION REPORTING FORMS

There are four types of supervision reporting forms the MCST oversees. Below is a grid listing all the provider types that must submit one of the required supervision reporting forms below:

- ✓ Clinician Supervision Reporting Form
- ✓ Counselor Supervision Reporting Form
- ✓ Medical Supervision Reporting Form
- ✓ Qualified Provider Supervision Form

SUPERVISION REPORTING FORMS



LIST OF PROVIDERS REQUIRED TO SUBMIT A SUPERVISION REPORTING FORM

CLINICIANS	COUNSELORS	MEDICAL PROVIDERS	QUALIFIED PROVIDERS
<ul style="list-style-type: none"> • Registered ASW • Registered MFT • Registered PCC • Registered/Waivered Psychologist • Psychologist Clinical Trainee • Clinical Social Worker Clinical Trainee • Marriage & Family Therapist Clinical Trainee • Professional Counselor Clinical Trainee • Associate Applicant – BBS 90 Day Rule 	<ul style="list-style-type: none"> • Registered Counselors 	<ul style="list-style-type: none"> • Nurse Practitioner • Nurse Specialist Trainee • Registered Nurse Trainee • Vocational Nurse Trainee • Psychiatric Technician Trainee • Occupational Therapist Trainee • Occupational Therapist Assistant • Pharmacist Trainee • Physician Assistant Trainee • Physician Assistant • Medical Assistant • Licensed Vocational Nurse • Licensed Practical Nurse • Licensed Psychiatric Technician • Certified Nurse Assistant 	<ul style="list-style-type: none"> • Mental Health Rehabilitation Specialist • Other Qualified Provider I • Other Qualified Provider II • Certified Peer Support Specialist

REMINDER

- All required providers must submit the supervision form to the MCST upon commencing to provide services (e.g., new hire).
- Any status change requires an updated form to be submitted to the MCST (e.g., separation, change in supervisor, etc.).
- Supervision must be provided regularly.
- Providers that require supervision are **prohibited** from delivering any Medi-Cal covered services if they have **NOT** submitted their supervision reporting form.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)



MCST GENERAL E-MAIL BOXES

QMS has renamed all the general e-mail addresses and created new ones to enhance the communication and efficiency with serving our providers and members. Please begin using the e-mail addresses listed below for questions and documents to be sent to the appropriate mailboxes. The old e-mail addresses will automatically be forwarded to the new ones for a short period of time. Please update our contact information, as soon as possible.

MCST MAILBOXES	OVERSEES
BHPGrievanceNOABD@ochca.com	Grievances & Investigations; Appeals/Expedited Appeals; State Fair Hearings; NOABDs; MCST Training Requests
BHPManagedCare@ochca.com	Access Logs, Access Log Entry Errors & Corrections; Change of Provider/2 nd Opinion; County Credentialing; Cal-Optima Credentialing (AOA County Clinics); Expired Licenses, Waivers, Registrations & Certifications; PAVE (MHP Only); Personnel Action Notification (PAN)
new BHPProviderDirectory@ochca.com	Provider Directory Notifications; Provider Directory submission for SMHS and DMC-ODS programs by the 15 th of every month.
new BHPSupervisionForms@ochca.com	Submission of the Supervision Reporting Forms for Clinicians, Counselor, Medical Professionals and Qualified Providers; Submission of updated Supervision Forms for Change of Supervisor, Separation, License/Registration Change, etc.
new BHPPTAN@ochca.com	Provider Transaction Access Number (PTAN) Enrollment and inquiries.

CAL-OPTIMA CREDENTIALING FOR AOA COUNTY CLINIC PROVIDERS ONLY

- OneCare and OneCare Connect are CalOptima's two Medicare health plans under the Certified Medicare Advantage Plans (CMAP), and the BHP has many members who have OneCare or OneCare Connect, with secondary Medi-Cal. OneCare and OneCare Connect are the only private insurances that are identified as "in network" in the BHP.
- In 2024, the legislation allowed LPCCs and LMFTs to bill Medicare directly for mental health diagnosis and treatment services. The MCST will be reaching out to the AOA county providers and Service Chiefs to begin the CalOptima credentialing process for the existing and new LMFT and LPCC providers who have already been PTAN.



REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

MCST TRAININGS ARE AVAILABLE UPON REQUEST

- **NEW** 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. Contact the 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 cshreenan@ochca.com.



**AVAILABLE
NOW**

MONTHLY MCST TRAININGS – NOW AVAILABLE

MCST is offering open training sessions for new and existing providers. The 3-hour training is on NOABDs, Grievances, Appeals, State Fair Hearings, 2nd Opinion/Change of Provider, Supervision Reporting Forms and Access Logs.

Please e-mail BHPGrievanceNOABD@ochca.com with Subject Line: MCST Training for SMHS 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 (SMHS)
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

SUPERVISION REPORTING FORMS

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)

PROVIDER TRANSACTION ACCESS NUMBER (PTAN)

Lead: Boris Nieto, Staff Assistant

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) 480-0755

E-MAIL ADDRESSES

BHPGrievanceNOABD@ochca.com

BHPManagedCare@ochca.com

BHPProviderDirectory@ochca.com

BHPSupervisionForms@ochca.com

BHPPTAN@ochca.com

MCST ADMINISTRATORS

Annette Tran, LCSW

Health Services Administrator

Catherine Shreenan, LMFT

Service Chief II

QMS MAILBOXES

Please email the group mailboxes below to ensure your questions arrive to the correct team rather than to an individual team member who may be on vacation, unexpectedly out of the office or otherwise unavailable.

Group Mailboxes	Oversees
BHPGrievanceNOABD@ochca.com	Grievances & Investigations • Appeals / Expedited Appeals • State Fair Hearings • NOABDs • MCST Training Requests
BHPManagedCare@ochca.com	Access Logs • Access Log Errors & Corrections • Change of Provider / 2nd Opinion • County Credentialing • Cal-Optima Credentialing (AOA County Clinics) • Expired Licenses, Waivers, Registrations & Certifications • PAVE (MHP Only)
BHPSupervisionForms@ochca.com	Submission of Supervision Reporting Forms for Clinicians, Counselor, Medical Professionals & Qualified Providers • Submission of Updated Supervision Forms for Change of Supervisor, Separation, License/Registration Change, etc.
BHPProviderDirectory@ochca.com	Provider Directory submission for SMHS & DMC-ODS programs by the 15 th of every month.
BHSHIM@ochca.com	County-Operated MHP & DMC-ODS Programs Use Related: Centralized Retention of Abuse Reports & Related Documents • Centralized Processing of Client Record Requests and Clinical Document Review & Redaction • Release of Information, ATDs, Restrictions & Revocations • IRIS Scan Types, Scan Cover Sheets & Scan Types Crosswalks • Record Quality Assurance & Correction Activity
BHSIRISLiaison@ochca.com	EHR Support, Design & Maintenance • Add/Delete/Modify Program Organizations • Add/Delete/Maintain All County & Contract Rendering Provider Profiles in IRIS • Register Eligible Clinicians & Doctors with CMS • Assist in Maintaining PTAN Status of Eligible Clinicians & Doctors
BHPNetworkAdequacy@ochca.com	Manage MHP and DMC-ODS 274 Data & Requirements • Support of MHP County & Contract User Interface for 274 Submissions
BHPPTAN@ochca.com	PTAN
BHPAOASupport@ochca.com	AOA Documentation Support • CANS / PSC-35 • Medication Monitoring • MHP Chart Reviews • QRTips • Provider Support Program (AOAST only)
BHPCYSSUPPORT@ochca.com	CYS Documentation Support • CANS / PSC-35 • Medication Monitoring • MHP Chart Reviews • QRTips
BHPSUDSupport@ochca.com	SUD Documentation Support • CalOMS (clinical questions) & DATAR • DMC-ODS Reviews • MPF Updates • PAVE (County SUD Clinics)
CalAIMSupport@ochca.com	
BHPBillingSupport@ochca.com	IRIS Billing • Office Support
BHPIDSS@ochca.com	General Questions regarding Certification & Designation
BHPDesignation@ochca.com	Inpatient Involuntary Hold Designation • LPS Facility Designation • Outpatient Involuntary Hold Designation
BHPCertifications@ochca.com	MHP Medi-Cal Certification
BHSInpatient@ochca.com	Inpatient TARs • Hospital Communications • ASO / Carelon Communication
BHPUMCCC@ochca.com	Utilization management of Out of Network (and in network) complex care coordination. Typically for ECT, TMS, Eating disorders