

SUD Support Newsletter

QUALITY MANAGEMENT SERVICES

June 2025

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Updates

For the **Recovery Services level of care, Psychologists and Psychologist Clinical Trainees** are only permitted to use one billing code: Recovery Services, 1 Hr (70899-124) H2035. This code can only be used to bill for services that are at least 31 minutes in duration. Services that are 30 minutes or less would need to be coded as non-billable. There is limited information available on the types of activities that can be claimed

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WHAT'S NEW?

Peer Support Services Program Information

Last month, the Department of Health Care Services (DHCS) released an updated Peer Support Services Specialist Program Frequently Asked Questions (FAQ) webpage: [Medi-Cal-Peer-Support-Services-Specialist-Program-Frequently-Asked-Questions](#). It addresses information on various aspects of the program, from certification standards and programs to billing for services and more. It is a helpful resource for providers who are getting prepared to provide Peer Support Services as well as for those who might be interested in expanding the services they offer at their site.

Further information on the implementation of the Peer Support Services benefit can also be found in the Behavioral Health Information Notice (BHIN) 25-010 released by DHCS in April: [BHIN 25 010 MediCal Peer Support Program Standards](#)

Be sure to reach out to your County Program Monitor to explore more about adding Peer Support Services to your contract with the County!



Training & Resources Access

DMC-ODS Payment Reform 2024 - CPT Guide (version 2):

[DMC-ODS Payment Reform 2024 CPT Guide v2.pdf \(ochealthinfo.com\)](#)

SUD Documentation Manual
[DMC-ODS CalAIM Doc Manual.pdf](#)

MAT Documentation Manual
[FINAL CalAIM MAT Documentation Manual v3 11.6.24.pdf](#)

NOTICE: In lieu of a standalone SUD Documentation Training, please refer to the most recent Documentation Manual, CPT Guide, and the monthly newsletters for the most recent changes! If you are unsure about the current guidance, please reach out to BHPSUDSupport@ochca.com

Updates (continued)

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using this code. At this time, for a Psychologist or their respective Clinical Trainee, it is permissible to claim all medically necessary Recovery Services activities with service minutes of 31 minutes or more using this code.

To clarify about **AOB/ATDs for clients moving from one level of care to another at the same program (e.g., withdrawal management to residential)**, it is not required to obtain a new AOB/ATD, but strongly recommended due to the change in level of care and start of a new treatment episode. **Note:** This may change in the future with the ASAM 4th Edition when withdrawal management becomes a service component within the residential level of care. It is required for clients transitioning from one level of care to another across different programs. For transitions between ODF and IOT at the same program, it is not required as the State considers both as “outpatient” and one treatment episode.

Office Hours: Documentation Support

Did you know that additional documentation support is available?

There is a virtual meeting held every other month where DMC-ODS providers can ask questions about documentation and obtain clarification about the requirements. This is voluntary and open to all staff.

The next documentation support session will be on:

**Wednesday, July 9th
2-3pm**

RSVP is required at BHPSUDSupport@ochca.com

Please include your questions in the email to make sure they get addressed.

We look forward to seeing you there!



Documentation FAQ

1. Is reviewing the client's chart to prepare for their upcoming appointment a billable service?

No. Any preparation that is needed for an upcoming service with the client is considered an expected part of that service and not billable. The time spent preparing cannot be included in the direct service time with the client.

2. I did a consult with the LPHA. Can I still bill for my time even if the LPHA does not bill or complete a progress note?

Yes. Your ability to bill does not depend on the other party's (in this case, the LPHA's) completion of a progress note. In the ODS, both parties are permitted to claim the time for a consultation so long as each provider completes their own progress note. In this scenario, if the LPHA does not complete a progress note, they cannot bill for the time. But this does not have any impact on you. As long as documentation is completed in a progress note, you can bill for the time.

3. Can we bill for distributing Narcan and educating clients on its use as a MAT service?

No. Narcan education is NOT considered a MAT service and cannot be billed using the Medication Training and Support code. Solely providing Narcan education, *if it meets the minimum 8 minutes of service time*, can be billed using the Psychoeducational Service, per 15 Min (70899-115) H2027 code at the outpatient levels of care. In most cases, it likely would not take 8 minutes, therefore, it can be part of or folded into another clinical service. For the residential levels of care, it can be included as part of the individual counseling service that can count towards the required five clinical hours for the week. Please remember that it is expected that all SUD providers make Narcan readily available for clients.

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Documentation FAQ (continued)

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4. Are we required to document the next steps in group progress notes?

No. The documentation requirements for group progress notes are different than for other services. Group progress notes are not required to have a brief description of the service or the next steps. However, it is required to document the client's response. It is important to keep in mind that all services billed must clearly meet medical necessity and this includes group services. For this reason, it is advised to document a brief description of the service or the interventions used in the group to support the billing, if documentation of the client's response does not make this clear.



Reminders



Primary Clinician Name

Make sure that the name of the primary clinician that is entered into IRIS matches with the service. This means that the name and signature on the progress note for the billed service is the same as what is entered into IRIS. The only exception is the day service codes for the residential and withdrawal management.

Consultations are Non-Face-to-Face

Unless the client is present in your consultation with another staff or professional, the service is considered "non-face-to-face" and should be indicated as such in IRIS. For example, the LPHA and non-LPHA consultation for the assessment would be a non-face-to-face service.

Intake Progress Note

Don't forget to document the intake for all clients admitted. This is applicable for all levels of care. There is no separate billing for the intake at the residential levels of care, but if it involves some clinical assessment or treatment planning interventions, the time can be counted towards the required five clinical hours for the week when properly documented.

Discharge Summaries

Remember that discharge summaries are no longer a DMC-ODS requirement. It is still permissible for you to complete one according to your agency's protocols and other regulatory authorities (such as the AOD Certification Standards). However, there is no billing permitted for solely completing this documentation. If the discharge summary is worked on with the client in a termination session as part of transitioning the client, this could be a billable individual counseling service for the outpatient levels of care.

BOARD OF BEHAVIORAL SCIENCES (BBS) UPDATE

There is a new law change regarding requirements for the display of licenses/registrations and a "Notice to Clients" to ensure that clients have access to information confirming their clinician's licensure.

Effective January 1, 2025 –

Licensees/registrants are only required to display their license/registration in a conspicuous place in their primary place of practice when rendering professional clinical services in person.

For all new clients on and after July 1, 2025 –

"Notice to Clients" must contain the following:

- Licensee/registrant's full name as filed with the Board
- License/registration number
- Type of license/registration (i.e., Licensed Marriage and Family Therapist, Associated Clinical Social Worker, etc.)
- Expiration date of license/registration number

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



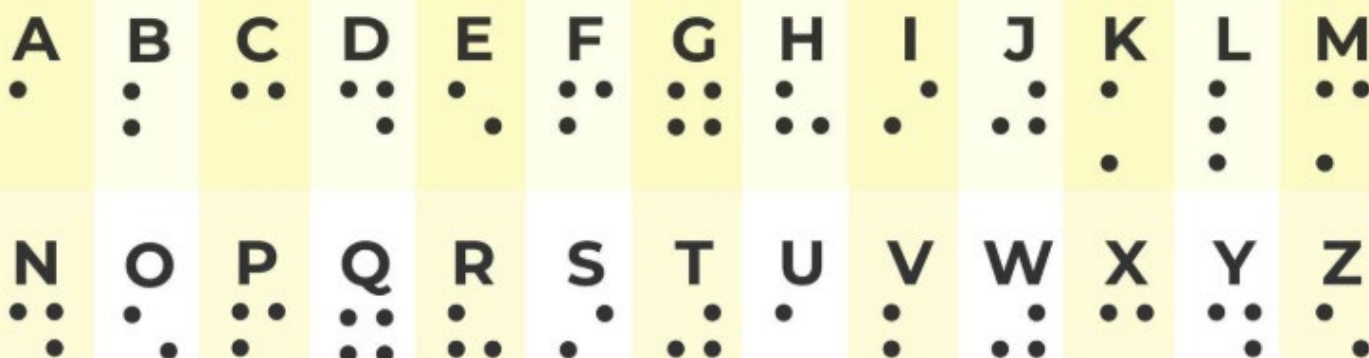
BRILLE MATERIALS HAS FINALLY ARRIVED!!!

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 (MHP)
- 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.



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 commencement (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.
- Provider's 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 (CMAF), 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.



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 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)

AVAILABLE
NOW

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

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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