

September 2025

# QRTips

Behavioral Health Services  
Quality Management Services

## Update to the Plan of Care for Medicare Clients

For clients with Medicare, behavioral health services must be provided under an individualized written Plan of Care.

When a client with Medicare is prescribed medications, their prescriber completes an assessment (e.g., “Biopsychosocial Assessment” for county providers). This assessment, along with the prescriber’s individual progress note(s), serve as the Plan of Care and authorizes the medication support services provided to the member as long as the five (5) required elements listed below are included.

For all other mental health services, clients require a brief Plan of Care completed and signed by the LMHP directing services for that client. This Plan of Care does not require a signature from the prescriber.

### Plan of Care Requirements

Documentation on a separate form or progress note (please follow your program’s instructions) stating:

- Problem list items will be addressed by (provider type or treatment team)
- Services to be provided (please note not all services are covered by Medicare)
- Frequency
- Duration
- Signature of LMHP directing services for the client

## TRAININGS & MEETINGS

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

### SMHS QA/QI Coordinators’ Meeting

Teams Meeting  
9/11/25  
10:00 AM - 11:30 AM

### SMHS Documentation Office Hours

Teams Meeting  
1<sup>st</sup> & 3<sup>rd</sup> Thursday  
of the Month  
10:00 AM - 10:50 AM

## Helpful Links:

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

## HK Modifier Clarification

During last month's QA/QI meeting, QMS informed attendees that the HK modifier was being applied in IRIS to all codes except Crisis and Medication injection codes, for all Pathway to Well-Being (PWB) and Intensive Services (IS) clients (under the age of 21), as long as the client has an open cohort in IRIS.

QMS would like to highlight several implications and changes for providers with PWB/IS clients:

- 1) Certain activities, such as assessment, consultation, and treatment planning that were previously coded as Targeted Case Management with HK modifier (ICC) should be coded as assessment and plan development accordingly
- 2) It is important for providers to verify that they have an opened cohort for all PWB/IS clients. Providers need to open their own cohort for their client's location and not depend upon another location/provider opening the cohort for you.
- 3) Please remember to open and close only the cohort you created, when appropriate; and please remember to coordinate care with other providers.

## Coding Guidance Update for Pathways to Wellbeing (PWB) or Intensive Services (IS)

**New guidance as of September 1, 2025**

### **Coding guidance for PWB/IS eligible clients:**

- **Targeted Case Management with the HK modifier** = referrals and linkages, tracking progress as it relates to the referrals and linkages, coordination of care.
- **Plan development with HK modifier** = treatment planning, treatment team consultation, monitoring treatment progress.
- **Comprehensive Multidisciplinary Evaluation with HK modifier** = Child Family Team meetings.
- **Psychosocial Rehab with HK modifier** = developing, improving, maintaining, or restoring clients' functional skills (skill building activities)
- Any other code available per your provider type and/or program type

**Reminder to Service Chiefs & Supervisors:** Please submit monthly program and provider updates / changes for the Provider Directory and send to: [BHPPProviderDirectory@ochca.com](mailto:BHPPProviderDirectory@ochca.com) and [BHSIRISLiaison@ochca.com](mailto:BHSIRISLiaison@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 (NABDS)
- INFORMING MATERIALS, GRIEVANCES & INVESTIGATIONS
- APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS
- CAL-OPTIMA CREDENTIALING (AOA PTAN COUNTY PROVIDERS)
- **SUPERVISION REPORTING FORMS & REQUIREMENTS**
- **PROFESSIONAL LICENSING WAIVERS**
- COUNTY CREDENTIALING/RE-CREDENTIALING
- ACCESS LOGS
- CHANGE OF PROVIDER/2<sup>ND</sup> OPINIONS
- PROVIDER DIRECTORY
- PAVE ENROLLMENT (SMHS PROVIDERS ONLY)
- **PROVIDER TRANSACTION ACCESS NUMBER (PTAN)**

## REMINDERS, ANNOUNCEMENTS & UPDATES

### **BOARD OF BEHAVIORAL SCIENCE – NOTICE TO CLIENTS**

A new law, [SB 1024](#), sponsored by the Board of Behavioral Sciences (BBS), implements a change to the legal requirement that mandates licensees and registrants display their license or registration in a conspicuous location at their primary place of practice.

To account for the increasing use of telehealth, and the difficulty of physically displaying a license or registration when providing telehealth services, effective January 1, 2025, licensees and registrants are only required to display their license or registration in a conspicuous place in their primary place of practice when rendering professional clinical services in person. The license or registration does not need to physically be on display when services are provided via telehealth.

To ensure that all clients maintain access to essential information confirming their therapist's licensure, the law now requires additional information to be included in the required "Notice to Clients" that a Board licensee or registrant must provide each of their clients upon initiating psychotherapy services. For all new clients on and after July 1, 2025, the "Notice to Clients" must contain the following additional information:

- The licensee or registrant's full name as filed with the Board.
- Their license or registration number.
- The type of license or registration (for example, licensed marriage and family therapist, associate clinical social worker, etc.).
- The expiration date of their license or registration number

The **Office of Compliance** will be providing additional guidance on this requirement.

## **REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)**

### **SUPERVISION REPORTING FORMS (COUNTY ONLY)**

Supervision Reporting Forms are required for all Behavioral Health Plan providers delivering Medi-Cal covered services, as mandated by the Department of Health Care Services (DHCS). For county programs that are not Medi-Cal certified sites, it is the program's responsibility to ensure that providers receive the appropriate and required supervision for their clinicians, medical professionals, counselors, and other provider types governed by a licensing board or certified organization. Quality Management Services (QMS) does not track or monitor supervision requirements for providers at non Medi-Cal certified sites.

### **BHTS CONTINUES CLINICAL SUPERVISION CONSULTATION GROUPS**

For the last year, the BHTS Clinical Supervision Program has been hosting six clinical supervision consultation groups. These groups meet monthly and are capped at a total of eight members per group. The goal of the groups is two-fold: to provide on-going support for clinical supervisors as they manage challenging situations in supervision, and to improve the quality of clinical supervision through group discussion and enhanced learning. The groups seek to provide on-going training on models of supervision, and to review topics such as rupture and repair of the supervision relationship, the legal and ethical issues of clinical supervision, and best practices in documentation, among others. Within the sub-specialty of clinical supervision, there is an abundance of research demonstrating that clinical supervision of health professionals is associated with effectiveness of care. Multiple studies over several decades have determined that clinical supervision, though not directly affecting patient health outcomes, are correlated with a reduction in psychological symptoms of patients diagnosed with mental disorders and are further correlated with increased resilience in the clinical supervisor.

The Clinical Supervision Program is gathering its first six-months of outcome data, and the results will be distributed to all programs soon. If you are a clinical supervisor and would like more information about the groups, please email Dr. Mike Mullard at [mmullard@ochca.com](mailto:mmullard@ochca.com).





## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

### MCST TRAININGS ARE AVAILABLE UPON REQUEST

- **NEW** programs are required to schedule comprehensive training to comply with the MCST oversight and DHCS requirements. It is recommended that Directors, Managers, Supervisors, and Clinical Staff participate in the training to ensure all requirements are met and implemented. Please contact the MCST to schedule the training at least one month prior to delivering Medi-Cal covered services.
- If you and your staff would like a refresher on a specific topic or a comprehensive training on the MCST oversight, please email the Health Services Administrator, Annette Tran, at [antran@ochca.com](mailto:antran@ochca.com), and the Service Chief II, Catherine Shreenan, at [cshreenan@ochca.com](mailto: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, 2<sup>nd</sup> Opinion/Change of Provider, Supervision Reporting Forms and Access Logs.

Please e-mail [BHPGrievanceNOABD@ochca.com](mailto: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.

**2<sup>nd</sup> Tuesdays of the Month @ 1 p.m. MCST Training (SMHS)**  
**4<sup>th</sup> Tuesdays of the Month @ 1 p.m. MCST Training (DMC-ODS)**

#### GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2<sup>ND</sup> 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 SMHS

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., 4<sup>th</sup> floor  
Santa Ana, CA 92701

(714) 834-5601 FAX: (714) 480-0755

#### E-MAIL ADDRESSES

[BHPGrievanceNOABD@ochca.com](mailto:BHPGrievanceNOABD@ochca.com)

[BHPManagedCare@ochca.com](mailto:BHPManagedCare@ochca.com)

[BHPProviderDirectory@ochca.com](mailto:BHPProviderDirectory@ochca.com)

[BHPSupervisionForms@ochca.com](mailto:BHPSupervisionForms@ochca.com)

[BHPPTAN@ochca.com](mailto:BHPPTAN@ochca.com)

#### MCST ADMINISTRATORS

Annette Tran, LCSW

Health Services Administrator

Catherine Shreenan, LMFT

Service Chief II

# QMS MAILBOXES

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	Oversees
<a href="mailto:BHPGrievanceNOABD@ochca.com"><u>BHPGrievanceNOABD@ochca.com</u></a>	Grievances & Investigations • Appeals / Expedited appeals • State Fair Hearings • NOABDs • MCST training requests
<a href="mailto:BHPManagedCare@ochca.com"><u>BHPManagedCare@ochca.com</u></a>	Access Logs • Access Log entry errors & corrections • Change of Provider / 2nd Opinion • County credentialing • Cal-Optima credentialing (AOA County Clinics) • Expired licenses, waivers, registrations & certifications • PAVE (SMHS Only) • Personnel Action Notification (PAN)
<a href="mailto:BHPSupervisionForms@ochca.com"><u>BHPSupervisionForms@ochca.com</u></a>	Submission of supervision reporting forms for clinicians, counselors, medical professionals & other qualified providers • Submission of updated supervision forms for change of supervisor, separation, license/registration change • Mental Health Professional licensing waivers
<a href="mailto:BHPProviderDirectory@ochca.com"><u>BHPProviderDirectory@ochca.com</u></a>	Provider Directory notifications • Provider Directory submission for SMHS & DMC-ODS programs
<a href="mailto:BHSHIM@ochca.com"><u>BHSHIM@ochca.com</u></a>	County-operated SMHS & 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
<a href="mailto:BHSIRISLiaison@ochca.com"><u>BHSIRISLiaison@ochca.com</u></a>	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
<a href="mailto:BHPNetworkAdequacy@ochca.com"><u>BHPNetworkAdequacy@ochca.com</u></a>	Manage MHP and DMC-ODS 274 data & requirements • Support of MHP county & contract user interface for 274 submissions
<a href="mailto:BHPPTAN@ochca.com"><u>BHPPTAN@ochca.com</u></a>	Assist in maintaining PTAN status of eligible clinicians & doctors
<a href="mailto:SMHSClinicalRecords@ochca.com"><u>SMHSClinicalRecords@ochca.com</u></a>	Chart reviews • Corrective Action Plan (CAP) assistance • Documentation & coding support • Use of downtime forms • Scope of practice guidance • QRTips newsletter
<a href="mailto:BHPSUDSupport@ochca.com"><u>BHPSUDSupport@ochca.com</u></a>	SUD documentation support • CalOMS (clinical questions) & DATAR • DMC-ODS reviews • MPF updates • PAVE (County SUD Clinics)
<a href="mailto:CalAIMSupport@ochca.com"><u>CalAIMSupport@ochca.com</u></a>	Enhanced Care Management
<a href="mailto:BHPBillingSupport@ochca.com"><u>BHPBillingSupport@ochca.com</u></a>	IRIS billing • Office support
<a href="mailto:BHPIDSS@ochca.com"><u>BHPIDSS@ochca.com</u></a>	General questions regarding designation
<a href="mailto:BHPDesignation@ochca.com"><u>BHPDesignation@ochca.com</u></a>	Inpatient involuntary hold designation • LPS facility designation • Outpatient involuntary hold designation
<a href="mailto:BHPCertifications@ochca.com"><u>BHPCertifications@ochca.com</u></a>	SMHS Medi-Cal certification
<a href="mailto:BHSInpatient@ochca.com"><u>BHSInpatient@ochca.com</u></a>	Inpatient TARs • Hospital communications • ASO / Carelon communication
<a href="mailto:BHPUMCCC@ochca.com"><u>BHPUMCCC@ochca.com</u></a>	Utilization management of Out of Network (and in network) complex care coordination. Typically for ECT, TMS, eating disorders
<a href="mailto:QISystems@ochca.com"><u>QISystems@ochca.com</u></a>	CANS/PSC-35 data entry issues • QA/QI Meeting invite requests