Access Criteria for Members Under Age 21 to Access SMHS Delivery System

Covered SMHS shall be provided to members who meet **either of the following** criteria, (1) or (2) below:

The member has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following;

(1) Scoring in the high-risk range under a trauma screening tool approved by the department, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.
OR

(2) The member meets **both of the following** requirements in a) and b), below:

  a. The member has **at least one** of the following:
   i. A significant impairment.
   ii. A reasonable probability of significant deterioration in an important area of life functioning.
   iii. A reasonable probability of not progressing developmentally as appropriate.
   iv. A need for SMHS, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal Managed Care Plan (MCP) is required to provide.

  AND

  b. The member's condition as described in subparagraph (2) above is due to **one of the following**:
   i. A diagnosed mental health disorder, according to the criteria of the current editions of the DSM and ICD.
   ii. A suspected mental health disorder that has not yet been diagnosed.
   iii. Significant trauma placing the member at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

If a member under age 21 meets the criteria as described in (1) above, the member meets criteria to access the SMHS delivery system; it is not necessary to establish that the member also meets the criteria in (2) above.

Reference BHIN 26-002

TRAININGS & MEETINGS

Online Training:
BHP Annual Provider Training

SMHS QA/QI Coordinators' Meeting
Teams Meeting
2/19/2026
10:00 AM – 12:00 PM

SMHS Documentation Office Hours
Teams Meeting
1st Thursday
at 10:00 AM – 10:50 AM
&
3rd Wednesday
at 3:00 PM – 3:50 PM
of every month

Email
SMHSClinicalRecords@ochca.com
for invitation

Helpful Links:
QMS Support Team
TATS Training Request Form
BHS EHR Blog Posts
Medi-Cal Certification

DHCS-Approved Youth Screening Tools for SMHS Delivery System Access Criteria

There are various pathways for clients to meet access criteria for the SMHS delivery system. If a provider determines that a youth trauma screening tool is necessary to identify whether a client under 21 years of age meets access criteria to the SMHS delivery system, as of April 1, 2026, only the DHCS-approved tools listed below may be used.

If trauma is identified or screened for during a clinical assessment of a Medi-Cal client under the age of 21, clinical judgment may be used to determine the need for further assessment and/or to determine whether the client meets access criteria for the SMHS delivery system.

Standard tool-specific scoring methodology shall be used to establish whether a client scores in the "high-risk" range on a youth trauma screening tool. In cases where there is no "high-risk" range, BHPs must establish a process for determining whether a member meets access criteria for SMHS.

1. Adverse Childhood Experiences (ACEs) Questionnaire
2. Standard Child and Adolescent Needs and Strengths (CANS) Trauma Module (also referred to as the National Child Traumatic Stress Network CANS – Trauma Comprehensive)
3. California Integrated Practice – Child and Adolescent Needs and Strengths (CA IP-CANS)
4. Child and Adolescent Trauma Screen (CATS)
5. Child PTSD Symptom Scale – 6-item Screening Version (CPSS-5-Screen)
6. Child Trauma Screening (CTS)
7. Life Events Checklist for DSM-V Standard Version (LEC-5)
8. Pediatric ACEs and Related Life-Events Screener (PEARLS), including Parent-Caregiver report and self-report versions.
9. UCLA Child/Adolescent PTSD Reaction Index for DSM-5 Brief Form (UCLA PTSD RI-5 BF)

Questions & Answers

For clients who begin specialty mental health services (SMHS) with Z codes (Z55-Z65), will they eventually require a mental health diagnosis, or can Z codes be the only diagnosis that is submitted for reimbursement? Can a Z code be the primary diagnosis?

A mental health disorder diagnosis is not required to receive medically necessary SMHS. However, ICD diagnostic codes are required on claims in order for DHCS to receive financial participation. Z codes meet the federal requirement for claims and do not indicate a diagnosis of a mental health disorder or a substance use disorder.

Z codes can be used during the assessment phase of a client's treatment, including before a mental health disorder diagnosis has been established. Z codes can be used after the assessment phase, including after a mental health disorder has been established. Z codes can also be used after the assessment phase even if a mental health disorder diagnosis has not been established, as a mental health disorder diagnosis is not a prerequisite to receive medically necessary SMHS as set forth in W&I Code section 14184.402(f)(1)(A). This is especially relevant for medically necessary SMHS provided to clients under age 21, for whom access criteria to SMHS includes the ability to receive medically necessary SMHS based on high risk for a mental health disorder due to the experience of trauma as specified in BHIN 21-073. All SMHS must be medically necessary. The assessment or other documentation in the medical record should substantiate the use of a Z code.

Reference [BHIN 21-073](#) & [BHIN 22-013](#)

Questions & Answers
(continued)

When are assessments/reassessments due?

To ensure that clients receive the right service, at the right time, and in the right place, providers shall use their clinical expertise to complete initial assessments and subsequent assessments <u>as expeditiously as possible.</u> Assessments shall be <u>updated as clinically appropriate</u>, such as when the client's condition changes.

Reasons for delay should be due to circumstances beyond the provider's control such as the client was hospitalized during the assessment period, the client cannot be contacted or reached through phone, letter, or home/site visit, a natural disaster, or the client is deceased.

Reference [BHIN 23-068](#)

Note: Clinically appropriate and medically necessary services may be rendered before an assessment is completed.

Where can I find the Provider Type Quick Guides?

The updated Provider Type Quick Guides can be found [here](#).

What you will find:
- Allowable SMHS and their codes by provider type
    - Minimum and maximum minutes allowed per service
    - How to enter service time into IRIS
    - Coding tips – when to use a specific service/code
    - Documentation tips – what to include in the progress note
- Service lockouts can be found on the Table tab
    - Inpatient: Psychiatric inpatient hospitals
    - Residential (H0019): Behavioral health long-term residential (non-medical, non-acute care in a residential treatment program typically longer than 30 days)
    - Crisis Residential (H0018): Behavioral health; short-term residential (non-hospital residential treatment program)
    - Psychiatric Health Facility: 24-hour acute inpatient care for individuals with mental health disorders
- Service type definitions
- Provider type abbreviations, place of service codes and modifiers to understand and utilize the Table tab.

MANAGED CARE SUPPORT TEAM

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MCST OVERSIGHT

- EXPIRED LICENSES, WAIVERS, CERTIFICATIONS AND REGISTRATIONS
- <mark>NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)</mark>
- <mark>INFORMING MATERIALS, GRIEVANCES & INVESTIGATIONS</mark>
- APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS
- CAL-OPTIMA CREDENTIALING (AOA PTAN COUNTY PROVIDERS)
- <mark>SUPERVISION REPORTING FORMS & REQUIREMENTS</mark>
- PROFESSIONAL LICENSING WAIVERS

- <mark>COUNTY CREDENTIALING/RECREDENTIALING</mark>
- ACCESS LOGS
- CHANGE OF PROVIDER/2ND OPINIONS
- <mark>PROVIDER DIRECTORY</mark>
- PAVE ENROLLMENT (SMHS PROVIDERS ONLY)
- PROVIDER TRANSACTION ACCESS NUMBER (PTAN)

REMINDERS, ANNOUNCEMENTS & UPDATES

HOORAY

PROVIDER DIRECTORY TRANSITION TO THE 274 USER INTERFACE

On November 1, 2025, monthly submissions for the Behavioral Health Plan Provider Directory transition to the 274 User Interface (274 UI) for all providers. This platform aligns with several data elements required by the Department of Health Care Services (DHCS) Network Adequacy Certification Tool (NACT). This will help support improved data consistency and streamlined reporting for both the NACT and Provider Directory.

This transition will have the program administrators from county and county-contracted programs, be responsible for entering and updating data through the 274 UI monthly. To support this change, training materials have been distributed to the Service Chiefs and Contract Monitors. The Contract Monitors will provide the 274 UI Guide and work closely to train the county-contracted users once all tokens are issued to access the 274 UI through the county network. If a program and the Contract Monitor is unable to access the 274 UI during the transitional period, we recommend submitting the Excel spreadsheet for that month to adhere to the DHCS requirements.

All updates made in the 274 UI by program administrators will automatically reflect on the newly enhanced Provider Directory website.

CHECK IT OUT → https://bhpproviderdirectory.ochca.com

NEW Website

This transition represents a significant advancement in streamlining and enhancing the efficiency of data collection for both providers and the MCST. To review the DHCS Provider Directory requirements, please refer to the BHIN 25-026.
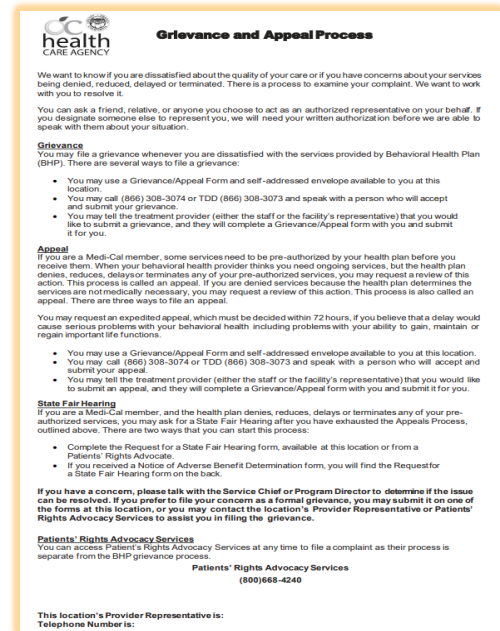
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REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

REVISED: GRIEVANCE & APPEAL POSTERS (REGULAR AND LARGE PRINT)

The grievance and appeal posters have been revised and are readily available on the QMS website. DHCS issued BHIN 25-015 to provide updated guidance regarding the grievance and appeal process, including revised member notice templates and compliance with federal and state regulations.

KEY POINTS

✓ The Grievance and Appeal Poster must be prominently displayed in provider locations.

✓ Materials, including posters, must be available in alternate formats such as large print and in all threshold languages to ensure accessibility.

✓ Providers are expected to make these materials available without requiring members to request them, supporting accessibility and compliance.

Link to Access the SMHS Grievance & Appeal Posters:

Behavioral Health Plan and Provider Information | Orange County California - Health Care Agency

Link to Access the DMC-ODS Grievance & Appeal Posters:

DMC-ODS For Providers | Orange County California - Health Care Agency

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)

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REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

COUNTY CREDENTIALING REQUIREMENTS

All **new providers** must submit their initial County credentialing packet within 5-10 business days of being hired to the MCST. ==The newly hired provider must **NOT** deliver any Medi-Cal covered services under their license, waiver, registration and/or certification until they have received an e-mail from VERGE/RLDatix indicating that they have successfully completed their application and attested.== It is the responsibility of the designated administrator to review and submit all the required documents for the new hire credentialing packet including the supervision reporting form for the applicable providers to the MCST, timely. Once the provider attest, the credentialing process is automatically expedited and approved within an average of 3-5 business days.

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COUNTY CREDENTIALING

PROVIDERS REQUIRED TO BE COUNTY CREDENTIALED:

NOTE: Any provider who works in a job classification that requires a license, waiver, certification and/or registration and delivers Medi-Cal covered services must be credentialed by the County. This list is not exhaustive, please inquire with the MCST for further guidance.

- ✓ Licensed Vocational Nurse
- ✓ Licensed Psychiatric Technician
- ✓ Certified Nurse Assistant
- ✓ Certified Medical Assistant
- ✓ Certified/Registered AOD Counselor
- ✓ BBS Licensed (LMFT, LPCC, LCSW)
- ✓ BBS Associate (AMFT, APCC, ACSW)
- ✓ BOP Registered/DHCS Waivered
- ✓ Physician Assistant
- ✓ Psychiatrist
- ✓ Physician
- ✓ Nurse Practitioner
- ✓ Registered Nurse
- ✓ Occupational Therapist
- ✓ Psychologist
- ✓ Pharmacist
- ✓ Certified Peer Support Specialist

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COUNTY CREDENTIALING

SUBMISSION CHECKLIST

A complete packet should contain the following documents listed below and be labeled Last Name, First Name. The document names can be abbreviated. For example, New Applicant Request Form (NARF), Annual Provider Training (APT), Cultural Competency (CC), etc. The e-mail subject line must be titled Credentialing – Program Name.

SMHS CHECKLIST	DMC-ODS CHECKLIST
✓ Doe, John NARF	✓ Doe, John NARF
✓ Doe, John Resume	✓ Doe, John Resume
✓ Doe, John APT	✓ Doe, John APT
✓ Doe, John CC	✓ Doe, John CC
✓ Provider Insurance Verification Form	✓ Doe, John ASAM A
✓ Supervision Reporting Form (if applicable)	✓ Doe, John ASAM B
	✓ 5 CEU/CME in Drug Addiction/Recovery (ONLY for MD, LCSW, LMFT, LPCC, Psychologist)
	✓ Provider Insurance Verification Form
	✓ Supervision Reporting Form (if applicable)

NOTE: The APT and CC Training must be the most current training that was completed in the last year.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

SUPERVISION REPORTING FORM REQUIREMENT

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

OC health CARE AGENCY

LIST OF PROVIDERS REQUIRED TO SUBMIT A SUPERVISION REPORTING FORM

CLINICIANS	COUNSELORS	MEDICAL PROVIDERS	QUALIFIED PROVIDERS
• 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	• Registered Counselors	• 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	• Mental Health Rehabilitation Specialist • Other Qualified Provider • 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.

MANAGED CARE SUPPORT TEAM

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REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

AOD COUNSELORS IN SMHS (EFFECTIVE 1/1/26)

- Recent changes have now included the ability for AOD Counselors to deliver Medi-Cal covered services as a new provider type in Specialty Mental Health Services (SMHS).
- SMHS programs with AOD Counselors must now undergo the **County Credentialing** process with the MCST to provide services as this provider type.
- "Registered" AOD Counselors in SMHS must submit a **Counselor Supervision Reporting Form** to the MCST, as well.
- Documentation standards are different in the SMHS programs for AOD Counselors. Please consult with the Clinical Records Review Team for further guidance.

NEW

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 SMHS
Leads: Araceli Cueva & Elizabeth "Liz" Fraga (Staff Specialists)

CREDENTIALING AND PROVIDER DIRECTORY
Credentialing Lead: Ashley Cortez, LCSW & Esther Chung (Staff Specialist)
Cal Optima Credentialing Lead: Araceli Cueva & Elizabeth "Liz" Fraga
Provider Directory Leads: Esther Chung & Joanne Pham (Office Specialist)

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
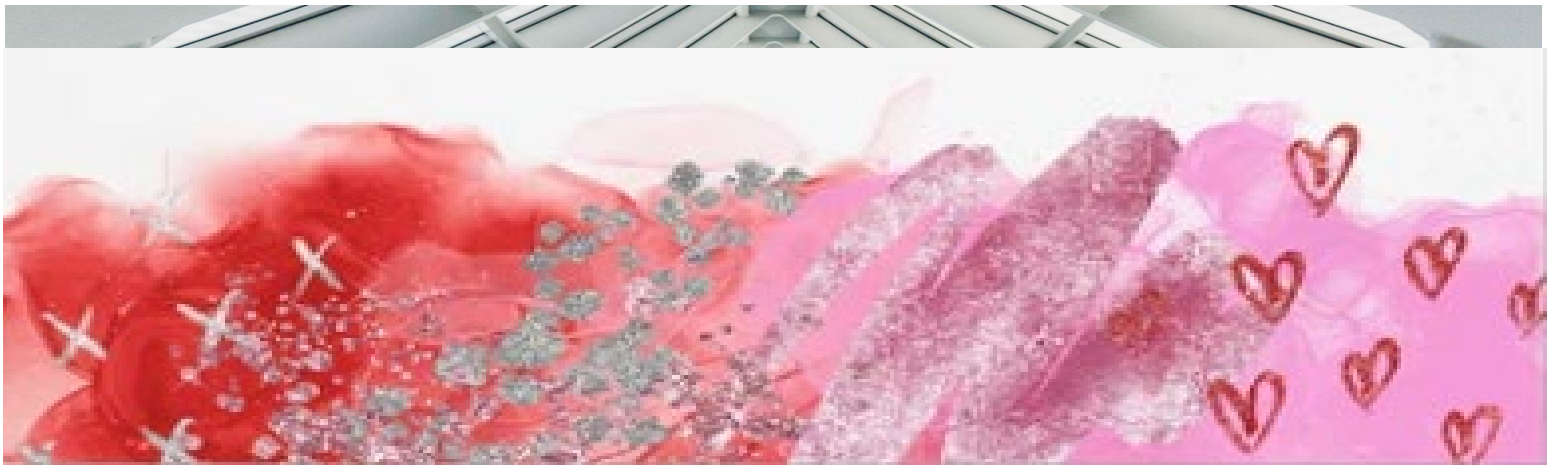BHPSupervisionForms@ochca.com
BHPPTAN@ochca.com

MCST ADMINISTRATORS
Annette Tran, LCSW
Health Services Administrator

Catherine Shreenan, LMFT
Service Chief II

QMS MAILBOXES

Please email 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
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 / 2nd Opinion ● County credentialing ● Cal-Optima credentialing (AOA County Clinics) ● Expired licenses, waivers, registrations & certifications ● PAVE (SMHS Only) ● Personnel Action Notification (PAN)
BHPSupervisionForms@ochca.com	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
BHPProviderDirectory@ochca.com	Provider Directory notifications ● Provider Directory submission for SMHS & DMC-ODS programs
BHSHIM@ochca.com	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
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
BHPNetworkAdequacy@ochca.com	Manage MHP and DMC-ODS 274 data & requirements ● Support of MHP county & contract user interface for 274 submissions
BHPPTAN@ochca.com	Assist in maintaining PTAN status of eligible clinicians & doctors
SMHSClinicalRecords@ochca.com	Chart reviews ● Corrective Action Plan (CAP) assistance ● Documentation & coding support ● Use of downtime forms ● Scope of practice guidance ● QRTips newsletter
BHPSUDSupport@ochca.com	SUD documentation support ● CalOMS (clinical questions) & DATAR ● DMC-ODS reviews ● MPF updates ● PAVE (County SUD Clinics)
CalAIMSupport@ochca.com	Enhanced Care Management ● Transitional rent
BHPBillingSupport@ochca.com	IRIS billing ● Office support
BHPIDSS@ochca.com	General questions regarding designation
BHPDesignation@ochca.com	Inpatient involuntary hold designation ● LPS facility designation ● Outpatient involuntary hold designation
BHPCertifications@ochca.com	SMHS 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
QISystems@ochca.com	**Quality Standards and Clinical Practice Team** (QSCP) – EBPs, QAPI, BHA ● **HEDIS/POM** – CalOMS, CANS/PSC-35 ● **BHP QI Support** – QI related questions for SMHS and DMC-ODS programs (including DATAR, med monitoring)