SUD Support Newsletter

QUALITY MANAGEMENT SERVICES

July 2026

WHAT'S NEW?

NTP Counseling Units Threshold

In June, the Department of Health Care Services (DHCS) released Behavioral Health Information Notice (BHIN) 26-022 on the new policy establishing the expectation and accountability measures for the provision and claiming of NTP counseling services to Medi-Cal. This policy comes as a result of findings by the Office of the Inspector General (OIG) where unreasonable numbers of services were billed for a single client in one day at the NTPs.

Below is a brief overview of the requirements:

- The established threshold for NTP counseling units for a single member on a single date of service is nine (9) or more NTP counseling units for a Medi-Cal member.
- The threshold applies only to services coded as SUD Individual Counseling, 15 Min (70899-130) H0004, SUD Group Counseling (70899-131) H0005, and SUD Family Counseling (70899-116) T1006.
- Claims that meet or exceed the threshold

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Training & Resources Access

Training Requests

TATS Training Request Form

To be utilized by administrators (i.e., Service Chief, Program Director, QI Coordinator, etc.) to request a training on documentation and service codes!

Updated DMC-ODS Payment Reform 2026 - CPT Guide

NEW **Coding Quick Guides**

By provider type at DMC-ODS Provider Website

See important info on page 2!

SUD Documentation Manual

MAT Documentation Manual

DMC-ODS Allowable Modifiers & Lockouts Reference Sheet

DISCLAIMER: These documents are tools created to assist with various QA/QI regulatory requirements. They are NOT all-encompassing documents. Providers are responsible for ensuring their understanding and adherence with all local, state, and federal regulatory requirements. If you are unsure about the current guidance, please reach out to BHPSUDSupport@ochca.com

SUD Clinical Records Review Team

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(714) 834-5601

DMC-ODS Office Hours

A voluntary and informal space to ask questions and discuss documentation requirements. Occurs virtually on the second Wednesday (2pm) & fourth Tuesday (10am) of every month.

Upcoming meetings: July 8, 2026 at 2pm & July 28, 2026 at 10am

WHAT'S NEW?

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require a manual review and a modifier (GD) for consideration of payment.

- A manual review consists of review of the documentation by the County for all NTP units claimed on the single date of service to confirm the units claimed are medically necessary.
- The claims will have to be submitted with the GD modifier attached to each service line to indicate that they have undergone the required manual review.

This policy is effective for dates of service beginning 90 days from the publication of the BHIN.

For the full BHIN, see NTP Counseling Unit Threshold and Manual Review

Coding Quick Guides Now Available!

We now have Coding Quick Guides available for the DMC-ODS service billing codes for each eligible provider type. These are based on the most recent DHCS Service Table and Medi-Cal Billing Manual and in line with the recently updated County CPT Guide (DMC-ODS Payment Reform 2026 – CPT Guide). Please be advised that the Quick Guides are meant to be used as a reference tool in conjunction with the County CPT Guide. As such, the information contained in the Quick Guides is broad and limited. Relying solely on the Quick Guides may lead to important considerations and requirements being missed. The Quick Guides and the full CPT Guide are not all-encompassing and should be used with DHCS' Service Table and Medi-Cal Billing Manual.

Access the Quick Guides here (under the section titled "DMC-ODS Documentation Training"): DMC-ODS For Providers | Orange County California - Health Care Agency

Documentation

1. My client is discharging from ODF and admitting into Recovery Services on the same day. How do I bill for services?

This may happen most frequently when the same agency/program offers multiple levels of care. Oftentimes the same treatment team (e.g., primary counselor) will continue providing services to a client who transitions from their program's ODF to Recovery Services. If the discharge from ODF is the same day as the client's admission to Recovery Services, it is possible that there may be both ODF and Recovery Services claims for that date. For example, a re-assessment completed at ODF on the date of discharge to confirm that the client is more appropriate for the Recovery Services level of care can be claimed as an ODF service (e.g., SUD Assessment [70899-103] H0001 or Psychiatric Diagnostic Evaluation [90791-1], depending on provider type). And since the re-assessment can be used as the initial assessment for Recovery Services, the client may immediately begin Recovery Services (e.g., individual, group, etc.) which can be claimed using the Recovery Services billing codes (e.g., Recovery Services, 1 Hr [70899-124] H2035, Psychosocial Rehabilitation, Group [7899-123] H2017, etc.). Providers should work with their program's billing specialist to ensure that the services are billed under the correct corresponding episode of care so that it accurately reflects what is documented in the clinical record.

2. Can a client's stay at residential treatment services be extended due to an upcoming court appointment?

Legal obligations alone cannot justify medical necessity for any treatment day claiming. Any extensions in the client's stay would need to be justified with documentation of how the client's functioning necessitates the high intensity level of services available at residential treatment. If this need for a longer stay happens after it has already been determined that the client is more appropriate for a different level of care, it would also be important to consider where they are at in the transition. Remember that we are permitted up to 10 days to transition the

Continued on page 3…

Documentation FAQ (continued)

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client once it has been determined that the client is more appropriate for a different level of care.

3. Does the Clinical Supervisor need to co-sign documents signed by the Clinical Trainee?

At this time, there is no explicit requirement by the State for Clinical Supervisors to co-sign progress notes or other documents in the clinical record completed by Clinical Trainees. However, given the requirements for clinical supervision of Clinical Trainees, it is strongly advised that all documentation is co-signed by the Clinical Supervisor. All documents (such as ASAM-based assessments) completed by a Clinical Trainee may be considered valid with or without the Clinical Supervisor's co-signature. All claims for services provided by Clinical Trainees require the supervisor's National Provider Identifier (NPI). Please be mindful that the Clinical Supervisor assumes ultimate responsibility for the care provided by Clinical Trainees.

NTP Courtesy Dosing

When providing Courtesy Dosing services at the NTP, please be sure to complete the following:

- Obtain a signed/dated ATD (to exchange information with the patient's home program for continuity of care)
- Obtain a valid/signed AOB/ATD
- Ensure the medication change order (prescription details) received from referring physician/physician extender is in the patient's clinical record
- Document acceptance of responsibility to treat patient, concurrence with patient's dosage schedule, and supervision of medication administration

REMINDERS

Training Requirement for Observations at Withdrawal Management

Remember that the State requires personnel performing observations, including those monitoring or supervising the provision of these services, to fulfill training specific to detoxification services. The 6 hours of orientation training must be completed *before* conducting observations. 8 hours of training must be completed annually to maintain compliance.

Perinatal Billing

To use the perinatal billing code, be sure there is medical documentation in the client's clinical record that supports the client's pregnancy or postpartum status. "Postpartum," under the DMC-ODS, is defined as the twelve (12) month period beginning on the last day of pregnancy. Therefore, the perinatal billing code can be used until the last day of the calendar month in which the 365th day occurs. For example, for a client who gave birth on 6/1/25 (last day of pregnancy), the end of the postpartum period is 6/30/26 (the 365th day would be 6/1/26 and the last day of the calendar month for 6/1/26 is 6/30/26).

Medication Services at Residential and Withdrawal Management Levels of Care

Don't forget that medication services are included in the treatment day rate. It is not separately billable. However, at the residential level of care, it can count as a qualifying service to justify billing of the treatment day with the appropriate corresponding documentation. Be advised that medication services are not the same as MAT services and cannot be billed as such. Medication services can include evaluation and management of non-MAT medications necessary to support the client's SUD treatment. It may include medications to address mental health/psychiatric symptoms and conditions that impact the client's SUD diagnosis and/or treatment.

MANAGED CARE SUPPORT TEAM

MCST OVERSIGHT

- EXPIRED LICENSES, WAIVERS, CERTIFICATIONS AND REGISTRATIONS
- NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)
- 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/RECREDENTIALING
- ACCESS LOGS
- CHANGE OF PROVIDER/2ND OPINIONS
- PROVIDER DIRECTORY
- PAVE ENROLLMENT (SMHS PROVIDERS ONLY)
- PROVIDER TRANSACTION ACCESS NUMBER (PTAN)

REMINDERS, ANNOUNCEMENTS & UPDATES

PROVIDER DIRECTORY 274 USER INTERFACE

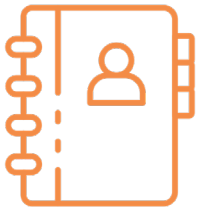
Monthly submissions for the Behavioral Health Plan Provider Directory have transitioned to the 274 User Interface (274 UI) for all providers, effective 11/1/25. This platform aligns with key data elements required by the Department of Health Care Services (DHCS) Network Adequacy Certification Tool (NACT), supporting improved data consistency and streamlined reporting for both the NACT and the Provider Directory.

With this transition, providers and program administrators from county and county-contracted programs are responsible for entering and updating provider data in the 274 UI monthly. Providers will receive automated email notifications on the 1st of each month, prompting them to submit updates. If a submission is not completed by the 15th, another reminder notification will be sent.

Program administrators are to review each provider listed under their assigned site(s) each month for accuracy. If there are no changes, select the "NO CHANGE" button for each provider's profile to confirm your review. This step allows the MCST to verify compliance and ensure administrators are confirming monthly reviews for all assigned providers.

IMPORTANT: If there are no activity of submission for two consecutive months, a Notice of Deficiency may be issued for non-compliance with DHCS BHIN-25-026 requirements.

ALL programs and providers should have access to the 274 UI.
If you still do **NOT** have access to the 274 UI portal, you are to contact BHPNetworkAdequacy@ochca.com immediately!



REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

MCST TRAININGS WILL BE TRANSITIONING TO ONLINE MODULES FOR:

County Credentialing
NOABDs
Grievances, Appeals & State Fair Hearings
2nd Opinion/Change of Provider,
Supervision Reporting Forms
Access Logs

These trainings will soon be available on the QMS website for all new and existing providers. This transition is part of MCST's effort to streamline processes, increase efficiency, and ensure that essential training resources are easily accessible at any time—both for onboarding and for refresher purposes.

As part of MCST's role in tracking, monitoring and maintaining compliance with DHCS requirements the centralizing trainings in an online format allows MCST to verify participation, assess ongoing compliance, and ensure that all providers receive uniform guidance aligned with DHCS standards.

Each module is expected to take approximately 30–60 minutes to complete, depending on the trainee's pace and level of engagement with the interactive components designed to reinforce the understanding of DHCS mandates.

FOR NOW, THE MONTHLY MCST TRAININGS VIA TEAMS IS STILL AVAILABLE

MCST will continue to offer monthly live training sessions for both new and existing providers until the new online modules are released. These 3-hour sessions will cover NOABDs, Grievances, Appeals, State Fair Hearings, 2nd Opinion/Change of Provider, Supervision Reporting Forms and Access Logs.

To register, please e-mail BHPGrievanceNOABD@ochca.com with Subject Line: MCST Training for SMHS or DMC-ODS. An MCST representative will send you a Microsoft Teams invitation to attend the training session.

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

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

CREDENTIALING: CULTURAL COMPTENCY TRAINING CERTIFICATE REQUIREMENT

Cultural Competency Training is a mandatory training required for ALL county and contracted providers.

- ✓ **County** providers are offered two (2) approved courses identified in Eureka, under the Relias platform for staff to choose from:
  - Cultural Humility and Implicit Bias in Behavioral Health OR
  - A Multicultural Approach to Recovery-Oriented Practice
- ✓ **Contracted** providers may complete any recognized Cultural Competency Training to meet this requirement. However, the training must not be specific to only a targeted population (e.g., immigrants, youth, etc.). The training would need to encompass a diversity of cultural competency that serves the Orange County behavioral health population. A strong Cultural Competency Training contains the three (3) components below:
  - Introduces cultural and linguistic competency and highlights the role culture plays in behavioral health.
  - Providers should learn key concepts such as culture, cultural identity, and intersectionality, while building self-awareness about how their own backgrounds influence their work.
  - Helps providers better understand clients' cultural backgrounds and use meaningful strategies to strengthen therapeutic relationships across diverse communities.
- ✓ For more information about Cultural Competency Training and requirements, refer to the hyperlink below for guidance:

  Cultural Competency Training | Orange County California - Health Care Agency

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

SUPERVISION REPORTING FORM REQUIREMENT

There are four types of supervision reporting forms the MCST oversees. We recently added some provider types on the forms and published it on the QMS website. 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 - **REVISED**
- ✓ Medical Supervision Reporting Form - **REVISED**
- ✓ Qualified Provider Supervision Form - **REVISED**

SUPERVISION REPORTING FORMS

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 • Registered Trainee • Registered Intern	• 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 • Registered Dietitian	• Mental Health Rehabilitation Specialist • Other Qualified Provider • Certified Peer Support Specialist • Enhanced Community Health Workers

NEW UPDATE

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)

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.

CREDENTIALING

PROVIDERS REQUIRED TO BE 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 Associate with DHCS Waiver
- ✓ Physician Assistant
- ✓ Psychiatrist
- ✓ Physician
- ✓ Nurse Practitioner
- ✓ Registered Nurse
- ✓ Occupational Therapist
- ✓ Psychologist
- ✓ Pharmacist
- ✓ Certified Peer Support Specialist

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

- ✓ Doe, John NARF
- ✓ Doe, John Resume/County Application
- ✓ Doe, John APT
- ✓ Doe, John CC
- ✓ Provider Insurance Verification Form
- ✓ Supervision Reporting Form (if applicable)
- ✓ DHCS Waiver for Registered Psychological Associates

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

DMC-ODS CHECKLIST

- ✓ Doe, John NARF
- ✓ Doe, John Resume/County Application
- ✓ Doe, John APT
- ✓ Doe, John CC
- ✓ Doe, John ASAM A
- ✓ 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)

MANAGED CARE SUPPORT TEAM

OUR TEAM

Annette Tran, LCSW
Health Services Administrator

Catherine Shreenan, LMFT
Service Chief II

Araceli Cueva
Staff Specialist

Boris Nieto
Staff Assistant

Jennifer Fernandez, LCSW
Behavioral Health
Clinician II

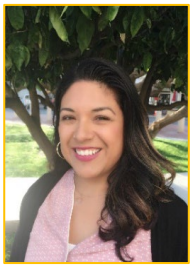
Ashley Cortez, LCSW
Behavioral Health
Clinician II

Liz Fraga
Staff Specialist

Vanessa Estrada
Office Specialist

Tanya Carbajal
Office Specialist

Joanne Pham
Office Specialist



Esmi Carroll, LCSW
Behavioral Health
Clinician II

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

CREDENTIALING AND PROVIDER DIRECTORY
Credentialing Lead: Ashley Cortez, LCSW
Cal Optima Credentialing Lead: Araceli Cueva & Elizabeth "Liz" Fraga
Provider Directory Leads: Joanne Pham

PROVIDER TRANSACTION ACCESS NUMBER (PTAN)
Lead: Boris Nieto

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.

BHPBillingSupport@ochca.com	IRIS Billing ● Office Support
BHPCertifications@ochca.com	SMHS Medi-Cal Certifications ● PAVE (SUD and JI) ● MPF/OOCR Updates
BHPDesignation@ochca.com	Inpatient Involuntary Hold Designation ● LPS Facility Designation ● Outpatient Involuntary Hold Designation
BHPGrievanceNOABD@ochca.com	Grievances & Investigations ● Appeals/Expedited Appeals ● State Fair Hearings ● NOABDs ● MCST Training Requests
BHPIDSS@ochca.com	General Questions Regarding Designation
BHPIRISFrontOfficeSupport@ochca.com	County Front Office Operational Support – Guidance on Front Office Procedures and Non-Technical EHR Workflow Inquiries
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)
BHPNetworkAdequacy@ochca.com	Manage SMHS & DMC-ODS 274 Data ● Support of MHP County & Contract User Interface for 274 Submissions
BHPProviderDirectory@ochca.com	Provider Directory Notifications ● Provider Directory Submission for SMHS & DMC-ODS Programs
BHPPTAN@ochca.com	Assist in Maintaining PTAN Status of Eligible Clinicians & Doctors
BHPSUDSupport@ochca.com	DMC-ODS Clinical Chart Reviews ● Corrective Action Plan (CAP) Assistance ● Documentation & Coding Support ● Use of Downtime Forms ● Scope of Practice Guidance ● SUDsies Newsletter ● DMC-ODS Documentation Training Requests
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
BHPUMCCC@ochca.com	Utilization Management of Out-of-Network (and In-Network) Complex Care Coordination Typically for ECT, TMS, Eating Disorders
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 Documentation Review & Redaction ● Release of Information, ATDs, Restrictions & Revocations ● IRIS Scan Types, Scan Cover Sheets & Scan Types Crosswalks ● Record Quality Assurance & Correction Activity
BHSInpatient@ochca.com	Inpatient TARs ● Hospital Communications ● ASO/Carelon Communication
BHSIRISLiaison@ochca.com	EHR Support, Design & Maintenance ● Add/Delete/Modify Program Organizations ● Add/Delete/Maintain All County & Contract Rendering Provider and Front Office Staff Profiles in IRIS ● Manage SMHS & DMC-ODS 274 Requirements
BHSPandP@ochca.com	New BHS P&P needs ● BHS P&P updates
CalAIMSupport@ochca.com	Enhanced Care Management (ECM) ● Transitional Rent
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, Medication Monitoring); QA/QI Meeting Invite Requests
QMSSpecialProjects@ochca.com	BHP Provider Manual ● Member Handbook ● Intake/Advisement Checklist ● Justice Involved SME
SMHSClinicalRecords@ochca.com	SMHS Clinical Chart reviews ● Corrective Action Plan (CAP) Assistance ● Documentation & Coding Support ● Use of Downtime Forms ● Scope of Practice Guidance ● QRTips Newsletter ● SMHS Documentation Training Requests