

September 2026

QRTips

Behavioral Health Services
Quality Management Services

2026 BHS Annual Provider Training

The 2026 Annual Provider Training (APT) Launched on
Monday, September 14, 2026.

All required staff must complete the training by
Thursday, October 15, 2026.

- **County providers** will take the training through **Eureka**
- **Contracted providers** will take it through the [QMS Training page website](#)

New this year:

County providers:

Non-clinical/administrative staff (including Health Program Specialists) are not automatically required to take the training. Supervisors will determine which non-clinical or administrative staff need to opt-in and assign the training in Eureka

Contract Providers:

Program Directors or Heads of Service will fill out and complete an **attestation** once all applicable staff and supervisors have completed the training.

Important Note:

For contracted staff completing the APT as a group, a sign-in sheet is required and will serve as the completion record for provider certification. Please email it with the attestation



County of Orange, Health Care Agency (OCA), Behavioral Health Services (BHS)
Quality Management Services (QMS)

County of Orange

Contract Program's Attestation to the completion of the 2026 Annual Provider Training (APT)

By signing this attestation, you affirm that all clinical staff, the individuals who respond here, and any additional staff designated as appropriate to complete the 2026 BHS ANNUAL PROVIDER TRAINING have fully completed the required training. You further affirm that the information provided is accurate to the best of your knowledge and reflects compliance with all applicable organizational training requirements.

I hereby attest that _____ (Program Name) _____ (Provider ID) has fully completed the 2026 BHS Annual Provider Training for all required staff and supervisors on _____ (Date).

Program Name _____ Business Phone Number _____

First Name (First and Last) _____ Working Title _____

Signature _____ Date _____

Please submit via email to:
SMHSClinicalRecords@ochca.com (BMC-1050)
SMHSClinicalRecords@ochca.com (BMC-1050)

(Revised 06/2025)

TRAININGS & MEETINGS

Online Training:

[BHP Annual Provider Training](#)

SMHS QA/QI Coordinators' Meeting

Teams Meeting

10/08/2026

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](#)

***Secure email the attestation (and sign-in sheet if applicable) to: SMHSClinicalRecords@ochca.com ***



Medicare Requirements

Medicare has a few specific documentation requirements. Please be sure that the clinical records for clients with Medicare or Medi-Medi (those with both Medicare and Medi-Cal) adhere to the following-

Individualized Written Plan of Care that includes:

- Problems to be addressed,
- What services will be provided to address these issues (e.g., care coordination, individual counseling, family therapy, etc.),
- Frequency (how often) of services to be provided (e.g., 1x/week, 3-5x/week, 1x/month, etc.),
- Duration (for how long) of services to be provided (e.g., for the next 6 months, for duration of treatment episode and as clinically appropriate, etc.), and
- LPHA's signature (does not have to be a physician).

Example: "To address the problems identified on the problem list, the following services will be provided by the treatment team between 1-4x/month or more as needed for the duration of this treatment episode and as long as is clinically appropriate..."

Progress note documentation includes (in addition to the State's requirements):

- Client's diagnosis
- Narrative to support the procedure code billed
- Signature of rendering Medicare-eligible* provider, along with credentials

*Physician, Physician Assistant, Nurse Practitioner, Licensed Clinical Social Worker, Clinical Psychologist, Licensed Marriage and Family Therapist, Licensed Professional Clinical Counselor who have a Provider Transaction Access Number (PTAN)

*This information applies solely to the examples provided in this article and should not be generalized to all services

The background of the entire page is a vibrant blue with a subtle geometric pattern. It is adorned with several stylized orange slices, green leaves, and white flowers with yellow centers. The oranges are depicted in various orientations, some whole and some sliced. The leaves and flowers are scattered throughout, adding a fresh and natural feel to the design.

HEDIS FUM

FOOD FOR THOUGHT

DID YOU KNOW?

Everyday thousands of people turn to the Emergency Department for mental health needs. **Mental health** conditions rank among the **top five reasons for ED visits** in the United States, highlighting just how essential reliable outpatient support has become (NCQA). Patients who **do not** receive a mental health **follow-up** are **six times more** likely to **return to the ED** within **two months**, underscoring the impact of timely aftercare (NCQA). And according to HEDIS guidelines, assessments and other **follow-up services** can be **billed on the same day** as an ED discharge, with that single visit meeting both the **7-day** and **30-day FUM** requirements (NCQA).

HEDIS® (Healthcare Effectiveness Data and Information Set) is a registered trademark of the National Committee for Quality Assurance (NCQA)

Follow-Up After Emergency Department Visit for Mental Illness (FUM) 2025-2026

For more information on HEDIS and outcome measures reach out to the HEDIS POM Team via email at QISystems@ochca.com

HEDIS FUH FOOD FOR THOUGHT

DID YOU KNOW?

- Suicide is the second leading cause of death among individuals aged 10–34, making post-hospitalization follow-up critical for safety. (NCQA)
- Nearly 50% of patients hospitalized for mental illness do not receive timely follow-up care, increasing risk for relapse and readmission. (NCQA)
- Patients who receive a mental health follow-up within 7 days of discharge have significantly lower rates of readmission and better treatment adherence. (NCQA)

HEDIS® (Healthcare Effectiveness Data and Information Set) is a registered trademark of the National Committee for Quality Assurance (NCQA)

Follow-Up After Hospitalization for Mental Illness 2025-2026

For more information on HEDIS and outcome measures reach out to the HEDIS POM Team via email at QISystems@ochca.com

Scan QR Code for full
FUH Training Module
You will be prompted to
register your email in
Articulate the first time only.



<https://art-66775a-3944.reach360.com/share/course/6ac75dd1-a700-4e3a-a0f0-7423f6d845b1>



**CHIYO
MATSUBAYASHI**



**VERONICA
DEFERNANDEZ**



**DIANE
MARTIN**



**CECE
MARTINEZ**



**SUSIE
CHOI**

THANK YOU FOR
EVERYTHING!

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/RE-CREDENTIALING**
- 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 cloud-based 274 User Interface (274 UI) for all providers, effective July 6, 2026. This upgrade follows the successful completion of administrator and provider trainings in June.

With this transition, providers and program administrators from county and county-contracted programs are expected to maintain the established practice of updating program and provider profiles by the last day of each month.



This month the MCST will be conducting an audit and reaching out to programs and providers with no submission activity from July through September. Thereafter, a Notice of Deficiency will be issued to any entity still found non-compliant with [DHCS BHIN-25-026](#) requirements in November.

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)

CERTIFIED PEER SUPPORT SPECIALIST (CPSS)



[AB 96: Medi-Cal Peer Support Specialist](#)

This bill removes the existing requirement for Certified Medi-Cal Peer Support Specialists (CMPSS) to hold a high school diploma or equivalent. Peer Support Specialists contribute significantly to the behavioral health system by applying their lived experience to support individuals in recovery. The bill recognizes lived experience as a key qualification for this role and eliminates the diploma requirement to help ensure certification is accessible during a time of heightened behavioral health needs.

AB 96 has passed both the California Assembly and Senate and has been enrolled, meaning it has been finalized by the Legislature and formally presented to the Governor as of September 3, 2026. Implementation cannot begin until the Governor reviews and approves the bill.

LICENSED VOCATIONAL NURSES (LVN)

- LVNs are not an independent practitioner.
- LVNs are entry-level health care providers who is responsible for rendering basic nursing care and practices under the direction of a physician or registered nurse.
- A LVN must provide nursing services under the direction of a registered nurse who directs nursing care and/or the patient's physician who directs medical care. The supervisor must be responsible for direction to the LVN regarding the respective nursing and medical procedures. The direction provided by the registered nurse or physician to the LVN must be available at least by telephone. ([16 CCR § 2518.7](#)).
- **LVN Trainees** instructor must be present for student supervision. The program must pair students with like discipline staff (with an academic MOU in place) but ultimately, supervision of the student trainee must come from the instructor.

Be sure LVNs are supervised by the correct practitioners and ensure the Medical Supervision Reporting Form (MSRF) reflects this, or they will NOT be able to deliver any Med-Cal covered services within that scope of practice and may be subject to recoupment of those services.



LIST OF FORMS UNDER THE MCST OVERSIGHT

GRIEVANCE & APPEAL

Grievance & Appeal Form
Grievance & Appeal Poster
Grievance & Appeal Poster (Large Print)
Grievance Fact Sheet
Grievance Tracking Form
Notice of Availability

NOTICE OF ADVERSE BENEFIT DETERMINATION

NOABD Delivery System
NOABD Denial of Authorization
NOABD Financial Liability
NOABD Modification
NOABD Payment Denial
NOABD Termination
NOABD Timely Access
Your Rights Under Medi-Cal Managed Care

SUPERVISION FORMS

Clinical Supervision Reporting Form
Counselor Supervision Reporting Form
Medical Supervision Reporting Form
Qualified Provider Supervision Reporting Form

COUNTY CREDENTIALING

Credentialing Checklist
New Applicant Request Form – **UPDATED SEPTEMBER 2026**
Provider Insurance Verification Form

Link to Access the SMHS Forms:

[Behavioral Health Plan and Provider Information | Orange County California - Health Care Agency](#)

Link to Access the DMC-ODS Forms:

[DMC-ODS For Providers | Orange County California - Health Care Agency](#)



REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)



AVAILABLE
NOW

MCST TRAININGS HAVE TRANSITIONED TO ONLINE MODULES FOR:

County Credentialing

NOABDs

Grievances, Appeals & State Fair Hearings

Supervision Reporting Forms

Access Logs

274 UI Provider Directory - NEW

2nd Opinion/Change of Provider – Coming Soon

Link to the MCST Trainings:

[QA/QI Trainings and Documentation Support | Orange County California - Health Care Agency](#)

These trainings are now 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 centralized trainings in an online format now 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.

The MCST can offer a Microsoft Teams training session upon request. Please e-mail the MCST representative at BHPGrievanceNOABD@ochca.com with Subject Line: MCST Training Request for SMHS or DMC-ODS.



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 CREDENTIALIED:



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)



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

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

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.

OUR TEAM



Annette Tran, LCSW
Health Services Administrator



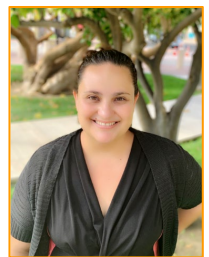
Catherine Shreenan, LMFT
Service Chief II



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



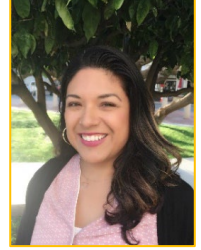
Vanessa Estrada
Office Specialist



Kimia Hashemi-Nejad
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) — EBP's, 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