



Ask QM

[HS\\_BHRS\\_ASK\\_QM@smcgov.org](mailto:HS_BHRS_ASK_QM@smcgov.org)



SAN MATEO COUNTY HEALTH  
**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**

## Special Topic – Mental Health Care-Related

*December 16, 2020*

# Ask QM FAQs

## Today's FAQs

- Q1: Do we need to ask the client their physical location at the beginning of every Phone or Video session?
- Q2: What can we do when a client refuses to provide their location at the beginning of a telehealth or phone session? Do we continue to provide the service and just document that client refused to give location?
- Q3: If I am meeting a client in the community and traveling from home due to COVID, are we counting the minutes that it would take to travel from home to the community location (both directions) as other billable minutes?
- Q4: Are BHRS staff able to correspond with client or client's family's (with valid ROI) via email?
- Q5: When clinician provides session in the clinic and needs to disinfect due to COVID, may we add the minutes in non-billable time in our notes?
- Q6: If the client is inconsistent and the assessment and treatment plan are past due, should we still code for assessment or plan development, or do we code everything 55 after past due?
- Q7: Questions regarding charting activity related to housing for our clients.
- Q8: Can a clinician use their personal cell phone or home phone for communication with clients?
- Q9: I've had to assemble OT activity kits for each student, as well as mail and deliver to their home. Is that billable?
- Q10: A clinical staff person talked with the corrections/jail treatment team to figure out medication needs for a client in jail. Is this coded 51? What is the correct location code? Client is at McGuire - Jail.



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**Q1: Telehealth Question:**  
Do we need to ask the client their physical location at the beginning of every Phone or Video Session?

**A1: Yes, you should ask the client their physical location at the beginning of every Phone and Video Session, and document their location in the progress note. Also, "Update Client Data" if there are changes.**

TESTONE, TEST V MR (000930000)  
F, 58, 05/08/62  
Ht: 5' 6", Wt: 114 lbs, BMI: 18.4

Ep: -  
Problem P: -  
DX P: -

Chart

Overview

My Forms-CRbillingadmin  
Financial Eligibility  
Assign Care Coordinator  
Day Treatment Authorization Appr

My Forms-CRclinical  
BHRS Client Relationships  
Assign Care Coordinator  
Client Treatment and Recovery Pl  
BHRS Client Treatment and Recov  
Contractor/Field Based Treatment  
Physician's Initial Assessment (PIN  
CHILD / YOUTH Admission Assessn  
CALOCUS  
PRE TO 3 Admission Assessment  
CHILD / YOUTH Annual / Update A  
Authorization for Use or Disclosure  
BHRS Diagnosis  
Transfer/Discharge Request  
Application for Services and Conse  
ADULT Special Assessment

Client Demographics

Name: TESTONE, TEST ID:930000 Next Appointment:

[Update Client Data](#)

Address 1: 1235 APPLE ST APT 12a  
Address 2:  
City: SAN MATEO  
State: CA  
Zip Code: 94403  
HOME: 650-573-0000  
CELL: 650-573-3400  
WORK: 650-573-2525  
Race 1: No Entry  
Race 2: No Entry  
Ethnicity: Unknown / Not Reported  
Primary Language: Spanish

Answers



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## Q2: Telehealth Questions

What can we do when client refuses to provide their location at the beginning of a telehealth or phone session? Do we continue to provide the service and just document that client refused to give location?

**A2: You should continue to provide services to the client and document their refusal to provide their location. At least try to get the phone number the client is calling from.**

If there are other clinical concerns that you feel need to be addressed, please provide more detail regarding the specifics of the situation, and concerns about the client's refusal to provide their location, in the progress note.





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**Q3: If I am meeting a client in the community and traveling from home due to COVID, are we counting the minutes that it would take to travel from home to the community location (both directions) as other billable minutes?**

**A3: You can count the travel minutes from your home to meeting location with client if it's a reasonable distance.** For instance, if you lived in Sacramento and traveled to meet the client, you would not document the entire travel time.

*You have Questions We have Answers*



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**Q4: Are BHRS staff able to correspond with client or client's family's (with valid ROI) via email?**

**A4: Email is acceptable for tasks such as scheduling appointments, providing resources, getting consents signed... etc.**

Send via encrypted email (must write **#sec#** in the subject line of the email).

BHRS recommends limiting communication with the client or family via email. This is not the place for therapy or complex personal communications.

It is preferred that you communicate delicate matters via telephone or through one of the BHRS-approved telehealth platforms (MS Teams, doxy.me, or Facetime through County-issued phone) to protect both yourself and the client.

You have Questions? Answers



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**Q5: When clinician provides session in the clinic and needs to disinfect due to COVID, may we add the minutes in non- billable time in our notes?**

**A5: Yes, you may include the time in non-billable time and note that you spent time disinfecting the room due to COVID protocols. You are correct that this is NOT a billable activity.**





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**Q6: If the client is inconsistent and the assessment and treatment plan are past due, should we still code for assessment or plan development, or do we code everything 55 after past due?**

**A6: Please continue to use the appropriate service codes, and try to get the assessment and treatment plan completed as soon as possible and before you start Planned Services.**





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### **Q7: Questions regarding charting activity related to housing for our clients.**

1. How do we chart assisting client with completing housing application and referrals?
2. How do we chart linking client to landlord, including interview?
3. How do we chart searching online for housing options for client?

**A7: Determining if a service should be coded with a billable code or not will depend on what you did and how the progress note is written. **Justifying why the provider's involvement was needed, and how it supported the mental health issue, is key when writing billable progress notes.****







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## **Q7 continued: Questions regarding charting activity related to housing for our clients.**

1. How do we chart assisting client with completing housing application\* and referrals?
2. How do we chart linking client to landlord, including interview?
3. How do we chart searching online for housing options for client?

1. Provider assisted client with completing housing application due to anxiety around completing complex forms and finding resources to link the client to needed mental health housing services. (Code 51/52 Case Management)
  - \*Note that simply filling out a regular housing application for a client, when it is not linked to the client's MH needs or for the purposes of making a referral to MH housing placement, is not a billable service.
  - Alternatively, if you are assisting the client with completing the application in order to help the client obtain a MH placement (i.e., a MH housing referral) or due to a need based on their mental health condition, and these factors are adequately justified in a progress note, it is a billable service.
2. Provider assisted client in contacting various landlords to inquire about housing due to depressive symptoms causing lack of motivation. (Code 51/52 Case Management)

Provider was present during housing interview with client to provide reassurance and support due to client's anxiety symptoms. (Code 7 Rehab)
3. Online searches are not billable; however, contacting housing organizations to assess availability, and to determine if the placement is an appropriate fit for the client given their depressive symptoms, is 51/52 Case Management.



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**Q8: Can a clinician use their personal cell phone or home phone for communication with clients?**

**A8: During the current COVID-19 crisis, staff are allowed to use their cell/home phones to communicate with staff.** However, we advise them to block their caller ID and not provide their personal phone numbers to clients.

And if they do have County cell phones, those should be used, not their personal phones.

Please see the QM guidelines for providing services during COVID-19.

[https://www.smchealth.org/sites/main/files/file-attachments/new\\_covid-19\\_clinical\\_documentation\\_recommendations\\_v12\\_6-23-20.pdf?160380930](https://www.smchealth.org/sites/main/files/file-attachments/new_covid-19_clinical_documentation_recommendations_v12_6-23-20.pdf?160380930)

Please review the BHRS cell phone policy. <https://www.smchealth.org/bhrs-doc/cell-phone-usage-01-01>

Questions



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**Q9: I've had to assemble OT activity kits for each student, as well as mail and deliver them to their home (in a safe, socially distant manner). Also involved is research of materials and purchase of materials for these kits. How do I capture the time for these tasks in a note? Is that billable?**

**A9: All of these activities, while very valuable to our clients, are non-billable to Medi-Cal as the State sees them as part of the cost of doing business.**

You may write a non-billable progress note (55) for all of the time spent researching, assembling, delivering...etc. these preparation materials/services so that this time can count toward your productivity.

In the note you would explain what you did, such as "researched OT interventions to use during remote sessions with client."

Questions



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**Q10: A clinical staff person talked with the corrections/jail treatment team to figure out medication needs for a client in jail. Is this coded 51? What is the correct location code? Client is at McGuire - Jail.**

**A10: The staff person would go ahead and code the service appropriately, depending on what service is provided to the client.**

She will then need to select the correct location code for where the client is, which in this case is **McGuire, which is a lockout location (Jail/YTH SVC – Non-billable to MediCal), and trumps other locations such as video conference/phone, even if the service was provided via one of these means.**

If the nurse is just sending over a med list to McGuire, and not consulting or providing any other service, it is a clerical task and would be coded 55.

You have Questions We have Answers

