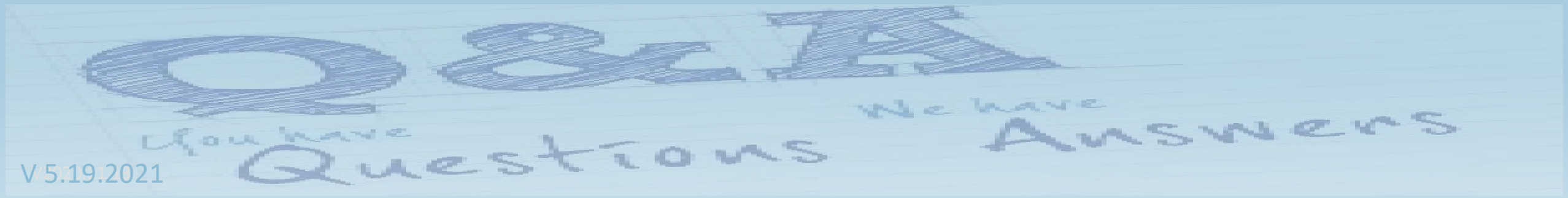
Ask QM FAQs

May 19, 2021

Presented by the San Mateo Quality Management Team



Q1: Do I have to help my client with an Advanced Health Care Directive? This seems like a new requirement.

A1: This is not a new requirement. The state requirement is that the FACT Sheet information be provided to each adult client and each legally emancipated minor.

- In most cases, we SHOULD give the client/parent the Advanced Health Care Directive Information Notice Fact Sheet.
- We should NOT complete or offer to complete the Advanced Health Care Directive form with any client or family.
- BHRS recommends also giving this information to parents of children. Parents of children should also have an Advanced Health Care Directive in place. If the parent doesn't already have an Advanced Health Care Directive, this will provide the information needed to establish one.

QM is aware that this topic can be challenging for some staff to explain, and therefore have developed a script for how to explain the Advanced Health Care Directive, and other consents, to clients.

ADVANCE HEALTH CARE DIRECTIVE INFORMATION NOTICE (required for all new clients)

I'm going to provide you with an Advance Health Care Directive Informational Fact Sheet. Although I can't help you fill out an Advance Health Care Directive, I want to make sure that you have the information to be able to get an Advance Health Care Directive if you want one. **Do you have an Advance Health Care Directive? Would you like me to explain what an Advance Health Care Directive is?** An Advance Health Care Directive is a legal document that allows individuals to say in advance their healthcare wishes if they become unable to make their own decisions. It allows you to make treatment choices now in the event you need health treatment in the future. You can tell your doctor, institution, provider, treatment facility, and judge what types of treatment you do and do not want. You can select a friend or family member to make health care decisions, if you cannot make them for yourself. An Advance Health Care Directive goes into effect when the person's primary physician determines the person does not have the "capacity" to make their own healthcare decisions. This means the individual is unable to understand the nature and consequences of the proposed healthcare or has been injured and is unable to make decisions. **Get more information about where to find Advance Health Care Directive forms and how to get help at:** https://www.smchealth.org/bhrs-doc/advance-health-care-directives-04-07

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Clinical Consent Forms in Avatar Guide for Clinicians: Scripts 2021

Translations of these scripts: Chinese | Russian | Spanish | Tagalog | Tongan

NEW CLIENT SCRIPT

All paper versions of the consent forms are located at https://www.smchealth.org/consents

Clinical Assigned staff are required to complete all consent forms.

https://www.smchealth.org/sites/main/files/file-attachments/consentscripts2021.pdf
https://www.smchealth.org/consents

Q2: Is it necessary to give our clients our license number?

A2: Yes, it is required that clients have information about your Professional License and Board.

Professional License numbers are public information. DHCS and various professional boards require that provider licensing and professional licensing board information be shared with the client (including unlicensed providers that are working towards licensure--i.e., trainees/associates/interns). BHRS recommends that you comply with these requirements.

New Law from BBS
AB 630 – Patient Protection
Beginning on or after July 1, 2020, mental health professionals licensed or registered with the BBS prior to providing psychotherapy, must give clients a notice in at least 12-point font telling them that the BBS receives and responds to complaints about licensees, and tells clients how to contact the Board to file complaints.

Your license information is public is posted at https://www.breeze.ca.gov/
You are required to post your license or registration in **public view.**

Q3: Can you clarify when we DO NOT need to send a NOABD (Notices of Adverse Benefit Determination)?

A3: If a client falls under any of the categories below, a **NOABD does NOT need to be issued**:

- Finishes treatment
- Chooses to leave treatment (as long as you would let the client return)
- Is lost to follow-up
- Does not have Medi-Cal
- Does not want treatment
- Meets medical necessity for any BHRS (or CBO) service AND service is offered BUT the client also wants additional services which clinical staff do not think are appropriate.

(Example: the client wants to participate in a group, but the clinical staff does not think a group is appropriate for the client.)

What about BHRS Interface?

BHRS Interface has several different episode types, including a mild-to-moderate program.

For BHRS Interface: If you open the client to any of your Avatar programs, you do not issue a NOABD even if the client is Mild-to-Moderate.

Q4: Who is responsible for sending NOABDs for Mild-To-Moderate cases?

A4:

• If a clinical team assesses a client and determines that they are Mild-to-Moderate and refers them to a NON-BHRS/NON-CBO provider (HPSM/VA/PCP/School District or another), that BHRS clinical team will complete the **Delivery System NOABD.**

• If you assess a client and determine they DO NOT meet medical necessity for any BHRS (or CBO) service, and you ARE NOT referring them to Mild to-Moderate Call Center, you complete the **Denial NOABD.**

• No NOABD is needed if referring to BHRS Interface Mild-To-Moderate program.

Q5: We intend to provide services to the client, as he meets medical necessity, but we won't have any available clinicians for several weeks. **Do we need to complete a timely access NOABD?**

A5:
Yes, issue a timely access NOABD. A timely access NOABD is used when a client must wait for an appointment. This means a client is waiting for an assessment appointment or treatment appointment that exceeds the DHCS required timelines.

For example:

- Your program is unable to offer an assessment appointment within 10 business days (15 days for med support) from the request date for service. Timely access still applies if you do an initial screening in a timely fashion, but then the client is placed on a "wait list."
- Timely access applies if the team is unable to offer a treatment appointment within 10 business days (15 days for med support) after assessment is completed and it is determined that the client meets medical necessity.

In this case the clinical program staff issues the **Timely Access NOABD**, sends a copy to the client, scans it into Avatar, and gives a copy to QM.

Q6: What is PAVE?

A6:

- PAVE = Provider Application and Validation for Enrollment
- Database that the Department of Health Care Services (DHCS) is requiring that specific licensed providers enroll in.
- PAVE enrollment is for the screening of Medi-Cal providers to reduce incidence of fraud/abuse by screening for individual license/certification.
- **Enrollment and approval are required for Medi-Cal billing.**

The deadline for all staff enrollment was Friday, April 30th.

The following licensed providers are required to enroll in PAVE:

- Certified Nurse Practitioner
- Licensed Clinical Social Worker
- Licensed Educational Psychologist
- Licensed Marriage and Family Therapist
- Licensed Professional Clinical Counselor
- Occupational Therapists
- Physician (MD and DO)
- Physician Assistant
- Psychologist
- Registered Pharmacist/Pharmacist

Trainees, Associates and other non-licensed providers are not required to enroll in PAVE.

Q7: I have not received my PAVE Approval Letter; why not?

A7: Once your PAVE application is submitted:

- Check the **email inbox** associated with your account and PAVE inbox for **error notifications.**
- Fix any errors right away and **resubmit your application.**

Processing and approval of the application can take several months as providers across California are all enrolling in PAVE. Claims to Medi-Cal will not be denied at this time. However, *it is crucial that your application has at least been submitted.*

- Check your PAVE inbox frequently for approval information.
- Once your application is approved, you will receive an Approval Letter in your PAVE inbox. **This letter is your proof that you have been approved.**
- **Send copy of PAVE Approval Letter to** Annina Altomari at aaltomari@smcgov.org with *"PAVE Enrollment" in the email subject line.*

Q8: Who should attend the Tracking Timely Access to Assessment and Treatment for New Clients webinar?

A8:

All staff in mental health programs that receive requests for service and/or provide assessment or treatment. This includes both BHRS programs and contract agencies.

During the webinar we will:

- Provide an overview of the Timely Access Tracking process
- Provide information on which "new" clients will need to be tracked for Timely Access
- Introduce a new form called the "CSI Assessment" form that programs will use to track timely access to appointments

Programs will start phasing in the use of the CSI Assessment form on June 1st, with full implementation to be completed by July 1st.

Webinar information:

May 26, 2021, Wednesday, 1:00 pm to 2:00 pm https://us02web.zoom.us/j/86217257243

By Phone: 1-669-900-6833**, Meeting ID:** 862 1725 7243

Q9: An adult client's mother requested a letter to verify that her son requires support to attend medical appointments. Can we provide her with a letter? And who should we address it to?

A9: Clinical staff may write letters for clients and/or client's family when appropriate:

- **If the client (or legal consenter) wants the letter and in this case you have consent from the client,**
- **Clinical staff is comfortable writing the letter, and**
- **Related to care and something that the clinical staff can speak to.**

If the client agrees to this request by mother, then the staff CAN write a letter. We recommend that the letter be addressed "To Whom it May Concern" and provide the letter directly to the client. You can also write in the letter that this is per the client's request. QM can also review the letter and provide feedback. **Make sure that you have a release of information authorization.**

BASIC GUIDELINES for letters:

1. The letter should be about 1 page (2 maximum)
2. It should be *just the facts*
3. AVOID making predictions about the future
4. Usually address it "To whom it may concern" and give the letter to the client
5. Add your contact information and use letterhead

Things that you might include:

1. Type of services provided (individual, group, family, case management, etc.), to whom (child, parent, etc.), and length of time the client has been seen
2. General areas of treatment and diagnosis, if appropriate (e.g., trauma, depression, anxiety…)
3. A statement about the recommended course of treatment (number of treatment sessions per week and length of treatment, etc.) which may include the parents' involvement in the client's treatment
4. General statements about the progress of your work with the client

Q10: Client is requesting a copy of their treatment plan in their preferred language.

A10:

If the client and/or parent wants a written copy of the treatment plan in their preferred language, do one of the following:

- **Write the plan in the client's/family's preferred language**
  If the treatment plan writer is proficient in client's preferred language and has the skills to translate the necessary information, they should complete the Avatar treatment plan in both English and in the client's preferred language.

or

- **Send it to be translated**
  You may email the treatment plan to Frances Lobos (ODE) flobos@smcgov.org and request that the treatment plan be translated for the client/family. Once translated, scan a copy into the chart, give the client/family a copy, and write a progress note documenting that you provided a translated copy.

Q11: I am assessing a child who is a patient of Palo Alto Medical Center. I was provided a copy of their mental/physical health records and would like to know if I should scan them into AVATAR?

A11: **Yes, these records SHOULD be scanned into Avatar.**

Give the copy of the records to your program admin to scan.

Where to scan:

- If the health record/chart is from an AOD provider or correctional health, scan into Restricted
- Otherwise, it would be scanned wherever it fits, such as "other assessment documents"

If the chart is released at a later time, we usually do not release these records. An exception would be a situation in which the client asks for information on how we determined their diagnosis and/or course of treatment.

Q12: A client was closed in November 2020 and re-opened to our program May 2021. Am I required to complete a new assessment and treatment plan? The last assessment was done in July 2020.

A12: An assessment review needs to take place to determine the client's current functioning and needs. Use your clinical judgement to determine the best course.

If a client was discharged and returns to services in your program **within 3 years** of the last completed Assessment/Re-assessment:

1. **Complete a New Initial Assessment** *if significant changes have taken place since the last assessment or new information is discovered that impacts the course of treatment.*
2. **Complete a Reassessment** *if the client has had significant life changes and/or has a new diagnosis.*
3. **Complete an Addendum** *if additional information should be added to update the last assessment; however, no significant life changes have occurred.*
4. **Complete a Progress Note** *if there have been no significant life changes and if the assessment and diagnosis are still correct and complete as is. State that you reviewed the assessment and current diagnosis and concur with this information.*

A new treatment plan is needed in your new episode to bill for any services you will provide.

Assessments are valid across episodes. *You do not need to complete a new assessment just because it was created in a closed episode or in another program.*

New QM Resources

- **NEW Consent forms scripts and Medication Side Effects scripts** are now available in Spanish, Chinese, Russian, Tagalog, Tongan https://www.smchealth.org/consents
- **Telehealth Tech Help Guides** - for your clients in English, Spanish, Tagalog, and Chinese have been added to the Client and Family Welcome pages .
- Avatar Consent Form FAQs - to answer your recent questions.
- Guides to the new Avatar Consent Forms and PDF versions of the consent form are located at - https://www.smchealth.org/consents
- **Video** recording of the New Avatar Consent Forms WEBINAR - now available on LMS.
- NOABD Quick Guide - NOABD FAQs have been added to this guide.
- QM Webinar Training Schedule 2021 - has been updated to include the *May 26th webinar Tracking Timely Access to Assessment and Treatment for New Clients.*

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