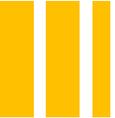




SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES

GUIDELINES FOR PROVIDING SERVICES DURING COVID-19: MH & DMC
Presented by BHRS Quality Management
7.15.2020



MH & DMC Assessments

THE FULL ASSESSMENT MAY BE COMPLETED OVER THE PHONE

Complete the assessment within 60ish days or before you start providing planned services.
Do not leave the assessment in draft.

Assessment: For areas that you are unable to assess, you will state in that area of the assessment “Unable to assess due to assessment being completed over the phone.”

If you later find out additional information that is relevant for the areas in the assessment that you were previously unable to assess, you would do an assessment addendum to add that information to the client’s record.

Minimum Assessment Components to Finalize Assessment

- Diagnosis
- Establish Medical Necessity, documenting mental health symptoms and functional impairments
- The assessment and assessment progress note will briefly document areas not yet able to be assessed and reason for missing information
- Complete missing areas later using an *Assessment Addendum*

MH & DMC Treatment Plans

The full treatment plan MAY be completed over the phone and/or via telehealth.

Verbal Approval:

“Did the Client sign the Treatment Plan?” – Select “**Verbal Approval.**”

Copy Offered

“Was Client offered a copy of the Treatment Plan?” **It is sufficient to mark “No”**

Document in a progress note and directly on the treatment plan that you were unable to offer or provide a copy due to not being able to meet with client in person because of COVID-19 restrictions.

MH & DMC Individual and Group Services

Coding vs. Billing

All services to a client are documented and coded.

Coding is how we indicate the service that was provided to the client.

Billing is determined by:

- service code
- location code
- type of services minutes “Service Time Client Present in Person” vs “Other Billable Service Time

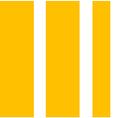
Billing means that we are billing a payer (insurance company or school district) to get paid.



MH & DMC Individual and Group Services

Individual and Group services can be provided:

- **By phone** (without video) or
- **By telehealth** (video conferencing) or
- **In person** (only when safe)



MH & DMC Individual and Group Services

The overall directive from the county is that services should be provided remotely (via phone or telehealth) whenever possible in order to ensure the health and safety of staff and clients.

The primary method for delivering services to clients during the current COVID-19 situation is speaking to the client over the phone without video.

Staff should consult with their supervisor before providing in-person services to determine if an in-person appointment is necessary.

Some services that may continue to be provided in-person on a limited basis are:

- 1) Injections:** We still have some limited patient contact for injections. Please continue to code appropriately for these services.
- 2) Urgent situations**
- 3) Residential Services**

MH & DMC Guidelines for Telehealth (video conferencing)

VIDEO CONFERENCING IS NOT A REQUIREMENT FOR DELIVERING SERVICES.

All staff/providers/contractors may use video conferencing (telehealth)

- If clinicians/clients prefer to use video conferencing they may do so. Many staff/providers/contractors and clients will not prefer to use video conferencing and may provide services by phone instead.

Video conferencing (telehealth) with a client is considered a face-to-face service.

The time goes into **“Service to Client Present in Person”** and the location code is telehealth, *unless they are in a lockout location.*

MH & DMC Individual and Group Services Travel Time

If it is determined by you and your supervisor that you need to see the client in-person:

You may bill travel time from your home office to your client's home, as long as the distance/time is reasonable.

This travel time goes in "Other Billable Service Time"

For example, if the distance between your home office and your client's home is roughly the same as the distance between your county/agency office and your client's home, you may bill for the time.

MH & DMC Individual and Group Services Travel Time

You cannot bill for travel time from your home office to your main office.

- This is the case whether or not you are traveling to the main office for administrative tasks (e.g., printing documents, submitting paperwork, etc.) or for providing direct services to a client.
- **This travel time is non-billable time.**

Guidelines for Telehealth With Support Person (video conferencing)

When providing video conferencing to a caregiver or anyone that is not the client/without the client present,

Use location code: Phone unless the client is in a lockout location.

Do not use the location code Telehealth.

Time without client present goes into **“Other Billable”** time

LOCATION CODES & SERVICE MINUTES

LOCATION CODES

LOCKOUT LOCATIONS TAKE PRIORITY

Use the location of the client if they are in a lockout setting/not where you are. Use the lockout location code even if the service is over the phone or video conferencing.

MH Lockouts Locations

PES, Psych. Hosp., Serenity House, Redwood House, Jail or Jail-like setting, IMD.

Working in Your Office Completing Paperwork:

When writing a progress note for tasks such as the write up of your assessment (without client), use the location code of "OFFICE" as your home is considered an extension of your office *for now*.

Service time goes in "Other Billable Service Time."



CODING SERVICES BY PHONE OR VIDEO

Use all of the regular service codes that you normally use. Still use billable codes.

Phone Service with Client

- Time with client on PHONE is entered in
 - “Other Billable Service Time”
 - Location code is “PHONE” unless client is in a lockout location

Video Conferencing with Client

- Time with client by VIDEO is entered in
 - “Service Time Client Present in Person”
 - Location code is “TELEHEALTH” unless client is in a lockout location

MISSED VISIT LOCATION CODE

If a client misses a phone/telehealth (or in person) appointment, document that missed appointment in a progress note with a “Missed Visit” Location Code. The Service Code will be the normal code for the missed service.

e.g. Service Code: Individual therapy (9); Location Code: Missed Visit.



Documenting Client Agreement/Consent

Verbal Consent is just fine for during the public health emergency

MH & DMC Telehealth Informed Consent Form

- Telehealth informed consent is needed for BHRS staff- *don't have one, don't worry, just get it now.*
- One form is good- *a separate form does not need to be completed by each individual team member.*
- You may write "BHRS" under "Agency name" at the bottom of the form to reflect that the Telehealth Informed Consent applies to all telehealth services provided by BHRS staff.
- Contract agencies should obtain their own telehealth informed consents from clients.

If you give
your client
your cell
phone
number, do
this

Follow the guidelines in the cell phone agreement regarding appropriate use of cell phone and text messaging with client.

Document client's verbal agreement to the cell phone agreement by writing that client verbally approved on the form and in a progress note.

- *Text messages are for logistics such as appointment confirmation only. Your privacy is very important to me and since text messages do not meet privacy standards, they cannot include private health information. You may text me if you have an urgent need, but please leave any clinical details in a voicemail or an in-person conversation.*

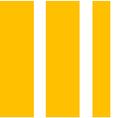
MH & DMC Consents and Signatures*

- It is appropriate during this time to get verbal consent in lieu of client signatures on forms.
- Some consent/authorization forms state that you must have written authorization- *Ignore that for the time being.*
- Verbal consent is **JUST FINE** for all BHRS consents and authorizations, during the COVID-19 situation.
- ****The San Mateo Medical Center (SMMC) is still requiring a wet signature to release the medical record****

Documenting Agreement

- **Option 1: Verbal Consent** – The clinician will fill out the form and note that the client verbally consented in a progress note. **Mark “Verbal Consent” on the form.** You do not need to have the client sign the form at a later date – verbal consent is sufficient.
- **Option 2: Obtain Client’s Signature through mail** – Mail the form to the client and have the client mail the signed form to your County work site.
- **Option 3: Send to client via secure (#sec#) email** – You may email the form to clients using the #sec# email function through your county Outlook email. Send a secure email by including #sec# anywhere in the subject line. The client will receive an email with a link to our secure server. In order for client’s response to be sent back securely, they must go through the secure email portal through which they accessed your original email. Contract agencies should consult with their IT department on how to send secure emails.
- **Options 4: Electronic Signature**

VIDEO CONFERENCE PLATFORMS



Approved (Video Conferencing) Tools for Initiating Services with Client

SMC BHRS Staff:

- Microsoft TEAMS (County-issued account)
- Doxy.me (County-issued account)
- FaceTime with **County-issued iPhone** can be used temporarily during the COVID-19 situation

San Mateo County Contract Agencies:

- May use video conferencing.
 - **It is up to each agency's internal management to identify the appropriate video conferencing resources.**
 - Contract agencies may need to work with their IT teams to add the location code "Telehealth" to their Electronic Health Record (EHR).
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Participating in Community Partners Video Conferencing Platforms

All BHRS staff **may and SHOULD** participate and provide information as you normally would, regardless of the specific videoconferencing tool being used.

As always, use careful clinical judgment regarding what information you share during meetings.

Lack of a BAA is not currently being enforced. The provider is covered as long as they act in good faith to provide care during the COVID-19 crisis.



Medication Support

MH & DMC Prescribing

Prescribing non-controlled medications:

- For both new and existing clients, non-controlled medications can be prescribed via phone (without video).

Prescribing controlled medications:

- Current patient: New prescriptions may be started by phone (without video) for a patient who was already under your care prior to COVID-19 Shelter in Place.
- New patients: **new controlled medications prescriptions** cannot be started for new patients by phone. Telehealth (videoconferencing) or in-person visit is required, *exception buprenorphine may be prescribed by phone.*

Contract agencies should consider if these recommendations make sense for them to implement at their own agencies.

Medication Codes

The time spent delivering a service directly **to the client** over video conferencing is recorded under **Service Time Client Present in Person**

MD/NPs:

- **15/15U**-For Medication Support provided in-person or via Telehealth (video conferencing).
- **17**-For Medication Support provided over the phone (without video) or when the client is NOT present face-to-face: *Do not use code 15/15U for services provided over the phone (without video) or when there is not a client present face-to-face.*
- **14**-For the Initial Assessment: use code 14, with the corresponding Location code (Telehealth, Phone, Office, etc.)

RN: use code 15U/15 via phone, video conferencing or in person.



Troubleshooting Phone and/or Video Conferencing Applications

Open a ticket in “Service Now” in OKTA or call (650) 573-3400

QM help- send questions to:

HS_BHRS_ASK_QM@smcgov.org

Videos, Fillable Consent Forms, etc. are located at:

<https://www.smchealth.org/bhrs/qm>

Getting Help