

# Guidelines for Providing Hybrid (In-Person and/or Remote) Service Delivery

Updated 11/02/2022

## Support Services

Got a question for QM? Email: [HS\\_BHRS\\_ASK\\_QM@smcgov.org](mailto:HS_BHRS_ASK_QM@smcgov.org)

For county staff needing technical assistance with phone or telehealth applications (MS TEAMS, doxy.me, etc.)

- Submit a service request through “Service Now” in OKTA or
- Call (650) 573-3400.

**Additional Resources** are available at the end of this document.

## About this Document

This document is replacing the COVID-19 Documentation Guidelines. Moving forward, please follow the instructions and resources provided in this document as BHRS moves to providing a hybrid of in-person and remote services.

When determining whether or not to see a client in-person or via phone or via telehealth, consult with your supervisor to determine which mode of service delivery is clinically appropriate for your client.

[Documentation Guidelines](#)   [Information Specific to Remote Services](#)   [Resources and Guides](#)

### Information about Travel Time when Working from Home

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

- 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.

**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. In both scenarios, you would not bill for travel time, but could put the travel time in non-billable time.

### Emailing/Texting Clients

**Email and Text may be used to communication with clients in some cases but should NOT be used as the platform to provide therapy sessions.**

- It is best to use email and text to communicate non-sensitive information, such as to schedule appointments.
- Use secure email through your county email address (include #sec# in the subject line of the email to encrypt the email) whenever you email a client, even if you are sending a blank form or links to community resources. This is to ensure that if the client does respond, they are able to do so through the secure server.

Follow the guidelines in BHRS Policies [22-06](#) and [22-07](#) regarding appropriate use of cell phone and text messaging with client. Phone therapy sessions should be conducted over phone audio, and not via phone text message.

# Documentation Guidelines for Hybrid (In-Person and/or Remote) Service Delivery

## Signatures on Documents

**Whenever possible**, you should try to meet in-person with the client and get the client's wet or electronic signature on consent forms and treatment plans. Use the Avatar Consent form if you are an Avatar user.

**Getting Verbal Consent?** If you are only able to get verbal consent, make sure to document in a progress note the client's verbal consent and why a signature could not be obtained. Also remember to document verbal consent on the form itself.

**You will NOT need to go back** after the Public Health Emergency to obtain signatures on treatment plans or consents for which you have already obtained and documented verbal consent/agreement from the client.

## Med Consents

**Whenever possible**, you should gain a wet signature or electronic signature.

1. If a patient chooses not to sign the consent form, the provider shall document in the patient's chart that the patient understands the nature and effect of the medication(s) and consents to administration of the medication(s), but does not want to sign the consent form.
2. Facilities are not expected to obtain signatures on these documents for patients that started and discontinued services during the COVID-19 public health emergency, or who discontinued services during the COVID-19 public health emergency.

## Assessments and Tx Plans

**The full assessment may be completed in-person, via video conferencing, or over the phone.** However, you should try to meet with the client in-person when possible and clinically appropriate.

You may finalize the assessment even if you have areas in the assessment that you were not able to assess due to client not being seen in-person – however, be sure to document why you were unable to assess those areas.

Do not leave the assessment in draft if you have started an assessment and the client is lost to follow-up.

## Progress Notes

**Service Codes:** There is no difference in the service codes you would use for in-person versus phone versus telehealth appointments. Determine the service code based on the service that was provided regardless of location.

### Location Codes:

1. If the service is in-person, this is based on the location of the client. For instance, if the client is with you at the office, select Location Code: Office. Minutes are Face to Face Client Present.
2. If the service is over-the-phone and you DO NOT have a visual on the client, use Location Code: Phone. Minutes are Other Billable.
3. If you are using a telehealth platform to provide the service and you DO have a visual on the client, use Location Code: "Telehealth" (or "Telehealth Home" if the client is at home). Minutes are Face to Face Client Present. If you CANNOT see the client, use Location Code: "Phone."

**Lockout Location Codes:** Use the lockout location if the client is in a lockout code even if the service is over the phone or video conferencing.

## Ways to Send Documents to Remote Clients for Signature

1. Snail mail forms to the client or caregiver.
2. E-mail the form using secure email through your county email address (include #sec# in the subject line of the email to encrypt the email).
3. Wait until your next face-to-face session to complete this.

## Important Guidance Specific to Remote Service Delivery

### Special Considerations for Remote Service Delivery

- When providing services via telehealth/telephone document the client's address of present location at the beginning of each telehealth session progress note.
- If you are using your work cell phone to call clients but have not yet reviewed the E-Communications consent form with them, use \*67 to block caller ID.
- For BHRS Staff: For Telehealth appointments, please include instructions to clients on how to access telehealth in **ALL** of your telehealth appointment invites. Guides can be found in the [Resource](#) section of this document.

### Consents Specific to Electronic Communication and/or Remote Services

Consents related to Electronic communications (including email, phone, telehealth) and/or remote services have been combined into to one consent form.

There are two new policies that are related to using E-Communication. [Staff should read BOTH policies](#) before engaging in E-Communication with other providers or clients.

Please complete the new [Electronic Communication Consent form](#) with each of your clients at your next appointment. This only needs to be completed once upon admission.

1. [22-06: Electronic Communications Policy \(General Guidelines\)](#)
2. [22-07: Electronic Communication \(Client Communication\)](#)

### More About the Electronic Communication Consent Form

The [Electronic Communication Consent Form](#) is replacing the Cell Phone Agreement form and the Telehealth Consent form. The new E-Communication Consent form includes consent that was part of the Cell Phone Agreement and Telehealth Consent as well as language regarding consent for email and text communication and communication via other secure forms of E-communication (e.g., patient portals which will be coming in the future).

Only one E-Communication Consent form is needed on file for BHRS staff – a separate form does not need to be completed by each individual team member. You may write “BHRS” under “Program” on the form to reflect that the Consent applies to all services provided by BHRS staff using Electronic Communication. Contract agencies should obtain their own informed consents from clients.

This does NOT take the place of a Release of Information form or the Consent to Treatment form.

Providers should review the form with the client prior to or at the start of engaging in E-Communication (or in your next session if you have already started using E-Communication).

### Approved Telehealth (Video Conferencing) Tools

**All BHRS Mental Health and AOD staff** should assess what telehealth platforms clinical staff are using and start transitioning clients to county-authorized HIPAA compliant telehealth platforms with BAA by December 1, 2021.

Telehealth Platforms Approved for Use by BHRS Staff:

- Microsoft Teams, Doxy.me, County Zoom for Healthcare
- (Face time on County phones is no longer an approved platform as it is not HIPAA compliant).

**Contract Agencies** must have a version of their telehealth platform that includes a BAA in their contract.

## Resources and Guides

For more resources, visit the BHRS QM website at <https://www.smchealth.org/bhrs/qm>

### Documentation Guides

The guidelines for documenting assessment, treatment plan, and progress notes are the same regardless of mode of delivery. Available Documentation Resources:

- [Documentation Manual](#) for detailed explanation of our Documentation Guidelines
- [Documentation Quick Guide](#), which contains frequently asked questions about our documentation guidelines for Assessment, Treatment Plans, and Progress Notes.
- [Medication Support Quick Guide](#) which contains explanations for Med Codes and information about PIN notes versus Physician Initial Assessments.

### E-Forms

Electronic Versions of Forms

- [Consent forms](#) where you can find fillable PDF versions of some of the more commonly used consent forms to this email.
- [Avatar Consent Form Guide](#) for how to fill out E-consents in Avatar.
- [Guide to Using the AVATAR NOABD / NAR Form](#) for how to fill out the E-NOABD letters in Avatar.

### Client Resources

[Client/Family Welcome Page](#) contains all information typically included in the welcome packet for new clients, such as the Notice of Privacy Practices. Staff can print out or clients can review documents such as the Notice of Privacy Practices by directly accessing this website.

### Telehealth Guides for Clients (BHRS)

**Please include Telehealth Instructions in your appointment invites to ALL clients for whom you will be providing services through Telehealth.**

Telehealth Instructions (Available on the [Client/Family Welcome Page](#))

- For General Information about telehealth (video) services through SMC BHRS
  - [Telehealth Overview Two-Page flyer](#) [Spanish](#) [Tagalog](#) [Chinese](#)
- For detailed instructions of how to use the Telehealth (video) platforms used by SMC BHRS:
  - [Microsoft Teams](#) [Spanish](#) [Tagalog](#) [Chinese](#)
  - [Doxy.me](#) [Spanish](#) [Tagalog](#) [Chinese](#)
- Getting to know your smart phone device:
  - [iPhone Smart Phone](#) [Spanish](#) [Tagalog](#) [Chinese](#)
  - [Android Smart Phone](#) [Spanish](#) [Tagalog](#) [Chinese](#)
- How to Access Secure Email
  - [Secure Emailing for Clients](#) [Spanish](#) [Tagalog](#) [Chinese](#)

**For BHRS YOUTH STAFF:** If you do not have a copy of the Virtual Toolkit we are piloting (a compilation of various free online activities that can help you engage clients in remote sessions), please contact Eri Tsujii at [etsujii@smcgov.org](mailto:etsujii@smcgov.org).