

Version 13: Guidelines for Providing Services During COVID-19

Attention: Per Title 16 CCR 1815.5(d)(1), the BBS requires that clinicians licensed through the Board of Behavioral Science (BBS) who provide services via telehealth/telephone *document the client's address of present location at the beginning of each telehealth session.*

For full text of the requirement: https://www.bbs.ca.gov/pdf/regulation/2016/1815_oaa.pdf

Are documentation and service requirements returning to pre COVID-19 standards now that the Shelter-in-Place restrictions have been loosed by the state and by the SMC Health Officer?

No, the health emergency is still occurring. The QM COVID-19 guidelines are still in place as long as the health emergency is occurring.

Please continue to follow the documentation guidelines outlined in QM's "COVID-19 Clinical Documentation Recommendations" (this document) until you are notified by BHRS Quality Management that we are returning to documentation standards that existed prior to COVID-19. This applies to both BHRS programs and contracted agencies.

Please continue to follow COVID-19 guidelines for business operations until you are notified by BHRS management team that we are returning to "business as usual." This applies to both BHRS programs and contracted agencies.

Documentation Guidelines

1. Providing Services by Speaking to the Client Over the Phone without Video

The primary method for delivering services to clients during the current COVID-19 situation is speaking to the client over the **phone** without video. Use all of the regular service codes that you normally use with a Location Code of **PHONE**, unless the client is in a lockout location (see more information on lockout codes in the Location Code section #9).

Speaking to the client over the phone without video is not telehealth and is not considered face-to-face time. Time spent speaking to the client over the phone should be included in "Other Billable" time.

If you are using your phone to call clients, use *67 to block caller ID.

Other Resources: Here is a helpful guideline to go over with your client when providing services over the phone. Link to Cell Phone Agreement and Policy 01-01: <https://www.smchealth.org/bhrs-doc/cell-phone-usage-01-01>.

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

2. Mental Health Assessments, Treatment Plans and Progress Notes

The full assessment and treatment plan may be completed over the phone for both Mental Health programs and DMC AOD programs.

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." You may finalize the assessment even if you have areas in the assessment that you were not able to assess. Do not leave the assessment in draft.

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.

Treatment Plan:

For the portion of the treatment plan that states "Did the Client sign the Treatment Plan?" – Select "Verbal Approval."

For the portion of the treatment plan that asks "Was Client offered a copy of the Treatment Plan?" – If you will be unable to provide a copy of the plan to your client (which will be the case for most people), it is sufficient to mark "No" and 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.

The key is to document the reason for completing the assessment, treatment plan, or other clinical document without the client present in that document and in the progress note. You will continue to accurately code for these services as normal. If the service is billable in person, it is still billable over the phone.

You will not need to go back after Shelter in Place to obtain signatures on treatment plans for which you have already obtained and documented verbal agreement from the client.

3. Group Services

Individual and Group services can be provided via phone (without video) or telehealth (video conferencing) for both Mental Health programs and DMC AOD programs. Please see Telehealth section (starting at page 9) for more information about telehealth platforms for groups.

- For DMC AOD programs, there is a 12-client group size limit.
- There is technically no cap for Mental Health program group sizes, although some video conferencing platforms limit the number of participants in a group session.

4. PSC-35

You can mail the form to the caregiver, email the form to the caregiver using secure (#sec#) email through your county email address, or wait until face-to-face session resume to complete this.

Consents and Signatures*

*It is appropriate during the COVID-19 situation to get verbal consent in lieu of client signatures on all consents and authorizations. You would document this clearly on the form and in a progress note.

You will not need to go back after Shelter in Place to obtain signatures on consents for which you have already obtained and documented verbal consent from the client.

The San Mateo Medical Center (SMMC) is still requiring a wet signature to release the medical record.

5. Documenting Client's Informed Consent

How to document client's informed consent:

Option 1: Verbal Consent – If you are unable to obtain the client's signature on the form, you may obtain client's verbal consent. The clinician will fill the appropriate form out and note that the client verbally consented in a progress note and directly on the form. If possible, print and sign on the provider signature line. If you do not have a printer, you may fill in the fillable PDF and type your name in the provider signature line and type in the client's signature line that the client verbally consented. You do not need to have the client sign the form at a later date – verbal consent is sufficient. Keep these documents in a secure location, email to your admin, or mail them into your clinic for scanning at a later date.

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.

If a consent form does not have a “date” field, you can write/type the date anywhere on the consent form and document this consent in a progress note.

6. Consent for Treatment/ROI and other consents (For both Mental Health and AOD programs)

Consent for Treatment, Release of Information/Authorization, and other consents in most cases will be completed over the phone.

Link to common consent forms: <https://www.smchealth.org/consents>.

We have attached fillable versions of some of the more commonly used consent forms to this email.

Link to Client/Family Welcome Page: <https://www.smchealth.org/new-client-information-english>

The Client/Family Welcome Page contains all information typically included in the welcome packet for new clients, such as the Notice of Privacy Practices. Clients can review the Notice of Privacy Practices by directly accessing this website.

Revoking of consents: Clients can verbally revoke a previously authorized release of information (“Authorization for Use and Disclosure of PHI”). A written revocation is not required during the COVID-19 situation. The verbal revocation should be documented in a progress note. Remember to also update the “Consent Tracking” form in Avatar.

7. *NEW* Telehealth Informed Consent Form

California State law requires that clients give informed consent prior to receiving telehealth. Please use the attached “Telehealth Informed Consent Form” when providing video conferencing services directly to the client or their family. (This form is not needed for services provided over the phone without video)

This does not take the place of a Release of Information form or the Consent to Treatment form. The Telehealth Informed Consent form is for the purpose of informing the client of the risk and benefits of accessing services through telehealth and obtaining their consent for you to use telehealth with client.

In order to gain authorization from the client to communicate with other individuals/entities about the client, you should use the “Authorization for Use and Disclosure of PHI” (Release of Information) form. For obtaining client’s consent to treatment, please use the “Consent to Treatment” form.

Only one telehealth informed consent 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 “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.

Directions for using the Telehealth Informed Consent Form:

Provider should review the form with the client over the phone or in the first telehealth session (or in your next session if you have already started providing telehealth services).

Please follow the guidance in item 5 above (“Documenting Client’s Informed Consent”) regarding how to obtain and document client’s consent.

If obtaining verbal consent on the Telehealth Informed Consent form, please mark the box under the “Verbal Consent to the Use of Telehealth” section on the form.

8. Medication Consents

MD/NP’s should review the Medication Consent and the risks and benefits of the medications with the client. Please follow the guidance in item 5 above (“Documenting Client’s Informed Consent”) regarding how to obtain and document client’s consent.

Regarding prescribing controlled medications: 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. However, new prescriptions cannot be started for new patients without a telehealth (videoconferencing) or in-person visit. The exception would be for a buprenorphine prescription, which can be prescribed for a new client through either a phone or telehealth (video conferencing) appointment.

Regarding prescribing non-controlled medications: For both new and existing clients, non-controlled medications can be prescribed via phone (without video), telehealth (video conferencing), or in-person. A face-to-face (telehealth or in-person) evaluation is not required, even if it is a medication that is new to the client.

Regarding prescribing medication to clients who were recently discharged from your care/episode: If the client’s discharge date from your direct care/episode was less than 45 days go, you may prescribe medication for the client as if they had never been discharged. If the client was discharged more than 45 days ago, please follow the guidance above regarding prescription of medication for new clients.

Regarding continuation of previous prescription for clients new to our BHRS system:

- If you have a new client, you may prescribe a continuation of a non-controlled medication that the new client had been receiving prior to being under your direct care, as long as you have evaluated the client either via phone, telehealth (video conferencing), or in-person.
- For continuation of controlled medication, please follow the directions above regarding prescription of controlled substances.

Regarding continuation of previous prescription for clients who are transferring between BHRS clinics:

- If a client is transferring from one BHRS prescriber to another BHRS prescriber, the previous BHRS prescriber should provide enough medication to last until the new BHRS prescriber can properly evaluate the client and follow the guidance above regarding continuation of previous prescriptions. If the previous prescriber is not available to prescribe, please contact the Medical Director for further guidance.

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

Coding & Billing

9. Location Codes

When writing a progress note for tasks such as the write up of your assessment, use the location code of “OFFICE” as your home is considered an extension of your office during the COVID-19 situation.

See below for information on Telehealth and Lockout location codes. Some programs (Redwood House and Serenity House, DMC-ODS programs, and some MH Contractors) have specific guidance regarding the Telehealth and Lockout location codes, which is also included below.

Telehealth Location Code

If the client is not in a lockout location, use “Telehealth” location code when providing direct services to the client via video conferencing.

- **For DMC-ODS (AOD) program:**
 - DMC-ODS programs do not have the location code “Telehealth.” Instead, use location code “Office” and note that the service was Telehealth in the note.
- **For MH contractors that do not have Telehealth location codes:**
 - If “Telehealth” location code is not available: Use location code “Office” and note that the service was Telehealth in the note. However, your system should add location code “Telehealth” when possible.

Lockout Location Codes

- Use the location of the client as the location code if they are in a lockout setting. You would still use the appropriate Service Code when providing services in a lockout setting (e.g. Service Code: Individual Therapy with Lockout Location Code).
- Use the lockout location code even if the service is over the phone or video conferencing. If the client is **not** in a lockout location and the service is over the phone, use Location Code: Phone. If the service is via teleconferencing (video), use Location Code: Telehealth, and write in the note that the service was provided via telehealth.
- **Mental Health Lockouts include:** PES, Psych. Hosp., Serenity House, Redwood House, Jail or Jail like setting, IMD.
- **For Redwood House and Serenity House staff:** Redwood House and Serenity House staff would not use “Lockout” as a location code when they provide services at their own program location (Redwood House or Serenity House). Instead, they should use the location code of “Office.” The lockout is for other providers (who are not Redwood House and Serenity House staff) so that they don’t bill. However, Redwood House and Serenity House staff would still use other lockout codes, such as “Jail” or “Psychiatric Hospital – Lockout,” if the client was at those locations part of the day.
- **For DMC-ODS (AOD) program:**

- DMC-ODS lockouts are controlled by the BHRS billing department.

➤ **For MH contractors that do not have Lockout location codes:**

- Do not bill for services while the client is in a lockout location. However, your system should add Lockout location codes when possible.

10. Medication Codes

The time spent delivering a service directly **to the client** over video conferencing is recorded under Service Time Client Present in Person category (face-to-face time).

MD/NPs:

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

RN:

- RN's may provide Medication Support and use code 15U/15 via phone, video conferencing or in person.

11. Mental Health Using Code 55

For Services that are provided after first 60 days of opening:

Please continue to follow the same rules that applied for coding unplanned and planned services that were in place prior to the current COVID-19 situation. Code for unplanned services if the assessment and treatment plan are not yet completed. You may code for planned services as soon as the assessment and treatment plan are completed.

After 60 days, if there is still no finalized treatment plan or assessment, please do not use code 55 for a billable service. Instead, please continue to use the appropriate code for the service that was provided (e.g., Individual Therapy, Collateral, etc.).

In the above circumstance, billing system automatically blocks all the billing to Medi-Cal, but as long as the appropriate service code is used, then we can still try to attempt to bill to other non-Medi-Cal payors.

For Notes that are written after 30 days of when the service was provided:

In the rare circumstance in which you may find yourself writing a note 30 days after you provided the service, you should use code 55.

For Unbillable Services:

Please continue to use code 55 for unbillable services that you provide (e.g., leaving voice messages, writing up court reports, etc.).

12. Missed Visits

Missed Sessions: If a client misses a phone/telehealth appointment, document that missed appointment in a progress note with a “Missed Visit” location code, and code the service as you normally would. (e.g. Service Code: Individual therapy; Location Code: Missed Visit)

13. In-Person Appointment exceptions

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. 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**

14. 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*. 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. *Remember, in-person contact should rarely be made during this time, and only when absolutely necessary.*

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.

15. Use of Avatar Scheduler

Questions regarding this item should be directed to your clinical program manager.

Emergency Services

16. Client Contact Information

This is a good time to make sure that your client's contact information is up to date. Next time you talk to the client, make sure that you have all of the correct contact information in Avatar. Clinic Supervisors and Managers should make sure that clinical staff's phone number and emergency information is easily available. **Clinicians should also document reasonable efforts made to ascertain the contact information of relevant resources, including emergency services, in the client's geographic area.**

17. Emergencies/5150:

If an emergency or 5150 is handled over the phone, the clinician can still contact PES and the police for welfare check and contact any family members needed. 5150 evaluations may be conducted by authorized providers via telehealth (videoconferencing) or in-person, but not over the phone without video. Although the 5150 evaluation and form cannot be completed over the phone without video, the process can be initiated over the phone without video. If safe, the clinician can request the client go to PES on their own, preferably with a trusted individual, to be assessed. Please share this link as appropriate <https://www.smchealth.org/crisis-services>

Guidelines for Telehealth:

(see information for new Telehealth Informed Consent form in item #7 above)

18. Approved Telehealth (Video Conferencing) Tools

The following are Telehealth (Video Conferencing) Tools recommended for use by all SMC BHRS Staff and On-Site Contractors:

- Microsoft TEAMS (when the meeting is initiated by BHRS staff. TEAMS meetings initiated by clients are not encrypted, but those that are initiated by BHRS staff are encrypted).
- Doxy.me (County-issued doxy.me account)
- FaceTime with County-issued iPhone can be used temporarily during the COVID-19 situation

Our goal is to continue to provide services to clients during the COVID-19 situation. QM recommends that BHRS Staff utilize the above videoconferencing tools for all services, including individual and group services, to continue to ensure that services are being provided in a manner that is safe and secure for clients and staff.

While Doxy.me currently has a group size limit of 10, Microsoft TEAMS can accommodate up to 250 participants in one meeting and can be accessed via the app or via the web without downloading the app. For more detailed instructions of how to set up a group in TEAMS, please see our accompanying "How to Use Microsoft TEAMS for Running Groups" document.

If you feel that there is a need that is not being met through the above options (for example, if you feel you need features available in Zoom that are not available in TEAMS), please contact QM at [HS BHRS ASK QM@smcgov.org](mailto:HS_BHRS_ASK_QM@smcgov.org).

The above platforms are recommended by QM for all BHRS staff. However, it is understood that there are circumstances under which the above might not be readily available for everyone. Therefore, **the County IT Security Officer and the County Privacy and Compliance Officer have confirmed that a Business Associate Agreement (BAA) is not required** when determining which video conferencing tool to use when providing services. See below for more details about this:

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."

Other agencies' video conferencing tools:

The County IT Security Officer and County Compliance / Privacy Officer has provided the following guidance regarding the use of video conferencing tools:

- 1. What do we do when an entity is out of compliance? (For example, a school district states that they do not have a BAA and they continue to ask our staff to provide PHI)**
Lack of BAA is currently not being enforced.
- 2. Staff have been asked to create personal Gmail accounts to participate in Google Hangouts, what are the guidelines around this?**
Gmail accounts are not required for Google Hangouts if they are invitees, though the host does. The lack of understanding on the hosting party of how to do this may be at fault. I recommend advising the hosting party on how to properly setup a Google Hangouts meeting with external invitees.
<https://www.bralin.com/how-to-setup-google-hangouts-with-external-users>
- 3. What are the requirements and who needs to confirm them?**
For participating in a telehealth session using a non-public facing video conference tool, the only requirement stated in the memo(s) is the provider act in good faith for provisioning care in the use of such technology during the COVID-19 crisis.

If you are invited to attend a meeting from another agency (including contract agencies, school districts, etc.) that is not using one of the county's approved video conferencing tools.

- 1) Per the County IT Security Officer and County Privacy and Compliance Officer (see above), you may 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. You also have the additional option of providing information to the school by submitting a written report to the school via secure email.

19. Telehealth (video conferencing) (Non-MD/NP):

In some situations, telehealth (video conferencing) may be preferred. All staff that provide direct services to clients may use video conferencing (telehealth) when clinically appropriate. Many staff and clients will not prefer to use video conferencing. If clinicians prefer to use video conferencing because they need to see the client or the client needs to see the clinician, they may do so. VIDEO CONFERENCING IS NOT A REQUIREMENT FOR DELIVERING SERVICES.

When providing video conferencing (telehealth) to a client, this is considered face-to-face. The time goes into “Service to Client Present in Person” and the location code is “Telehealth,” unless they are in a lockout location.

When providing video conferencing to a caregiver or anyone that is not the client (such as case management with other providers without the client present), this time goes into “Other Billable” time and is coded phone, unless the client is in a lockout location.

See item 9 in the “Coding & Billing” section above for information regarding Lockout Locations.

20. Telehealth (video conferencing) for MD/NPs:

MD/NP’s will still provide many services over the phone; video conferencing (telehealth) is an additional tool and is not required for most services. If MD/NP’s would like to see their client, they can use Microsoft Teams for this purpose (Call BHRS-IT at 650-573-3496 for assistance in setting this up). If you have a county-issued iPhone, you are temporarily allowed to use Facetime during the COVID-19 situation. Doxy.me is an additional video conferencing tool available to some staff who have been provided a County-issued Doxy.me account. Please see Section 18 “Approved Telehealth (Video Conferencing) Tools” above for additional information about teleconferencing tools.

When video conferencing (telehealth) directly with the client present, use location code “Telehealth,” unless the client is in a lockout location. See item 9 in the “Coding & Billing” section above for information regarding Lockout Locations.

Video conferencing (telehealth) with the client present is considered face-to-face minutes. Please put this time in the “Service to Client Present in Person” category. Services involving providers *without the client present* (e.g., case management meetings) or meetings with caregivers *without the client present* should use the location code of “Phone” (unless the client is in a lockout location) even if the providers are meeting via video conferencing.

21. Troubleshooting Phone and/or Video Conferencing Applications

For technical assistance with phone or telehealth applications (MS TEAMS, doxy.me, etc.) please submit a service request through the “Service Now” feature in OKTA or call (650) 573-3400.

Got a question? Email: HS_BHRS_ASK_QM@smcgov.org