SPECIAL TOPIC ASK QM WEBINAR

GUIDELINES FOR PROVIDING HYBRID SERVICE DELIVERY & CLIENT RECORDS, LIMITS OF CONFIDENTIALITY, AND HEALTH INFORMATION EXCHANGE

Presented By the BHRS Quality Management Team
NOVEMBER 17, 2021
TODAY’S TOPICS

- Guidelines for Providing Service In-person and Remotely
- Client Records, Limits of Confidentiality, and Health Information Exchange
- Informed Consent & Your Role
Guidelines for Providing Service In-person and Remotely
EMAILING/ TEXTING CLIENTS

- May be used to communicate with clients in some cases but should NOT be used as the platform to provide therapy sessions.
- Client consent must be gained in advance of emailing clients. Review risks, limits, and benefits of email.
- It is best for 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.)
- Follow the guidelines in the cell phone agreement regarding appropriate use of cell phone and text messaging with client.
SIGNATURES ON DOCUMENTS

Consents & Tx Plans:

Meet in-person whenever possible.

- When completing consent forms and treatment plans, you should get the client’s wet or electronic signature whenever possible.

Verbal consent is still OKAY.

- If you are only able to get verbal consent, you should still complete the form. Document the client’s verbal consent on the form itself AND in a progress note and briefly explain why a signature could not be obtained.

You will NOT need to go back after the PHE (Public Health Emergency) to obtain signatures on treatment plans and consents if you obtained/documented verbal consent during the PHE.

Use the Avatar Consent form if you are an Avatar user.
For now, the full assessment may be completed:

- in-person
- via video conferencing
- or over the phone

***Note: This may change. If there is a change, QM will inform you of any changes.

Best practice for assessments is to meet with the client in-person when possible and clinically appropriate.
For **BHRS Staff**, the only telehealth platforms that will be authorized after December 31, 2021 will be:

- Microsoft Teams (County account)
- Doxy.me (County account)
- Zoom for Healthcare (County account; accounts will be available soon)
- FaceTime will no longer be an approved platform.

**Contract Agencies** must have a version of their telehealth platform that includes a Business Associates Agreement in their contract.
Guidelines for Providing Hybrid (In-Person and/or Remote) Service Delivery Documentation Guidance Updated 9.23.21

- replaces the COVID-19 Documentation Guidelines

Link to Telehealth Resources for Clients

Consent Forms and Client Consent Form Scripts

Additional Remote Services resource for BHRS Youth staff: Virtual Toolkit - contact etsujii@smcgov.org
Client Records, Limits of Confidentiality, and Health Information Exchange
LIMITS TO PROTECTED HEALTH INFORMATION

SHARED UNDERSTANDING OF CURRENT INFORMATION SHARING PRACTICES AND INFORMED CONSENT
Circle of Sharing Mental Health Client Information

NO ROI (RELEASE OF INFORMATION CONSENT) IS NEEDED

This is covered by Informed Treatment Consent: Treatment, Payment, & Operations

Outside the green box
NEED CONSENT TO SHARE
Family
Friend
Probation
Social Security
Housing
Past providers
Schools
Education
Jobs
Banks
Courts
Police (unless 5150 or crime at facility)
Food bank

Outside the green box
BHRS WILL SHARE WITHOUT CONSENT IF NEEDED
Police for 5150 & illegal activity on site
Mandated Reporting-CPS/APS

Soarian®
Mediclinical
BHRS staff, County Health, Aging & Adult, FH, Correctional Health, Medical Center & Clinics

Medical Center EMR
BHRS staff, County Health, Aging & Adult, FH, Correctional Health, Medical Center & Clinics

Other County Systems Correctional Health, jail Bookings

BHRS EMR
People with AVATAR access, some HPSM staff, most BHRS staff, many BHRS contractors, some Medical Center Staff: PES, 3AB, Health Van, some PCP/NP from the clinics, some FH, some correctional health staff.

HIE (Health Information Exchange)
All BHRS staff, All county Health, Aging & Adult, FH, Correctional Health, Medical Center & Clinics

SMC Connected Care HIE - Prod
BHRS shares Client Protected Health Information regularly with other parts of San Mateo County:

- HPSM – Health Plan of San Mateo
- SMMC – San Mateo Medical Center
- AAS - Aging & Adult Services
- FHS - Family Health
- CHS - Correctional Health Services
- PHPP (WPC/Bridges to Wellness) - Public Health, Policy and Planning

Data is used for:

- Treatment
- Shared understanding for clients that are being served within Health Plan
- Research and Evaluation
- Grant funding (we remove names and any other identifiable information)
- Supporting clients in vulnerable areas
- Identifying outreach efforts
- Auditors
TODAY’S TOPICS

Informed Consent & Your Role
Explaining that the treatment team has a circle of support staff that we share information with, to allow for the best care possible. These are trusted people that must protect the information about clients shared with them and are required to follow all the same rules regarding PHI as clinical staff.

- The process of explaining the limitations and advantages of our services, and sharing of information, is informed consent.
- Don’t over-promise. We will not limit needed sharing for billing, operations, mandates, and current treatment.
- It is not appropriate to agree to NOT share information with prescribers. This is not in the best interest of clients.
- Current treating health care providers do not need an ROI to share information. All current providers with access to the HIE would automatically have access to the client’s information that is inputted from these EHRs into the HIE.
- Best practice is to inform your client of if/when you are in contact with other treatment providers about your client's care and to ensure that the individual requesting information is who they say they are.
NOTICE OF PRIVACY PRACTICES (NPP)

- Required for all new clients.
- **Sample Script:** “BHRS is requesting your consent to receive behavioral health services, which may include case management and medication support services (only if you agree to medication support services). Are you agreeing to receive services from BHRS?

I will provide you with a detailed notice of our privacy practices. Please let me know if you have any questions after you review it.

We are required by law to make sure that behavioral health information that identifies you is kept private. We are required to give you this notice of our legal duties and privacy practices with respect to behavioral health information about you. BHRS will follow the terms of the notice. BHRS will share your information as mandated by law, and for treatment, payment, and our daily health care operations (such as quality review).”

- NPP Policy and Forms: [https://www.smchealth.org/bhrs-doc/notice-privacy-practices-03-02](https://www.smchealth.org/bhrs-doc/notice-privacy-practices-03-02)
- Clients can access the NPP anytime directly from the BHRS Client and Family Welcome Page.
**YOUR ACTION IS NEEDED...**

<table>
<thead>
<tr>
<th>To Know</th>
<th>To Inform</th>
<th>To Understand</th>
<th>To Know the Future</th>
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| Know the amount of sharing of clients' PHI that occurs. Understand that many systems and people may have access to clients' PHI for payment, treatment, and operations. | Inform your client of the limits to the protection of PHI.  
This is true informed consent. | ALL PROGRESS NOTE WRITERS:  
Understand what amount of detail should and should not be in progress notes and other documents.  
Write Progress Notes, NOT Process Notes. | Client will have access to their charts (including progress notes, assessment, tx plans) in the next few years.  
Progress notes will be included in the HIE in the future. |
## CAN CLIENTS LIMIT THE SHARING OF PHI WITH OTHER SYSTEMS?

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<thead>
<tr>
<th>EHR</th>
<th>Can Sharing Be Limited</th>
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<tbody>
<tr>
<td>Avatar</td>
<td>BHRS will block a current Avatar user from their chart, the chart of a family member, or friend, from the site that they work at if they are also a client, upon request. <strong>Staff Request to Block Chart</strong></td>
</tr>
<tr>
<td>eCW - &quot;eClinical Works&quot;/Sorian</td>
<td>Can we ask SMMC to not include the PHI that we share with them in their progress notes, etc.? No, that is not appropriate. When we share information with providers, they may include this in their charts/progress notes.</td>
</tr>
<tr>
<td>HPSM</td>
<td>This information is shared for all clients; there is no way to block this sharing.</td>
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<tr>
<td>CURES</td>
<td>There is no way to block this sharing.</td>
</tr>
<tr>
<td>SMC Connected Care - HIE (Health Information Exchange)</td>
<td>The client may request to &quot;opt out&quot;. <strong>Opt Out Form</strong></td>
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<td>DHCS/Medicare/Private Insurance/other Payors</td>
<td>The client <strong>may not</strong> agree to billing private insurance by not signing the Assignment of Benefits. (However, this may mean that we cannot serve the client.) Information is still shared with DHCS.</td>
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The client has the right to request a restriction or limitation of the behavioral health information we use or disclose about their treatment.

- BHRS is **not required to agree** to the request to limit sharing with other providers or for payment.

- BHRS will agree to restrictions regarding sharing with family and friends, and **with non-treatment agencies** (e.g., educational partners or Probation).

- **Client must make the request in writing.**

BHRS Request Restrictions form can be found here: https://www.smchealth.org/bhrs-doc/restrictions-use-or-disclosure-protected-health-information-phi-client-request-03-08
WHAT DO I NEED TO KNOW ABOUT THE HEALTH INFORMATION EXCHANGE (HIE)?

- BHRS webpage with FAQs about the HIE: https://www.smchealth.org/post/faqs
- How clients can opt out of the HIE (opt out form is located at the bottom of this page): https://www.smchealth.org/connectedcare
- Important information about opting out of the HIE:
  - Opting out of the HIE does NOT mean that the client is able to prohibit other treatment providers from accessing their medical records. Current providers can still obtain medical records through other means without client consent. It just means that they won’t be able to access the records through the HIE.
- What information can be seen in the HIE?
  - Medications, lab results
  - Appointment dates and provider names
  - Currently, mental health progress notes are NOT included in the HIE
WHAT DO I NEED TO KNOW ABOUT THE HEALTH INFORMATION EXCHANGE (HIE)?

- **What does it mean to “Break the Glass” in the HIE?**
  - *Break the Glass* means that a provider who did not have access to the client’s files in the HIE accessed the client's HIE records due to an emergency circumstance. (*Break the Glass* may only be used for a medical emergency by PCP/ER.)
  - The HIE keeps a record of all access to the client’s records and provides alerts to the administrator when an HIE chart is accessed using the *Break the Glass* feature. You should only access the HIE for clients on your caseload. If you need to access a client’s chart (that is NOT on your caseload) through the HIE, please make sure that it meets *Break the Glass* requirements.

- **Does Avatar have a similar “Break the Glass” feature?**
  - No, Avatar does not have an automated *Break the Glass* feature, though it does keep a record of who accesses clients' charts.
  - If you or the client is aware that a staff person should NOT have access to the client’s record (e.g., client has a family member employed at BHRS), a request to block the chart must be submitted. Please use the “Staff Request to Block Chart” form found here: [https://www.smchealth.org/bhrs-policies/electronic-medical-record-security-and-electronic-signatures-17-01](https://www.smchealth.org/bhrs-policies/electronic-medical-record-security-and-electronic-signatures-17-01)
  - BHRS staff should only access the charts of clients as necessary for treatment, billing, or operations.
All current treating providers (except 42 CFR part 2 providers) may share information with each other **without the client’s consent.** This has always been the case since the inception of HIPAA.

**What’s different now with the expansion of electronic medical records?**

- It is now easier and much faster for providers to share information with each other. Previously, providers often did not know what other treatment providers the client was seeing unless the client provided that information. Now, with the click of a few buttons, providers are able to access this information without needing to ask the client for the contact information of their other treating providers.

**What about past treatment providers, or if records are requested from a current treatment provider for a client who is a past BHRS client?**

- For past treatment providers, an ROI should be obtained. Be sure to discuss with the client the nature of the request and have them complete an ROI.
Q&A
Q: What if a MH client does not want another currently treating provider to know about their other treatment? (E.g., client is concerned that they will be stigmatized by a medical provider if the medical provider knows they have an underlying mental health or AOD diagnosis.)

A: MH providers cannot agree to not sharing information with other healthcare providers. This may make the client uncomfortable, but it is considered best practice/best care to share information as needed.

This does not mean that you share everything. You may need to have a conversation with the client about what to share. The client can request a restriction, and may opt out of the HIE; however, the provider may still have Avatar access and will have access to many sources of information in other systems.

Mental Health Treatment: Current treatment providers—PCP, Primary Care, MH and any other treatment providers, including their support staff—may share as needed, but may only share what is necessary for treatment.

BHRS WILL NOT AGREE to a request to not communicate with other CURRENT PROVIDERS. This is very important. PLEASE DO NOT AGREE TO THIS. This is especially important for clients taking medications.
Q: I thought that no one could access a client’s personal health information without the client’s consent to share PHI, and that ALL access to their medical records was blocked from others’ access?

A: No, that is not true.

BHRS MH DOES NOT need client consent for:
- Mandated reporting - CPS, APS, threat of harm to others, public health. Applies to both AOD & MH.
- Allowable reporting - 5150s including calling police and/or family in some cases, illegal activity (such as theft) at a BHRS facility. Applies to both AOD & MH.
- Payment - Billing for services and other billing tasks. Applies to MH ONLY, NOT AOD.
- Operations - Management oversight, QM, audits, any support staff needed for operations or to provide services, run facilities, etc.). Applies to both AOD & MH.

Mental Health Treatment - Any current treatment provider—PCP, Primary Care, AOD, MH and any other treatment providers, including their support staff—may share as needed, but may only share what is necessary for treatment.

BHRS WILL NOT AGREE to a request to not communicate with other CURRENT PROVIDERS. This is very important. PLEASE DO NOT AGREE TO THIS. This is especially important for clients taking medications. MH ONLY (NOT AOD).

BHRS MH & AOD DO NEED client consent to share with:
- Non-treatment agencies like SSI, Probation, Education,
- Friends or family members who are not the legal consenting person.
QM Announcements

QM Staffing Changes

Jeannine is leaving current position 12/30/2021 (last day).
WOC QA Manager recruitment is ongoing. QA Manager Permanent Position will be posted soon at https://Jobs.Smcgov.Org/Healthcare-jobs/

This is our last planned webinar. Webinar Schedule – On Hold For 2022.

Documentation changes are coming mid-2022.

Thank You, any questions?