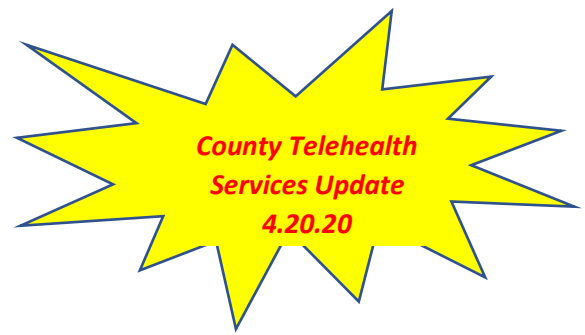


**Santa Cruz County Behavioral Health - QI MEMO
Telehealth & Phone Services –
UPDATES & Volume 3 FAQ's
COVID-19 - 4.20.2020**



Good News!!

We have heard back from the Department of HealthCare Services (DHCS) regarding answers to previously posed questions. In addition, DHCS received a response from the Centers for Medicare & Medicaid Services (CMS) regarding waivers submitted by DHCS in March, 2020.

Please NOTE: If you need support providing services and/or with documentation:

- FIRST: Consult your Supervisor
- If you still need support, email your question to: askQI@santacruzcounty.us
Please put "COVID-19 Response Question" in the subject line of your email

UPDATE / CHANGES from FAQ 1st Volume 3.19.20:

Q: When can I use Telephone services?

A: When all other face-to-face options (in-person, Telehealth, etc.) have been exhausted.

- DMC-ODS: ASAM Brief Screening may continue via Telephone. During the COVID 19 emergency, the initial assessment (including ALOC) may now be performed by telephone (in addition to telehealth / face-to-face) by a medical director, a licensed physician, a licensed practitioner of the healing arts (LPHA), or a certified alcohol or other drug (AOD) counselor. The medical director, licensed physician, or LPHA must then use the information gathered in the assessment to establish a substance use disorder (SUD) diagnosis, medical necessity, and level of care (LOC) placement.
- MH FQHC Providers: can now provide and bill for services via Telehealth & Telephone. A "new" client appointment shall occur via Telehealth (waived face-to-face requirement). Ongoing services for "established" clients can be by Telephone. Use regular billing codes as indicated by service type and location code "Telehealth" or "Telephone."
- CONFIRMED DOCUMENTATION REQUIREMENTS: In addition to documenting medical necessity for service delivery and "Phone" method, staff MUST also document circumstances involved that prevent the visit from being conducted face-to-face or by telehealth (client is at home and directed to remain at home, lives in setting with no access to the internet, does not have access to computer or technology to access telehealth, etc.)

Reference: DHCS Letter dated March 24, 2020, "[Medi-Cal Payment for Telehealth and Virtual / Telephonic Communications Relative to the 2019-Novel Coronavirus \(COVID-19\)](#)"

Q: DMC-ODS: Can the SUD consultation between an LPHA and counselor that is needed for level of care determinations also be done by telephone (not strictly in-person or via Telehealth)?

A:

- DMC-ODS: Yes, consultation between the Counselor (non-LPHA) and LPHA to establish medical necessity *can* now be done via Telephone. The LPHA must have a meaningful interaction with the counselor (face-to-face, Telehealth or Telephone) and the LPHA must then use the information

gathered to establish a substance use disorder (SUD) diagnosis, medical necessity, and level of care (LOC) placement.

Q: How do I document Telephone services?

A: This will not change, even though additional services for DMC-ODS and FQHC can now be conducted via Telephone

- Use “Phone” as the Location Code
- Use the service code that matches the service provided.
- All time is documented as “Other” time.
- DMC-ODS: Document the Start and End time of the phone session and the Start and End time of documentation time in the Presentation field.

Q: DMC-ODS: What is the process for an initial Assessment with a client who is new to the system?

A: ASAM Brief Screening may continue via Telephone. Initial ALOC Assessment may now additionally be conducted via Telephone.

Q: FQHC Providers: How do I provide an Assessment update to on-going clients?

A: Updated Assessments (Psychosocial assessments, MSE, Diagnosis, ANSA) may be conducted via Telehealth and Telephone using appropriate service and location code.

Q: How do medication prescribers get client consent for medication (MAT / psychotropic)?

A: Additional guidance from DHCS: Provider to review risks and benefits with client in session, obtain verbal consent from client and document this in progress note. If unable to obtain written consent for medication, the requirement for patient signature for receipt of psychiatric medication can be suspended during this time of emergency (Cal. Code. Regs. tit. 9 § 852).

REMINDERS from QI Telehealth Memo 3.23.20:

- Telehealth is now listed as a Location in the progress note templates.
- Select “Telehealth” (not Office) if conducting a telehealth service.
- Progress note narratives should include context of the COVID-19 crisis and document the client’s access to Telehealth services due to the shelter-in-place ordinance.

UPDATE / CHANGES from FAQ 2nd Volume 3.27.20:

Q: Will there be a separate consent form for clients to consent to Telehealth?

A: Yes. County Behavioral Health expects to release a Telehealth Informed Consent (English and Spanish) that will be uploaded to the County Internet for provider use. **In the meantime**, verbal consent should be obtained and documented in medical record.

Q: What is the Behavioral Health Telehealth platform?

A: County ISD instructs County Behavioral Health staff to use Microsoft TEAMS. Effective the week of 4/13/20, Doxy.me is a supplemental HIPAA Compliant platform available for designated County Behavioral Health ACCESS and Psychiatry staff. To ensure Behavioral Health services are available to clients during this COVID19 period, County Behavioral Health reminds all County and Contractor staff to review and comply with the telehealth platform guidance set forth by SAMHSA (42 CFR, Part 2) and the

Office of Civil Rights regarding HIPAA compliant platforms. Public-facing products continue to NOT be allowed.

https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf?hss_channel=tw-889165248

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

Q: MHP: Can Telehealth be used to place or release involuntary holds on individuals (Evaluation & Application for 72-Hour Detention for Evaluation and Treatment (WIC 5150))?

A: Yes, DHCS has authorized the use of Telehealth for writing holds and releasing holds.

<https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%91Response.aspx>

Q: MHP: Can an Assessment required by WIC 5151 be completed via Telehealth?

A: No (this did not change), per a direct email from DHCS County Support & Welfare & Institutions Code 5151, Assessments required by WIC 5151 are to be completed **in-person** and cannot be completed via telehealth (relevant for a 5150-receiving setting).

Q: MH FQHC Provider: How do I bill and complete progress notes for a service provided via the Telephone?

A: See update / change from FAQ Volume 1: MH FQHC Providers can now provide and bill for services via Telephone. Use regular billing codes as indicated by service type and location code, "Telephone." Document reasons that support the need to provide a "telephone" service.

Q: DMC-ODS: What are my options to complete the ASAM LOC (level of care) Assessment and the Health and Physical Exam?

A: ASAM LOC (level of care) Assessment: See update / change from FAQ Volume 1: Both the initial ALOC and the ASAM updates can now be completed via Telephone, in addition to via Telehealth or face-to-face.

A: Health and Physical Exam: DHCS released an update on 4/17/20 granting [MAT services via telehealth](#). Per the Governor's [Executive Order N-43-20](#) (dates 4.3.20), the DHCS' document on [Medi-Cal Telehealth and Telephone Services \(dated 3.24.20\)](#), and this latest release, NTP/MAT Medi-Cal providers can conduct telehealth services instead of in-person/face-to-face (including physical health services) during this COVID-19 crisis.

New FAQ 3rd Volume 4.17.20:

Q: Can group counseling services be conducted via telehealth and telephone?

A:

- **MHP:** Yes. Providers must obtain consent from all the participants and take the necessary privacy and security precautions.
- **DMC-ODS:** Yes. Providers must obtain consent from all the participants and take the necessary privacy and security precautions, in compliance with HIPAA and 42 CFR Part 2 (for DMC-ODS).

The 12-client group size limit still applies in for DMC-ODS.
Sign-In sheet requirements. DHCS is researching this question. For now... Document group consent and participation in Progress Note to address the need to meet sign-in sheet requirement.

Q: Will DocuSign be available to send forms electronically?

A: Yes, QI is prioritizing forms that will be available soon via DocuSign.

Reminders:

- There was a timeframe change regarding State Fair Hearings. Behavioral Health Quality Improvement created a COVID-19 Supplemental Information page that must be included with other enclosures when a beneficiary receives a NOABD. If you did not receive this information, email: askQI@santacruzcounty.us

DHCS COVID 19 website: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%919-Response.aspx>

MAT/NTP Provider Information: https://www.dhcs.ca.gov/provgovpart/Documents/COVID-19-FAQ-MAT-and-Telehealth_CSD.pdf

Governor's Executive Order: <https://www.gov.ca.gov/wp-content/uploads/2020/04/4.3.20-EO-N-43-20-text.pdf>;

HHS.gov: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

Additional SAMHSA Guidance: <https://www.samhsa.gov/coronavirus>

COVID-19 Specific Questions / Resources:

CDC Guidance regarding exposure to COVID-19:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Local Public Health Department Information:

<https://www.cdph.ca.gov/Pages/LocalHealthServicesAndOffices.aspx>

County of Sant Cruz Health Services Agency:

<http://www.santacruzhealth.org/HSAHome/HSADivisions/PublicHealth/CommunicableDiseaseControl/CoronavirusHome.aspx>
