

**Santa Cruz County Behavioral Health Quality Improvement  
COVID-19 Frequently Asked Questions (FAQs)  
3.19.2020 Update**

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**Introduction**

As a response to our County’s evolving COVID-19 prevention measures and the current “Shelter in Place” ordinance, County Behavioral Health Quality Improvement has developed this FAQ as a guide to address the many question we have received during this week. We are in continual contact with DHCS and will provide further updates as obtained to staff and contract providers. Please also see the DHCS Information Notices and Health and Human Services link at the bottom of this document.

Telehealth (video) and Telephone services with clients are highly encouraged by all Behavioral Health providers due to the shelter in place ordinance. To establish appropriate service type, assess your client’s ability to access Telehealth technology and Telephone capabilities. If Telehealth is not an option for the client, the telephone can also be used to provide remote services. Telehealth and Telephone services must be delivered within the provider’s scope of practice.

- Client verbal consent shall be obtained and documented prior to each Telehealth and Telephone service. Progress note narratives should include context of the COVID-19 crisis and document the client’s access to Telehealth and Telephone services due to the shelter-in-place ordinance. (More details below)

**Definitions**

- Telehealth: Telehealth requires 2-way real-time video between provider and client and documented client consent (oral, written, or digital consent). Telehealth is not a distinct service, but a way that providers deliver health care to their patients that approximates in-person care. The standard of care is the same whether the patient is seen in-person or through telehealth.  
<https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthResources.aspx>
- Telephone: Use of the Telephone for voice phone call only is not a Telehealth service.

**Q: How does a contract provider begin implementing Telehealth services?**

**A:** Per DHCS, Counties shall have oversight of Telehealth services. Therefore, contract providers should submit, via email to AskQI, a description of how you will implement Telehealth services. This description should include:

- 1) Platform to be used;
  - 2) Program(s) that will utilize Telehealth services;
  - 3) Staff training to be provided;
  - 4) Implementation date;
  - 5) Point of contact who will be available to receive updates on a weekly basis (at a minimum) from Behavioral Health QI staff.
- For Telehealth resources please see references below including DHCS Telehealth FAQ for Behavioral Health and HHS.gov

- **PLEASE NOTE:** DHCS has stated that Public Facing video communications such as Facebook Live, Twitch & Tik Tok should **not** be used in the provision of telehealth services.

**Q: When can I use Telehealth services?**

A:

- Mental Health Plan (MHP): All services provided that are typically provided face-to-face can be provided via Telehealth.
- County MH FQHC Therapists (FQHCO): DHCS is seeking a federal waiver to extend beyond in-person. County BH is allowing these service to be provided by Telehealth, but currently must be billed as non-billable code (M631-- Non-billable Assessment or M641- - Non-billable Therapy).
- DMC-ODS: All services provided that are typically provided face-to-face can be provided via Telehealth.

**Q: How do I document a Telehealth service?**

A: There is not currently a Telehealth Location Code in Avatar. This is under review.

- For now, use “Office”, even if the service was provided from your “home office.”
- Use the service code that matches the service provided.
- The time while interacting with the client is “Face to Face”. “Other” time includes documentation only. DMC-ODS: Document the Start and End time for session and documentation.
- In every Progress Note please indicate in Presentation section:
  - service was provided via Telehealth;
  - client agreed to receive services via Telehealth;
  - client is in a confidential and safe location.

**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. Per DHCS, Initial ALOC Assessment and H&Ps **must be** conducted in person or via Telehealth, **not** Telephone.

**Q: How do I provide services over the telephone?**

A:

- MHP outpatient services are already available via telephone. Appropriate services include Assessment, Plan Development, Individual and Group Rehabilitation Counseling, Collateral, Individual and Group Therapy for Children’s Programs, Case Management, and EPSDT. Residential daily/weekly based services are conducted as per usual in person at the facility.
- FQHCO may provide assessment and therapy on the phone with clients. FQHC Therapists should use a non-billable code (M631-- Non-billable Assessment or M641-- Non-billable Therapy) to write the progress note, until otherwise notified.
- DMC-ODS services are already available via telephone. Appropriate services include screening, re-assessment, case management, individual and group counseling. Residential daily/weekly based services are conducted as per usual in person at the facility.

**NTP specific:** initial assessment and health and physical exams must be in-person per DHCS COVID 19 FAQ: NTP.

**Q: How do I document Telephone services?**

A:

- 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: What is the process for an initial Assessment with a client who is new to the system, entering through a Gate?**

A:

- MHP: Medical Necessity for Specialty Mental Health Services may be established over the Telephone or via Telehealth. Psychosocial assessments, Mental Status Exam (MSE), Diagnosis, CANS/ANSA, and PSC-35 may be conducted via Telehealth or Telephone services. When assessing over the Telephone, any items that are not able to be obtained visually must be documented as unknown / unable to obtain (e.g., client’s affect in the MSE).
- DMC-ODS: ASAM Brief Screening may continue via Telephone. Initial ALOC Assessment must be conducted in person or via Telehealth, not Telephone.

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

A:

- MHP: Updated Assessments (Psychosocial assessments, MSE, Diagnosis, CANS/ANSA, PSC-35) may be conducted via Telehealth or Telephone
- FQHCO: Updated Assessments (Psychosocial assessments, MSE, Diagnosis, ANSA) may be conducted via Telehealth or Telephone using M631-- Non-billable Assessment service code.
- DMC-ODS: Updated ASAM re-assessments may be conducted via Telehealth or Telephone.

**Q: How do I complete a Treatment Plan?**

A:

- MHP and FQHCO: Clients/guardians may give verbal consent to sign Treatment Plans during Telehealth or Telephone services. After documenting verbal approval by the client, the **LPHA** must continue to Finalize (sign) the Treatment Plan in Avatar as before. Providers shall document the context of the lack of client signature in the chart, example:

“Due to COVID-19 safety procedures the treatment plan was reviewed verbally with (client/guardian) on (date) and verbal consent was obtained. Copy of the plan will be mailed to the client’s address.”

QI has waived the requirement to document continued attempts to obtain signature if

you have documented obtaining verbal consent. Once the client/guardian is seen in person again, their signature must be obtained on the current Treatment Plan.

- **DMC-ODS:** Clients/guardians may give verbal consent to sign Treatment Plans during Telehealth or Telephone services. After documenting verbal approval by the client, the **counselor and LPHA** continue to sign and date the Treatment Plan as before. Providers shall document the context of the lack of client signature in the chart, example:

“Due to COVID-19 safety procedures the treatment plan was reviewed verbally with (client/guardian) on (date) and verbal consent was obtained. Copy of the plan will be mailed to the client’s address.”

QI has waived the requirement to document continued attempts to obtain signature if you have documented obtaining verbal consent. Once the client/guardian is seen in person again, their signature must be obtained on the current Treatment Plan.

**Q: How do I provide hard-copy information to clients, such as Treatment Plan copy or NOABD?**

A: Agencies shall establish processes for mailing correspondence (such as Treatment Plans, NOABDs, etc.).

**Q: Can I use email to correspond with clients?**

A: Email requires encryption **and** client approval. Client consent to use of encrypted email must be documented in the chart. Contact your Agency management for further processes.

**Q: Can I provide services to clients via Text Messaging?**

A: At this time, DHCS has not approved texting as a secure method of contacting clients. This question has been posed to DHCS.

**Q: How do I get client consent for treatment or to release information?**

A: Due to confidentiality laws (HIPAA, 42 CFR, etc.) DHCS is consulting with federal regulatory agencies regarding alternative methods to obtain authorizations that do not require signature. County is in continual communication with DHCS regarding alternative methods for consent during this crisis. In the meantime, forms can be sent via snail mail or via encrypted email. Soon, forms will be available on the County Behavioral Health website for clients to download, complete and mail.

**References:**

- DHCS COVID-19 Response Page: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%91119-Response.aspx>
- Includes: DHCS BH Information Notice No: 20-009 (March 14, 2020); DHCS COVID 19 FAQ: NTP; DHCS COVID 19 FAQ: Behavioral Health;
- Telehealth sources from DHCS & HHS.gov:  
<https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthResources.aspx>  
<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>