




INFORMATION NOTICE 20-05

Effective	March 27, 2020
Revised	June 11, 2020
To	Department of Behavioral Health (DBH), Contract Agency, and Fee For Service (FFS) Behavioral Health Provider Staff
From	Veronica Kelley, DSW, LCSW, Director 
Subject	Quality Management Chart Documentation Guidance due to COVID-19
Purpose	The purpose of this Information Notice (IN) update is to provide interim guidance to behavioral health providers who are providing mandated specialty mental health services (SMHS) and/or Substance Use Disorder (SUD) services during the COVID-19 pandemic. The guidance provided in this updated Information Notice is effective March 15, 2020, unless otherwise indicated, and does not end until further notice.
Background	In accordance with the Department of Health Care Services (DHCS) Behavioral Health Information Notice (IN) No. 20-009 , Governor's Executive Orders N-43-20 and N-55-20 , the Weekly DHCS COVID-19 All County Behavioral Health Call, and DBH IN 20-04 , DBH is issuing guidance on chart documentation completion during this time. DBH will update this Information Notice as new information is released by DHCS.
Telehealth or Telephonic Services	Per DHCS, all SMHS and most SUD services may be provided by telehealth and telephone. The following elements apply to provision of telehealth and/or telephonic services: <ul style="list-style-type: none"> • Telehealth is not a distinct service, but an allowable mechanism to provide clinical services. The standard of care is the same whether the client is seen in-person, by telephone, or through telehealth. • Providers must continue to follow current chart documentation requirements unless otherwise indicated in this IN, or if there is an exception provided by DHCS in one of the referenced COVID-19 notices.

Continued on next page

INFORMATION NOTICE 20-05, Continued

**Telehealth or
Telephonic
Services,
continued**

- Services are reimbursable for both SMHS and Drug Medi-Cal Organized Delivery System (DMC-ODS).
- Licensed providers and non-licensed staff may provide services via telephone and telehealth, as long as the service is within the provider's scope of practice.
- DHCS does not restrict the location of services via telehealth. FFS providers and contract agencies may provide services from anywhere in the community and clients may receive services via telehealth in their home.

The following services may be rendered via telehealth or telephone:

SMHS	DMC-ODS
<ul style="list-style-type: none"> • Establishment of medical necessity • Assessment • Case Management • Collateral • Individual Counseling • Group services • Mental Health services • Crisis Intervention • Initial clinical diagnostic assessment • Plan development • Therapeutic Behavioral services • Intensive Care Coordination • Intensive home-based services • Psychiatric services, including relevant sections of the mental status exam • Psychotherapy • Components of Day Treatment Intensive • Day Rehabilitation • Adult Residential Treatment • Crisis Residential Treatment 	<ul style="list-style-type: none"> • Initial clinical diagnostic assessment (eff 03/01/20) • Establishment of medical necessity (eff 03/01/20) • Level of care determinations • Case Management • Collateral • Individual Counseling • Psychiatric services, including evaluation and management • Discharge Services • Group Services may be conducted via telehealth if the provider obtains consent from all the participants and takes the necessary security precautions, in compliance with HIPAA and 42CFR Part 2 (eff 03/01/20). • Plan development

For most SMHS, telehealth and telephone services are currently permitted independent of the pandemic.

Additionally, for DMC-ODS both telehealth and telephone services are currently allowed during the pandemic, whether or not the county opted to provide telehealth services. After the public health emergency ends, the only services that a DMC-ODS county may provide via telephone are those that are explicitly identified in the DMC-ODS Standard Terms and Conditions (STC).

Continued on next page

INFORMATION NOTICE 20-05, Continued

Telehealth or Telephonic Services, continued

Important Note: Certain services such as crisis stabilization, day rehabilitation, day treatment intensive, crisis residential treatment services, adult residential treatment and/or residential services require a clearly established site for services and some also include in-person contact with a client in order to be claimed. However, not all components of these services must be provided in person. The following are examples of the specific services:

- Mental health services-for example could include services via telephone for a client quarantined in their room due to illness.
- DMC-ODS services for example could include services via telephone for a client quarantined in their room in a residential facility due to illness.

Consent

Governor's Executive Order N-43-20 suspends the requirement for rendering providers of telehealth services for SMHS, DMC-ODS and NTP, to obtain verbal or written consent before the use of telehealth and no longer requires documentation of that consent only.

While verbal consent is not needed to render services via telehealth during the pandemic, verbal consent is still needed for treatment, medication, groups and other services that normally require written consent as indicated in the DBH Outpatient Chart Manual. When verbal consent is obtained instead of written consent due to inability to obtain because of the pandemic, providers must document the verbal consent in the client's chart.

Signatures

Due to the difficulty of obtaining client and provider signatures during the pandemic when services are provided via telehealth or telehealth, DHCS has issued the following guidance:

- If a signature of a client cannot be obtained, for any reason, which may include no face-to-face contact with client due to telephonic or telehealth services, the provider shall document in the client chart/record the reason for the missing signature (client not present due to COVID-19 pandemic).
- Patient signatures are waived for psychiatric medication consent forms per Governor's Executive Order N-55-20.
- DHCS does not require rendering providers to "make up" missing or late signatures when the pandemic ends, and will not ask for collection of signatures for clients starting and/or ending treatment during the pandemic. However, per DHCS, the requirement for signatures would resume, and DBH and its providers should obtain the client signatures when they are due, on a "go-forward" basis. Signatures shall not be backdated. DBH and its providers are not required to obtain client signatures at their next face-to-face appointment if the client signature is not due.

Continued on next page

INFORMATION NOTICE 20-05, Continued

Signatures, continued

- As many providers are rendering services remotely due to the pandemic, DBH recognizes the difficulty they may face in signing chart documentation if the provider's agency does not utilize an electronic health record (EHR). Therefore, during the pandemic, DBH is permitting provider signatures by various methods, including, but not limited to, use of a stylus, images of signatures, digital signatures, cursive font, etc.
- If the signature of the provider cannot be obtained, for any reason, DBH requires the provider document in the client's chart note the reason the provider's signature is missing.
- For FFS providers and contract agencies, if a signature can be obtained through a HIPAA-compliant app, such as DocuSign, that is permissible, if a Business Associate Agreement (BAA) is in place with the electronic signature (e-signature) vendor. Providers must ensure compliance with applicable privacy laws, including HIPAA, 42 CFR Part 2, and the Information Practices Act (IPA), whenever they transfer protected health information (PHI) through a secure electronic signature platform.

During the pandemic, e-signatures are permitted for both clients and providers, if providers and/or agencies have an EHR in place. If there is a malfunction of the electronic signature, the provider or client may do a "wet" signature and scan the document to the EHR. The provider must document the explanation in the chart record of why the regular process of obtaining an e-signature did not occur. Per DHCS, the scanned version of the chart will serve as the original, no paper version of the chart needs to be maintained.

For more information regarding obtaining approval for use of provider electronic signatures, contact DBH Compliance: DBH-ComplianceQuestions@dbh.sbcounty.gov.

Medication

During the pandemic, Medi-Cal is allowing clients to fill up to 100 days of non-controlled medications.

Utilization limits on quantity, frequency, and duration of medications may be waived by means of an approved Treatment Authorization Request (TAR) if there is a documented medical necessity to do so.

As some medications may be in short supply due to supply-chain challenges during the pandemic, DHCS recommends medical providers prescribe 100-day supplies of all chronic medications. Pharmacies are required to supply up to 72 hours of prescribed medications in an emergency and may provide the emergency supply without an approved TAR.

Continued on next page

INFORMATION NOTICE 20-05, Continued

Therapeutic Foster Care

A licensed mental health professional may provide direction to a Therapeutic Foster Care (TFC) parent through telehealth or telephone rather than in person.

5150 Evaluations and 5151 Assessments

Welfare and Institutions Code (WIC) 5150 evaluations may be performed by authorized providers face-to-face via telehealth in accordance with WIC 5008(a). This includes releases from involuntary evaluation and treatment, as appropriate. The services are billable to Medi-Cal whether provided in person or through telehealth as long as the individual has Medi-Cal coverage for the service and all Medi-Cal requirements are met. However, assessments required by WIC 5151 are to be completed "in person" and, as such, shall not be provided using telehealth.

Crisis Stabilization Unit (CSU) Services

The maximum length of stay requirements for clients in a CSU remains at 23-hour maximum. No exceptions are being made during the pandemic. Should a client remain in a CSU for more than 23 hours, the provider must be able to present evidence upon request by DHCS of good faith efforts the program has made to transition the client out of the CSU to their residence or an appropriate placement, including why that has not been possible. It is important to note that even if a client remains in a CSU beyond 23-hours, services beyond the maximum time limit are not Medi-Cal billable or reimbursable.

SUD Diagnosis

Providers may share SUD diagnosis during the pandemic as it considered an emergency. SAMHSA issued new guidance which allows providers to share client SUD diagnosis information that would normally be protected under 42 CFR Part 2 in instances of a bona fide medical emergency. Usage of the medical emergency exception must be documented by providers.

DMC-ODS Level of Care Determinations

During the COVID-19 pandemic, if the initial assessment of the client is performed by a certified AOD counselor in compliance with the Interagency Agreement (IA), then the medical director/licensed physician/LPHA must evaluate that assessment with the counselor to establish an SUD diagnosis, medical necessity, and a LOC placement. Nothing in the Standard Terms and Conditions (STCs) IA prevents this consultation with the counselor from being conducted via telephone. Therefore, if the certified counselor completed the initial assessment of the client in compliance with IA Section III.B.3.iv, then the medical director/licensed physician/Licensed Practitioner of the Healing Arts (LPHA) can review the assessment with the counselor through a face-to-face, telehealth, or telephone discussion when establishing the SUD diagnosis, medical necessity, and level of care assignment.

Continued on next page

INFORMATION NOTICE 20-05, Continued

Block Grant and Residential Stays

Currently, DMC-ODS SUD residential treatment cannot be expanded past the maximum length of stay so, DMC-ODS/Medi-Cal cannot be billed for the extended residential services; however, Substance Abuse Block Grant (SABG) can be utilized to extend DMC-ODS residential treatment services beyond the DMC-ODS/Medi-Cal maximum length of stay. The COVID-19 pandemic would justify the medical necessity and utilization of SABG funding to extend residential treatment services as long as this is documented in the beneficiary's case file; secondly,

SABG can be utilized to cover the cost of room and board in Transitional Living (TL) and/or Recovery Residences (RR) if the beneficiary is actively engaged in SUD treatment or recovery support services to be provided outside of the TL/RR. In light of recent guidance from the Substance Abuse and Mental Health Services Administration (SAMHSA) due to the COVID-19 pandemic, the provision of SUD treatment and/or recovery support services can be accomplished via telehealth, including by telephone, if needed.

CaWORKs funding can also be utilized to fund SUD residential stays that exceed limits on Medi-Cal reimbursement.

Note: See the [DHCS NTP FAQs](#) for further guidance on Medication Assisted Treatment.

DMC-ODS Group Counselling Services

Despite group being conducted via telehealth or telephone, the twelve (12) client limit remains in place for DMC-ODS. Verbal consent must be obtained from all the participants and take the necessary privacy and security precautions in accordance with HIPAA and 42 CFR Part 2.

Discharge Requirements for DMC-ODS

DMC-ODS providers are required to discharge clients when there is a lapse in treatment for more than 30 days, although clients can be readmitted. Clients should be reassessed for readmission when ready to resume treatment.

Note: the two (2) non-continuous residential stay limit still applies in DMC-ODS.

Notices to Clients

During the pandemic, DBH, FFS providers and contract agencies may email mandated communication to clients, if the client consents to the use of email and consent has been documented. DBH requires staff utilize encryption and recommends FFS providers and contract agencies utilize encrypted email when transmitting any personally identifiable information (PII) and PHI to mitigate risk of a breach occurring. Providers may reference DBH Policy [COM0909](#), Electronic Transfer of Client Protected Health Information – Internet and Intranet Policy and DBH Information Notice [15-04](#), Electronic Mail Encryption.

Continued on next page

INFORMATION NOTICE 20-05, Continued

Addendums

DBH is issuing separate addendums to this COVID-19 notice for the following programs/topics:

- Driving Under the Influence (DUI) [20-05 A1](#);
 - Narcotic Treatment Programs (NTP) [20-05 A2](#); and
 - Administration [20-05 A3](#).
-

References

- [DBH Information Notice 20-04](#)
- [DHCS Behavioral Health IN-20-009 BH Guidance](#)
- [DHCS Behavioral Health IN 20-014 Residential MH facilities](#)
- [DHCS Behavioral Health IN 20-015 MHRC and PHFs](#)
- [DHCS Behavioral Health IN 20-016 DUI Program](#)
- [DHCS Behavioral Health IN 20-017 AOD facilities](#)
- [DHCS Behavioral Health IN 20-024 BH Payment/Reimbursement](#)
- [DHCS MAT FAQs](#)
- [DHCS NTP FAQs](#)
- [SAMHSA COVID-19 FAQs](#)

For additional information COVID-19 Information from DHCS please refer to its webpage: [DHCS COVID-19 Response](#).

Questions

For mental health questions regarding this Information Notice, please contact DBH Quality Management at (909) 388-8227 or via email at DBH-QualityManagementDivision@dbh.sbcounty.gov.

For SUD questions regarding this IN, please contact DBH Substance Use Disorder and Recovery Services at (909) 386-9740 or via email at DBH-sudrsadmin@dbh.sbcounty.gov.
