



Quality Assurance Bulletin

Quality Assurance Unit

County of Los Angeles – Department of Mental Health

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UPDATES TO PRACTICE ARISING FROM THE COVID-19 PUBLIC HEALTH EMERGENCY EXPERIENCE

On March 18, 2020, the Quality Assurance Unit issued QA Bulletin 20-01 (Revision issued on April 17, 2020) which addressed providing Specialty Mental Health Services (SMHS) during the COVID-19 public health emergency. The COVID-19 public health emergency changed the standards surrounding service provision and led to the Los Angeles County Department of Mental Health (LACDMH) and other SMHS providers across the State to reconsider “normal” practices. This Bulletin is to provide guidance on practice changes as well as reminders for SMHS provision going forward. It addresses the State Department of Health Care (DHCS) flexibilities and clarifications regarding regulatory requirements.

1. Will verbal consent for services continue to be allowed? How about other intake forms (e.g. acknowledgement of receipt)?

Yes. Verbal consent for services will continue to be allowed. The QA Unit is in the process of having DMH Policy 312.02 (Opening and Closing of Episodes) updated to clearly allow for capturing verbal agreement for services. In addition, the Consent for Services form will be updated to clearly document when verbal consent has been obtained. All other intake paperwork (e.g., Medi-Cal Required Informing Materials Beneficiary Acknowledgement, Notice to Psychotherapy Clients) may include verbal agreement/consent.

2. Will documentation of inability to sign continue to be allowed on HIPAA related forms?

It depends. For the Acknowledgement of Receipt for the Notice of Privacy Practices (NPP), Directly-Operated providers can continue to complete the receipt for the client by completing the “Inability to Obtain Acknowledgement” section by signing and dating the form as well as checking off “Other Reasons or Comments” and entering the reason for the absence of in-person signature. Providers can also add that the NPP was either emailed or mailed to the client. However, specifically for Authorization for Release of Information, HIPAA requires a signature in order for the Authorization to be valid per 45 CFR 164.508. There is no indication from the federal Office of Civil Rights, Health and Human Services that they have waived this requirement due to COVID or any other reason. The signature may be electronic, if a HIPAA compliant application is available to obtain the electronic signature of the client (DHCS IN 21-046).

3. Do financial forms need to be signed in-person?

For all questions related to financial forms, please email the Central Business Office (CBO@dmh.lacounty.gov).

4. Should progress notes continue to state that services will be delivered in a non-standard manner due to COVID-19?

It depends. If the service is only provided via telehealth or telephone due to COVID-19 related issues (e.g. client has a cold and cannot receive in-person services or provider site is not seeing clients in-person), there should be a statement in the progress note to state the service was delivered in a non-standard manner due to COVID-19. If the service is provided via telehealth or telephone because that is the “new” way of providing services, no statement is needed.

5. Is there any requirement to obtain consent to provide services via telephone or telehealth?

Yes. Per DHCS, CA Law requires a client's consent to receive services via telehealth or telephone to be documented in the chart but does not specify frequency of obtaining consent nor that the consent requires a signature. While it would be acceptable to document in an initial progress note that the client

has agreed to telehealth and/or telephone services, LACDMH will incorporate a statement about telehealth and telephone services into the Consent for Services for use by Directly-Operated providers. Due to the frequency of providing telehealth and/or telephone services, the QA Unit determined a statement in the Consent for Services would be the most efficient and effective way of documenting consent for telephone and telehealth services.

6. Can verbal consent for medications continue to be obtained?

Yes. The DHCS flexibility of not requiring a signature on the consent for medication ends on September 30, 2021. As was the case prior to the DHCS flexibility, if the client chooses not to sign the consent for medications, the provider shall document that the client understands the nature and effect of the psychiatric medications and consents to receive the medications but does not want to sign (DHCS IN 21-046). Therefore, LACDMH will continue to allow for verbal consent for medications if the client is unavailable to sign due to services being provided via telehealth or telephone. In these situations, practitioners should at least offer to send the consent for medications to the client for signature and document if the client declined.

7. Can an assessment continue to be finalized/completed over the telephone?

Yes. At this time, there are no Medi-Cal requirements that prohibit completing an assessment over the telephone (or via telehealth). Practitioners should use their clinical judgment and standards of practice within their provider/agency as applicable on the appropriateness of finalizing the assessment without seeing the client in-person. DMH Policy 312.02 (Opening and Closing of Episodes) will be updated to clearly indicate this guidance.

8. Can initial medication evaluations continue to be conducted over the telephone?

Yes. At this time, there are no Medi-Cal requirements that prohibit completing an initial medication evaluation over the telephone (or via telehealth). Practitioners should use their clinical judgment and standards of practice within their provider/agency as applicable on the appropriateness of conducting the initial medication evaluation without seeing the client in-person. For Directly-Operated providers, practitioners should continue to discuss these situations with their supervising psychiatrist.

9. Will it still be acceptable to obtain client verbal agreement to the Client Treatment Plan?

Yes. The DHCS Contract has an allowance to document when a client is unavailable to sign the Client Treatment Plan (such as when done via telehealth or telephone). The Organizational Provider's Manual has been updated to clearly indicate the allowance for documentation of unavailability and to allow verbal agreement to the Client Treatment Plan when the plan is discussed via telephone or telehealth. There is no requirement to obtain an in-person signature.

10. Will there be any changes to the allowable procedure codes for telehealth/telephone?

No. DHCS will convene a stakeholder workgroup to provide recommendations around billing and utilization management protocols for telehealth and telephone services. There will be no changes prior to December 2022. The Guide to Procedure Codes has a complete list of which codes are allowable via different methods of delivery (i.e., in person, telehealth, telephone). No changes will be made to the list of allowable telehealth or telephone procedure codes from what has already been included in the Guide to Procedure Codes. The list of allowable telehealth and telephone procedure codes on the QA COVID-19 page will be removed. All providers should refer to the Guide to Procedure Codes.

11. For telehealth services, does a practitioner need to be present with the client?

No. Prior to the COVID-19 Public Health Emergency, there was a requirement to have a practitioner physically present with the client for telehealth services. During COVID-19, this requirement was waived. The LACDMH will be updating DMH Policy 308.01 to allow for unsupervised client settings

using telehealth. It is critical to continue to discuss and document how to handle crisis situations in the event of a crisis while providing telehealth services.

12. What place of service should be used for services provided from the practitioner's home?

LACDMH has requested clarification from DHCS. In the meantime, the office place of service can continue to be used when telehealth/telephone services are provided from the practitioner's home.

13. Can 5150/5151 continue to be done by telehealth?

Yes.

If directly-operated or contracted providers have any questions related to this Bulletin, please contact the QA Unit at QualityAssurance@dmh.lacounty.gov.

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