



PROVIDER BULLETIN

December 20, 2018 Fifth Edition, Issue 10

Network Providers

A Publication of the Local Mental Health Plan of the County of Los Angeles Department of Mental Health

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1. 2019 CALENDAR YEAR UNDER THRESHOLD SERVICES AUTHORIZATION AND AUTHORIZATION NUMBERS

The Los Angeles County Department of Mental Health (LACDMH) requires an authorization for all services. Fee-For-Service (FFS) providers shall input only **one** authorization on a claim line.

The Local Mental Health Plan (LMHP) automatically authorizes eight specialty mental health services per clients within a four-month trimester period. This is referred to as a threshold standard. This standard was adopted in 1998 when the LMHP began program and fiscal administration for Los Angeles County Medi-Cal beneficiaries. The trimester months are as follows: 1st trimester is from January 1, 2019 to April 30, 2019; 2nd trimester is from May 1, 2019 to August 31, 2019; and 3rd trimester is from September 1, 2019 to December 31, 2019.

These Funding Source Authorizations are annually given by LACDMH according to the disciplines of the providers. As a result, these Funding Source Authorizations will be used by FFS providers for Under-Threshold and Medication Support services. Under-threshold Funding Source authorizations will cover a four-month (trimester) period. Providers will use a different Funding Source authorization for each trimester. Funding Source Authorizations begin with an 'F', followed by a number. Please see the tables on page 2.

Example of a Psychologist FFS Under Threshold Claim Line:

Service Line Number (2400)

LX*1~

SV1*HC:90847*71*MJ*60***1~ ☐===MJ for minutes

DTP*472*D8*20190101~☐===Service Date

REF*G1*F129~ ☐===Funding Source Authorization number for the discipline and service trimester period

NTE*DCP*01~ ☐===EBP (Evidence Based Practice) Code

Provider shall refer to the EDI/SFT IBHIS 837 5010 Companion Guide for additional information. The 5010 Companion Guide is available at: <http://lacdmh.lacounty.gov/hipaa/documents/LACDMH8375010CompanionGuidev114.pdf>.

2019 Funding Source Authorizations used by Fee-for-Service (FFS) providers for under-threshold and medication support services are issued as below:

Under Threshold Authorization Number for Psychiatrist.

Service Date Between		Authorization Number to Use
Auth. Begin Date	Auth. End Date	
1/1/2019	4/30/2019	F134
5/1/2019	8/31/2019	F135
9/1/2019	12/31/2019	F140

Medication Support Services Authorization Number based on the discipline.

Medication Support Service Date Between		Authorization Number to Use
Auth. Begin Date	Auth. End Date	
1/1/2019	12/31/2019	F133

Under Threshold Authorization Table for Psychologist, Certified Nurse Practitioner, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist.

Service Date Between		Authorization Number to Use
Auth. Begin Date	Auth. End Date	
1/1/2019	4/30/2019	F129
5/1/2019	8/31/2019	F130
9/1/2019	12/31/2019	F138

2. REQUIRED MEMBER AUTHORIZATION NUMBERS

Member Authorization is specific to a client and used for specific services and duration of time. Member Authorization numbers are all numeric. The following services require a member authorization number instead of a funding source authorization number in the claim line:

1. Inpatient professional services rendered in a psychiatric inpatient hospital or facility with place of services codes 21 or 51, require a Treatment Authorization Request (TAR) number received from the respective hospital or facility on the claim line.
2. Services over the threshold standard of eight sessions per client, psychological testing services and electroconvulsive treatment services require a prior authorization from LACDMH. Providers shall request member authorizations via Provider Connect application.

3. NEW ELECTROCONVULSIVE THERAPY (ECT) AUTHORIZATION

Electroconvulsive therapy or treatment (ECT) is a planned induction of a seizure through electrical means for therapeutic purposes. (Title 9 California Code of Regulations (9 CCR) § 836(a))

The attached Policy and Procedure #300.02 on Electroconvulsive Treatment provide guidelines for obtaining written informed consent, pre-treatment review and reporting of administered treatments.

ECT services **requires prior authorization**. **Network Provider** Psychiatrists must send all requested documentation to the Central Authorization Unit at:

Department of Mental Health
Central Authorization Section Re: ECT
550 Vermont Ave., Room 703
Los Angeles, CA 90020

Fax: (213) 351-2495, (213) 351-2023 or (213) 487-9658
Please do not send protected health information via fax.


Any questions regarding this Provider Bulletin, please contact the FFS Hotline at (213) 738-3311, or send an email to: FFS2@dmh.lacounty.gov, or use the following link to create a HEAT Ticket using the HEAT app available on the LACDMH secure website: [DMH SSLVPN](#).

Provider Bulletins are posted on the DMH website at: http://lacdmh.lacounty.gov/hipaa/ffs_UIS_Special.htm

LOCAL MENTAL HEALTH PLAN
OFFICE OF THE MEDICAL DIRECTOR
MEDI-CAL PROFESSIONAL SERVICES & AUTHORIZATION DIVISION
550 S. Vermont Ave, 7th Floor, Los Angeles, CA 90020
FFS Hotline: (213) 738-3311
Website: <http://dmh.lacounty.gov>



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT ELECTROCONVULSIVE TREATMENT	POLICY NO. 300.02	EFFECTIVE DATE 08/01/2016	PAGE 1 of 16
APPROVED BY:  Acting Director	SUPERSEDES 202.12 09/01/2005	ORIGINAL ISSUE DATE 04/18/1988	DISTRIBUTION LEVEL(S) 1, 2

PURPOSE

- 1.1 To provide guidelines for obtaining written informed consent for electroconvulsive treatment (ECT) (Convulsive Treatment).
- 1.2 To identify legal requirements specific to the following categories: Voluntary patients, patients under guardianship or conservatorship, involuntary patients, and minors.
 - 1.2.1 This policy does not describe additional requirements specific to persons eligible for regional center services who may require ECT for mental disorder. For more information on specific requirements to this group, see Title 17 California Code of Regulations (CCR) § 50801 et seq.
- 1.3 To identify state and local reporting requirements related to ECT.

DEFINITION

- 2.1 **Electroconvulsive Treatment:** A planned induction of a seizure through electrical means for therapeutic purposes. (Title 9 California Code of Regulations (9 CCR) § 836(a))
- 2.2 **Written Informed Consent:** A person knowingly and intelligently, without duress or coercion, clearly and explicitly manifests consent to the proposed treatment to the treating physician and in writing on the standard consent form prescribed in Welfare and Institutions Code (WIC) §§ 5326.4 and 5326.5(a).

POLICY

- 3.1 **NECESSITY AND NATURE OF WRITTEN INFORMED CONSENT**



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- 3.1.1 No ECT shall be performed if the patient, whether admitted to the facility as a voluntary or involuntary patient, is deemed to be able to give informed consent and refuses to do so. (WIC § 5326.85)
- 3.1.1.1 If the patient is deemed by the physician to have capacity to give informed consent but refuses to do so, the physician shall indicate in the treatment record that the treatment was refused despite the physician's advice and that the physician has explained to the patient the patient's responsibility for any untoward consequences of his/her refusal. (WIC § 5326.85)
- 3.1.2 A person shall be deemed to have the capacity to consent or to refuse to consent if it is determined that such person has actually understood and can knowingly and intelligently act upon the information specified in Section 4.1.1. (9 CCR § 840(a))
- 3.1.2.1 Understanding of the potential benefits and risks of the proposed treatment is the primary factor in determining such capacity to consent or refuse to consent. (9 CCR § 840(a))
- 3.1.2.2 A person shall not be deemed to lack capacity to consent or refuse consent solely by virtue of any psychiatric or medical diagnosis. (9 CCR § 840(b))
- 3.1.3 Consent shall be for a specified maximum number of treatments over a specified maximum period of time not to exceed 30 days (Section 4.7.1). Additional treatments in number or time, not to exceed 30 days, shall require a renewed written informed consent. (WIC §§ 5326.7(d), 5326.75(a))
- 3.1.3.1 Consent shall be revocable by the patient at any time before or between treatments. Such withdrawal of consent may be either oral or written and shall be given effect immediately. (WIC §§ 5326.7(d), 5326.75(a))



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3.1.4 The physician may urge the proposed treatment as the best one, but may not use, in an effort to gain consent, any reward or threat, expressed or implied, nor any other form of inducement or coercion, including, but not limited to, placing the patient in a more restricted setting, transfer of the patient to another facility, or loss of the patient's hospital privileges. No one shall be denied any benefits for refusing ECT. (WIC § 5326.5(b))

3.1.4.1 Transfer of the patient to another facility, loss of hospital privileges or placement in a more restrictive setting may subsequently be justified for medical or psychiatric reasons, but shall not be a direct consequence of the patient's refusal to consent to the proposed treatment. (9 CCR § 841)

PROCEDURE

4.1 OBTAINING WRITTEN INFORMED CONSENT

4.1.1 The treating physician shall utilize the standard State Department of Health Care Services Electroconvulsive Treatment Informed Consent Form, DHCS 1800 (Attachment 1, in English) / DHCS 1800 SP (Attachment 2, in Spanish), and in writing, supplement it with those details which pertain to the particular patient being treated (WIC § 5326.3). The treating physician shall present the supplemented form to the patient and orally, in a language or modality understood by the person giving the consent (9 CCR § 839(b)), clearly, and in detail explain the following (WIC § 5326.4):

4.1.1.1 The reason for ECT, that is, the nature and seriousness of the patient's illness, disorder or defect. (WIC § 5326.2(a))

4.1.1.2 The nature of the procedures to be used in the proposed treatment, including its probable frequency and duration. (WIC § 5326.2(b))



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- 4.1.1.3 The probable degree and duration (temporary or permanent) of improvement or remission, expected with and without such treatment. (WIC § 5326.2 (c))
- 4.1.1.4 The nature, degree, duration, and the probability of side effects and significant risks, commonly known by the medical profession, of such treatment, including its adjuvants, especially noting the degree and duration of memory loss (including its irreversibility) and how and to what extent they may be controlled, if at all. (WIC § 5326.2(d))
- 4.1.1.5 That there exists a division of opinion as to the efficacy of the proposed treatment, why and how it works, and its commonly known risks and side effects. (WIC § 5326.2(e))
- 4.1.1.6 The reasonable alternative treatments and why the physician is recommending this particular treatment. (WIC § 5326(f))
- 4.1.1.7 That the patient has the right to accept or refuse the proposed treatment, and that if the patient consents, he/she has the right to revoke his/her consent for any reason, at any time prior to or between treatments. (WIC § 5326.2(g))
- 4.1.1.8 The supplemental information that pertains to the particular patient being treated. (WIC § 5326.3)
- 4.1.2 The fact of the oral explanation shall be entered into the patient's treatment record, including the date and time when the required information was discussed. (WIC § 5326.4)
- 4.1.3 Written informed consent shall be given only after 24 hours have elapsed from the time the information in Section 4.1.1 has been given. (WIC § 5326.5(e))



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- 4.1.3.1 The fact that the written consent form was executed shall be entered in the patient's treatment record, as shall a copy of the consent itself. (WIC § 5326.4)
- 4.1.3.2 The consent form must be dated and witnessed (WIC § 5326.4). The witness must be someone other than the treating physician who explained and presented the consent form.
- 4.1.3.3 The consent form shall be available to the person and to his/her attorney, guardian, and conservator and, if the patient consents, to a responsible relative of the patient's choosing. (WIC § 5326.4)

4.2 REQUIREMENTS SPECIFIC TO VOLUNTARY PATIENTS

ECT may be administered to a voluntary patient when all of the following conditions are met:

- 4.2.1 The attending or treating physician enters adequate documentation in the patient's treatment record of the reasons for the procedure, that all reasonable treatment modalities have been carefully considered, and that the treatment is definitely indicated and is the least drastic alternative available for this patient at this time. (WIC § 5326.75(a))
 - 4.2.1.1 Such statement in the treatment record shall be signed by the attending **and** treating physician or physicians. (WIC § 5326.7(a))
- 4.2.2 The attending physician believes the patient has the capacity to give written informed consent.
 - 4.2.2.1 If the attending physician believes the patient does not have the capacity to give a written informed consent:



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- A review of the patient's treatment record shall be performed as described in Section 4.3.2 (WIC § 5326.75(c));
- An oral explanation is given to a responsible relative as described in Section 4.3.3 (WIC § 5326.75(a)); **and**
- A petition shall be filed in Superior Court (Department 95) to determine the patient's capacity to give written informed consent (WIC § 5326.75(c)).

4.3 **PERSONS UNDER GUARDIANSHIP OR CONSERVATORSHIP**

Persons with guardians or conservators and persons detained under WIC §§ 5150, 5250, 5260, 5270.10, or 5300 may be administered ECT when **ALL** of the following conditions are met:

- 4.3.1 The attending or treating physician enters adequate documentation in the patient's treatment record of the reasons for the procedure, that all reasonable treatment modalities have been carefully considered, and that treatment is definitely indicated and is the least drastic alternative available for this patient at this time. (WIC § 5326.7(a))
 - 4.3.1.1 Such statement in the treatment record shall be signed by the attending **and** treating physician or physicians. (WIC § 5326.7(a))
- 4.3.2 A review of the patient's treatment record is conducted by a committee of two physicians, at least one of whom shall have personally examined the patient. One physician shall be appointed by the facility and one shall be appointed by the local mental health director. Both shall be either board-certified or board-eligible psychiatrists or board-certified or board-eligible neurologists. (WIC § 5326.7(b))
 - 4.3.2.1 Persons who serve on review committees shall not otherwise be personally involved in the treatment of the patient whose case they are reviewing. (WIC § 5326.55)



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- 4.3.2.2 It shall be the responsibility of the local mental health director to promulgate a list of physicians eligible to serve as local mental health director appointees to pre-treatment review committees. The facility shall select one physician from this list. The physician selected from this list is considered "appointed by the local mental health director" [Los Angeles County Department of Mental Health (LACDMH)].
- 4.3.2.3 This review committee must unanimously agree with the treating physician's determinations described in Section 4.3.1 (WIC § 5326.7(b)). Such agreement shall be documented in the patient's treatment record and on the Pre-Treatment Review Committee Statement (Attachment 3) signed by both physicians. (WIC § 5326.7(b))
- 4.3.3 A responsible relative of the person's choosing and the person's guardian or conservator, if there is one, have been given an oral explanation of the contents of the consent (Section 4.1.1) by the attending physician. (WIC § 5326.7(c))
- 4.3.3.1 In this context, "responsible relative" includes the spouse, parent, adult child, or adult brother or sister of the person. (WIC § 5326.6(d))
- 4.3.3.2 Should the person desire not to inform a relative or should such chosen relative be unavailable, this requirement is dispensed with. (WIC § 5326.7(c))
- 4.3.4 The attending physician believes the patient has the capacity to give written informed consent, and the patient has given written informed consent as defined in Section 4.1 (WIC § 5326.7 (d)).
- 4.3.4.1 If the attending physician believes the patient does not have the capacity to give a written informed consent, then a petition shall be filed in Superior Court (Department 95) to determine



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the patient's capacity to give written informed consent.
(WIC § 5326.7(f))

- 4.3.5 The patient's attorney, or if none, a public defender appointed by the court, agrees as to the patient's capacity to give written informed consent and that the patient has given written informed consent.
(WIC § 5326.7(e))

4.3.5.1 If the attorney believes the patient does not have the capacity to give a written informed consent, then a petition shall be filed in Superior Court (Department 95) to determine the patient's capacity to give written informed consent. (WIC § 5326.7(f))

4.3.5.2 When WIC § 5326.7(e) requires a person's attorney make a determination as to the person's capacity or incapacity to give written informed consent, the attorney shall make an independent judgment of capacity. (9 CCR § 840(c))

- 4.3.6 If the court determines the patient does not have the capacity to give written informed consent, then treatment may be performed upon gaining the written informed consent described in Section 4.1 from the responsible relative or the guardian or conservator of the patient.
(WIC § 5326.7(g))

- 4.3.7 At any time during the course of treatment of a person who has been deemed incompetent, that person shall have the right to claim regained competency. Should the person do so, the person's competency must be reevaluated according to Sections 4.3.5.1, 4.3.5.2, and 4.3.6.
(WIC § 5326.7(h))

4.4 **REQUIREMENTS SPECIFIC TO MINORS FROM 12 TO 15 YEARS OF AGE**

Under no circumstances shall convulsive treatment be performed on a minor under 12 years of age (WIC § 5326.8). Persons 12, 13, 14, or 15 years of age may be administered convulsive treatment if all requirements specific to involuntary patients and patients under guardianship or conservatorship



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(Section 4.3) have been met per 9 CCR § 845(b) **and** the following conditions are met:

- 4.4.1 It is an emergency situation and convulsive treatment is deemed a lifesaving treatment. (WIC § 5326.8(a))
- 4.4.2 This fact and the need for and appropriateness of the treatment are unanimously certified by a review board of three board-eligible or board-certified child psychiatrists appointed by the local mental health director. (WIC § 5326.8(b))
 - 4.4.2.1 The treating physician or the facility must contact the LACDMH Office of the Medical Director for information on assembling this pre-treatment review board.
 - 4.4.2.2 Persons who serve on review committees shall not otherwise be personally involved in the treatment of the patient whose case they are reviewing. (WIC § 5326.55)
 - 4.4.2.3 Review board agreement shall be documented in the patient's treatment record and signed by all three physicians. (WIC § 5326.7(b))
- 4.4.3 If substituted consent is authorized by the court and the minor is not emancipated, the custodial parent or parents or the individual or agency with legal custody, shall be considered the guardian for the purposes of granting or withholding substituted consent. (9 CCR § 845(c))
- 4.4.4 ECT is otherwise performed in full compliance with the regulations promulgated by the Director of the State Department of Health Care Services. (WIC § 5326.8(c))
- 4.4.5 The treatment is thoroughly documented and reported immediately to the Director of the State Department of Health Care Services. (WIC § 5326.8(d))



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4.5 **REQUIREMENTS SPECIFIC TO MINORS 16 AND 17 YEARS OF AGE**

4.5.1 Persons aged 16 and 17 who are voluntary patients may themselves grant or withhold consent for convulsive treatment to the same extent as adults who are voluntary patients (Section 4.2). (9 CCR § 845(d))

4.5.1.1 The oral explanation described in Section 4.3.3 may not be given without the minor's consent. (Health and Safety Code § 123115(a))

4.5.2 Persons aged 16 and 17 who are detained under WIC §§ 5250, 5260, 5270.15, 5300, or 5585.50 are subject to Section 4.3. (9 CCR § 845(b))

4.5.2.1 The oral explanation described in Section 4.3.3 may not be given without the minor's consent. (Health and Safety Code § 123115(a))

4.5.2.2 If substituted consent is authorized by the court and the minor is not emancipated, the custodial parent or parents or the individual or agency with legal custody, shall be considered the guardian for purposes of granting or withholding substituted consent. (9 CCR § 845(c))

4.5.3 Persons aged 16 and 17 who have conservators or court appointed guardians are subject to Section 4.3. (9 CCR § 845(b))

4.5.3.1 The oral explanation described in Section 4.3.3 may not be given without the minor's consent. (Health and Safety Code § 123115(a))

4.6 **POST-TREATMENT REVIEW COMMITTEES**

4.6.1 Any facility, in which ECT is performed, whether on a voluntary or an involuntary patient, shall designate a qualified committee of three psychiatrists and/or neurologists knowledgeable about the treatment and



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its effect to verify the appropriateness and need for such treatment. (9 CCR § 847(a))

4.6.1.1 Persons who serve on review committees shall not otherwise be personally involved in the treatment of the patient whose case they are reviewing. (WIC § 5326.55)

4.6.1.2 This committee shall review all convulsive treatments given in that facility on a quarterly basis. (9 CCR § 847(a))

4.6.1.3 If treatments are initiated in a facility and then continued outside that facility, the physician who continues treatments shall report the total number to the facility. Any such treatments shall be reviewed by the facility's review committee. (9 CCR § 847(a))

4.6.2 For ECT not included under Section 4.6.1 (including outpatient programs), the local mental health director shall approve the establishment of a post ECT treatment review committee by the entity providing ECT. (9 CCR § 847(b))

4.6.2.1 This committee shall consist of three psychiatrists and/or neurologists and shall meet on a quarterly basis to verify the appropriateness and need for such treatment. (9 CCR § 847(b))

4.6.2.2 Persons who serve on review committees shall not otherwise be personally involved in the treatment of the patient whose case they are reviewing. (WIC § 5326.55)

4.6.2.3 Records submitted to these committees shall have data identifying the patient deleted, except where disclosure is otherwise authorized by WIC § 5328, et seq. (9 CCR § 847(b))

4.6.2.4 Records of these committees will be subject to availability in the same manner as are the records of other hospital



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utilization and audit committees and to other regulations as are promulgated by the Director of Mental Health. (WIC § 5326.91)

4.6.3 Persons serving on review committees described in Section 4.6.1 will enjoy the same immunities as other persons serving on utilization, peer review, and audit committees of health care facilities. (WIC § 5326.91)

4.6.4 Refusal by any facility or physician to submit ECT cases for review shall be reported by the review committees to the Director of the State Department of Health Care Services who may take any or all of the actions specified in Section 4.10.2.2. (9 CCR § 847(c))

4.7 **EXCESSIVE ECT**

4.7.1 Convulsive treatments shall be considered excessive if more than 15 treatments are given to a patient within a 30-day period, or a total of more than 30 treatments are given to a patient within a one-year period. (9 CCR § 849(a))

4.7.2 If, in the judgment of the attending physician, more than the above limits are indicated, prior approval must first be obtained from the review committee of the facility (Section 4.6.1) or the county (Section 4.6.2), whichever is appropriate (9 CCR § 847(b)). Requests for approval shall include the following:

4.7.2.1 Documentation of the diagnosis;

4.7.2.2 The clinical findings leading to the recommendation for the additional treatments;

4.7.2.3 The consideration of other reasonable treatment modalities and the opinion that additional treatments pose less risk than other potentially effective alternatives available for the particular patient at the present time; and



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4.7.2.4 The maximum number of additional treatments shall be specified.

4.7.3 The review committee shall act upon any such request within seven (7) days of its receipt and shall document the maximum number of approved additional treatments. All applicable informed consent procedures shall also be followed. (9 CCR § 847(b))

4.8 **STATE REPORTING REQUIREMENTS**

4.8.1 Quarterly, any such facility that has performed ECT during the prior quarter, or that considers ECT a part of the facility's program, shall report to the local mental health director. These reports shall be made regardless of whether or not any of these treatment methods were used during the quarter. (9 CCR § 838(b))

4.8.1.1 The local mental health director shall transmit reports received to the Director of the State Department of Health Care Services, or to the office designated by the Director, by the last day of the month following the end of the quarter. (9 CCR § 838.3)

4.8.2 Likewise, any physician who considers ECT a service that he/she provides, and whose use of ECT is not included in any facility's report, must submit a quarterly report to the local mental health director even if such treatment was not administered during that particular quarter. (9 CCR § 838(b))

4.8.2.1 The local mental health director shall transmit copies of all quarterly reports received to the Director of the State Department of Health Care Services, or to the office designated by the Director, by the last day of the month following the end of the quarter. (9 CCR § 838.3)



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4.8.3 When more than one seizure is induced in a single treatment session, each seizure shall be considered a separate treatment for records-keeping and reporting purposes. (9 CCR § 836(a))

4.8.4 Quarterly, the Director of Health Care Services shall forward to the Medical Board of California any records or information received from the quarterly ECT reports indicating violation of the law and the regulations that have been adopted thereto. (WIC § 5326.15(c))

4.9 **LOCAL REPORTING REQUIREMENTS**

4.9.1 All ECTs performed in Los Angeles County must be reported on the Monthly Report of Administered Convulsive Treatments Form (Attachment 4) on a monthly basis to the Director of the local Department of Mental Health (DMH).

4.9.2 Monthly reports must be submitted on forms promulgated by the Director of DMH.

4.9.3 All deaths occurring during the administration of ECT must be reported to the Los Angeles County Department of Medical Examiner - Coroner.

4.9.3.1 If an autopsy is performed, a report of the coroner's findings should accompany the monthly report.

4.9.3.2 If autopsy findings are unavailable, this fact and the reason for this fact must be documented in the monthly report.

4.10 **VIOLATION OF STATUTORY REQUIREMENTS**

4.10.1 Any physician who intentionally violates statutory requirement described in Sections 3.1 to 4.5, inclusive, shall be subject to a civil penalty of not more than five thousand dollars (\$5,000) for each violation. Such penalty may be assessed and collected in a civil action brought by the Attorney General in a Superior Court.



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LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH

DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

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4.10.1.1 Such intentional violation shall be grounds for revocation of license. (WIC § 5326.9(d))

4.10.2 Any alleged or suspected violation of an individual's statutory rights related to ECT shall be investigated by the local director of mental health or his/her designee. Violations of requirements described in Sections 3.1 to 4.5, inclusive, shall also be investigated by the Director of the State Department of Health Care Services or his/her designee. (WIC § 5326.9(a))

4.10.2.1 If it is determined by the local director of mental health or the Director of the State Department of Health Care Services that a right has been violated, a formal notice of violation shall be issued. (WIC § 5326.9(a))

4.10.2.2 Upon issuing a notice of violation, either the local director of mental health or the Director of Health Care Services may take any or all of the following actions:

- Assign a specified time period during which the violation shall be corrected. (WIC § 5326.9(b)(1))
- Refer the matter to the Medical Board of California or other professional licensing agency. (WIC § 5326.9(b)(2))
- Revoke a facility's designation and authorization under WIC § 5404 to evaluate and treat persons detained involuntarily. (WIC § 5326.9(b)(3))
- Refer any violation of law to a local district attorney or the Attorney General for prosecution in any court with jurisdiction. (WIC § 5326.9(b)(4))

4.10.3 A facility, clinic, or physician who fails to submit the reports described in Sections 4.8.1 and 4.8.2, by the 15th of the month following completion of the quarter, shall be notified by the local mental health director of the legal obligation to submit these reports. (9 CCR § 838.2)



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- 4.10.3.1 Failure to comply within 15 days after such notification shall be reported to the Director of the State Department of Health Care Services who may take any or all of the actions specified in Section 4.10.2.2. (9 CCR § 838.2)

AUTHORITY

1. California Welfare and Institutions Code Sections 5150 to 5404
2. California Health and Safety Code Section 123115(a)
3. California Code of Regulations Title 9 Sections 835 to 849
4. California Code of Regulations Title 17 Sections 50801 et seq.

ATTACHMENT (HYPERLINKED)

1. [Informed Consent Form for Electroconvulsive Treatment \(English\)](#)
2. [Informed Consent Form for Electroconvulsive Treatment \(Spanish\)](#)
3. [Electroconvulsive Treatment Pre-Treatment Review Committee Statement](#)
4. [Monthly Report of Administered Convulsive Treatments](#)

RESPONSIBLE PARTY

LACDMH Office of the Medical Director

ELECTROCONVULSIVE TREATMENT (ECT), INFORMED CONSENT FORM

DO NOT SIGN THIS FORM UNTIL YOU HAVE ALL THE INFORMATION YOU DESIRE CONCERNING ELECTROCONVULSIVE TREATMENT (ECT).

The nature and seriousness of my mental Condition, for which ECT is being recommended, is

RECOMMENDATION: I understand that ECT involves passage of an electrical stimulus across my brain for a few seconds, sufficient to induce a seizure. In my case the treatments will probably be given _____ times per week for _____ weeks, not to exceed a total of _____ treatments and not to exceed 30 days from the first treatment. Additional treatments cannot be given without my written consent.

Reasonable alternative treatments (such as psychotherapy and/or medication) have been considered and are not presently recommended by my doctor because

IMPROVEMENT: I understand that ECT may end or reduce depression, agitation and disturbing thoughts. In my case there may be permanent improvement, no improvement, or the improvement may last only a few months. Without this treatment my condition may improve, worsen or continue with little or no change.

SIDE EFFECTS AND RISKS: I understand there is a division of opinion as to the effectiveness of this treatment as well as uncertainty as to how this procedure works.

I also understand this treatment may have brief side effects: headaches, muscle soreness and confusion.

There may be some memory loss which could last less than an hour or there may be a permanent spotty memory loss. Memory loss and confusion may be lessened by the use of unilateral (one-sided) electrical brain stimulation rather than bilateral (two-sided) stimulation.

Anesthesia and muscle relaxants will be used during these treatments to prevent accidental injury. Oxygen will be administered to minimize the small risk of heart, lung, brain malfunction or death as a result of the anesthesia or treatment procedures.

My physician states I have the following medical condition(s) which increase the risk in my case, as follows:

I HAVE THE RIGHT TO ACCEPT OR REFUSE THIS TREATMENT. IF I CONSENT, I HAVE THE RIGHT TO REVOKE MY CONSENT FOR ANY REASON AT ANY TIME PRIOR TO OR BETWEEN TREATMENTS.

Dr. _____ has explained the above information to my satisfaction. At least 24 hours have elapsed since the above information was explained to me. I have carefully read this form or had it read to me and understand it and the information given to me.

I HEREBY CONSENT TO ECT

Signature

Date and Time

Witness Signature

ELECTROCONVULSIVE TREATMENT (ECT), INFORMED CONSENT FORM

NO FIRME ESTE FORMULARIO SINO HASTA QUE TENGA TODA LA INFORMACION QUE DESEA CON RESPECTO AL TRATAMIENTO ELECTROCONVULSIVO (ECT – *ELECTROCONVULSIVE TREATMENT*).

La naturaleza y gravedad de mi estado mental para el cual se ha recomendado el ECT, es _____

RECOMENDACION: Entiendo que el ECT es el proceso de pasar estimulación (corriente) eléctrica a través del cerebro por unos segundos de modo adecuado para producir una convulsión. En mi caso, es posible que los tratamientos se me darán _____ veces por semana durante _____ semanas, que no excedan de un total de _____ tratamientos y sin que transcurran más de 30 días del primer tratamiento. No se me darán tratamientos adicionales sin mi consentimiento por escrito.

Se han considerado otros métodos de tratamiento y alternativas (tales como sicoterapia y/o medicamentos) y, al presente, mi doctor no los recomienda porque _____

MEJORAMIENTO: Entiendo que el ECT puede acabar con o reducir la depresión, agitación y pensamientos inquietantes. En mi caso, es posible que la mejoría sea permanente; que no haya mejoría, o que la mejoría dure sólo unos cuantos meses. Sin este tratamiento, mi estado puede mejorar, empeorar o continuar con un ligero cambio o sin cambio alguno.

RIESGOS Y EFECTOS SECUNDARIOS: Entiendo que hay división de opiniones en lo que respecta a la eficacia de este tratamiento así como dudas de cómo funciona este procedimiento.

Entiendo, igualmente, que este tratamiento puede tener efectos secundarios breves: dolores de cabeza, dolencia de los músculos y confusión.

Puede haber pérdida de la memoria que puede durar menos de una hora o es posible que resulte una pérdida de la memoria esporádica permanentemente. La pérdida de la memoria y la confusión pueden aminorarse con el uso unilateral (de un sólo lado) de estimulaciones (corrientes) eléctricas en el cerebro, en vez de recibir la estimulación (corriente) de forma bilateral (en los dos lados).

Durante estos tratamientos se utilizarán anestesia y relajantes musculares para evitar lesiones o daños accidentales. Se administrará oxígeno para reducir al mínimo el riesgo pequeño que existe de que pudiera ocurrir un malfuncionamiento del corazón, pulmón, o cerebro o inclusive la muerte, como resultado de la anestesia o el tratamiento.

Mi doctor indica que yo tengo las siguientes condiciones que aumentarán los riesgos en mi caso: _____

TENGO EL DERECHO DE ACEPTAR O RECHAZAR ESTE TRATAMIENTO. SI DOY MI CONSENTIMIENTO, TENGO EL DERECHO DE REVOCAR ESTE CONSENTIMIENTO POR CUALQUIER RAZON, Y EN CUALQUIER TIEMPO ANTES DE, O ENTRE TRATAMIENTOS.

El doctor _____ me ha explicado la información que aparece arriba a mi satisfacción. Por lo menos han transcurrido 24 horas desde que la información arriba mencionada me fue explicada. He leído cuidadosamente, o se me ha leído este formulario y lo entiendo así como la información que se me ha proporcionado.

POR LA PRESENTE DOY MI CONSENTIMIENTO PARA ECT

Firma

Fecha y hora

Firma del testigo

**ELECTROCONVULSIVE TREATMENT
PRE-TREATMENT REVIEW COMMITTEE STATEMENT**

(For involuntary patients, persons under guardianship/conservatorship,
voluntary patients without capacity, and voluntary patients without verification of capacity)

We, the undersigned physicians, have reviewed the treatment record of patient,

_____, which included the psychiatric history and
Patient

examination by _____, M.D., as well as specific
Treating Physician

statements by _____, M.D., indicating the reasons
Treating Physician

for the choice of Electroconvulsive Treatment (ECT), that all reasonable treatment modalities have been carefully considered, that ECT is definitely indicated, and that ECT is the least drastic alternative available for this patient at this time.

Based on personal examination of the patient by _____, M.D.,
Consulting Physician

and our review of the patient's treatment record, we agree with the opinion and recommendation of _____, M.D., that ECT is the
Treating Physician

treatment of choice for the welfare of this patient.

Consulting Physician's Signature
(Appointed by Facility)

Date

Consulting Physician's Signature
(Appointed by Local Mental Health Director)

Date