

# QRTips

Behavioral Health Services  
Authority and Quality Improvement Services  
AOABH / CYPBH / Managed Care  
Support Teams

## UPDATE

## Important Changes to Assessment Workflows Part 2: The Role of Non-LMHPs

As mentioned in the June 2019 and January 2020 QRTips, Non-Licensed Mental Health Professionals (Non-LMHPs) (the non-licensed or non-registered/waivered providers) must operate **within their scope of practice** at all times and not engage in any assessment activities that are clearly outside of their scope of practice. Please see below Q&A for further clarification:

### 1) Can non-LMHPs complete the “Care Plan Packet” (Psychosocial, DX, CFE, and CP)?

- The LMHPs, the licensed or registered/waivered clinicians, are responsible for completing the clinical parts of the assessment (the medication history, MSE, diagnosis, clinical formulation, resulting impairments, care plan development, etc.) and must sign for each of those sections to show that they completed those sections. County EHR Assessment and Care Plan PowerForms are currently designed in a way that makes it difficult to separate out the elements that are appropriate to be gathered by a non-LMHP. Therefore, County non-LMHPs (e.g., Mental Health Specialists) **are not to complete** the Assessment and Care Plan PowerForms. However, non-LMHPs may continue to **contribute to the assessment** by gathering non-clinical elements of assessment and care planning.

### 2) What are the non-clinical elements of assessment and care planning that are appropriate to be gathered by non-LMHPs?

- Per DHCS Information Notice 17-040, “the MHP may designate certain other qualified providers to contribute to the assessment, including gathering the beneficiary’s mental health and medical history, substance exposure and use, and identifying strengths, risks, and barriers to achieving goals.”

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## TRAININGS & MEETINGS

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### AOABH

New Provider Training  
(Documentation & Care Plan)

Only available online at:  
AOABH New Provider Training

AOABH Core Trainers Meetings

County Core Trainers Meeting

May: TBA

Contract Core Trainers Meeting

May: TBA

### CYPBH Trainings

\*Please see CYPBH Support Team  
website for online trainings.

## HELPFUL LINKS

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AOIS AOABH Support Team

AOIS CYPBH Support Team

BHS Electronic Health Record

Medi-Cal Certification

- This means that a non-LMHP, operating within his/her scope of practice, can assist with gathering information that will help a LMHP formulate the diagnosis and develop interventions for treatment. The non-clinical elements of assessment and care planning include historical information such as mental health and medical history, substance exposure and use, educational, legal, developmental, cultural and family history. Non-LMHPs may also develop, with the help of the LMHP, Rehabilitation interventions and strategies that are likely to remediate the targeted behavior or skill deficits.
- Although non-LMHPs cannot complete parts or all of the assessment (depending on their work setting) or develop the care plan, they can participate in the assessment in gathering and documenting the information in the progress notes. The LMHP will utilize the information gathered and show how the behaviors or skill deficits are connected to the mental health condition. The LMHP will also address how the mental health condition causes these behavioral problems and resulting skill deficits.

AQIS recommends that non-LMHPs read through the clinical summary or formulation at the end of your client's Psychosocial to see the entire clinical picture and understand how rehabilitation services fit in with the rest of the treatment team. Working with the clinician and the psychiatrist to identify target behaviors, skill deficits and developing treatment strategies are an important function of working as a clinical team and understanding each provider's role.

## Navigating Service Provision and Documentation During the COVID-19 Pandemic

### ➤ Services are still allowable and billable to Medi-Cal

- Although some services might not be billable, keep in mind that there are lots of services that are still allowable and billable to Medi-Cal. If the service being provided meets the requirements for a certain type of service (e.g., individual therapy, case management, assessment, etc.), ***it is recommended that staff bill for the clinically appropriate type of service, even if the service occurred over the phone.***
- Clients might be feeling anxious and depressed and want to discuss the COVID-19 pandemic, which is clinically appropriate and can be billable if you incorporate these current feelings back to the goals on the Care Plan.
- Example of displaying medical necessity in a progress note: Client called and expressed increased fear and anxiety due to the COVID-19 pandemic. Client reported that due to feeling "paralyzed," she has not been able to complete ADLs independently in the last two weeks and has returned to relying on family members to repeatedly prompt her to eat, change clothes and shower.

## ➤ **Telehealth and Telephonic Services**

- **Telephonic Service:** If you speak with the client over the telephone ONLY, you are providing a Telephone service (i.e., you could not see the person as you spoke on the phone).
- **Telehealth Service:** If you spoke with the client over the telephone or computer and were able to see them through an audio visual platform (HIPAA-compliant) that would be a Telehealth service.
- Please refer to the [AQIS Telehealth and Telephonic Services Memo](#) for more information and guidance on providing and documenting services provided via telehealth and/or telephone.
- Please also refer to the [BHS EHR Information Blog](#) for helpful content. Keep in mind that some content may only apply to County EHR using clinics.

## ➤ **How to document verbal consent**

- Please be sure to obtain and document verbal consent prior to providing services via telehealth and/or telephone.

- **Informed Consent:**

- The following statement is a sample progress note language:

*This session was provided via [HIPAA-compliant video conferencing or telephone] due to recommendations from public health agencies to limit face-to-face contact during this COVID-19 pandemic. This client agreed to be treated via [telehealth or telephone] and provided verbal consent. The plan for dealing with an emergency during the session is that the clinician will [call 911 or contact an identified emergency contact], depending on the nature of the situation. The client is aware of this plan.*

- **ATD:**

- Per HCA Office of Compliance, the following statement is a sample of what could be charted as a general justification:

*The COVID-19 Pandemic and CDC's guidance on social distancing make it impractical to obtain client's signature on an Authorization to Use and Disclose PHI form. The client has no alternative method to submit a signed document and I have explained the amount and kind of information that will be disclosed. The client has understood and has provided me with a verbal consent to disclose on [enter date and time].*

- **Intake/Advisement Checklist:**

- The following statement is a sample of what could be charted as a general justification:

*Due to the COVID-19 Pandemic and CDC's guidance on social distancing, this provider is unable to obtain client's signature on the Intake/Advisement Checklist form. The client has no alternative method to submit a signed document and I have explained the [enter documents here] information. The client has understood and has provided me with a verbal consent on this date. This provider will review and obtain client's signature on the [enter documents here] at the next face-to-face appointment.*

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➤ **Transporting Protected Health Information (PHI)**

- Documents taken off-site should be limited to the minimum necessary and safeguarded at all times. The preferred method to transport ANY PHI is with a locked container or briefcase. Service Chiefs and Supervisors should inventory all PHI documents. PHI shall not be left in an unattended vehicle at any time. Please see the [Transport of Clinical Records P&P](#) for complete procedures for safeguarding PHI.
- Please refer to the [Office of Compliance Privacy Guidelines for Telecommuting Due to COVID-19](#) for additional guidance and information. Keep in mind that the guidelines are specific to controls and technologies that HCA has in place. County Contracted providers, please consult your agency for your program specific guidelines.

➤ **Care Plan validation reminder**

- As announced in the January QRTips, a Care Plan becomes valid when the provider (LPHA/LMHP) signs the Care Plan and is good for 365 days from that date.
- When documenting the reason for the missing client signature, please indicate that this was due to the COVID-19 pandemic.
- The client signature should be obtained upon the first in-person encounter with the client as appropriate.
- [County EHR clinics ONLY] Interim workaround for validating Care Plan without client signature:
  - Click “Refused to Sign” button (this will be changed to “Client to sign at a later date”) for Client Signature on Care Plan.
  - Document that client was unavailable to sign on this date due to the COVID-19 pandemic and that signature will be obtained as soon as possible.
  - Upon obtaining client’s signature at a later date, change the selection from “Refused to Sign” to “Signature Obtained” for Client Signature. This will not affect the original Care Plan validation dates.

➤ **Discharging cases**

- AQIS is strongly advising programs NOT to terminate/discharge clients from services for no shows or lack of engagement at this time due to the COVID-19 pandemic.
- Programs may continue to terminate/discharge cases that are appropriate, but please be mindful of the current situation and ensure that clients are linked to ongoing services and/or resources.

➤ **Clinical Supervision**

- Per the BBS Statement on Coronavirus Disease 2019 (COVID-19) and Telehealth, “if the associate is working in a governmental entity, school, college, university, or an institution that is nonprofit and charitable, the required weekly direct supervisor contact may be via two-way, real-time videoconferencing. If the associate is working in a setting other than the types listed above, the law requires the supervisor contact to be in person.”
- AQIS is currently seeking clarification from BBS regarding what platforms/devices are allowable at this time. We will provide an update as soon as it becomes available.

# AQIS Support Continues

AQIS is working hard to provide important guidance and resources to support providers during this very challenging time. Please feel free to contact AQIS (714.834.5601) with any questions or concerns and someone will be able to assist you. Below we have also included email addresses of AQIS Support Teams staff.

Here are some additional helpful online resources:

- [AOABH Online Trainings](#)
- [CYPBH Online Trainings](#)
- [Coding Manual & Clinician Handbook with Documentation Guidelines V.10](#)

We hope everyone stays safe and healthy.

## REMINDERS

Service Chiefs and Supervisors, please remember to submit monthly updates on program and provider changes for Provider Directory to [AQISManagedCare@ochca.com](mailto:AQISManagedCare@ochca.com).

Service Chiefs and Supervisors, please document the review of QRTips in staff meetings. Thank you!

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