



County of San Diego

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LUKE BERGMANN, Ph.D.
DIRECTOR, BEHAVIORAL HEALTH SERVICES

March 19, 2020

Dear Behavioral Health Services Providers,

Information for Behavioral Health Services Providers Related to Coronavirus Disease 2019 (COVID-19): Quality Improvement Updates and Best Practices

On behalf of County of San Diego Behavioral Health Services (BHS), we are reaching out to share important information with our provider community related to Coronavirus Disease 2019 (COVID-19).

Due to the current conditions related to COVID-19, County of San Diego Behavioral Health Services (BHS) recognizes the need to adapt current processes to allow our providers to care for themselves and our clients while responding to urgent community needs. There are several important Quality Improvement (QI) updates and reminders outlined below regarding:

- 1. Program Reviews and Quality Management (QM) Meeting Updates**
- 2. Service Provision and Charting**
- 3. Electronic Health Record (EHR) Information**
- 4. Section 1135 Waiver Request**

Should you or your staff need QI support during this time, please do not hesitate to reach out with any questions by contacting: QIMatters.HHSA@sdcounty.ca.gov. We will be sure to keep you updated with any next steps as we continue to reevaluate processes and receive ongoing State and Federal guidance.

1. Program Reviews and QM Meeting Updates

- All QM Mental Health (MH) and Substance Use Disorder (SUD) program reviews (Medical Record Reviews, Focused Reviews, Quality Assurance Reviews, and Technical Assistance Reviews) are being postponed until further notice.
- County QM in-person trainings and meetings have been suspended at this time.
 - Some meetings may occur via web-conferencing; emails will go out to announce.
 - Please note that there are recorded trainings available on the Optum website:
 - MH Programs: [MH QM Trainings](#)
 - SUD Programs: [SUD QM Trainings](#)

2. Service Provision and Charting

- MH & SUD Programs: **Services may be delivered via telehealth if equipment and staffing is available to support.** Documentation for these services should be completed in the client chart in the same way

as an in-person visit, and a client's verbal or written consent for the telehealth visit should be noted. All providers may provide services, as long as the service is within their scope of practice.

MH Programs:

- The US Department of Health & Human Services has released guidance that a covered health care provider that wants to use audio or video communication technology to provide telehealth to clients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with clients.
- Covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that the Office for Civil Rights (OCR) might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.
- Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.
- Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.
- For further details, please see: [Telehealth remote communications during the COVID-19 emergency](#).

SUD Programs, including Opioid Treatment Programs:

- Please continue to follow telehealth information outlined in the SUDPOH. BHS is in the process of determining if this telehealth HIPAA guidance flexibility referenced for MH programs is applicable for 42 CFR Part 2 restrictions as well and will update SUD providers as information becomes available.

Opioid Treatment Programs, specifically:

- The [DHCS OTP FAQ](#) has been updated to reflect new federal guidance, including:
 - Ability to prescribe new patients [buprenorphine through telemedicine](#) in lieu of an in-person visit
 - Flexibility for [NTPs to apply for blanket waivers](#) to allow 14-28 days of take-homes
 - Exception allowed for [home delivery of methadone](#)
- All MH and SUD Programs: **Provision of services by telephone is recommended.** Clients may receive these services from anywhere in the community, outside a clinic, or other provider sites. Documentation for these services should be completed in the client chart in the same way as an in-person visit, and a client's verbal or written consent for the telephone visit should be noted. All providers may provide services via telephone, as long as the service is within their scope of practice.

The following Mental Health services can be provided by telephone:

- Assessment
- Plan Development
- Collateral
- Individual therapy
- Family therapy
- Individual rehab
- Family rehab

- Intensive Care Coordination (ICC)
- Case management
- Medication requests: Medi-Cal allows prescribing and dispensing of 100-day supplies of medications and early refills are allowed, as long as 75% of the expectation duration has occurred
- Medication consults
- Crisis Intervention
- Intensive Home-Based Services (IHBS)
- Therapeutic Behavioral Services (TBS) Assessment, TBS Plan Development and TBS Collateral

The following SUD services may be provided by telephone:

- Case management (by LPHA or registered/certified SUD counselor)
 - Individual counseling
 - Physician Consultation
 - Transitional Care Services
 - Recovery Services
 - OTP services not requiring in-person attendance
- Client approval of the Client Plan (MH) and Treatment Plan (SUD) may also be done via telephone. Document on the plan if the client’s consent to the plan has been obtained in this way.
 - Paper charting is an acceptable method of documentation for services during this period, if that’s not the typical process, but all services must still be documented.
 - SUD Programs can find form templates in the SUD Uniform Record Manual here: [Optum Website- SUDURM](#) (*Not all forms applicable for OTP programs*)
 - MH Programs can find form templates in the MH Uniform Record Manual here: [Optum Website- UCRM](#)
 - Note that a blank Progress Note template can be used to capture information for documentation if a paper template form is unavailable or is not applicable (labeled “Other Progress Note” template in the MH & SUD Uniform Record Manual links above). Please be sure to have multiple copies printed for use.
 - A “Service Indicator Table Key” is available for non-narrative prompts in MH document templates that are completed by hand, and not on a computer, and this can also be found on the MH Uniform Record Manual link above.
 - A key for non-narrative prompts is embedded in the SUD Other Progress Note template.
 - When paper charting occurs, services still need to be coded appropriately and entered into Cerner Community Behavioral Health (CCBH) or SanWITS.
 - We are seeking guidance from DHCS regarding data entry related to reporting requirements, as well as documentation timelines, and will provide further details when confirmed.
 - MH programs: The Walk-In Behavioral Health Assessment may be utilized by ALL Mental Health programs during this time.
 - SUD programs: While the initial diagnostic assessment must be done in-person or by telehealth (i.e. video capability with equipment that meets all HIPAA, California Medical Information Act, 42 CFR Part 2 and/or California Welfare and Institutes Code regulations), subsequent services can be done by telephone.

- MH and SUD Programs: Certain services, such as day rehab, day intensive, crisis residential, Mental health adult residential services, and SUD residential programs require an established site for services and in-person contact with a client on order to be claimed, however, not all components of these services are required to be provided in person. For example, services may be claimed via telephone should a client be quarantined to their room due to illness.
 - Note: Residential or inpatient facilities with a patient or resident diagnosed with COVID-19 should ensure the patient or resident is isolated in a room, has a mask for use when leaving the room, and should contact Public Health at (619) 542-4170 for guidance. Also, SUD Residential programs must report to DHCS within one working day any events identified in CCR Title 9, Chapter 5 Section 10561(b)(1), which includes communicable diseases such as COVID-19.
 - Note: Children’s Residential Program licensees are also required to report outbreaks to the Children’s Residential Regional Office within the next working day during its normal business hours along with a written report within seven days of the occurrence per Title 22 of the California Code of Regulations, [80061\(a\)\(H\)](#), [86561\(a\)\(5\)](#) and [89361 \(a\)\(5\)](#). [PIN 20-02-CCP](#).
- Healthcare facilities **are not recommended to close or halt admissions even if a potential or confirmed case is identified within the facility**. Please refer to the relevant links (below) that provide guidance about continuity of operations and contact your COR for additional support regarding specific circumstances.

Relevant Links:

[DHCS FAQ for BH](#)

[DHCS FAQ for MHRC and PHF](#)

[CDC COVID19 guidance for Healthcare providers](#)

[Governor’s Executive Order](#)

- Please continue to code all services as you do now (billable vs. non-billable, etc.) unless otherwise notified
 - MH program **productivity standards will be waived** during this time.
 - SUD program units will **continue to be entered per current processes**.

3. Electronic Health Record (EHR) Information

- MH and SUD Programs: both CCBH and SanWITS applications are web-based and secure for access from any location.
 - CCBH requires an additional download of Citrix receiver as an additional layer of security; click on *User Name* on CCBH homepage and there is a *download Citrix* option to select.
- Classroom based CCBH and SanWITS trainings will be suspended until further notice. As noted, paper charting is an acceptable method of documentation for services during this period
 - A self-paced, virtual model consisting of resource packets plus practice exercises will be available. Please contact sdu_sdtraining@optum.com.
 - This includes virtual Doctor’s Homepage training to ensure physicians have EHR access.
 - If you need additional staff trained for billing purposes, please contact sdu_sdtraining@optum.com to discuss further.

4. Section 1135 Waiver Request

Lastly, we want to make sure you are aware that DHCS has submitted a Section 1135 Waiver Request for COVID-19 Flexibilities. The goal is to temporarily waive or modify certain requirements to ensure that sufficient healthcare items and services are available to meet the needs of beneficiaries in an emergency.

While not yet approved, key areas identified within the waiver request include:

- Provider participation, billing requirements and conditions for payment
- Service authorization and utilization controls
- State fair hearing requests and appeal deadlines for managed care enrollees
- Benefit flexibilities
- Eligibility flexibilities
- Administrative activities

The full request can be found here for your review: [DHCS Section 1135 Waiver Request for COVID-19 Flexibilities](#). If CMS approval is received, we will be work with DHCS to clearly indicate how such flexibility will impact local processes and will provide updated communication.

And finally, we wanted to ensure you received and reviewed the most recent [communication from the County Department of Purchasing and Contracting related to COVID-19](#). Importantly, it notes that while the County recognizes that the pandemic will likely affect a contractor’s operations, unless otherwise directed by the County contractors must exhaust all possible options to continue contractual obligations before ceasing work, and that all contractors must promptly report to its Contracting Officer’s Representative (COR) any change in its operational status that would materially impact service provision.

Thank you for your continued commitment to providing quality behavioral health care in this rapidly changing environment. BHS is committed to sharing regular communication with our contracted service providers as this situation unfolds. Please do not hesitate to reach out with questions.

Sincerely,

A handwritten signature in blue ink, appearing to read 'LUKE BERGMANN', with a stylized flourish extending to the right.

LUKE BERGMANN, Ph.D., Director
Behavioral Health Services