

# SANTA CRUZ COUNTY AVATAR INFORMATION NOTICE

## TOPIC: Phone/Telehealth Templates Added to Progress Notes to Document Client Consent

### Avatar Forms, Changes and Users Affected

Date 5/12/2020

Avatar Form(s) **SC General Purpose Progress Note**  
**& SC Med Service Progress Note**

Change New Progress Note Templates have been added to individual progress notes to help document that the client has verbally consented to Telehealth or Phone services, as related to COVID-19.

Users Affected Anyone who writes progress notes



### Summary/Introduction

New Avatar Text Templates have been added to the SC General Purpose Progress Note & SC Med Service Progress Note to document a client's verbal consent to Telehealth and Phone services. (Adding these templates to group notes is currently under advisement.)

### Why Were These Templates Added?

For the duration of the COVID-19 emergency, certain regulations governing provision of behavioral health services have been changed. The ability to provide Telehealth and Phone services in lieu of meeting with the client face-to-face, has been expanded. Previously, some types of Telehealth/Phone services were either not allowed at all, or if allowed, not billable.

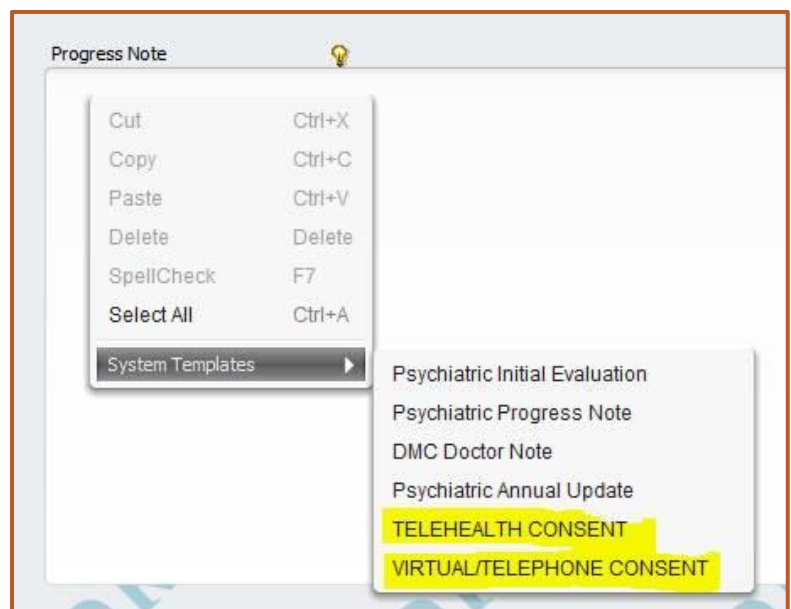
Before to providing Telehealth/Phone services, you must obtain client consent.

Until you have a signed consent from the client or legal guardian, you must document verbal consent, in your progress notes, **each time**, until the client/guardian signs a written consent form. To help you document verbal consent, prewritten Avatar Text Templates are now available.

These templates explain that 1) the client has consented to Telehealth/Phone services in lieu of face-to-face, and 2) that the client has been informed of, and understands, the risks and benefits.

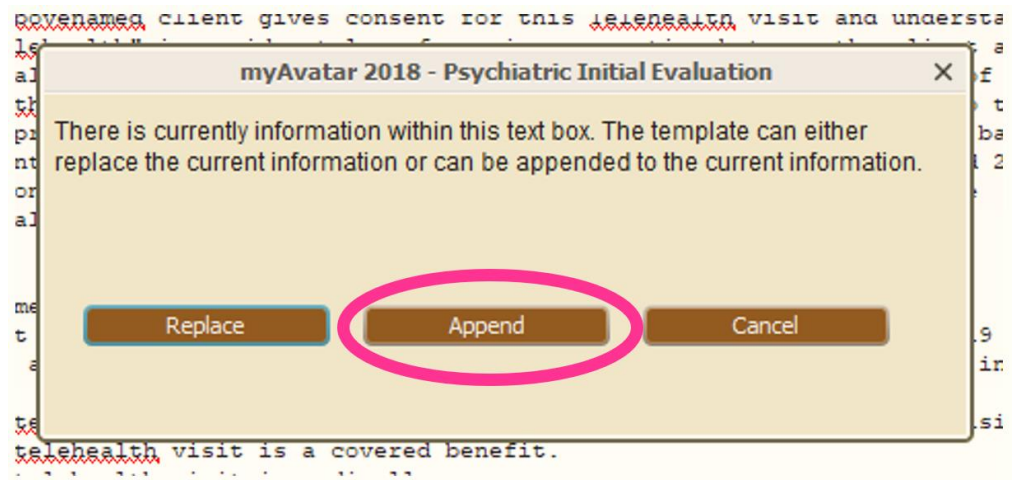
### How to Add Text Templates

- 1) Open a progress note form and begin your note.
- 2) When you get to the text portion of the note, right click into text field to open the progress note menu and then select *System Templates*.
  - a. SC Med Service Progress Note: Right click in the Progress Note text field.
  - b. SC General Purpose Progress Note: Right click in the *Client Presentation* text field.
- 3) Click TELEHEALTH CONSENT or VIRTUAL/TELEPHONE CONSENT.
- 4) The template will be added to your note.



**TO ADD A SECOND TEMPLATE TO THE SAME NOTE, add the Telehealth or Phone consent FIRST, then any other template you need.**

- 1) Add the Telehealth or Telephone template as shown previously.
- 2) Start adding the second template. Right click into text field to open the progress note menu, select *System Templates*, and click the second template.
- 3) You will see a pop-up asking if you want to append to the current note or replace.
- 4) Select Append.
- 5) You will now see both templates in the progress note. The second template will be added after the first.



**Continue to document verbal consent each time you write a progress note, until the client/guardian has signed the written consent form.** Link to Consent: <http://www.santacruzhealth.org/Portals/7/Pdfs/Avatar/MHE270EN.pdf>

A DocuSign version of the consent is being developed and is coming soon.

### Talking to Your Client About Telehealth and Virtual/Telephone Visits

The first conversation you have with the client/guardian is going to be more extensive and should involve explaining the *risks and benefits* of visits being conducted via Telehealth (video) and/or Phone.

Once you have had this in-depth conversation with your client, continue to **obtain verbal consent prior to each session and document** in your notes using the appropriate text template. Do this until you have obtained the client/guardian signature on the paper consent or DocuSign form.

Telehealth vs. Phone: **Telehealth is the preferred modality over Phone**, because of enhanced communication. However, when you talk to the client about their preference, emphasize that they are free to choose what works best for them. Reassure the client that the two of you can explore different options and try out different methods in order to establish which option works best. Explore concerns your client may have about Telehealth/Phone. Assist your client in problem solving and working through any anxiety they might have around services being provided in this manner. Validate/normalize feelings about the challenges in starting to use Telehealth/Phone for therapeutic contacts.

This is a good therapeutic opportunity to work with clients who might have impairment in areas around problem-solving, anxiety management, organization, etc.

**If your client chooses Phone over Telehealth, make sure you explain in your documentation why this choice is appropriate for the client, since Telehealth is the preferred option.** For some clients, technical issues such as lack of access to equipment or poor internet connectivity will be the reason. For others, they may have more personal reasons why they prefer to not use Telehealth. You must explain why.

Returning to Normal: Some clients may end up preferring Telehealth vs. coming into the office to see you in person. Make sure your client understands that your ability to provide services via Telehealth/Phone will be subject to change after the public emergency is over. At this point, we have to plan for things returning back to the usual standards, where some services are prohibited/non-billable when using Telehealth and Phone. Current changes to regulations as explained in letters and informational notices from regulatory bodies tend to be limited to the scope of the current public emergency.

### Working with Your Client Around Their Set up for Telehealth

Before starting Telehealth services with your client, make sure that they have a set up that is going to be effective, and that the client has privacy. Some things to consider:

1. Make sure that both you and your client's devices are charged and/or plugged in.
2. Make a plan with your client around what to do if you get disconnected, i.e. will you call the client? Wait until connection is reestablished? If video drops out entirely, will you continue the conversation over the phone? Do both you and your client have a phone that is charged and handy?
3. Is client in a setting where they have privacy and a reasonable expectation that they are not going to be interrupted? How about you? You may need to help a client problem solve and create contingencies for what to do if they get interrupted.
4. You and your client should turn off any notifications on your devices that may disrupt the session.
5. Have a test session with your client to work out any bugs around connectivity before you actually delve into therapeutic content.

### Is Helping My Client with Their Telehealth/Phone Setup Billable?

Possibly.

This would be a case management service. If case management is within the scope of services that you normally provide, it may be billable. For those who bill through FQHC, case management is not a billable service.

Per state regulations, during the public emergency, when clients must utilize alternative means to access behavioral health services, a clinician, acting in their scope of practice, may claim case management for providing support to access needed Behavioral Health Services via Telehealth if the client could not access such services without assistance. A billable progress note must explain that the service (your helping the client use Telehealth) is being provided because the client requires support to access behavioral health services through alternative means due to COVID-19 restrictions.

Documentation must include that without accessing services, the client is at risk of decreased functioning, increased symptomology, or relapse; whichever is appropriate for the client's situation.

Case Management is \*not\* assisting the client with accessing Telehealth if the client is self-sufficient or has become self-sufficient.

Below is the text of the new templates for your reference.

#### **VIRTUAL/TELEPHONE CONSENT**

\*\* The above-named client gives consent for this Telephone visit and understands that "telephone" is a non-visual telephone connection between the established client and the Behavioral Health provider. The client understands the risks and benefits of a Telephone visit, including: 1) that the Behavioral Health provider will do their best to provide reasonable medically necessary determination and treatment based on the client's Telephone interview, history, and available test results, and medical records; 2) the limitation of Telephone is that the provider is not providing an in-person live examination, or a Telehealth video examination, by the Behavioral Health provider.

The above-named client understands, acknowledges, and accepts:

1. Client is not to come to the behavioral health clinic due to the COVID-19 pandemic and to observe the state guidelines directing them to "Shelter in Place."
2. Client does not have the ability to conduct a Telehealth visit due to not having a reliable internet access and/or no access to a technology device with which to conduct a telehealth visit (computer, smart phone or tablet).
3. This virtual/telephone visit is intended to take the place of a face-to-face visit.
4. The covered service being provided is clinically appropriate to be delivered via virtual/telephonic communication and does not require the physical presence of the client.
5. This virtual/telephone visit is a covered benefit.
6. This virtual/telephone visit is medically necessary.
7. This covered benefit is clinically appropriate to be delivered via virtual/telephone communication.

#### **TELEHEALTH CONSENT**

\*\* The above-named client gives consent for this Telehealth visit and understands that "telehealth" is a video teleconferencing connection between the client and the Behavioral Health provider. The client understands the risks and benefits of a Telehealth visit, including that, 1) the Behavioral Health provider will do their best to provide reasonable

medically necessary determination and treatment based on the client's Telehealth interview, history, and available test results, and 2) the limitation of Telehealth as not providing in-person live examination by the Behavioral Health provider.

Above-named client understands, acknowledges, and accepts:

1. Client is not to come to the behavioral health clinic due to the COVID-19 pandemic and is to observe the state guidelines directing them to "Shelter in Place."
2. This telehealth visit is intended to take the place of a face-to-face visit.
3. This telehealth visit is a covered benefit.
4. This telehealth visit is medically necessary.
5. This covered benefit is clinically appropriate to be delivered via telehealth communication.

### What about group notes?

For now, we have not added these templates to group notes, but this is being explored.

### Resources

For more information see the following HHS (Health and Human Services) notice about this topic, "[Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency.](#)" Additionally, see the [Santa Cruz County Behavioral Health QI FAQ Vol 2](#) and [Vol 3](#) that cover this topic. QI FAQ Vol. 4 will be coming out shortly and will advise as to the newest regulatory changes and recent clarifications.

See the Santa Cruz Avatar webpage. This Informational Notice is available for future reference.

<http://www.santacruzhealth.org/hsahome/hsadivisions/behavioralhealth/avatarresources.aspx>

### For More Information Contact

The QI help desk at [askqi@santacruzcounty.us](mailto:askqi@santacruzcounty.us)

The easy way to get to the web page is to type Avatar into the Search Forms blank when you are in Avatar. Click on Avatar Resources and this will launch the web page.

