NUHW NATIONAL UNION OF HEALTHCARE WORKERS

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July 19, 2022

Mary Watanabe, Director
Dan Southard, Chief Deputy Director
Sarah Ream, General Counsel
Sonia Fernandes, Deputy Director, Office of Enforcement
Jennifer E. Marsh, Attorney III—Office of Enforcement
Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814-2725

Dear Ms. Watanabe, Mr. Southard, Ms. Ream, Ms. Fernandes and Ms. Marsh:

On behalf of the National Union of Healthcare Workers (NUHW), I am writing to request that the Department of Managed Health Care (DMHC) investigate Kaiser Foundation Health Plan (Kaiser) for violating Senate Bill 221 (Wiener), which took effect July 1, 2022, and other statutes and regulations that govern Kaiser's provision of behavioral health services. If substantiated by your investigation, we request that the DMHC take appropriate steps to ensure Kaiser's compliance with SB 221.

I. Summary

Since July 1, 2022, Kaiser Foundation Health Plan of Northern California and its contractor, the Permanente Medical Group (TPMG), have implemented changes to enrollees' electronic medical records (EMR) and Kaiser's internal administrative procedures that prevent licensed non-physician behavioral health clinicians from prescribing, documenting, and delivering timely and appropriate follow-up outpatient behavioral health treatment in accordance with the requirements of SB 221, which took effect on July 1, 2022, as well as other California laws and regulations.

By way of background, Kaiser maintains an electronic medical record (EMR) for each enrollee that consists of electronic files including enrollees' diagnostic evaluations, test results, treatment recommendations, medication records, and charting notes. Kaiser's system of EMRs is called "KP HealthConnect."

When clinicians document treatment plans and progress notes in enrollees' EMRs, they do not have complete freedom to prepare such records. That is, Kaiser's EMR system does not present clinicians with a blank slate. Instead, Kaiser has configured its EMR with a set of electronic templates, "smart phrases," drop-down menus, and other features that subvert accurate record keeping.

This complaint focuses on new features that Kaiser has configured into enrollees' EMRs since July 1, 2022. These new features illegally block clinicians from prescribing, documenting, and delivering timely and appropriate treatment for enrollees.

Additionally, Kaiser has implemented new administrative rules that saddle clinicians with time-consuming, administrative burdens when they attempt to override Kaiser's illegal restrictions. As with the new EMR features mentioned above, these new administrative rules are also aimed at discouraging clinicians from prescribing, documenting, and delivering timely and appropriate care to enrollees. In addition, the new administrative rules are tantamount to preauthorization and therefore constitute an exclusive, and therefore illegal, non-quantitative treatment limitation on behavioral health benefits.

Along with implementing new EMR features and administrative rules, Kaiser has begun requiring clinicians to undergo training on these improper and illegal processes since July 1, 2022. This training contains instructions and guidance at odds with California law.

Lastly, it is important to note that Kaiser's aforementioned violations rely on a key, underlying feature of its behavioral healthcare-delivery system: namely, its chronically and severely inadequate network of behavioral health clinicians. Kaiser's understaffed system induces its executives and managers to pursue illegal "work-arounds," described above, to evade the health plan's obligations under SB 221 and SB855 given its inability to otherwise comply with the law. Notably, Kaiser is exploiting its clinicians' excessive, uncapped caseloads to coerce them into acquiescing to its illegal scheme. If clinicians document that patients have been booked for follow-up treatment appointments outside prescribed timeframes, then Kaiser imposes time-consuming administrative tasks on clinicians, thereby leaving them even less time to serve their patients. Meanwhile, Kaiser dangles a second option in front of clinicians ("Door 2" in the TV gameshow analogy) of consenting to its illegal scheme as the path of least resistance. This is unconscionable.

Kaiser's practices violate multiple laws, including SB 221. Notably, if Kaiser—via its reconfiguration of its EMR system and its administrative rules—is permitted to systematically force therapists to attest that untimely appointments will not have a detrimental impact on patients' health, then its compliance with SB 221 and SB 855 (which mandates access to out-of-network services when in-network care cannot be timely accessed) will be rendered meaningless and unenforceable.

II. Evidence

This section highlights the three changes implemented by Kaiser-Northern California since July 1, 2022. Source records are inserted in the text and provided in the attached exhibits.

A. New Charting Templates in Patients' EMRs: Upon completing appointments with enrollees, Kaiser's clinicians document their sessions in Kaiser's EMR and specify the timeframe for enrollees' follow-up treatment. Since July 1, 2022, Kaiser has configured its EMR to require clinicians to falsely depict their clinical judgment with respect to follow-up treatment appointments. Specifically, for every instance in which enrollees must wait longer than 10

business days for follow-up treatment appointments, clinicians are required to report that these longer wait times **will not** have a detrimental impact on the health of the patient – even when clinicians have determined otherwise.

Clinicians state their clinical determinations regarding treatment timeframes in a section of Kaiser's charting template entitled "**Timeframe** {PSY Timeframe: 361872}." This section is structured as a set of nested drop-down menus with limited options available in each menu. The first drop-down menu contains the following five options (emphasis added in red and bold):

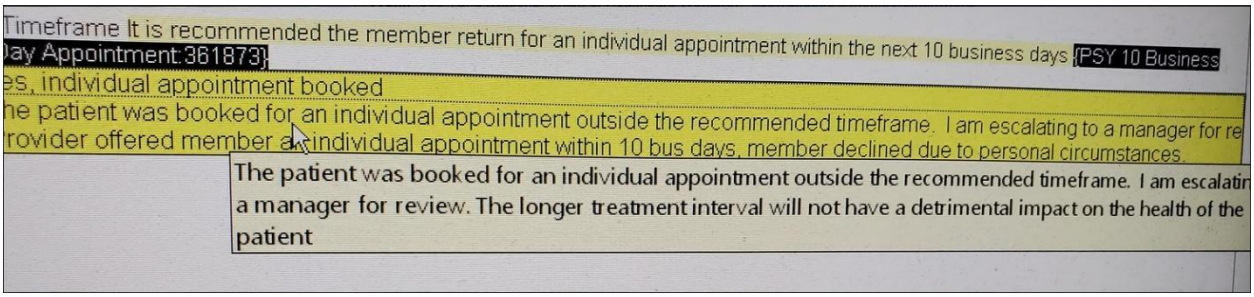
1. **It is recommended the member return for an individual appointment within the next 10 business days** {PSY 10 Business Day Appointment: 361873}
2. Provider has directed the member to attend group therapy as a clinically appropriate component of the treatment plan within the 10 business days.
3. It is recommended the member return for an individual appointment beyond 10 business days and the longer wait time will not have a detrimental impact on the health of the patient {PSY Greater Than 10 Business Day Appointment: 361874}
4. No future psychotherapy services clinically indicated at this time.
5. Though recommended, member declines psychotherapy, at this time.

If clinicians select option #1 from the above menu (i.e., PSY 10 Business Day Appointment: 361873), they are presented with a second drop-down menu containing the following three options (emphasis added in red and bold). They are required to select one of these options.

1. Yes, individual appointment booked.
2. The patient was booked for an individual appointment outside the recommended timeframe. I am escalating to a manager for review. **The longer treatment interval will not have a detrimental impact on the health of the patient.**
3. Provider offered member an individual appointment within 10 bus days, member declined due to personal circumstances.

These limited options render clinicians unable to record **any** instances in which wait times exceeding 10 business days will have a detrimental impact on the health of patients. Instead, even when patients are booked far outside clinicians' recommended treatment timeframes, clinicians are nonetheless required to falsely report in their patients' medical records that, "The longer treatment interval will not have a detrimental impact on the health of the patient."

The following is an image taken from Kaiser's charting template displaying the three drop-down menu options accompanying "PSY 10 Business Day Appointment: 361873." In the image, the cursor is hovering over the second option, thereby prompting a text box to appear below that displays the entire text of the second option.



Kaiser has also made similar changes to the charting templates used by Kaiser's "Initial Access Coordinators," the licensed behavioral health clinicians who perform preliminary diagnostic assessments of enrollees by phone or video at the onset of enrollees' care episodes. Many of Kaiser's Initial Access Coordinators work in call centers in San Leandro, Rancho Cordova and Livermore. NUHW can provide details regarding Kaiser's changes to these charting templates.

B. New Administrative Rules: Kaiser has implemented new administrative rules that saddle clinicians with time-consuming, administrative burdens if clinicians document that patients have been booked for follow-up treatment appointments outside clinicians' recommended timeframes. These new rules clearly discourage clinicians from reporting treatment delays.

The new administrative rules consist of two main requirements. If clinicians document that they are booking patients' follow-up treatment appointments outside clinicians' recommended timeframes, Kaiser instructs them to "escalate" the situation to managers for review. "Escalation" requires clinicians to complete two time-consuming steps for each patient:

1. Complete a form entitled "Psychiatry Manager Review Referral Form." The form requires clinicians to write responses to approximately 10 questions as well as five additional "optional" but recommended questions. See Exhibit A.
2. Meet with their managers to discuss clinicians' treatment recommendations. In some clinics (such as Kaiser's behavioral health clinic in Walnut Creek), managers require clinicians to meet for up to an hour when clinicians report they are booking a patient's follow-up treatment outside clinicians' recommended timeframes.

The aforementioned administrative rules are documented in numerous records. Exhibit B is a PowerPoint presentation used by Kaiser to train its Northern California clinicians on Kaiser's new protocols. The presentation, dated July 2022, is entitled "Regional SB221 Training for MH and AMRS." Kaiser describes the "manager review process" in slides 28-29. The PowerPoint presentation states that review forms are "regionally required," meaning they are required by Kaiser's Northern California regional headquarters. The terms "APY" and "CPY" refer to "Adult Psychiatry" and "Child Psychiatry," respectively.

When clinicians meet with managers to discuss appointments booked outside their recommended timeframes, the time spent in these meetings is subtracted from the limited amount of time Kaiser provides to each clinician each week to perform "indirect patient care"

(IPC) duties, such as charting, responding to patients' emails and phone calls, organizing collateral support for patients, coordinating with other providers regarding patients' care, treatment planning, case consultation, and others. At most clinics, Kaiser provides full-time clinicians with only 5 hours a week of IPC time.

During the "escalation" meetings, managers typically question therapists' clinical judgment and ask why they didn't book an appointment in the recommended timeframe even though most clinicians' schedules are completely booked for 4-8 weeks into the future due to Kaiser's understaffed provider network, according to clinicians.

C. Kaiser's Training on New EMR System and Administrative Rules: Since July 1, 2022, Kaiser has begun requiring clinicians to undergo training on its new charting templates and administrative rules. The training typically is guided by a 31-slide PowerPoint presentation entitled "Regional SB221 Training for MH and AMRS." Dated July 2022, the training is divided into five sections including "What is SB221," "Treatment Planning Templates," and "Manager Review Process." The PowerPoint presentation is attached as Exhibit B.

III. Legal Violations

Kaiser's new charting template and administrative rules violate multiple state and federal laws.

First, Kaiser's charting template violates SB 221 and SB 855, both of which are intended to ensure that patients receive timely care. Kaiser's new EMR template and administrative rules, however, preclude clinicians from documenting **any** instances in which appointment wait times exceeding 10 business days will have a detrimental impact on the health of patients. If Kaiser is permitted to systematically force therapists to attest that untimely appointments will not have a detrimental impact on patients' health, its compliance with SB 221 and SB 855, which mandates access to out-of-network services when in-network care cannot be timely accessed, will be rendered meaningless and unenforceable.

Second, Kaiser's new administrative rules (e.g., the "manager review referral form" and manager-clinician meetings) also violate SB 221. First, SB 221 does not require clinicians to justify why treatment must be timely. Instead, SB 221 **presumes** that longer waits than specified by the statute **will be** detrimental unless referring and/or treating clinicians determine otherwise and document their clinical decisions in patient charts. Kaiser's new "manager review referral form" impermissibly shifts the presumption of detriment to a conclusive determination of no detriment. Kaiser's requirement that clinicians substantiate the need for timely care turns the bill on its head. Notably, under SB221, not only is detriment presumed unless stated otherwise, but **only** a referring or treating provider may determine the absence of detriment. It is axiomatic that non-treating administrators may not second-guess or override such determinations – nor may they unilaterally alter treatment plans.

Third, Kaiser's "manager review referral" process constitutes an exclusive (and therefore illegal) non-quantitative treatment limitation under MHPAEA, codified at Cal. Health & Safety Code §

1367.005(a)(2)(D) and § 1374.76, because it is tantamount to preauthorization/utilization review exclusively imposed on outpatient behavioral health benefits, a requirement which Kaiser has expressly disavowed in multiple regulatory filings. Moreover, even if Kaiser could subject outpatient behavioral health benefits to utilization review (a process which it has affirmatively disavowed) in a parity-compliant manner, its medical group administrators (rather than health plan employees) would still be prohibited from engaging in the unlicensed practice of utilization review under Cal. Health & Safety Code § 1349.

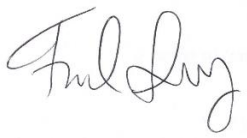
Last, California law requires health plans to maintain effective quality assurance systems capable of detecting and correcting care-delivery problems, including those related to provider network inadequacy. Kaiser's recently implemented measures bar clinicians from accurately recording problems related to timely appointment availability and network inadequacy. Furthermore, Kaiser's time-consuming administrative measures are designed to discourage clinicians from reporting problems to managers.

As clinicians and their NUHW representatives have learned about Kaiser's charting templates and new administrative rules, we have repeatedly raised our objections to executives from Kaiser Foundation Health Plan and TPMG. Nonetheless, they have refused to alter Kaiser's illegal practices.

IV. Request

NUHW requests that the DMHC enforce California's laws to protect the rights of healthcare consumers and urges the DMHC to employ all of the enforcement tools at its disposal to hold Kaiser accountable for its violations. NUHW stands ready to assist in whatever way may be helpful. Please contact me with any questions or requests.

Sincerely,



Fred Seavey

cc: Sen. Scott Wiener
Don Moulds, CalPERS
Dr. Julia Logan, CalPERS

EXHIBIT A

SCL PSYCHIATRY MANAGER REVIEW REFERRAL FORM

MRN: ***
Date of the referral: ***

Treatment History Summary
- **All prompts must be filled**
- **Optional information will greatly facilitate chart review**

1. How long has the member been in treatment? {:329461}
   (optional) Please indicate number of individual, group psychotherapy and medication management visits during current treatment episode (this information can be found in your Active Client Summary report): ***

2. Are there clear treatment goals and timeframes documented? {:11179}
   (optional) Please list treatment goals, timeframes, and dates of documentation in HC: ***

3. Member adherence to treatment plan and interventions. {:329462}
   (optional) Please list dates of documentation in HC: ***

4. How often are the treatment goals and plan reassessed? {:329463}
   (optional) Please provide a brief description of last treatment plan reassessment (if applicable): ***

5. Has this patient been discussed in the Case Consultation Group (CCG)? {:11179}
   (optional) Date of CCG consultation and HC note: ***

6. Are there recent Tridiuum scores to review? {:11179}

7. Can this patient be seen for a one-time appointment by another therapist for skills review? {:11179}

Rationale for sooner individual appointment
(select options that apply)

Functional Impairment {:329472}
Have clinically necessary referrals been discussed with patient (for example, higher level of care if indicated, increasing treatment intensity, medication adjustment, lifestyle changes, etc) - please describe: ***

Other clinic treatment options did not produce desired improvement towards treatment goals {:329474}

Member declined other treatment options {:329475}

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EXHIBIT B

Regional SB221 Training for MH and AMRS

Kaiser Permanente Medical Group
July 2022

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Agenda

- What is SB221
- Triage and IAC (Intake) Workflow
- Treatment Planning and Termination Support
- Treatment Planning Templates
- Manager Review Process

What is SB 221?
SB 221 is the new California law that requires health plans to offer nonurgent, nonphysician mental health or substance use disorder follow-up appointments within 10 business days of a prior appointment. Kaiser Permanente supports the intent of the SB 221 legislation.

What is required under SB 221?
Beginning July 1, 2022, health plans are required to offer a nonurgent, nonphysician mental health care or substance use disorder treatment appointment within 10 business days of the prior appointment, unless the treating provider determines —with appropriate supporting documentation —that a longer interval is appropriate and won't negatively impact the patient's health.

To view a full text of SB 221, please click on the following hyperlink
Bill Text -SB-221 Health care coverage: Timely access to care

The law also requires health plans to incorporate the new requirement into materials that health plan members receive, and it requires the Department of Managed Health Care (DMHC) to develop health plan reporting methodologies pertaining to the new requirements.

How will the law's requirements be measured and reported?
We are meeting regularly with the DMHC to help ensure we fully understand the evolving requirements of the new law, especially regarding documentation and reporting. Some reporting elements are still under development by the DMHC. We will start collecting SB 221 data this year, which we will use to refine our collection process, reporting, and quality oversight in preparation for formal reporting requirements to follow.

Triage Scripting and Helpful Tips

Triage Scripting

Beginning of Triage call

When reviewing presenting problem
Make that clear during call that they are speaking with the Psychiatry Dept, we treat psychiatric disorders. How can I assist? Help you? Mental Health is here to assist with psychiatric conditions, how can I help you?

At close of Triage call

You'll be booked with a specialty mental health clinician for an initial **assessment** for a psychiatric condition. This comprehensive initial **assessment** helps the therapist determine if treatment is needed and the best treatment options for you. Our treatment is based on research and proven to be effective. Treatment options may include skill development, group models of care, individualized care and other resources inside and outside of Kaiser Permanente.

The therapist conducting the assessment will not be your ongoing provider.

Video Visits are an opportunity for you to see the clinician and make a connection during your visit. We encourage you to use your mobile phone for video visits. In order to participate you will need to download the
My Doctor On-line app, you will receive an email with instructions on downloading and using the app to join the video visit.

Telephone Appts –Please be aware you'll be called at the appointment time from a blocked number.
Your initial assessment will be 30-45 minutes of uninterrupted time. You'll be sent a link with a questionnaire to complete prior to your appointment. Please complete the questionnaire to allow more time to address the reason you're calling.
Please be in a place where you can speak openly about private and confidential matters.

Introducing Tridiuum – MH Vitals

In our mental health clinics, we use a specialty electronic questionnaire called Tridiuum. We ask you to complete this questionnaire before every appointment to let us know how you are feeling.

The Tridiuum questionnaire will be placed in your kp.org Messages Inbox approximately 24 hours before your appointment. That message will include a link for you to start the questionnaire. Please complete the questionnaire before your appointment.

Your provider will want to review the information you provided so that they can discuss what is most important for you. Sometimes it may be difficult to cover all areas in your appointment, so having this information can help prioritize your needs. Being able to communicate with your provider in the session and through the questionnaire will only advance your progress.

You may think about the Tridiuum assessment as a blood pressure check or lab test before each mental health department visit.

Triage Key Take-Away Points

Emphasize

- Assessment for psychiatric disorders

- Treating psychiatric disorders in a comprehensive way

- Treatment options include
    - Skills development
    - Group models of care
    - Individualized care

- Other resources inside and outside of KP

IACs and Initial Intake Evaluation Scripting and Helpful Tips

IAC or Any Initial Intake Scripting

Initial Intake Scripting
I have done a thorough assessment, listened to your concerns, goals for treatment and reviewed your questionnaire scores. My clinical recommendation for treatment is that you …..

When speaking about recommended treatment
It is important to instill confidence in your treatment recommendation, please don't apologize ("Sorry I can't give you therapy"), but inform the member, "With the symptoms you are reporting this is an excellent plan to support reducing them quickly." If you sound hesitant, uncomfortable or reluctant then the member will not trust this is the best plan.

"With the symptoms you are reporting, this is what KP has to offer you……I have…..BHE, Wellness Coaching, CHAMAI, and other options and we find when these are utilized, symptoms diminish."

Low acuity scripting

Normalize daily stressors

- We have finished the assessment, and I am hearing that life is stressful right now. Considering the times this is not surprising and in fact is fairly normal, we are hearing that from a lot of people. However, there is a difference between having life stress vs. a psychiatric disorder that is impacting your daily functioning. For example, it's really great that you are getting to work, socializing, and taking care of your family (insert examples relevant to the patient).

- To help with the stress I do want you to learn strategies and tools to manage those stressors

- Refer to the following
- Wellness Coaching (408-851-3800)
- Behavioral Health Education (408-851-3800)
- Project Chamai (use .chamaiprogressnote smartphrase)

Additional options for low acuity scripting

- "I don't want to pathologize a typical response to [stress, grief, a break-up, etc.]. It can be painful and challenging to navigate. In these situations, we recommend [e.g., exercise, social support, bibliotherapy etc]" "great news….you don't have a mental illness."

- "I don't want to minimize your experience, it sounds like you're experiencing the typical ups and downs of [e.g., having a stressful job, being a full-time (first-time) parent, balancing work and personal life, this new covid normal, etc]. Many of the patients that I've worked with have found [e.g., exercise, mindfulness, a new parent's group, etc] to be helpful"

- What you are looking for is support around coping with this stress, COVID anxiety, …….we would like to help out with this, and this is what KP offers….coping skills, daily ways to feel better, etc.

Low acuity key take away points

Emphasize

- Normalize daily stressors
- Help patient differentiate between life stress vs. a psychiatric disorder that is impacting daily functioning
- Provide options that can help gain skills for the problems they are experiencing

Optional Welcome Letter to Patients

.cpywelcomeletter
.apywelcomeletter

Our approach to mental health care is comprehensive. We provide a team-based approach that weaves together different types of treatment that are supported by research and best practices in our field.

Treatment in our department often includes contact with multiple mental health professionals. For example, your treatment team **may** include:

- Weekly group treatment in which a provider will teach new skills or help group members describe and discuss mental health concerns together
- A psychiatrist or pharmacist to oversee your medications
- An individual therapist who will check on your symptoms and help address concerns that cannot be addressed in group therapy

Treatment is completed once you have achieved your goals, and your symptoms feel more manageable. If you develop another mental health concern that affects your ability to manage your day-to-day life, then you can return to us for another episode of treatment.

Continued Welcome Letter

What happens next

Here's how the process works:

- You begin by talking with a mental health clinician for an initial assessment
- The assessment takes 30-50 minutes. The clinician asks about your mental health concerns and how they are impacting your life.

This assessment helps determine whether you struggle with a **psychiatric illness and if you require treatment** the clinician will make recommendations based on the severity of your psychiatric illness. Treatment plans usually include the following:

- Achievable and measurable treatment goals
- A list of recommended treatment services and/or apps to help you achieve your goals
- Tools to track your progress including Tridiuum questionnaire

Please note that a treatment plan is a comprehensive plan for treating your needs. Declining one recommended service does not make it more likely that other services will be offered more frequently. During your initial assessment, the clinician may also recommend some coping skills or strategies to help you jump start your healing journey. Decades of evidence and experience tell us those strategies work, so we encourage you to start practicing them during the period between the initial assessment and the start of the recommended treatment plan.

Continued Welcome Letter

FAQ

How do you decide which services to recommend?

Recommended services are based on the severity of your symptoms. Should you experience mild or mild-to-moderate symptoms that allow you to function in most of your daily activities, your treatment plan may include behavioral health classes, wellness coaching, or referrals to community and online programs/apps.

If you experience moderate, severe or acute symptoms, and have significant difficulty functioning in your daily life, you will be assessed for a more intensive treatment program. Our services may include psychiatric medication management, crisis intervention, as well as referrals to specialized services within the department, such as the intensive outpatient program, clinical case management, eating-disorder program, or addiction medicine and recovery services.

Therapist Support for Navigating Treatment Planning and Termination

GOALS

- Empower clinicians to create and recommend clinically appropriate treatment options
- Provide treatment modalities that are evidence based and outcomes driven
- Have a way to explain and support your treatment making decisions
- Navigate termination/end of treatment decisions
- Have opportunities to consult with the team and receive additional support

Structuring Treatment in MH

- Establishing treatment goals and clear timeframes
- Holding expectation about change and outcomes
- Using Feedback Informed Care Principles to direct treatment
- Effective termination when treatment is no longer working or when treatment goals are met
- Expected part of the informed consent
- Reflected in ***APA Guidelines on Evidence-Based Psychological Practice in Health Care***

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Setting Expectations and Explaining our Services During the First Session – Secondary Visit

(Disclaimer: Use of possible talking points is at the discretion of the clinician, based on patient need and characteristics. The content can be adapted for children/teens and families as appropriate.)

Possible Talking Points:
“I have reviewed the information from my colleague who met with you for your intake. Today, I am going to ask you for more details about your symptoms and concerns, and your goals for treatment. I will also explain our services and share my recommendations for next steps.

As explained in your intake session, we offer treatment based on clinical symptoms that impact your daily functioning and cause significant distress and/or impairment. Your treatment plan will be based on the information you share with me and your responses to the clinical questionnaire that was sent to you, what we call Feedback Informed Care (FIC).This information will help us fine tune your treatment plan and, if we continue meeting, your responses to the questionnaire will help us see how you are progressing and when your goals have been met.

We offer a wide range of services and resources, and your treatment plan may include recommendations outside of the Mental Health [Addiction Medicine] Department. This may include classes, books, apps, and online or community resources as indicated. If a group is recommended, know that research has shown that patients receiving group psychotherapy have significantly better outcomes than those patients who do not attend. They learn skills and strategies to deal with the symptoms they are experiencing. We will discuss next steps before we end our session today.”

Common Scenarios During Secondary Visit

Scenario 1: The member declines part or all of the recommended treatment plan

Possible Talking Points

"At KP, we offer services that can range from group and individual psychotherapy, behavioral health classes, medication management, apps and other resources depending on your symptoms and needs. I am concerned that if you only do [X or Y] and not [Z], you may not see the results you are looking for. My responsibility is to recommend what will be most helpful to you in meeting your goals. Declining one recommended service does not make it more likely that other services will be offered more frequently. Tell me more about why you are concerned about trying [Z]."

In addition to risk issues and symptoms, consider cultural, financial, and logistical barriers such as time/childcare issues, motivation/readiness for change, and other relevant clinical factors when making treatment recommendations.

Share the rationale for your treatment recommendations. Document clearly what was recommended, accepted, and/or declined. Document that you have discussed the risks associated with declining medical recommendations and not following medically necessary treatment.

If the member has not recently completed Tridiuum, it is recommended that you proctor the questionnaire in session to further inform the conversation.

Utilize Motivational Interviewing Techniques if appropriate.

Common Scenarios During Secondary Visit (continued)

Scenario 2: The therapist has determined other resources are more clinically appropriate, but the member only wants individual therapy, or the member wants to be seen individually more frequently than the provider has determined is clinically necessary.

Possible Talking Points

“My recommendations are based on [your answers to the questionnaire], what you have shared with me about your goals for treatment, and the symptoms you have been experiencing. It sounds like you were expecting something different than what I have recommended?” [Give member a chance to express their point of view and then clarify your clinical rationale as appropriate.]

Document your discussion about declining recommended group psychotherapy options and possible risks associated with not following medically developed treatment plan (.CPYGROUPDECLINE OR .APYGROUPDECLINE)

If member does not meet medical necessity, consider offering other resources that may be of interest such as digital therapeutics , Health Engagement Classes, Health Coaching, books, podcasts, community resources, etc.

Sometimes what is clinically appropriate will differ from the member’s expectations. Remember, you are the clinical expert. Your recommendations should align with what is medically necessary and clinically appropriate.

Common Scenarios During Secondary Visit (continued)

You might say the following:

If the member has a psychiatric condition and mental health treatment is needed:
"The services we provide are intended to treat psychiatric disorders and my recommendations are based on what I think will be most effective in treating [X] condition(s). Based on my clinical experience, this is the best plan for you, and I hope you will give it a try."

If the member does not meet medical necessity (e.g., symptoms don't rise to the level of a psychiatric condition, looking solely for personal growth in the absence of a psychiatric condition, etc.):

"While it might not be what you were hoping for, we offer [classes, health coaching, apps and other online resources] that may be of interest. I can also recommend some books if you'd like. Here are a few suggestions…"

"I can see my recommendations are different from what you were expecting. Why don't you give it some thought and if you change your mind, let me know and I'd be happy to refer you to [(provide more information about) the group, class, coaching, books, apps, community resources, etc.] that I have suggested. Here is how to contact me in the future…"

Common Scenarios During Secondary Visit (continued)

Scenario 3: The provider determines it is clinically appropriate to end the episode of care, but the member would like to continue with treatment.

Possible Talking Points

"Based on [responses to the questionnaire and] what you have shared today, it seems you have met your goals for treatment. [Highlight and reinforce examples of progress and success.] I would like to use our time today to discuss what you feel you will be taking away from our work together as we bring this episode of care to a close. I'd also like to take some time to discuss and develop a plan with you about when it would be appropriate to get in touch with me again. Does that sound like an okay plan for today?"

"In looking at our work together and thinking about your goals, I can see you've made significant progress. [Highlight improvements.] I think we are at a place where it makes sense to transition treatment [apps, classes, etc. as appropriate]. Life will never be problem free, but my hope is you will feel more confident in using the strategies you have learned to cope with future challenges. Let's see how it goes and if you find you need a booster session down the line, let me know and we can schedule a follow-up visit. How does that sound?"

Explaining our services at the first visit and establishing clear treatment goals is part of the informed consent. Referencing treatment goals every session and using Feedback Informed Care helps providers and members continue to align around expectations.

If appropriate, offer recommendations for next steps (e.g., Health Engagement class, group, app, coaching, community supports, books, etc.).

Treatment Planning Templates

Intake Treatment Plan Metrics

1. Treatment Plan documented at Intake*
2. Measurable **Treatment Goals***
3. **Interventions** documented*
4. **Modalities** documented*
5. **Return Timeframe** documented*
6. **Any type** of return appointment booked within timeframe*
7. **Individual** full-length appointment booked within timeframe

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SB 221 Treatment Plan Template Deployment

- Let’s review Treatment Plan Templates together

- Strongly recommended to start using these smartphrases as of July 1, 2022

- Please do not alter the smartphrases in any way

- Will be required part of charting starting in August 2022 when a new regional template with updated risk assessment and treatment planning sections will be deployed

REVIEW CPY OR APY TREATMENT PLANNING SMARTPHRASES

MANAGER REVIEW PROCESS

Manager Review Process

- If you require assistance from your manager to review treatment plan and appropriate treatment options

- Please complete the regionally required review form and submit to your manager as Staff Message in HealthConnect

- APY and CPY managers will be meeting several times per week as a group to review these requests

- Your manager will communicate the outcome of the review and suggest changes in your treatment plan

KAISER PERMANENTE®

SCL PSYCHIATRY MANAGER REVIEW REFERRAL FORM

MRN: ***
Date of the referral: ***

Treatment History Summary
- **All prompts must be filled**
- **Optional information will greatly facilitate chart review**

1. How long has the member been in treatment? {:329461}
   (optional) Please indicate number of individual, group psychotherapy and medication management visits during current treatment episode (this information can be found in your Active Client Summary report): ***

2. Are there clear treatment goals and timeframes documented? {:11179}
   (optional) Please list treatment goals, timeframes, and dates of documentation in HC: ***

3. Member adherence to treatment plan and interventions. {:329462}
   (optional) Please list dates of documentation in HC: ***

4. How often are the treatment goals and plan reassessed? {:329463}
   (optional) Please provide a brief description of last treatment plan reassessment (if applicable): ***

5. Has this patient been discussed in the Case Consultation Group (CCG)? {:11179}
   (optional) Date of CCG consultation and HC note: ***

6. Are there recent Tridiuum scores to review? {:11179}

7. Can this patient be seen for a one-time appointment by another therapist for skills review? {:11179}

Rationale for sooner individual appointment
(select options that apply)

Functional Impairment {:329472}
Have clinically necessary referrals been discussed with patient (for example, higher level of care if indicated, increasing treatment intensity, medication adjustment, lifestyle changes, etc) - please describe: ***

Other clinic treatment options did not produce desired improvement towards treatment goals {:329474}

Member declined other treatment options {:329475}

SUMMARY OF HELPFUL SMARTPHRASES

Welcome Letter to Patients
.cpywelcomeletter
.apywelcomeletter

Treatment Planning in APY
.apytreatmentplanningintake
.apytreatmentplanningreturn

Treatment Planning in CPY
.cpyintaketxplan
.cpyreturntxplan

Manager Review Process
.sclmanagerreviewsb221

Declining group psychotherapy
.cpygroupdecline
.apygroupdecline

QUESTIONS