



NATIONAL UNION OF
HEALTHCARE WORKERS

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May 14, 2019

Shelley Rouillard, Director
Dan Southard, Deputy Director—Office of Plan Monitoring
Jennifer E. Marsh, Attorney III—Office of Enforcement
James A. Willis, Senior Counsel
Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814-2725

RE: KAISER FOUNDATION HEALTH PLAN INC. ENFORCEMENT MATTER NOs. 11-543 & 15-082

Dear Ms. Rouillard, Mr. Southard, Ms. Marsh and Mr. Willis:

On behalf of the National Union of Healthcare Workers (“NUHW”), I am writing to provide the Department of Managed Health Care (“DMHC”) with evidence of Kaiser Permanente’s continuing noncompliance with California law and the DMHC’s Cease and Desist Order issued in June of 2013.

I. Background: An essential part of Kaiser’s behavioral health services is to conduct initial evaluations of its patients in order to accurately diagnose their conditions and develop effective treatment plans. Kaiser’s non-physician behavioral health therapists are the licensed providers principally responsible for performing these assessments. In performing initial assessments, therapists are guided by professionally recognized standards of care established by independent professional associations and others. According to the American Psychological Association (APA), these assessments are comprehensive and time-intensive. Academic guidelines state that such assessments should take at least one hour to complete. Historically, Kaiser has scheduled therapists to perform these evaluations during in-person appointments of between 60 and 90 minutes.

Due to the inadequacy of Kaiser’s provider network, many of Kaiser’s behavioral health clinics are today unable to provide first-time patients with non-urgent diagnostic initial assessments performed by non-physician behavioral health therapists within 10 business days, as required by California’s Timely Access Regulation.

As a result of Kaiser’s inability to provide timely initial assessments, Kaiser has devised a “workaround” that consists of having therapists perform 30-minute telephone initial assessments within 10 business days and then assigning each patient to a subsequent 60-minute in-person appointment during which a second non-physician therapist completes the initial assessment. In many cases, the second appointment takes place more than 10 business days after the initial appointment request, meaning that Kaiser has failed to complete its initial assessments within California’s legally required timeframe.

In at least one medical center service area (Vallejo/Fairfield), Kaiser has attempted to further shorten its already short-cut initial assessments. According to therapists, Kaiser has performed telephone initial assessments of only 15 minutes in duration, a practice that reportedly has been modeled by Kaiser managers.

In yet another type of apparently improper patient-assessment practice, Kaiser managers at some clinics reportedly have instructed therapists to mis-label telephone triage screening calls as telephone initial assessments without disclosing to the patient that they are doing so. A patient seeking care for a behavioral health condition typically moves through the following workflow: After requesting care from a Kaiser clinic, the patient first undergoes a short telephone triage screening call during which a triage therapist speaks with the patient to evaluate their condition and acuity (that is, whether the patient needs an emergent, urgent, or non-urgent appointment or no appointment at all). If the patient requires a non-urgent initial assessment, then an appointment is supposed to be booked within 10 business days. In some clinics, however, managers have reportedly falsely labeled triage therapists' brief telephone triage screening calls as comprehensive telephone initial assessments. According to therapists, this improper practice takes place when no initial assessment appointments are available during the following 10 business days. A Kaiser manager then reportedly instructs triage therapists to extend brief telephone triage screening calls by adding a few questions, and then mislabels the triage screening call as a full initial assessment appointment. This subterfuge is reportedly undertaken in an effort to "cook the books" regarding the clinic's compliance with the DMHC's Timely Access Regulation.

Each month, thousands of Kaiser enrollees receive short-cut telephone initial assessments. During the past year, Kaiser has assigned scores of its non-physician therapists to perform 30-minute telephone initial assessments. Many of these therapists, whom Kaiser calls "Initial Access Coordinators" or "IACs," are located at individual Kaiser clinic sites. Additionally, in June of 2018, Kaiser opened a stand-alone "Connect 2 Care" telepsychiatry facility in San Leandro, California that houses therapists assigned exclusively to perform 30-minute telephone initial assessments. (In Northern California, Kaiser refers to these short-cut telephone initial assessments as "TAINs" or "TCINs" for adult and child/family patients, respectively. Video appointments are referred to as "VAINs" or "VCINs.") The "Connect 2 Care" facility is staffed by more than 20 non-physician therapists working in cubicles. Although the facility has the ability to perform video appointments, the vast majority of the initial assessments are performed over the phone (i.e., without video), according to therapists.

At the "Connect 2 Care" telepsychiatry facility alone, Kaiser performs more than 1,000 short-cut telephone initial assessments per month. During the facility's first nine months of operation, it conducted 12,000 such appointments, according to materials published on Kaiser's website. On April 26, 2019, Kaiser published an article on its website announcing that it recently expanded its "Connect 2 Care" telepsychiatry facility and now performs telephone initial assessments for 11 of Kaiser's medical center service areas.¹ It reports that by 2020 the facility will perform telephone initial assessments for patients from all of Kaiser's medical center service areas across Northern California.

¹ Anna Fidler, "Expanded Access to Telepsychiatry," lookinside.kaiserpermanente.org, April 26, 2019. Available at: <https://lookinside.kaiserpermanente.org/expanded-access-to-telepsychiatry/>

Prior to opening its “Connect 2 Care” telepsychiatry facility, Kaiser officials informed the National Union of Healthcare Workers (the collective-bargaining agent for Kaiser’s non-physician therapists) of its intention to open and operate the facility. Kaiser stated it would unilaterally implement its plans without conducting any negotiations with NUHW’s therapists. Kaiser offered to allow NUHW’s therapists to participate in a planning committee regarding the implementation of the facility in San Leandro. NUHW accepted Kaiser’s invitation; however, Kaiser rejected several key recommendations presented by NUHW’s therapists who served on the committee. Nonetheless, Kaiser has made, and continues to make, false claims to the public that its telepsychiatry facility was “co-designed by Kaiser Permanente leaders and therapists.”

II. Apparent Violations of California Law: Kaiser’s new system of short-cut telephone initial assessments appears to violate multiple standards enforced by the DMHC:

A. Short-cut initial Assessments Violate Professionally Recognized Standards of Practice:

§ 1300.70(b)(1)(A) of Title 28, California Code of Regulations requires HMOs to ensure that “a level of care which meets professionally recognized standards of practice is being delivered to all enrollees.” Furthermore, §1300.70(a)(3) requires HMOs’ quality assurance programs to “monitor whether the provision and utilization of services meets professionally recognized standards of practice.” §1300.70(b)(2)(C) states: “The plan is responsible for establishing a program to monitor and evaluate the care provided by each contracting provider group to ensure that the care provided meets professionally recognized standards of practice.”

The Current Procedural Technology (CPT) Codebook, which was initially developed by the American Psychological Association and later approved by the American Medical Association, defines initial assessments as CPT Code 90791 (without medical services) and CPT Code 90792 (with medical services) and states that these diagnostic evaluations should be comprehensive and include documentation of:

- Identification of chief complaint
- History of present illness
- Past medical history
- Past psychiatric history
- Family and social history
- Complete mental status examination
- Diagnosis
- Treatment plan and disposition

Furthermore, the Medicare Program—the nation’s largest purchaser of healthcare services—states that the above documentation should be included for “Psychiatric Diagnostic Interview Examinations” as defined by CPT Code 90791-90792. A fact sheet published by CMS states that these examinations require the following:²

² CMS, “Fact Sheet: Outpatient Psychiatry & Psychology Services (LCD L31887).” Available online at: https://downloads.cms.gov/medicare-coverage-database/lcd_attachments/31887_33/Outpatient_Psych_Fact_Sheet09.18.14.pdf

- Elicitation of a complete medical and psychiatric history (including past, family, social)
- Mental status examination
- Establishment of an initial diagnosis
- Evaluation of the patient's ability and capacity to respond to treatment
- Initial plan treatment.

Despite these professionally recognized standards of practice, Kaiser has directed therapists to spend only half as much time as the clinically recommended minimum for interviewing, assessing and diagnosing patients.

First, it is virtually impossible for therapists to complete all the required elements of an initial diagnostic appointment during a 30-minute telephone appointment, according to therapists. Kaiser's own initial assessment forms indicate the large volume of detailed information that must be collected and documented by therapists during each initial assessment. Exhibits A, B, C and D contain the forms that Kaiser requires therapists to complete during initial assessments for children aged 0-5 years, children aged 6-11 years, adolescents aged 12-17, and adults, respectively. Each of these forms is 6-7 pages in length and contains multiple detailed and substantive areas of inquiry. Therapists to whom the patients are referred for their second appointment confirm that initial assessments often are not completed during short-cut telephone appointments. Instead, many therapists report they must dedicate a substantial portion of each patient's second, in-person appointment to complete the initial assessment. (In Northern California, the 60-minute in-person appointment is referred to as an "AAI4" for adults and an "ACF4" for child/family patients.)

Second, one element of the initial assessment—the Mental Status Examination—cannot be completed during a telephone appointment since it requires a therapist to have visual contact with the patient. In order to complete a Mental Status Examination, a therapist must evaluate the patient's physical appearance, grooming, affect, posture, and eye contact, among other characteristics. Therapists report that they record their inability to complete the Mental Status Examination in patients' charts, which includes a section for the Mental Status Examination.

Third, short-cut initial assessments are not clinically appropriate for any patient, but they are especially unsuitable for patients with complex and acute behavioral health conditions. Nonetheless, Kaiser regularly refers complex and acute patients to its "Connect 2 Care" telepsychiatry facility for 30-minute telephone initial assessments, including patients with a history of psychosis, recent high-risk behavior, suicidal ideation, head injury, traumatic brain injury and dementia as well as those who were recently discharged from psychiatric hospitals, according to therapists.

Fourth, Kaiser routinely refers patients for short-cut telephone initial assessments even though patients have stated a preference for an in-person assessment. According to therapists, Kaiser falsely informs patients that they must first have a telephone assessment before receiving an in-person assessment.

Fifth, Kaiser often fails to provide patients with accurate notice of the nature, purpose and duration of the 30-minute telephone assessments prior to patients' appointments, according to therapists. During their assessments, many patients report to therapists that they had no idea the appointment was intended to be an initial assessment procedure, and instead believed the appointment was an extension

of the telephone triage screening call, according to therapists. In fact, patients often participate in their telephone assessments while they are driving to work, in the bathroom, grocery shopping or while their children are present, according to therapists.

Sixth, patients with limited English proficiency often receive a reduced level of care with respect to telephone initial assessments provided by Kaiser's "Connect 2 Care" telepsychiatry center. Most patients with limited English proficiency (LEP) must conduct their telephone initial assessments with the assistance of a translator, which lengthens the time needed to complete the assessment. Nonetheless, Kaiser expects these LEP patients and their therapists to complete the telephone initial assessment within the same timeframe as English-speaking patients (30 minutes).

Lastly, short-cut initial assessments can present risks to patients. Short-cut assessments may result in the misdiagnosing of patients' conditions. For example, a patient with PTSD may be misdiagnosed as having Depression. Additionally, short-cut assessments can hinder the development of appropriate and effective treatment plans. Kaiser requires therapists at its "Connect 2 Care" telepsychiatry facility to meet a numerical quota of telephone initial assessments each day, which therapists report often leaves them insufficient time to perform adequate charting on each patient's assessment. Furthermore, Kaiser not only reduced the amount of time available for performing initial assessments, it also has cut the amount of time in therapists' schedules available for performing charting and developing treatment plans for patients. Specifically, Kaiser has reduced the number of hours in therapists' weekly schedules dedicated to performing "indirect patient care" (IPC) duties. This block of time is utilized by therapists to perform charting on patient encounters, develop patients' treatment plans, schedule follow-up appointments, correspond with other providers, work with social service agencies and family members involved in care, refer patients for other services, document patient encounters in Kaiser's electronic record-keeping system, and other duties.

Kaiser's own records indicate that it is aware that 30-minute initial assessments are inadequate. Exhibit E contains a slide deck entitled "Connect to Care: Job Aides" that was presented to therapists. Page 4 of Exhibit E provides a telephone script for therapists to use with patients. The script states, "We provide **30 minute** telephone or in-person assessments. This is a **comprehensive** initial assessment to help determine the treatment options that will best meet your needs" (emphasis added). Meanwhile, page 17 of Exhibit E contains the text below, which implies that these initial 30-minute initial assessments are insufficient and often require an additional "secondary assessment":

Clinic Therapist - Secondary Assessment Note

- Clinic Therapists are encouraged to review initial assessment with patient in regards to:
 - Presenting Problem(s)
 - Treatment Goal(s)
 - Recommended Treatment Plan
- Many therapists use the **secondary assessment** template for the AAI4 visit, your manager has a copy of this (emphasis added)

B. Short-cut initial Assessments Violate California's Timely Access Standards:

§ 1300.67.2.2 of Title 28, California Code of Regulations (the "Timely Access Regulation") requires HMOs to provide its enrollees with non-urgent initial assessments by a non-physician behavioral health provider within 10 business days.

Due to the fact that an initial assessment typically cannot be completed in 30 minutes, Kaiser's short-cut assessment appointments oftentimes spread the assessment process across two separate appointments that usually take more than 10 business days to complete. For example, in Vallejo, Kaiser managers have directed two non-physician therapists to perform 30-minute telephone initial assessments on a full-time basis. These providers perform assessments on an estimated 80-100 patients per week. After each 30-minute telephone assessment is completed, Kaiser managers have instructed staff to schedule each patient into an in-person appointment ("AAI4" and "ACF4") at least two weeks later. Consequently, every patient who receives a 30-minute telephone initial assessment waits longer than 10-business days to complete their initial assessment. In addition to violating California's Timely Access Regulation, this elongated initial process delays the onset of treatment for these patients.

C. Some Short-cut Telephone Initial Assessments Appear to Violate California's Telehealth Standards:

§ 1374.13(f) of Title 28, California Code of Regulations states that HMOs are not "authorize[d]... to require the use of telehealth when the health care provider has determined that it is not appropriate."

In some cases, therapists report that short-cut telephone initial assessments are scheduled for patients with complex and acute mental illnesses even though the therapist performing the assessment does not believe that a telephone initial appointment is clinically appropriate for the patient.

It is important to note that a separate provision of California law requires licensed behavioral health therapists to fulfill multiple responsibilities to patients during telehealth services as noted below. Specifically, § 1815.5(c) and (d) of Title 16, California Code of Regulations state the following:

"(c) Upon initiation of telehealth services, a licensee or registrant shall do the following:

- (1) Obtain informed consent from the client consistent with Section 2290.5 of the Code.
- (2) Inform the client of the potential risks and limitations of receiving treatment via telehealth.
- (3) Provide the client with his or her license or registration number and the type of license or registration.
- (4) Document reasonable efforts made to ascertain the contact information of relevant resources, including emergency services, in the patient's geographic area.

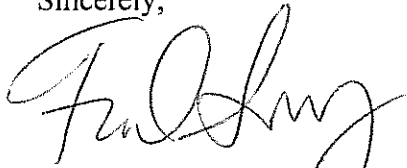
"(d) Each time a licensee or registrant provides services via telehealth, he or she shall do the following:

- (1) Verbally obtain from the client and document the client's full name and address of present location, at the beginning of each telehealth session.
- (2) Assess whether the client is appropriate for telehealth, including, but not limited to, consideration of the client's psychosocial situation.
- (3) Utilize industry best practices for telehealth to ensure both client confidentiality and the security of the communication medium."

At some clinics, Kaiser has performed 15-minute telephone initial assessments of patients. It is inconceivable that a therapist, during a 15-minute or 30-minute telephone conversation, could perform a full initial assessment consistent with both professionally recognized standards of practice (as outlined in Section II-A above) and California's telehealth standards, which require the therapists to perform the multiple steps noted above.

In summary, NUHW is concerned that Kaiser's practice of short-cut telephone initial assessments is inconsistent with professionally recognized standards of practice and is short-changing Kaiser's enrollees of the care they need, deserve and pay for. NUHW requests that the DMHC require Kaiser to comply with California law by providing Kaiser enrollees and their therapists with sufficient time (i.e., 60-90 minutes) to conduct diagnostic assessments consistent with professionally recognized standards of practice. In closing, NUHW requests that the DMHC investigate these apparent violations of California law and employ its full statutory authority to compel Kaiser to comply with the DMHC's Cease and Desist Order as well as California's laws and regulations.

Sincerely,

A handwritten signature in black ink, appearing to read "Fred Seavey". The signature is fluid and cursive, with a large, stylized "F" and "S".

Fred Seavey, Research Director

EXHIBIT A

DEPARTMENT OF PSYCHIATRY

OUTPATIENT INITIAL CHILD 0 TO 5 DIAGNOSTIC EVALUATION AND TREATMENT PLAN

HPI, ROS, & Physical Exam sections above are not applicable to this Psychiatric Therapist Visit.

Patient seen in the following program/location: Psychiatry – Outpatient

* Clinic information, confidentiality policies, and emergency services reviewed.

* Disclosure of clinician's credentials

IDENTIFYING INFORMATION

Date of Session:

Patient Name:

Parent Name: ***

Age:

Gender:

Ethnicity:

Primary Language: *** (If QBS services were rendered, enter into patient navigator)

Those attending session/Source of information: { :146598::"patient and chart"}

Include Release of Information if applicable.

Patient referred by: { :154285::"Parent"}

PRESENTING PROBLEM : Describe the reason for visit and rationale for seeking services now. Must include onset, frequency and duration of symptoms, chief complaint and risk assessment:

DSM 5 SYMPTOM EVALUATION

TREATMENT PROGRESS INDICATOR (TPI) - If AVAILABLE

Behavioral Impairment Score (BHI): ***

PHQ: ***

GAD: ***

critical aLERTS: ***

****DELETE SYMPTOMS/DISORDERS THAT ARE NOT APPLICABLE****

MOOD DISORDERS:

{MOOD DISORDERS BHS AMB SCAL:156186::"None reported or identified"}

PSYCHOSIS:

{PSYCHOSIS YES NO BHS SCAL:146620}

ANXIETY DISORDERS:

{ANXIETY DISORDERS BHS AMB SCAL:156189::"None reported or identified "}

TRAUMA AND OTHER STRESS RELATED:

{PTSD CHILD AGES 0 TO 5 BHS AMB SCAL:157802}

OBSESSIVE COMPULSIVE AND RELATED:

{OBSESSIVE COMPULSIVE AND RELATED SYMPTOMS BHS SCAL:156197::"None reported or identified"}

NEURO-DEVELOPMENTAL SYMPTOMS:

{NEURO-DEVELOPMENTAL SYMPTOMS BHS AMB SCAL:156198::"None reported or identified "}

GENDER DYSPHORIA:

{GENDER DYSPHORIA BHS AMB SCAL:156201::"None reported or identified"}

ELIMINATION DISORDER:

{ELIMINATION DISORDER BHS AMB SCAL:156202::"None reported or identified "}

What helps decrease or lessen severity of patient's symptoms?: ***

SCHOOL INFORMATION AND FUNCTIONING:

Current School & Grade: ***

Current Academic Performance: { :49033}

Previous Academic Performance:{ :49033}

IEP/504 Plan: { :146605::"Parent denies"}

Behavior in School/Relationship with Authority Figures:{ :154290}

FAMILY INFORMATION:

Patient lives with (name(s), age(s)),quality of relationship): ***

Marital Status/Relationship History of Parents: { :22997}

Any visitation schedule: { :157696}

Custody/other legal: ***

Custody and medical decisions confirmed via: { :154286}

*Absent information to the contrary, either parent may make treatment decisions for a minor patient, including consenting to medication.

DEVELOPMENTAL INFORMATION:

Pregnancy and Delivery: { :36050::"pregnancy and delivery were both normal"}

Early Developmental Milestones: { :36056::"No early medical or mental development problems noted","Developmental milestones were normal"}

Significant Developmental Concerns: { :154287::"N/A"}

Sensory/Motor/Speech Concerns: { :157804}

*If significant developmental concerns are present, consider referral to Specialist Provider or Developmental Case Manager.

BEHAVIORAL AND SOCIAL INFORMATION:

Strengths/Enjoyed Activities: ***

Social Interactions: { :157805}

Primary Social Support: ***

Stressful Life Events or Trauma History:

Current abuse: { :154293::"Parent Denies"}

History of Abuse: { :154293::"Parent Denies"}

Other Stressful Life Events or changes: { :146605}

Intimate Family Violence:

Patient/Parent answered the following questions:

{INTIMATE FAMILY VIOLENCE BHS AMB SCAL:157806}

Were these reported: { :64722}

RELEVANT PSYCHIATRIC HISTORY (if indicated)

Outpatient or Medication Treatment: { :146617}

RELEVANT BIOLOGICAL FAMILY HISTORY (if indicated)

Family history of psychiatric/substance abuse issues:

{ :154291}

MEDICAL PROBLEMS

Other significant medical history: { :146605::"Parent(s) denies"}

MENTAL STATUS EXAM

APPEARANCE: { :154295::"no acute distress"}

BEHAVIOR: { :154296::"normal","cooperative"}

COGNITION: { :36897::"alert","clear","oriented to person, place, time, situation","memory intact to immediate, recent and remote recall","concentration normal"}

EYE CONTACT: { :36886::"appropriate"}

SPEECH: { :157706}

MOOD: { :36890}

AFFECT: { :36891::"normal range","appropriate","mood congruent"}

THOUGHT PROCESS: { :36893::"coherent","relevant","logical"}

IMPULSE CONTROL: { :36901::"unimpaired"}

JUDGEMENT: { :157807::"age appropriate","within normal limits"}

DSM 5 DIAGNOSIS: No diagnosis found. ***

DIAGNOSTIC IMPRESSION: Patient appears to be struggling with *** due to ***. Patient might benefit from the following treatment recommendations selected below:

Does patient have Medi-Cal?

{MEDI-CAL FUNCTIONAL IMPAIRMENT ASSESSMENT PSYCH AMB SCAL:153357}

TREATMENT RECOMMENDATION AND PLAN

*Treatment course, in terms of goals, duration and frequency of visits to be evaluated and adjusted based on treatment progress. Will be determined with Vanessa Rangel and or parent(s)/guardian(s) participation at each visit.

Recommended Evaluation for Inpatient Treatment: { :146608::"Not Applicable"}

Recommended Outpatient Treatment: { :157709}

Agreed Upon Treatment goals:

Patient Goals in their own words: ***

Parent Goals in their own words: ***

Recommended Initial Clinical Goals (specificity and measurability will be addressed in future sessions): { :157707}

Treatment Interventions used in session:

{ :157708}

Was an Off-School/Activity RX Order Provided? { :108858::"No"}

INFORMED TREATMENT CONSENT:

Patient and Parent/Guardian were provided with information regarding treatment options available for patient's condition at this clinic and the recommended treatment plan was explained to patient and family.

Risks and benefits of recommended treatment and risk of no treatment was reviewed with the patient and Parent/Guardian. Patient and Parent/Guardian agree to continue with proposed treatment: { :65642::"Yes"}

SAFETY:

Patient and Parent/Guardian advised of emergency procedures and phone numbers

Patient and Parent/Guardian agrees to contact clinic or after hours if situation changes or as needed

BHCL # provided

NAME

EXHIBIT B

DEPARTMENT OF PSYCHIATRY

OUTPATIENT INITIAL AGES 6 TO 11 DIAGNOSTIC EVALUATION AND TREATMENT PLAN

HPI, ROS, & Physical Exam sections above are not applicable to this Psychiatric Therapist Visit.

Patient seen in the following program/location: Psychiatry – Outpatient

* Clinic information, confidentiality policies, and emergency services reviewed.

* Disclosure of clinician's credentials

IDENTIFYING INFORMATION

Date of Session:

Patient Name:

Parent Name: ***

Age:

Gender:

Ethnicity:

Primary Language: English (If QBS services were rendered, enter into patient navigator)

Those attending session/Source of information:{ :146598::"patient and chart"}

Include Release of Information if applicable.

Patient referred by: { :154285::"Parent"}

PRESENTING PROBLEM : Describe the reason for visit and rationale for seeking services now. Must include onset, frequency and duration of symptoms, chief complaint

DSM 5 SYMPTOM EVALUATION

TREATMENT PROGRESS INDICATOR (TPI) - If AVAILABLE

Behavioral Impairment Score (BHI): ***

PHQ: ***

GAD: ***

critical aLERTS: ***

****DELETE SYMPTOMS/DISORDERS THAT ARE NOT APPLICABLE****

MOOD DISORDERS:

{MOOD DISORDERS BHS AMB SCAL:156186::"None reported or identified"}

PSYCHOSIS:

{PSYCHOSIS YES NO BHS SCAL:146620}

ANXIETY DISORDERS:

{ANXIETY DISORDERS BHS AMB SCAL:156189::"None reported or identified "}

TRAUMA AND OTHER STRESS RELATED:

{PTSD CHILD AGES 6 AND OLDER BHS AMB SCAL:157803}

OBSESSIVE COMPULSIVE AND RELATED:

{OBSESSIVE COMPULSIVE AND RELATED SYMPTOMS BHS SCAL:156197::"None reported or identified"}

NEURO-DEVELOPMENTAL SYMPTOMS:

{NEURO-DEVELOPMENTAL SYMPTOMS BHS AMB SCAL:156198::"None reported or identified "}

GENDER DYSPHORIA:

{GENDER DYSPHORIA BHS AMB SCAL:156201::"None reported or identified"}

EATING DISORDERS:

{EATING DISORDER SYMPTOMS BHS AMB SCAL:156207::"None reported or identified "}

What helps decrease or lessen severity of patient's symptoms? ***

SCHOOL INFORMATION AND FUNCTIONING:

Current School & Grade: ***

Current Academic Performance: { :49033}

Previous Academic Performance: { :49033}

IEP/504 Plan: { :146605::"Parent denies"}

Behavior in School/Relationship with Authority Figures: { :154290}

FAMILY INFORMATION:

Patient lives with (name(s), age(s)), quality of relationship): ***

Marital Status/Relationship History of Parents: { :22997}

Any visitation schedule: { :157696}

Custody/other legal: ***

Custody and medical decisions confirmed via: { :154286}

*Absent information to the contrary, either parent may make treatment decisions for a minor patient, including consenting to medication.

DEVELOPMENTAL INFORMATION:

Pregnancy and Delivery: { :36050::"pregnancy and delivery were both normal"}

Early Developmental Milestones: { :36056::"No early medical or mental development problems noted", "Developmental milestones were normal"}

Significant Developmental Concerns: { :154287::"N/A"}

Sensory/Motor/Speech Concerns: { :157804}

*If significant developmental concerns are present, consider referral to Specialist Provider or Developmental Case Manager.

BEHAVIORAL AND SOCIAL INFORMATION:

Strengths/Enjoyed Activities: ***

Social Interactions: { :154288}

Primary Social Support: ***

Sexual Activity: { :146605}

Legal: ***

SUBSTANCE USE ASSESSMENT

Current Use of other substances:

{ :146607::"Parent Denies"}

Past Use of other substances:

{ :146607::"Parent Denies"}

PSYCHIATRIC HISTORY (if indicated)

Outpatient, Inpatient and Medication history: { :146617}}

RELEVANT BIOLOGICAL FAMILY HISTORY (if indicated)

Family history of psychiatric/substance abuse issues:

{ :154291}

RISK ASSESSMENT/SAFETY

Self-Injury/History of Self Injury: { :146605}

History of Suicide Attempts: { :146605::"Patient denies"}

Suicidal Ideation: {SUICIDAL RISK QUESTION PSYCH AMB SCAL:153352}

History of Harm to Others: { :146605::"Patient denies"}

Homicidal Ideation: {HOMICIDAL RISK QUESTION PSYCH AMB SCAL:153355}

Stressful Life Events or Trauma History:

Current abuse: { :154293::"Parent Denies"}

History of Abuse: { :154293::"Parent Denies"}

Other Stressful Life Events or changes: { :146605}

Intimate Family Violence:

Patient/Parent answered the following questions:

Has your child ever witnessed or been a victim of violence or physical abuse? ***

Has your child ever witnessed or been a victim of sexual abuse? ***

Were these reported: { :64722}

MEDICAL PROBLEMS

Other significant medical history: { :146605::"Parent(s) denies"}

MENTAL STATUS EXAM

APPEARANCE: { :154295::"no acute distress"}

BEHAVIOR: { :154296::"normal","cooperative"}

COGNITION: { :36897::"alert","clear","oriented to person, place, time, situation","memory intact to immediate, recent and remote recall","concentration normal"}

EYE CONTACT: { :36886::"appropriate"}

SPEECH: { :157706}

MOOD: { :36890}

AFFECT: { :36891::"normal range","appropriate","mood congruent"}

THOUGHT PROCESS: { :36893::"coherent","relevant","logical"}

IMPULSE CONTROL: { :36901::"unimpaired"}

JUDGEMENT: { :157807::"age appropriate","within normal limits"}

INSIGHT: { :36900::"good"}

DSM 5 DIAGNOSIS: No diagnosis found. ***

DIAGNOSTIC IMPRESSION: Patient appears to be struggling with *** due to ***. Patient might benefit from the following treatment recommendations selected below:

Does patient have Medi-Cal?

{MEDI-CAL FUNCTIONAL IMPAIRMENT ASSESSMENT PSYCH AMB SCAL:153357}

TREATMENT RECOMMENDATION AND PLAN

*Treatment course, in terms of goals, duration and frequency of visits to be evaluated and adjusted based on treatment progress. Will be determined with Vanessa Rangel and or parent(s)/guardian(s) participation at each visit.

Recommended Evaluation for Inpatient Treatment: { :146608::"Not Applicable"}

Recommended Outpatient Treatment: { :157709}

Agreed Upon Treatment goals:

Patient Goals in their own words: ***

Parent Goals in their own words: ***

Recommended Initial Clinical Goals (specificity and measurability will be addressed in future sessions): { :157707}

Treatment Interventions used in session:

{ :157708}

Was an Off-School/Activity RX Order Provided? { :108858::"No"}

INFORMED TREATMENT CONSENT:

Patient and Parent/Guardian were provided with information regarding treatment options available for patient's condition at this clinic and the recommended treatment plan was explained to patient and family.

Risks and benefits of recommended treatment and risk of no treatment was reviewed with the patient and Parent/Guardian. Patient and Parent/Guardian agree to continue with proposed treatment: { :65642::"Yes"}

SAFETY:

Patient and Parent/Guardian advised of emergency procedures and phone numbers

Patient and Parent/Guardian agrees to contact clinic or after hours if situation changes or as needed

BHCL # provided

NAME:

EXHIBIT C

DEPARTMENT OF PSYCHIATRY

OUTPATIENT INITIAL AGES 12 TO 17 DIAGNOSTIC EVALUATION AND TREATMENT PLAN

HPI, ROS, & Physical Exam sections above are not applicable to this Psychiatric Therapist Visit.

Patient seen in the following program/location: Psychiatry – Outpatient

* Clinic information, confidentiality policies, and emergency services reviewed.

* Disclosure of clinician's credentials

IDENTIFYING INFORMATION

Date of Session:

Patient Name:

Parent Name: ***

Age:

Gender:

Ethnicity:

Primary Language: *** (If QBS services were rendered, enter into patient navigator)

Those attending session/Source of information: { :146598::"patient and chart" }

Include Release of Information if applicable.

Patient referred by: { :154285::"Parent" }

PRESENTING PROBLEM : Describe the reason for visit and rationale for seeking services now. Must include onset, frequency and duration of symptoms, chief complaint:

DSM 5 SYMPTOM EVALUATION

TREATMENT PROGRESS INDICATOR (TPI) - If AVAILABLE

Behavioral Impairment Score (BHI): ***

PHQ: ***

GAD: ***

critical aLERTS: ***

****DELETE SYMPTOMS/DISORDERS THAT ARE NOT APPLICABLE****

MOOD DISORDERS:

{MOOD DISORDERS BHS AMB SCAL:156186::"None reported or identified"}

PSYCHOSIS:

{PSYCHOSIS YES NO BHS SCAL:146620}

ANXIETY DISORDERS:

{ANXIETY DISORDERS BHS AMB SCAL:156189::"None reported or identified "}

TRAUMA AND OTHER STRESS RELATED:

{PTSD CHILD AGES 6 AND OLDER BHS AMB SCAL:157803}

OBSESSIVE COMPULSIVE AND RELATED:

{OBSESSIVE COMPULSIVE AND RELATED SYMPTOMS BHS SCAL:156197::"None reported or identified"}

NEURO-DEVELOPMENTAL SYMPTOMS:

{NEURO-DEVELOPMENTAL SYMPTOMS BHS AMB SCAL:156198::"None reported or identified "}

GENDER DYSPHORIA:

{GENDER DYSPHORIA BHS AMB SCAL:156201::"None reported or identified"}

EATING DISORDERS:

{EATING DISORDER SYMPTOMS BHS AMB SCAL:156207::"None reported or identified "}

What helps decrease or lessen severity of patient's symptoms?: ***

SCHOOL INFORMATION AND FUNCTIONING:

Current School & Grade: ***

Current Academic Performance: { :49033}

Previous Academic Performance:{ :49033}

IEP/504 Plan: { :146605::"Parent denies"}

Behavior in School/Relationship with Authority Figures:{ :154290}

FAMILY INFORMATION:

Patient lives with {name(s), age(s)}, quality of relationship): ***

Marital Status/Relationship History of Parents: { :22997}

Any visitation schedule: { :157696}

Custody/other legal: ***

Custody and medical decisions confirmed via: { :154286}

*Absent information to the contrary, either parent may make treatment decisions for a minor patient, including consenting to medication.

DEVELOPMENTAL INFORMATION:

Pregnancy and Delivery: { :36050::"pregnancy and delivery were both normal"}

Early Developmental Milestones: { :36056::"No early medical or mental development problems noted", "Developmental milestones were normal"}

Significant Developmental Concerns: { :154287::"N/A"}

Sensory/Motor/Speech Concerns: { :157804}

*If significant developmental concerns are present, consider referral to Specialist Provider or Developmental Case Manager.

BEHAVIORAL AND SOCIAL INFORMATION:

Strengths/Enjoyed Activities: ***

Social Interactions: { :154288}

Primary Social Support: ***

Sexual Activity: { :146605}

Legal: ***

SUBSTANCE USE ASSESSMENT

Current Use of other substances:

{ :146607::"Parent Denies"}

Past Use of other substances:

{ :146607::"Parent Denies"}

PSYCHIATRIC HISTORY (if indicated)

Outpatient, Inpatient and Medication history: { :146617}}

RELEVANT BIOLOGICAL FAMILY HISTORY (if indicated)

Family history of psychiatric/substance abuse issues:

{ :154291}

RISK ASSESSMENT/SAFETY

Self-Injury/History of Self Injury: { :146605}

History of Suicide Attempts: { :146605::"Patient denies"}

Suicidal Ideation: {SUICIDAL RISK QUESTION PSYCH AMB SCAL:153352}

History of Harm to Others: { :146605::"Patient denies"}

Homicidal Ideation: {HOMICIDAL RISK QUESTION PSYCH AMB SCAL:153355}

Stressful Life Events or Trauma History:

Current abuse: { :154293::"Parent Denies"}

History of Abuse: { :154293::"Parent Denies"}

Other Stressful Life Events or changes: { :146605}

Intimate Family Violence:

Patient/Parent answered the following questions:

{INTIMATE FAMILY VIOLENCE AGES 12 TO 17:157703}

Were these reported: { :64722}

MEDICAL PROBLEMS

Other significant medical history: { :146605::"Parent(s) denies"}

MENTAL STATUS EXAM

APPEARANCE: { :154295::"no acute distress"}

BEHAVIOR: { :154296::"normal","cooperative"}

COGNITION: { :36897::"alert","clear","oriented to person, place, time, situation","memory intact to immediate, recent and remote recall","concentration normal"}

EYE CONTACT: { :36886::"appropriate"}

SPEECH: { :157706}

MOOD: { :36890}

AFFECT: { :36891::"normal range","appropriate","mood congruent"}

THOUGHT PROCESS: { :36893::"coherent","relevant","logical"}

IMPULSE CONTROL: { :36901::"unimpaired"}

JUDGEMENT: { :157807::"age appropriate","within normal limits"}

INSIGHT: { :36900::"good"}

DSM 5 DIAGNOSIS: No diagnosis found. ***

DIAGNOSTIC IMPRESSION: Patient appears to be struggling with *** due to ***. Patient might benefit from the following treatment recommendations selected below:

Does patient have Medi-Cal?

{MEDI-CAL FUNCTIONAL IMPAIRMENT ASSESSMENT PSYCH AMB SCAL:153357}

TREATMENT RECOMMENDATION AND PLAN

*Treatment course, in terms of goals, duration and frequency of visits to be evaluated and adjusted based on treatment progress. Will be determined with Vanessa Rangel and or parent(s)/guardian(s) participation at each visit.

Recommended Evaluation for Inpatient Treatment: { :146608::"Not Applicable"}

Recommended Outpatient Treatment: { :157709}

Agreed Upon Treatment goals:

Patient Goals in their own words: ***

Parent Goals in their own words: ***

Recommended Initial Clinical Goals (specificity and measurability will be addressed in future sessions): { :157707}

Treatment Interventions used in session:

{ :157708}

Was an Off-School/Activity RX Order Provided? { :108858::"No"}

INFORMED TREATMENT CONSENT:

Patient and Parent/Guardian were provided with information regarding treatment options available for patient's condition at this clinic and the recommended treatment plan was explained to patient and family.

Risks and benefits of recommended treatment and risk of no treatment was reviewed with the patient and Parent/Guardian. Patient and Parent/Guardian agree to continue with proposed treatment: { :65642::"Yes"}

SAFETY:

Patient and Parent/Guardian advised of emergency procedures and phone numbers

Patient and Parent/Guardian agrees to contact clinic or after hours if situation changes or as needed

BHCL # provided

NAME:

EXHIBIT D

DEPARTMENT OF PSYCHIATRY

OUTPATIENT INITIAL ADULT DIAGNOSTIC EVALUATION AND TREATMENT PLAN

HPI, ROS, & Physical Exam sections above are not applicable to this Psychiatric Therapist Visit.

Patient seen in the following program/location: Psychiatry – Outpatient

NORWALK OFFICES U

PSYCHIATRY 4TH FLOOR

12501 Imperial Hwy Ste 400

Norwalk CA 90650-1419

888-888-8888

* Clinic information, confidentiality policies, and emergency services reviewed.

* Disclosure of clinician's credentials

IDENTIFYING INFORMATION

Date of Session:

Patient Name:

Age:

Gender/Gender Identity/Sexual Orientation: ***

Ethnicity:

Primary Language: *** (If QBS services were rendered, enter into patient navigator)

Employment/School/Occupational Status: ***

Current or Prior Military Service: { :146605::"Patient denies"}

Relationship status: { :22997}

Living Situation: { :21323}

Those attending session/Source of information:{SOURCE OF INFORMATION BHS SCAL:146598::"patient and chart"}

Include Release of Information if applicable.

Patient referred by: {PATIENT REFERRED BY 2 BHS SCAL:146600::"Self"}

PRESENTING PROBLEM : Describe the reason for visit and rationale for seeking services now. Must include onset, frequency and duration of symptoms, chief complaint

DSM 5 SYMPTOM EVALUATION

TREATMENT PROGRESS INDICATOR (TPI) - If AVAILABLE

Behavioral Impairment Score (BHI): ***

PHQ: ***

GAD: ***

DELETE SYMPTOMS/DISORDERS THAT ARE NOT APPLICABLE

DEPRESSION: { :146993}

ANXIETY/PANIC: { :146601::"Patient denies"}

ADHD:

Inattentive sx: { :146996}

Hyperactive/Impulsivity sx: { :146997}

MANIA: { :146602}

PTSD: { :146995}

Psychosis: { :146620}

OCD: { :146994}

Eating Disorders: { :153356}

What helps decrease or lessen severity of patient's symptoms?: ***

RISK ASSESSMENT/SAFETY

Self-Injury/History of Self Injury: { :146605}

History of Suicide Attempts: { :146605::"Patient denies"}

Suicidal Ideation: {SUICIDAL RISK QUESTION PSYCH AMB SCAL:153352}

History of Harm to Others: { :146605::"Patient denies"}

Homicidal Ideation: {HOMICIDAL RISK QUESTION PSYCH AMB SCAL:153355}

Access to firearms or other weapon(s): { :146998::"N/A"}

Do you have any concerns today about Intimate Partner Violence:

{ :146606}

PSYCHIATRIC HISTORY (if indicated)

Outpatient Treatment: { :146617}

Inpatient Treatment: { :146618}

Previous Mental Health issues for which you have not sought services: ***

History of Abuse (Assess as needed for history of Military trauma and/or past abuse): { :37615::"denied by patient"}

Was this reported: { :64722}

SUBSTANCE USE ASSESSMENT

Current tobacco use: ***

Current Use of other substances:

{ :146607}

Past Use of other substances:

{ :146607}

RELEVANT FAMILY HISTORY (if indicated)

Family history of psychiatric issues (Can include diagnoses, psychiatric symptoms, suicide attempts, or hospitalizations): ***

Family history substance abuse:{ :146607}

SOCIAL HISTORY (if indicated)

Family Relationships (describe patient's relationship with family members and/or partner): ***

Social Support (describe patient's relationship with others through the lifespan): ***

Legal Issues: ***

MEDICATIONS (Current and Past)

Per medical record:

Current Outpatient Prescriptions:

MEDICAL PROBLEMS:

Other significant medical history: { :146605}

History of Seizures: { :146605}

History of Head trauma: { :146605}

MENTAL STATUS EXAM

APPEARANCE: { :154295::"no acute distress"}

BEHAVIOR: { :36888::"normal","cooperative"}

COGNITION: {sensory_cognitive:36897::"alert","clear","oriented to person, place, time, situation","memory intact to immediate, recent and remote recall","concentration normal"}

EYE CONTACT: { :36886::"appropriate"}

SPEECH: { :157706}

MOOD: { :36890}

AFFECT: { :36891::"normal range","appropriate","mood congruent"}

THOUGHT PROCESS: { :36893::"coherent","relevant","logical"}

IMPULSE CONTROL: { :36901::"unimpaired"}

JUDGEMENT: { :36901::"unimpaired"}

INSIGHT: { :36900::"good"}

Does patient have Medi-Cal?

{MEDI-CAL FUNCTIONAL IMPAIRMENT ASSESSMENT PSYCH AMB SCAL:153357}

DSM 5 DIAGNOSIS: ***

DIAGNOSTIC IMPRESSION (please include rationale for any referrals): Patient appears to be struggling with *** due to ***. Patient might benefit from the following treatment recommendations:

TREATMENT RECOMMENDATION AND PLAN

Treatment course, in terms of goals, duration and frequency of visits to be evaluated and adjusted based on treatment progress. Will be determined with Ignacio Silveyra's participation at each visit.

Recommended Evaluation for Inpatient Treatment: { :146608::"Not Applicable"}

Recommended Outpatient Treatment:

{ :146610}

Agreed Upon Treatment goals:

Client's Goals in their own words: ***

Recommended Initial Clinical Goals (specificity and measurability will be addressed in future sessions): { :146597}

Treatment Interventions used in session:

{ :146609}

Was an Off-Work/Activity RX Order Provided? { :108858::"No"}

INFORMED TREATMENT CONSENT:

Patient was provided with information regarding treatment options available for their condition at this clinic and was explained their recommended treatment plan.

Risks and benefits of recommended treatment and risk of no treatment was reviewed with the patient.

Patient agrees to continue with proposed treatment : { :65642::"Yes"}

SAFETY:

Patient advised of emergency procedures and phone numbers

Patient agrees to contact clinic or after hours if situation changes or as needed

BHCL # provided

NAME:

Date:

EXHIBIT E

Connect to Care: Job Aides

Topics

Telephone Scripts

Email Scripts for Video Visits

Workflows

When a Telepsychiatry Appointment is not Appropriate

What Happens After the Telepsychiatry Appointment is Booked

Smart phrase to accompany the AOQ & Secondary assessment note

TELEPHONE SCRIPTS

Introducing the IAC appointment

“We provide 30 minute telephone or in-person assessments. This is a comprehensive initial assessment to help determine the treatment options that will best meet your needs. We will tailor a treatment plan with your input to meet your individual needs. If the plan includes individual therapy, this clinician will not be your ongoing provider. Your plan may include referrals to resources outside of the department.”

Introducing a Video Visit

“A video visit is an opportunity to see the provider while you are speaking with them. We encourage you to use your phone for video visits. In order to participate you will need to download the My Doctor On-line app, we will send you the link to the app and then use that app to join the video visit at the time of the appointment.”

EMAIL SCRIPTS FOR VIDEO VISITS

Video email

These are sent to patients automatically prior to their visit, however you are welcome to include the directions below in any email communication with the patient.

Type:

Use this one if patient is using a mobile phone:

I wanted to remind you that it will be a video appt. If you plan to use your phone, you should go to <http://kp.org/mydoctor/videovisits>, and choose "get the app" to download KP Preventative Care App. You'll then open the app and login using your kp.org username, go to "appointments", and tap "join" to start the video visit.

Use this one if patient is using a computer:

If you're using your computer, go to <http://kp.org/mydoctor/videovisits>, click "get prepared", and follow the instructions for downloading and installing the Video Web plug-in. You would click "join your video visit" to start.

WORKFLOWS

TRIAGE WORK FLOW



- Patient calls local MH/Psychiatry Department seeking new appointment
- Patient makes a stop in Triage
- Triage determines if patient is appropriate for appointment in Telepsychiatry Center



Do not book into to C2C Telepsychiatry Center if:

- Patient needs an urgent appointment
- Patient is experiencing the following symptoms:
 - Hallucinations, delusions, psychosis
 - Mania
 - Cognitive problems including memory loss
- Patient prefers an in-person appointment



If patient is ok to book:

- Complete note and go to eConsult
- Booking in E-consult
 - FAC-SLN
 - PARRS Dept: CTC
 - Appt Type: TAIN/VAIN
 - Book 0-3 days out unless patient prefers otherwise
- Alert patient IAC will be calling them, if no answer IAC will call back 5 minutes later
- Triage provider finishes and closes HC note, **sends AOQ to patient**

Patient seeking services workflow

What happens after the TAIN/VAIN in the Telepsychiatry Center is booked??

- Appointment is booked through eConsult into IAC's PARRS schedule
- IAC will review HC note and AOQ results prior to reaching out to patient
- IAC will make 3 attempts to reach patient via phone or wait 15 minutes for video
- If all attempts fail a telephone message is left/secure message is sent instructing patient to contact their home MH/Psychiatry clinic to reschedule the appointment
- When IAC reaches the patient they will conduct a full assessment and develop a mutually agreed upon treatment plan with the patient including goals for treatment

eConsult Booking

Welcome: Carrie G Lee, LCSW

PREFERENCES LOG OUT

Request Referrals

PRINT SAVE.. SAVE & NEXT CANCEL SKIP >

Patient Name: [Number Test](#)
MRN: **14407156**
Gender: Male
Age: 118y 5m
Language:
Contact Phone: (000) 000-0000

RECORD CONTACT
[Patient Referrals](#)
No Dept Visits
[NCAL Visits](#)

Requesting Provider:
Fac/Adm Dept:
Tie Line/Ext:
Fax Tie Line:
PCP:

Referral Detail

FORWARD REFERRAL BOOK/LINK REFERRAL CLOSE REFERRAL

Status: (02) RESPONSE NEEDED

Access Time: 0 day(s)

Date Initiated: 06/14/2018

Last Modified by: PLS1CA 06/14/2018 4:06 PM

Entered by: Carmen A 06/14/2018 4:06 PM

So. San Francisco Medical Cntr/Psychiatry-Adult

Assign For Triag

Problem Re

Message: This person is secured.

Other

Problem Descrip

☐ Third Party Liability

☐ Work Related Injury

☒ Appropia

Referral Work

1. URGENT REF: If you feel the patient's condition requires specialty consultation within 48 hours, do not send an eConsult. Instead, please contact the specialist at 650-991-6111. If you are unable to reach the specialist at this number, then contact the on-call specialist through the operator.

Look under
Response
Needed"

Click on
Book/Link
Referral tab

Response Notes:

Request

Referrals

Link Referral

Patient Name: C-nriliscq Ggvalidation

MRN: 02825007

Status: (09) APPT NEEDED

FROM: SSF

Dept: PSY

Date Initiated: 06/07/2018

TO: Facility: SSF

Spec: PSY

Response Date: 06/07/2018

Booking Information:

Priority: Routine

Fac: So. San Francisco Medical Cntr

Dept: PSY

Type:

Sched ID:

Comments:

Currently Linked Appointment:

TYPE	DAY	DATE	TIME	SCHED ID	FAC	DEPT	PROVIDER NAME

Link to Already Booked Appointments:

Filter Results by: Facility + Department + [Show All](#)

No Appointments to link.

LINK REFERRAL

BOOK NOW

CANCEL

Release: ECON_REL11.3.0_05032018 Server: cskpcloudxp2332.cloud.kp.org

Click on *Book Now* tab

Request Referrals

Patient Name: [Number Test](#)

RECORD CONTACT

MRN: **14407156**

Gender: Male

Age: 118y 5m

Language:

Contact Phone: (000) 000-0000

Requesting Provider:

Fac/Adm Dept:

Tie Line/Ext:

Fax Tie Line:

PCP:

Booking Information

Booking Reason: test

Booking Instructions:

Search Parameters and Appointment Preferences

Facility:

SLN

PARRS Dept:

CTC

Type:

TAIN

Provider:

Select

Booking Priority:

Routine

Start Date:

End Date:

Day Preference:

☐

Tue

☐

Wed

☐

Thu

☐

Fri

☐

Sat

☐

Sun

Unit Preference:

Start Time:

Select

End Time:

Select

SEARCH APPOINTMENTS

Past visits in SSF/PSY

[More past visits ..](#)

No past visits available.

Available Appoin

No available appoin

Select:

Facility: SLN

PAARS Dept: CTC

Type: TAIN or VAIN

Click on: SEARCH APPOINTMENTS

https://econsult.kp.org/ - eConsult - Internet Explorer

Language:
Contact Phone: (000) 000-0000

PCP:

Booking Information

Booking Reason:

Booking Instructions:

Search Parameters and Appointment Preferences

Facility: PARRS Dept: Type: Provider: Booking Priority:

Start Date: End Date:

Day Preference: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Unit Preference: ☐ AM ☐ PM Start Time: End Time:

SEARCH APPOINTMENTS

Past visits in SSF/PSY

No past visits available.

[More past visits ..](#)

Available Appointments

SELECT	DAY	DATE	TIME	PROVIDER	MESSAGES
☐	FRI	Jun 15, 2018	10:00 AM		
☐	FRI	Jun 15, 2018	12:00 PM		
☒	FRI	Jun 15, 2018	1:00 PM		
Send Reminder: No Reminder Send Confirm: No Order Xray					
☐	FRI	Jun 15, 2018	2:00 PM		Order Medical Records: No

Previous Appointments Next 4 Appointments >>

Special Instructions : THIS IS A TELEPHONE APPOINTMENT. PLEASE DO NOT COME INTO THE CLINIC.

BOOK NOW **CANCEL**

Select the
appointment time
desired

Click on *Book NOW*

Kaiser Permanente Appointment Confirmation

Patient Name: **Number Test**

MRN: **14407156**

Appointment Type: **TAIN**

Appointment Date: **Jun 15, 2018**

Appointment Day: **Friday, 1:00 PM**

Provider:

Facility: **SAN LEANDRO MEDICAL CENTER**

Department: **CONNECT TO CARE SAN LEANDRO**

Location: **PHONE APPT - DR. WILL CALL YOU**

Cancellation Number: **(510) 618-6107 (MON-SUN, 12 AM-12 AM)**

Rebook Number: **(510) 618-6107 (MON-FRI, 9 AM-5 PM)**

Appointment Messages: **THIS IS A TELEPHONE APPOINTMENT. PLEASE DO NOT COME INTO THE CLINIC.**

PRINT CONFIRMATION

CONTINUE..

SAVE & NEXT

Create Your Own Smart Phrase to accompany the AOQ

Dear @NAME@

In preparation for your upcoming telephone assessment, we request that you complete a questionnaire to provide the clinician with important information on how you're doing. To access the questionnaire, click on the link at the very end of this message. Please answer all questions. When you are done, click Submit Questionnaire. This will send your responses to the clinician, and will help the two of you develop an appropriate treatment plan during your appointment.

Please be aware that your questionnaire responses may not be seen until you speak with the clinician. If you have any urgent mental health concerns before then, you can call our clinic at (insert main clinic number) and ask to speak with a crisis clinician. If you are experiencing a psychiatric or medical emergency, please call 911, or go to your nearest hospital.

Thank you,

Department of Mental Health or Psychiatry (choose the appropriate one)

Clinic Therapist - Secondary Assessment Note

- Clinic therapists are encouraged to review initial assessment with patient in regards to:
 - Presenting Problem(s)
 - Treatment Goal(s)
 - Recommended Treatment Plan
- Many therapists use the secondary assessment template for the AAI4 visit, your manager has a copy of this