

Considerations for Informed Consent, Documentation, and Billing

The HealthySteps National Office



Relationships are core to delivering quality HealthySteps (HS) services. Ensuring families are informed about what supports are available to them, potential billing implications, and how information is shared across the care team, are all important to maintaining strong relationships with families. When integrating HS into your practice, there may be new implications related to consent, documentation, and the way this new model of care is communicated to families, particularly if the HS Specialist is a licensed behavioral health provider.

Informed Consent

Integrating HS into your practice by adding a licensed behavioral health provider to the care team may have implications related to [informed consent based on the services they provide](#). Your practice should ensure that consent paperwork families sign as part of their new patient paperwork/registration includes information related to integrated behavioral health services, patient rights, and patient responsibilities related to payment (as applicable).

Additionally, the HS Specialist should communicate the following to caregivers, and document that the conversation occurred, so caregivers are truly informed of:

- The HS Specialist’s professional background and their role on the care team,
- How team-based care works to address both physical and behavioral health in partnership with your child’s primary care provider,
- Limits of confidentiality,
- How care is likely to proceed in collaboration with the primary care provider and how that impacts documentation practices,
- The potential that certain services can result in a bill to their health insurance, and that it may appear on their explanation of benefits or result in financial responsibility. If they have questions, the HS

Sample Script

Hi, _____, I’m _____, and I serve as the HealthySteps Specialist at the practice. I’m a social worker by training and I’m part of the pediatric care team. I’m here to support you and your baby as they grow and develop and can help with other needs you and your family may have as well. I work with your child’s pediatrician, and we share information with each other so we can provide the best care for your child and your family.

Is it okay if I join you at your child’s next visit and/or follow up in between visits?

[IF BILLING]

Similar to any other service offered in the practice, some HealthySteps services can be billed to your insurance and may be billed as therapy or counseling. Depending on your insurance plan, there could potentially be a co-pay. If you have insurance through your state’s Medicaid Program, there will be no cost to you.

Specialist should direct caregivers to the appropriate team member to answer any questions, and

- Their right to opt out of HS services.

The HS Specialist may need to repeat verbal informed consent over time based on the circumstances to make sure caregivers have a clear understanding of their rights and responsibilities.

Additional considerations:

- All staff should be aware of internal policies and procedures related to informed consent, and roles and responsibilities should be made clear.
- Your state and/or professional licensing board may have additional requirements related to informed consent, and as a licensed behavioral health provider, you should do your due diligence to make sure you are aligned with those requirements.
- HS Specialists may need to reach out to their respective billing and/or compliance departments to understand the billing policies and procedures that will inform discussions with families. For patients with Medicaid coverage, there should not be a charge to the family for HS services, but they may see services listed on the explanation of benefits. Billing related to services for a family with private insurance may result in a co-pay, and HS sites will need to determine how they will handle such circumstances.

Open Notes

The [21st Century Cures Act](#) mandates that all health organizations offer patients secure online access to clinical notes (“[open notes](#)”) that reside in electronic medical records.

HS Specialists should be aware that caregivers will have access to their documentation, and teams should be thoughtful about how information is conveyed in their notes. HS Specialists should consider:

- Limiting specificity about caregiver mental health when documenting in the child’s medical record.
- Refraining from use of adjectives that convey a value judgement.
- Using person-first language.
- Focusing notes on shared goals with the primary care provider.
- Having internal conversations about policies and procedures regarding when to mark pieces of a note “sensitive” so they are not visible to families.

Billing Considerations

The HS model requires that the [Core Components](#) are provided universally, regardless of insurance coverage. As new reimbursement pathways are opened by your state’s Medicaid agency or other payers, you will want to work with your compliance and billing departments to utilize those new payment pathways where possible and maximize revenue generated for HS and HS-aligned services to support sustainability of the model at your site.

Providers are required to document and code for services provided, regardless of payer or payment. Your billing team can reference your state’s [HS Billing and Coding Guide](#) (if available) and verify available Medicaid billing opportunities. If the state Medicaid agency or other payers reimburse for a HS-aligned service, a claim should be submitted accordingly. However, if the payer does not reimburse for a HS-aligned service, services should still be billed for tracking and reporting purposes. HS sites can explore the possibility of attaching a zero-charge, doing a contractual adjustment to the non-billable code, and/or waving associated co-pays with their billing and compliance departments if there are concerns about potential charges to patients.

Additionally, the [No Surprises Act](#) protects people covered under group and individual health plans from receiving surprise medical bills. If there will be charges to a patient associated with a HS service, your practice will need to provide a “good faith estimate” of the associated costs.

For More Information

Every practice has different policies and procedures related to informed consent and notifying patients regarding potential charges related to their care. It is critical that HS champions and Specialists connect with the appropriate health system staff to align workflows and information sharing. For more information on these topics, visit:

- Your local licensure board
- <https://members.cfha.net/page/PCBHFAQConsent>
- <https://publications.aap.org/pediatrics/article/138/2/e20161484/52512/Informed-Consent-in-Decision-Making-in-Pediatric?autologincheck=redirected>
- <https://www.cms.gov/files/document/faq-providers-no-surprises-rules-april-2022.pdf>