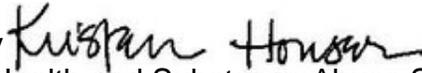


MEMORANDUM

TO: All Behavioral Health Managed Care Organizations (BH-MCOs), behavioral health providers enrolled in the Medical Assistance (MA) Program, and County Mental Health Authorities—Statewide

FROM: Kristen Houser
Deputy Secretary 
Office of Mental Health and Substance Abuse Services

RE: Telehealth Guidelines Related to COVID-19 (Updated)

DATE: May 5, 2020

PURPOSE:

The Pennsylvania Department of Human Services, Office of Mental Health and Substance Abuse Services (OMHSAS) is issuing this Memorandum to offer clarification regarding the ability of providers to use telehealth to render behavioral health services to Medical Assistance (MA) beneficiaries.

BACKGROUND:

On March 6, 2020, Governor Wolf issued an emergency [disaster declaration](#) in response to the presence of the 2019 novel coronavirus (COVID-19) in Pennsylvania. COVID-19 is a new virus that causes respiratory illness in people and can spread from person-to-person. This virus was first identified during an investigation into an outbreak in Wuhan, China. COVID-19 is a severe respiratory disease, resulting in illness or death, caused by person-to-person spread of the virus.

Commonly reported symptoms of COVID-19 infection include fever, cough, and shortness of breath. While the exact incubation period for this coronavirus has not yet been determined, it is believed that most infected people will develop symptoms 2 to 14 days after they were exposed. There is no vaccine available for COVID-19. Prevention measures center on frequent handwashing, covering coughs and sneezes, and separating people who have respiratory symptoms. Treatment for COVID-19 includes the use of over the-counter fever-relievers, drinking plenty of fluids and resting at home to help relieve symptoms. Those with more severe symptoms may be hospitalized to provide additional support.

COVERAGE OF TELEHEALTH SERVICES RELATED TO COVID-19:

Given the Centers for Disease Control and Prevention's (CDC) [recommendations](#) related to quarantine and isolation, both self-imposed and mandatory, OMHSAS is announcing a preference for use of telehealth as a delivery method for medically necessary behavioral health services as ordered, referred, or prescribed by a provider or practitioner, that can be delivered effectively when the patient is quarantined, self-quarantined, or self-isolated due to exposure or possible risk of exposure to the COVID-19 virus.

In order to ensure that individuals continue to receive necessary behavioral health services as we bolster our efforts to mitigate the spread of COVID-19, OMHSAS is temporarily suspending certain requirements that govern the provision of behavioral health services using telehealth. The guidelines for the provision of telehealth in the MA Program are delineated in the [bulletin OMHSAS-20-02](#) "Guidelines for the Use of Telehealth Technology in the Delivery of Behavioral Health Services" effective February 20, 2020. OMHSAS is adopting the following measures to fully utilize the capabilities of telehealth to manage the situation brought about by the spread of COVID-19. This expansion applies to behavioral health services delivered to MA beneficiaries via FFS or through a Behavioral Health HealthChoices Managed Care Organization.

1. During this state of emergency, telehealth will allow the use of telephonic video technology commonly available on smart phones and other electronic devices. In addition, telephone only services may be utilized in certain situations where video technology is not available.
2. Staff trained in the use of the telehealth equipment and protocols to provide operating support and staff trained to provide in-person clinical intervention will not be required to be present with the individual while they are receiving services.
3. The practitioner types that can provide services through telehealth will not be limited to psychiatrists, licensed psychologists, Certified Registered Nurse Practitioners and Physician Assistants certified in mental health; Licensed Clinical Social Workers; Licensed Professional Counselors; and Licensed Marriage and Family Therapists. Other individuals providing necessary behavioral health services will be permitted to utilize telehealth for services that are within their scope of practice.

4. The provider types that can bill for telehealth under MA FFS will not be restricted to Psychiatric Outpatient Clinics, Psychiatric Partial Hospitalization Programs, and Drug & Alcohol Outpatient Clinics. When completing the Attestation Form (Appendix B), the “Other” Field (section I.a.) is not limited to HealthChoices during this state of emergency. BH-MCOs may continue to allow billing for any provider type they determine appropriate.
5. The services (procedure codes) that can be provided through telehealth under MA FFS will not be restricted to the procedure codes identified in Attachment A of the Bulletin OMHSAS-20-02. BH-MCOs already have the flexibility to do this.
6. Provision of telehealth services in homes will not be limited to Assertive Community Treatment, Dual Diagnosis Treatment Team, or Mobile Mental Health Treatment.
7. Program requirements for the number or percentage of in-person contacts for various behavioral health services may be met with the use of telehealth.
8. Program limits on the amount of service that can be provided through telehealth are temporarily suspended.

It should be noted that these temporary measures still require adherence to other requirements that apply to the service being delivered as they would when delivered in-person.

NEXT STEPS:

Providers that are currently approved to provide services through telehealth technology may immediately begin to implement the expanded use of telehealth. Providers that are not currently approved to provide services through telehealth technology may immediately begin to implement the use of telehealth; however, new providers are still required to submit the Attestation Form as required by Bulletin OMHSAS-20-02. The Attestation Form must be submitted within 5 business days of initiating telehealth. When submitting an attestation to RA-PWTBHS@pa.gov for the COVID-19 state of emergency, please identify in the subject line “COVID-19 Emergency”.

****Newly Added (5/5/2020)****

Providers of Behavioral Health Rehabilitation Services (BHRS) and Intensive Behavioral Health Services (IBHS)

Because of the unique nature of these interventions, before providing Therapeutic Staff Support (TSS) services, Behavioral Health Technician (BHT) services, Behavioral Health Technician-Applied Behavior Analysis (BHT-ABA) services, Assistant Behavior Consultation-Applied Behavior Analysis (Assistant BC-ABA) services, IBHS group services and group services approved through the program exception process through telehealth, the provider must submit a proposal explaining how services will be delivered. Further information can be found in the bulletin OMHSAS-20-03 “Instructions and Guidelines for the Delivery of BHRS and IBHS Through Telehealth.” The proposal must be approved before the provider can begin to deliver these services.

OBSOLETE:

This Memorandum will remain in effect while a valid emergency disaster declaration authorized by the Governor related to the COVID-19 virus remains in effect. OMHSAS may re-issue this Memorandum as appropriate.

RESOURCES:

- The Pennsylvania Department of Health (DOH) has a dedicated page for COVID-19 that provides regular updates:
 - <https://www.health.pa.gov/Pages/AlertDetails.aspx>
- The Pennsylvania Department of Human Services (DHS) also has a dedicated page for COVID-19. OMHSAS will ensure updates are posted to the DHS webpage:
 - <https://www.dhs.pa.gov/providers/Providers/Pages/Coronavirus-2020.aspx>
- Federal information on the outbreak can be located on the CDC website:
 - <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Federal information specific to Medicaid Services can be located on the Center for Medicare and Medicaid Services website:
 - <https://www.medicare.gov/state-resource-center/disaster-response-toolkit/covid19/index.html>

- Federal guidance on managing anxiety and stress related to COVID-19 for consumers, providers, emergency responders and other stakeholders is available here: included here:
 - https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fmanaging-stress-anxiety.html



OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES BULLETIN

ISSUE DATE: May 5, 2020

EFFECTIVE DATE: May 5, 2020

NUMBER: OMHSAS-20-03

SUBJECT: Instructions and Guidelines for the Delivery of BHRS and IBHS Through Telehealth

BY: Kristen Houser, Deputy Secretary, Office of Mental Health and Substance Abuse Services

SCOPE:

This bulletin applies to: (1) approved Behavioral Health Rehabilitation Services (BHRS) providers and Licensed Intensive Behavioral Health Services (IBHS) providers enrolled in the Medical Assistance (MA) Program who render services in the fee-for-service (FFS) or managed care delivery system; (2) Primary Contractors and Behavioral Health Managed Care Organizations (BH-MCOs) in the HealthChoices (HC) Program.

PURPOSE:

The purpose of this bulletin is to issue instructions for the delivery of BHRS or IBHS through telehealth during the 2019 novel coronavirus (COVID-19) disaster emergency declaration period.

BACKGROUND:

On March 6, 2020, Governor Wolf issued an emergency disaster declaration in response to the presence of the COVID-19 in Pennsylvania. COVID-19 is a new virus that causes respiratory illness in people and can spread from person-to-person. This virus was first identified during an investigation into an outbreak in Wuhan, China. COVID-19 is a severe respiratory disease, resulting in illness or death, caused by person-to-person spread of the virus.

Commonly reported symptoms of COVID-19 infection include fever, cough, and shortness of breath. While the exact incubation period for this coronavirus has not yet been determined, it is believed that most infected people will develop symptoms 2-14 days after they were exposed. There is no vaccine available for COVID-19. Prevention measures center on frequent handwashing, covering coughs and sneezes, and separating people who have respiratory symptoms.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO: Office of Mental Health and Substance Abuse Services, Bureau of Policy, Planning & Program Development, P.O. Box 2675, Harrisburg, PA 17105. E-mail Address: RA-PWTBHS@pa.gov

Treatment for COVID-19 includes the use of over the-counter fever-relievers, drinking plenty of fluids and resting at home to help relieve symptoms. Those with more severe symptoms may be hospitalized to provide additional support.

Given the Centers for Disease Control and Prevention's (CDC) [recommendations](#) related to quarantine and isolation, both self-imposed and mandatory, the Office of Mental Health and Substance Abuse Services (OMHSAS) is announcing a preference for use of telehealth as a delivery method for medically necessary behavioral health services as ordered, referred, or prescribed by a provider or practitioner, that can be delivered effectively when the patient is quarantined, self-quarantined, or self-isolated due to exposure or possible risk of exposure to the COVID-19 virus.

In order to ensure that individuals continue to receive necessary behavioral health services as we bolster our efforts to mitigate the spread of COVID-19, OMHSAS has suspended certain requirements that govern the provision of behavioral health services using telehealth. The guidelines for the provision of telehealth in the MA Program are delineated in the [bulletin OMHSAS-20-02 "Guidelines for the Use of Telehealth Technology in the Delivery of Behavioral Health Services"](#) issued February 20, 2020 and [OMHSAS memorandum "Telehealth Guidelines Related to COVID-19"](#) issued May 5, 2020.

DISCUSSION:

Because of the unique nature of the interventions provided through Therapeutic Staff Support (TSS) services, Behavioral Health Technician (BHT) services, Behavioral Health Technician-Applied Behavior Analysis (BHT-ABA) services, Assistant Behavior Consultation-Applied Behavior Analysis (Assistant BC-ABA) services, IBHS group services and group services approved through the program exception process, providers of these services must submit a proposal explaining how services will be delivered through telehealth. The proposal must be approved by the Department before the provider can begin to use telehealth to deliver these services.

PROCEDURE:

Approved BHRS and licensed IBHS providers that wish to provide therapeutic staff support (TSS), behavioral health technician (BHT), BHT-applied behavior analysis (BHT-ABA) or assistant behavior consultation-ABA (assistant BC-ABA) services through telehealth should submit a proposal for the delivery of services along with the attestation form, as described in [OMHSAS-20-02 Guidelines for the Use of Telehealth Technology in the Delivery of Behavioral Health Services](#), issued February 20, 2020, and OMHSAS memorandum ["Telehealth Guidelines Related to COVID-19,"](#) issued May 5, 2020, to RA-PWTBHS@pa.gov. The proposal should include, at a minimum, the assessment process used to determine that it is appropriate to deliver TSS, BHT, BHT-ABA or assistant BC-ABA services through telehealth, the type of caregiver participation or support, if any, that is expected, the minimum and maximum amount of time the provider will deliver services through telehealth, and the specific audio-video delivery technology that will be used to deliver services. The proposal should also include any additional information that explains how the services will be provided.

Approved BHRS and licensed IBHS providers that wish to use telehealth to deliver IBHS group services or group services approved through the program exception process should submit a proposal for the delivery of services with the attestation form. The proposal should include, at a

minimum, the age ranges of the children, youth or young adults, the minimum and maximum number of group members, target population, group to staff ratio, staff qualifications, specific audio-video delivery technology that will be used to deliver services, the minimum and maximum amount of time the provider would be delivering services through telehealth, and what type of caregiver involvement or support is expected. The proposal should also include any additional information that will explain how the services will be provided.

OMHSAS will inform the provider if the proposal is approved or not approved. If the proposal is approved, the provider can begin to provide the approved services through telehealth. Before a child, youth or young adult receives IBHS or BHRS through telehealth, the treatment team should review the existing treatment plan with the family and determine which, if any, interventions can be provided through telehealth during the period of the disaster emergency declaration. The review of the treatment plan should be completed through telehealth during the disaster emergency declaration period. If the review will be conducted in person, guidelines on social distancing and maintaining space between individuals, the number of people permitted to be in one location and the use of face masks should be followed.

OMHSAS has developed additional guidelines (Attachment A) to support providers in developing their proposals for delivering TSS, BHT, BHT-ABA, assistant BC-ABA, or group services through telehealth. Please see attachment A

OBSOLETE:

This bulletin will remain in effect while a valid emergency disaster declaration authorized by the Governor related to the COVID-19 virus remains in effect.

RESOURCE LINKS:

- Disaster Declaration:
 - <https://www.governor.pa.gov/newsroom/gov-wolf-signs-covid-19-disaster-declaration-to-provide-increased-support-for-state-response/>
- Recommendations:
 - <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>
- Bulletin - OMHSAS-20-02:
 - <https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMHSAS/Final%20-%20OMHSAS%20Telehealth%20Bulletin%202.20.20.pdf>
- Memorandum - Telehealth Guidelines Related to COVID-19:
 - <https://www.dhs.pa.gov/providers/Providers/Documents/Coronavirus%202020/OMHSAS%20COVID-19%20Telehealth%20Expansion-%20Final%203.15.20.pdf>

ATTACHMENT A

Proposal Guidelines for the delivery of IBHS and BHRS through Telehealth

Guidelines for the Delivery of IBHS and BHRS Group Services Through Telehealth

Please note the below are intended to be guidelines and may not be appropriate for every scenario. If the group services to be provided through telehealth will not fall within the guidelines set forth below, please include an explanation as to why telehealth is an appropriate method to deliver group services in the proposal you are submitting with the attestation form as explained in [bulletin OMHSAS-20-02 “Guidelines for the Use of Telehealth Technology in the Delivery of Behavioral Health Services”](#) issued February 20, 2020 and [OMHSAS memorandum “Telehealth Guidelines Related to COVID-19”](#) issued May 5, 2020.

- When group services are being delivered to children 3 to 5 years old, each child should have a caregiver participate during the provision of services.
- When group services are being delivered to children 6 to 9 years old, a caregiver should observe each child during provision of services.
- When group services are being delivered to children ages 10 to 13 years old, any child that may need a caregiver during the provision of services should have a caregiver available.
- When group services are being delivered to youth 14 years old or older, any youth that may need a caregiver during the provision of services should have a caregiver available.
- All children or youth that participate in group services should be verbal or have the ability to functionally communicate when interacting with other group members.
- The size of the group should be limited to the number of participants the lead staff person can effectively manage in an interactive manner and no group should be larger than 6 participants.
- Group sessions should be led by a graduate level professional (an individual who provides mobile therapy, behavior specialist consultant, behavior specialist consultant-autism spectrum disorder, behavior consultation, behavior analytic, or behavior consultation-applied behavior analysis (ABA) services).
- Group services should usually be provided for 30 minutes and should not be longer than one hour per session.
- Group services may not be provided using only the telephone.

- Group services should be delivered using audio-video technology which allows for two-way, real-time interactive communication among the participants in the group services.
 - Note that if a child or youth does not have audio-video capability, the child or youth may benefit from 1:1 service provision. The provider should consult the guidelines below that address delivery of therapeutic staff support, behavioral health technician, behavioral health technician-ABA and assistant behavior consultation-ABA services through telehealth.
- Non-public facing technology such as Facebook Live where anyone with a link or access to a page would be able to join the group, may not be used to provide services through telehealth.
- Group services that rely on social cueing and fluency may not be appropriate due to the inability to observe social cueing and fluency through telehealth.
 - Note that if group services cannot be delivered effectively, the child or youth may benefit from 1:1 service provision which would allow the clinician to focus on caregiver consultation or training regarding implementation of the individual treatment plan and targeting the skills usually addressed through group services.

Guidelines for the Delivery of TSS, BHT, BHT-ABA, or Assistant BC-ABA Service Through Telehealth

Please note the below are intended to be guidelines and may not be appropriate for every scenario. If the therapeutic staff support (TSS), behavioral health technician (BHT), BHT-applied behavior analysis (BHT-ABA), or assistant behavior consultation-ABA (assistant BC-ABA) services to be provided through telehealth will not fall within the guidelines set forth below, please include an explanation as to why telehealth is an appropriate method to deliver the services in the proposal you are submitting with the attestation form as explained in [bulletin OMHSAS-20-02 Guidelines for the Use of Telehealth Technology in the Delivery of Behavioral Health Services](#) issued February 20, 2020 and [OMHSAS memorandum “Telehealth Guidelines Related to COVID-19”](#) issued May 5, 2020. If you are providing a service approved as a BHRS program exception which unitizes undergraduate staff, you may find these guidelines as well as the group services guidelines helpful.

- When BHT, BHT-ABA, TSS or assistant BC-ABA services are being delivered to children 3 to 5 years old, a caregiver should participate.
- When BHT, BHT-ABA, TSS or assistant BC-ABA services are being delivered to children 6 to 9 years old, a caregiver should observe the child during services.
- When BHT, BHT, BHT-ABA, TSS or assistant BC-ABA services are being delivered to children 10 to 13 years old, if the child needs a caregiver during the provision of services, a caregiver should be available.
- When BHT, BHT-ABA, TSS or assistant BC-ABA services are being delivered to youth 14 years old or older, if the youth needs a caregiver during the provision of services, a caregiver should be available.
- Services should usually be provided for 15 to 30 minutes and should not be longer than one hour per session.
- Documentation, including data, should continue to be collected during telehealth services.

- Prior to the first telehealth session, the graduate level professional (an individual who provides mobile therapy, behavior specialist consultant, behavior specialist consultant-autism spectrum disorder, behavior consultation, behavior analytic, or behavior consultation-ABA services), the caregiver(s), and the youth, if the youth is 14 years old or older, should discuss the schedule for TSS, BHT, BHT-ABA, or assistant BC-ABA services, when and for long services will be provided, the goals of the services, and the interventions to be used to address the goals. Prior to implementation, individual treatment plans should be updated to reflect the changes agreed to and reviewed by the caregiver and the youth, if the youth is 14 years old or older.
- The telehealth interaction should utilize audio-video technology which allows for two-way, real-time interactive communication between the staff person and individual receiving services. Non-public facing technology such as Facebook Live where anyone with a link or access to the page being used for telehealth purposes would be able to join, may not be used to provide services through telehealth.
- If a family does not have access to audio-video technology, the telephone may be used in certain circumstances. Providers who wish to use a telephone should contact their BH-MCO or the Department for further guidance about how to address the use of telephone options in their proposal.
- Instructions and training regarding telehealth procedures, including security measures, should be provided to staff and the child, youth or caregiver prior to the delivery of telehealth services.
- The graduate level professional should review the usefulness and treatment efficacy of the services being provided through telehealth with the guardian and youth 14 years old or older on a regular basis to determine if changes are necessary and if the child or youth 14 years old or older or should continue to receive services through telehealth.