Louisiana Department of Health
Health Plan Advisory 20-7
Revised April 8, 2020

Telemedicine/Telehealth Facilitation of Mental Health Rehabilitation (MHR) Services during the COVID-19 Declared Emergency

The Louisiana Department of Health (LDH) acknowledges the need for the continued facilitation of mental health rehabilitation (MHR) services during the COVID-19 declared emergency. As in-person intervention is the only approved method for providing MHR services under normal circumstances, an allowance to deliver these services via an alternate method required approval from the Centers for Medicare and Medicaid Services (CMS). LDH is issuing approval effective for dates of service beginning on or after **March 20, 2020**, which will remain in effect until rescinded by LDH. Louisiana Medicaid encourages the use of and will reimburse telemedicine/telehealth, when appropriate, for rendering MHR services.

General Considerations

Managed care organizations (MCO) should be aware that telemedicine/telehealth does **not** exempt providers from any of the service requirements or record keeping as set forth in the Medicaid Behavioral Health Services Provider Manual. Additional record keeping is mandated for use during the COVID-19 declared emergency as described further in this bulletin. LDH will **not** waive licensure or accreditation requirements for agencies providing MHR services. Providers must meet agency and staff qualifications and requirements for delivering MHR services, as established in the Medicaid Behavioral Health Services Provider Manual. Licensed mental health practitioners providing services in MHR agencies must also follow rules and regulations established by their respective professional licensing boards. While program requirements for the number or percentage of face-to-face contacts for MHR services may be met with the use of telehealth, these temporary measures still require adherence to other requirements that apply to the service delivered, as they would when delivered in-person.

Services must be medically necessary to promote the maximum reduction of symptoms and restoration to both child and adult recipients, as determined by a physician or a fully licensed mental health professional (LMHP). MHR services include the following Medicaid reimbursable services for all levels of staffing (licensed and non-licensed staff):

- Community Psychiatric Support and Treatment (CPST).
- Psychosocial Rehabilitation (PSR).

- Crisis Intervention (CI).
- Assertive Community Treatment (ACT).
- Functional Family Therapy (FFT) and Functional Family Therapy-Child Welfare (FFT-CW).
- Homebuilders®.
- Multi-Systemic Therapy (MST).

When using telemedicine/telehealth, providers are expected to follow these guidelines:

- Confidentiality still applies for services delivered through telemedicine/telehealth. The session must not be recorded without consent from the recipient or authorized representative.
- Develop a back-up plan (e.g., phone number where recipient can be reached) to restart the session or to reschedule it, in the event of technical problems.
- Develop a safety plan that includes at least one emergency contact and the closest ER location, in the event of a crisis.
- Verify recipient's identity, if needed.
- Providers need the consent of the recipient and the recipient's parent or legal guardian (and their contact information) prior to initiating a telemedicine/telehealth service with the recipient if the recipient is 18 years old or under.
- The recipient must be informed of all persons who are present ~~at each end of the transmission~~ and the role of each person.
- Recipients may refuse services delivered through telehealth.
- It is important for the provider and the recipient to be in a quiet, private space that is free of distractions during the session.

Providers of evidence-based practice (EBP) services should consult national training organizations (such as FFT, LLC; MST, Inc.; and IFD) on guidance for adapting the EBP model for use in a telemedicine/telehealth situation. MCOs shall consult with these same national training organizations to ensure EBP providers are not adversely affected for adhering to guidance pertinent to their respective models during the COVID-19 emergency.

Health plans must ensure that interpretive services, including sign language, are provided as necessary at no cost to the recipient.

Communication Requirements

During this COVID-19 declared emergency, MCOs should encourage the delivery of MHR services via telemedicine/telehealth communications, when appropriate. Providers offering services via telemedicine/telehealth must use a secure, HIPAA-compliant platform, if available. If not available, providers may use everyday communication technologies, including audio-only delivery of telemedicine/telehealth services (e.g. telephone) or use of videoconferencing (e.g. Skype, FaceTime) programs that have reasonable security and privacy measures, with each recipient's consent. Facebook Live, Twitch, TikTok, and similar video communication applications are public facing and must **not** be used for telemedicine/telehealth services. Audio-

only delivery is allowed only in situations where an audio/video system is not available or not feasible. Although a combined audio/video system is preferred, LDH is allowing MHR providers to practice telemedicine/telehealth through telephonic communications **when appropriate**. Texting and emails are not approved forms of telemedicine/telehealth. At minimum, there must be an audio connection. Providers must adhere to all telemedicine/telehealth-related requirements of their professional licensing board.

There is currently no formal limitation on the originating site (i.e., where the recipient is located) and this can include, but is not limited to, a healthcare facility, a school or the recipient's home. Regardless of the originating site, providers must maintain adequate medical documentation to support reimbursement of the visit.

Assessments and Re-evaluations

MCOs shall allow telemedicine/telehealth for conducting MHR assessments by LMHPs. ~~LDH has requested CMS approval to **extend** re-evaluation due dates until the end of the COVID-19 declared emergency and will update this guidance once approved.~~

Documentation

Informed Consent Form for Telemedicine/Telehealth:

Providers must have informed consent to deliver telemedicine/telehealth services. The consent form must include the following.

A recipient's authorization to receive telemedicine/telehealth services after a discussion of the following elements:

1. The rationale for using telemedicine/telehealth in place of in-person services.
2. The risks and benefits of the telemedicine/telehealth, including privacy-related risks.
3. Possible treatment alternatives and those risks and benefits.
4. The risks and benefits of no treatment.

Progress Notes:

Providers should record all aspects of telephonic and/or face-to-face encounters in the recipient's clinical record, including, but not limited to the following:

- Name of recipient and any others present/participating.
- Dates and time of service contacts (include both start and stop times).
- Content of each delivered service, including the reason for the contact describing the goals/objectives addressed during the service, specific intervention(s), progress made toward functional and clinical improvement.
- Specific intervention(s) provided, including any units of service provided.
- Service location for each intervention. ***It must be documented that the service is being conducted via telemedicine/telehealth. For use of an audio-only system, the rationale for employing an audio-only system must be documented in the clinical record.***

- Crisis plan, ***including any changes related to COVID-19 risks.***
- ***Any new treatment plan interventions, goals and objectives related to treatment and/or COVID-19-related risks.***
- ***Any referral of recipients to healthcare providers for further screening, testing or treatment of COVID-19 symptoms or history.***
- ***Document a back-up plan (e.g., phone number where recipient can be reached) to restart the session or to reschedule it, in the event of technical problems.***
- ***Document a safety plan that includes at least one emergency contact and the closest ER location, in the event of a crisis.***
- ***Document verification of the recipient's identity, if needed.***
- ***Document the recipient is informed of all persons who are present ~~at each end of the transmission~~ and the role of each person.***
- ***Document if recipient refuses services delivered through telehealth.***
- ***Document the consent of the recipient and the recipient's parent or legal guardian (and their contact information) prior to initiating a telemedicine/telehealth service with the recipient if the recipient is 18 years old or under.***
- Name and functional title of person making record entry and providing service.

Documents Requiring Recipient Signature:
Providers must verbally review and discuss the documents requiring recipient signature (e.g. treatment plan, member choice form, informed consent form) with the recipient/recipient's family during the telemedicine/telehealth visit. The provider will be required to indicate the recipient/recipient's family participation, if appropriate, and agreement. The provider shall document as such on the signature line and in the corresponding progress note (if applicable) that includes the date and time of the meeting. When possible (i.e. at the next in person treatment planning meeting), providers should have the recipients sign all documents that had verbal agreements.

Staff Supervision
MCOs shall require that providers continue staff supervision as dictated in the Medicaid Behavioral Health Services Provider Manual. Supervision may follow the same guidelines as service delivery with regard to the manner of communication. Supervision must use a secure, HIPAA-compliant platform, if available. If not available, providers may use everyday communication technologies, including audio-only supervision (e.g. telephone) and use of videoconferencing (e.g. Skype, FaceTime) programs that have reasonable security measures. Facebook Live, Twitch, TikTok, and similar video communication applications are public facing and must **not** be used for supervision. Audio-only delivery is allowed only in situations where an audio/video system is not available or not feasible. Texting and emails are not approved forms of supervision. At minimum, there must be an audio connection. These temporary measures still require adherence to other requirements that apply to staff supervision.

Authorizations

MCOs shall not require an addendum to an existing prior authorization for services to be eligible for telehealth delivery. Requirements for reimbursement are otherwise unchanged from the Medicaid Behavioral Health Services Provider Manual.

Beginning **March 20, 2020,** MCOs shall **extend existing** prior authorizations (PA) for MHR services that reach the end of the authorization period during the COVID-19 declared emergency. MCOs may request documentation from providers to be aware of continuation of services, any needs for continued service continuity, or perhaps even needs to expand service coordination. New requests should follow standard processes in place with the recipient's MCO.

Billing and Reimbursement

For these services, MCOs shall require the providers to bill the procedure code (HCPCS codes) with modifier "95," as well as Place of Service "02" when delivering the service through telemedicine/telehealth. Reimbursement for visits delivered via telemedicine/telehealth is similar to in-person visits, subject to any terms and conditions in provider contracts with Medicaid managed care entities. Reimbursement will be the same as the MHR community in person rate.

MCOs must update their claims processing systems by **March 27, 2020.** Before that date, providers may continue to submit claims and MCOs will recycle with no action needed by the provider. A list of relevant procedure codes is included below. Providers must indicate place of service "02" and must append modifier "95."

Code	Description	Place of Service	Modifiers	Unit	Age HA=	Master's Level	Bachelor's Level	Less than Bachelor's	Other Per Diem
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT INDIVIDUAL COMMUNITY	02	U8, 95	15 min	0+	$20.28	$16.85		
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - HOMEBUILDERS	02	HK, 95	15 min	0+	$37.03	$30.61		
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - FUNCTIONAL FAMILY THERAPY	02	HE, 95	15 min	0+	$38.55	$31.70		
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT - PSH INDIVIDUAL COMMUNITY	02	TG, U8, 95	15 min	0+	$21.30	$17.70	$17.70	
H0039	ASSERTIVE COMMUNITY TREATMENT - NON PHYSICIAN PER DIEM	02	95	Day	18-20	$151.11	$112.63	$86.04	
H0039	ASSERTIVE COMMUNITY TREATMENT - PHYSICIAN PER DIEM	02	AM, 95	Day	18-20				$373.88
H0039	ASSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 1-10TH DAY OF MONTH	02	U1, 95	Month	21+				$1,100.00
H0039	ASSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 11-20TH DAY OF MONTH	02	U2, 95	Month	21+				$900.00
H0039	ASSERTIVE COMMUNITY TREATMENT - 1ST MONTH IF ENROLLED 21-31ST DAY OF MONTH	02	U3, 95	Month	21+				$750.00
H0039	ASSERTIVE COMMUNITY TREATMENT - SUBSEQUENT MONTHS	02	95	Month	21+				$1,100.00
S9485	CRISIS INTERVENTION PER DIEM	02	95	Day	0-20	$353.65	$353.65	$278.05	
S9485	CRISIS INTERVENTION PER DIEM	02	95	Day	21+	$353.65	$353.65	$278.05	
H2011	CRISIS INTERVENTION FOLLOW UP	02	95	15 min	0-20	$31.69	$31.69	$23.17	
H2011	CRISIS INTERVENTION FOLLOW UP	02	95	15 min	21+	$31.69	$31.69	$23.17	
H2017	PSYCHOSOCIAL REHABILITATION INDIVIDUAL COMMUNITY	02	U8, 95	15 min	0+	$12.67	$12.67	$12.67	
H2017	PSYCHOSOCIAL REHABILITATION PSH INDIVIDUAL COMMUNITY	02	TG, U8, 95	15 min	0+	$12.67	$12.67	$12.67	
H2033	MULTI SYSTEMIC THERAPY - 12 - 17 YEAR OLD TARGET POPULATION	02	95	15 min	0-20	$36.01	$30.23		

Resources

MCOs may find more information about the coronavirus (COVID-19), including tips and resources for healthcare providers, by visiting http://ldh.la.gov/Coronavirus . Specific information for providers is located here: http://ldh.la.gov/index.cfm/page/3880.

MCOs interested in learning more about telemedicine/telehealth can find a toolkit here. There are 14 videos on Practice and Clinical Issues. These focus on the efficacy of telehealth and tips on making clinical interventions successful and would be helpful for agency owners, professional and none professional staff. They are all very short and include a written summary of video content.

- Child and Adolescent Telepsychiatry
- Clinical Documentation
- Clinical and Therapeutic Modalities
- Geriatric Telepsychiatry
- Individual Models of Care
- Inpatient Telepsychiatry
- Patient Safety and Emergency Management
- Rural and Remote Practice Settings
- Standard of Care and State Based Regulations
- Telepsychiatry Practice Guidelines
- Team Based Integrated Care
- Team Based Models of Care
- Use of Telepsychiatry in Cross-Cultural Settings
- Visual and Non-Verbal Considerations