

MEMORANDUM (update 3/16/2020)

DATE: March 16, 2020
TO: ACBH Staff and Providers
FROM: Aaron Chapman, MD, Medical Director, Chief Medical Officer
SUBJECT: LEVERAGING TECHNOLOGY TO MEET CLIENT NEEDS - INCLUDES NEW GUIDANCE FOR SUD

As more attention is being paid to the COVID-19 pandemic, ACBH and the Office of the Medical Director have been receiving inquiries from Staff and Providers regarding flexible treatment approaches to meet client needs during these challenging times. We learned today about the closure of multiple Alameda County School jurisdictions, and are aware that many youth are now at risk of experiencing a disruption in behavioral health treatment. We would also like to provide guidance regarding the use of technology to continue services to our vulnerable populations in a manner that addresses the safety of clients and providers. We have rapidly assembled a work group to address common questions and requests. Please see the most recent ACBH guidance regarding these situations:

Telephone Services:

- Service by telephone are recognized as a valid and billable Medi-Cal service to Specialty Mental health clients. When telephonic services can be appropriately provided to appropriate clients, ACBH can fully support the use of this modality. Providers should use location code 03 (Phone) when entering services in CG or InSyst.
- Services that *require* the in-person presence of the client for any reason are not appropriate for telephone. Some clients may only be served by face to face treatment and these treatment needs must be accommodated.

Telehealth Services - Mental Health (remote real-time interactive videoconferencing only):

- Some of our providers are using HIPAA compliant videoconferencing platforms in order to provide Telehealth services to our mutual clients. ACBH approves the use of Telehealth where the videoconferencing platform is HIPAA compliant and where a Business Associates Agreement (BAA) is signed between the provider organization and the technology vendor.
- Health care providers (defined as all licensed staff along with Marriage and Family Therapist associates and trainees) must use location code 20 (Telehealth) when entering services in Clinicians Gateway or InSyst. Chart documentation must correspond specifying Telehealth services. ACBH Provider Relations and Information Systems are working toward adding this option for all providers and believes that this will be accomplished by Friday March 20th. A follow-up memo confirming the date and with any additional instructions will be sent to providers early next week.
- The client, parent or legal guardian must consent specifically to Telehealth services. While written consent is considered a best practice, in cases where this is not possible consent may be captured verbally but must be included in the clinician's documentation.
- Services that require the in-person presence of the client for any reason are not appropriate for Telehealth. Some clients may only be served by face to face treatment and these treatment needs must be accommodated.
- When delivering services by telephone or Telehealth, attention must be paid to privacy on both ends of the service. Our departmental expectation is that such services are rendered with HIPAA guidelines in mind.





Telehealth Services (Substance Use Services):

- Telehealth is reimbursable in the Drug Medi-Cal Organized Delivery System (DMC-ODS).
- DHCS and ACBH strongly encourages providers to maximize the number of services that can be provided by telephone and telehealth, to minimize community spread of COVID-19, as well as to protect the behavioral health workforce from illness. During the COVID-19 situation contract changes are not required.
- The location of services via telehealth is not restricted. Patients may receive services via telehealth in their home, and providers may deliver services via telehealth from anywhere in the community.
- Services provided via telehealth are subject to the same privacy and security laws and regulations as services provided by in-person services. Video platform can be used, as long as it is Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2 compliant.
- Service documentation should be completed in the patient record in the same way as an in-person visit, and a patient's verbal or written consent for the telephone or telehealth visit should be noted.
- While the initial clinical diagnostic assessment must be done by video or in-person; subsequent services can be done by telephone or telehealth. Medical necessity can be established through telehealth; however, please note that for Opioid Treatment Programs / Marcotic Treatment Programs (OTP/NTP) programs the initial patient assessment and history and physical must be conducted in person.
- Licensed providers and non-licensed staff (e.g. substance abuse counselors) may provide services via telephone and telehealth, as long as the service is within their scope of practice.
- Certain services, such as residential services, require a clearly established site for services and in-person contact with a beneficiary in order to be claimed. However, not all components of these services need be provided in-person. (An example could include services via telephone for a patient quarantined in their room in a residential facility due to illness).
- Any DMC-ODS service that is clinically appropriate by telephone is currently reimbursable in all DMC-ODS counties (e.g. outpatient, intensive outpatient, opioid treatment, recovery services, and case management).
- No additional billing code is required. The service provided should be claimed with the appropriate procedure code.

