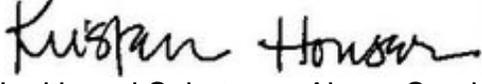


## **MEMORANDUM**

**TO:** All Behavioral HealthChoices Managed Care Organizations (BH-MCOs), Fee-For-Service (FFS) Providers, and County Mental Health Authorities – Statewide

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

**RE:** COVID-19 Frequently Asked Questions (FAQs) Supplement 1

**DATE:** May 5, 2020

### **PURPOSE:**

The purpose of this memorandum is to issue additional Frequently Asked Questions (FAQs) for delivery of behavioral health services in the Medical Assistance (MA) program during the 2019 novel coronavirus (COVID-19) disaster emergency declaration period. This memorandum supplements the initial set of [COVID-19 FAQs](#) issued by the Office of Mental Health and Substance Abuse Services (OMHSAS) on March 25, 2020.

### **COVID-19 FREQUENTLY ASKED QUESTIONS:**

1. **Question:** Does the use of telehealth need to be documented in the client's medical record?

**OMHSAS Response:** Yes. The participant's medical record must indicate when a service is provided using telehealth, including the type of telehealth (audio-video or telephone only) and the start and end time of the service.

2. **Question:** Do individual practitioners (such as Licensed Professional Counselors (LPC), Licensed Clinical Social Workers (LCSW), Licensed Psychologists (LP), Licensed Marriage and Family Therapists (LMFT), Psychiatric Nurse Practitioners (PNP), and Medical Doctors (MD) ) have to be trained in telehealth service delivery for behavioral services?

**OMHSAS Response:** No specific training for telehealth is required by OMHSAS for individual practitioners; however, individual practitioners should know how to use telehealth technology before delivering a service using telehealth.

3. **Question:** Can services be provided through telehealth without securing a written consent from the client?

**OMHSAS Response:** At a minimum, providers should obtain verbal consent from the client at the start of each telehealth session and document the date and time of the verbal consent in the individual's medical record.

4. **Question:** In-person group therapy sessions have largely been canceled as part of mitigation efforts for COVID-19. Can individual sessions, both in-person and through telehealth, be used to provide therapy that would have otherwise been delivered in a group setting?

**OMHSAS Response:** Individual therapy sessions provided in-person or through telehealth are acceptable service delivery modalities while group services are unavailable. Individual therapy sessions should be designed to meet the individual's treatment needs that would have otherwise been addressed in a group setting. Group services may also be provided through audio-video telehealth during the disaster emergency declaration period.

5. **Question:** Can Intensive Behavioral Health Services (IBHS) and Behavioral Health Rehabilitation Services (BHRS) be provided through telehealth during the COVID-19 disaster emergency declaration period?

**OMHSAS Response:** Yes, IBHS and BHRS can be provided through telehealth. Providers of IBHS and BHRS must comply with [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", re-issued May 5, 2020. In addition, if providing Therapeutic Staff Support (TSS) services, Behavioral Health Technician (BHT) services, BHT-Applied Behavior Analysis (BHT-ABA) services, Assistant Behavior Consultation-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 before delivering the services. Further information can be found in OMHSAS-20-03 Instructions and Guidelines for the Delivery of BHRS and IBHS Through Telehealth," issued May 5, 2020.

6. **Question:** Are Opioid Centers of Excellence (COEs) able to utilize telehealth services during the COVID-19 disaster emergency declaration period?

**OMHSAS Response:** Yes, COEs are able to utilize telehealth services during the COVID-19 disaster emergency declaration period consistent with the [Managed Care Operations Memo #3/2020-005 Requirements Related to COVID-19](#) issued by the Office of Medical Assistance Programs (OMAP) to physical health managed care organizations on March 25, 2020. The Operations Memo includes the following: “Consistent with the updates to the telemedicine policies, and in order to facilitate the practice of social distancing, for purposes of compliance with the requirements in Appendix G of the HealthChoices Agreement, COEs may provide case management services to COE clients through telemedicine or telephonic contact and these contacts will qualify for the per-member per-month (PMPM) payments, effective with the March 2020 PMPM, as if the encounter had taken place in person.

“It is also critical for COEs to ensure that they have sufficient office and clinic hours to meet the needs of new patients and established patients who either do not choose or cannot use telemedicine or receive services in their homes. As such, there should be a balance of service delivery modalities based on safety and the needs of individuals receiving services, staff providing services and overall community needs.”

If a COE provides in-person services it should follow the current 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.

7. **Question:** Does OMHSAS have a preferred platform for the provision of services through telehealth (ex: Facetime, Skype, etc.)? Do platforms need to be Health Insurance Portability and Accountability Act (HIPAA) Compliant?

**OMHSAS Response:** OMHSAS is not recommending any specific platforms. Providers must comply with the U.S. Department of Health and Human Services Office for Civil Rights (OCR) guidance regarding the HIPAA compliance during the disaster emergency declaration period. On March 17, 2020, OCR announced that it will exercise its enforcement discretion and will not impose penalties for HIPAA violations against health care providers that serve patients through everyday communication technologies during the COVID-19 nationwide public health emergency, if used in good faith. OCR also explained that this exercise of discretion applies to widely available communications non-public facing apps, such as FaceTime or Skype, when used in good faith for any telehealth treatment or diagnostic purpose, regardless of whether the telehealth service is directly related to COVID-19. It does not apply to public-facing technologies. The OCR notification can be found [here](#).

8. **Question:** Do service providers working from their homes need to include their address as an originating site in the telehealth attestation form?

**OMHSAS Response:** The provider should continue to use the office location as the originating site on the Appendix B Telehealth Attestation Form (Section C), even if the provider is working remotely from home.

9. **Question:** Can telehealth be used to provide psychiatry services and consultation to inpatient facilities?

**OMHSAS Response:** Yes. Telehealth may be utilized for both psychiatric consults for patients in medical/surgical units and psychiatric services in inpatient mental health settings.

10. **Question:** Does a provider need to submit the OMHSAS-20-02 Attachment B Telehealth Attestation Form if they currently have approval for tele-psych for physicians?

**OMHSAS Response:** No, if a provider has a previous approval from OMHSAS, the provider only needs to submit a new Attestation Form if they have moved from the approved location or are adding a new originating site.

**11. Question:** In conjunction with the expanded telehealth services, is there an expectation that providers maintain some office hours and other in-person capacity during the disaster emergency declaration period?

**OMHSAS Response:** We recognize these are unprecedented times and more than ever, it is incumbent upon each provider to continue to provide the necessary behavioral health supports and services to ensure individuals receive the services they need and in the delivery format that is necessary during this crisis. During these times innovation is critical, such as expanding the use of telehealth, delivering services in the home, and allowing staff to work from home. It is also critical for a provider to ensure sufficient office and clinic hours are available to meet the needs of new patients and established patients who either do not choose or cannot use telehealth or receive services in their homes. As such, each provider should balance service delivery modalities based on safety and the needs of individuals receiving services and staff providing services. If a provider is providing in person services, it should follow the current 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.

**12. Question:** Can providers utilize staff from services with low demand or volume during the disaster emergency declaration period to provide support for services with higher demand and/or staffing shortages, such as residential services?

**OMHSAS Response:** Providers may utilize staff resources as needed if the appropriate clearances are obtained or maintained and training, education and experience requirements for the newly assigned work are met.

**13. Question:** Can TSS, BHT or BHT-ABA services that were provided in a school be provided in the home during the disaster emergency declaration period?

**OMHSAS Response:** Children may need support when they are receiving education in their home environment as a result of schools being closed. If services are provided during the time the child is receiving education in the home environment, a new authorization is not needed for services to be delivered in the home, even if the support the child needs is different than the support the child received when the child was in school. However, the treatment team should review the existing treatment plan with the family and determine if any interventions need to be changed to accommodate the new service setting or the recommendations for social distancing. The review of the treatment plan can 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.

**14. Question:** During the disaster emergency declaration period, can new admissions, psychological evaluations and re-evaluations be conducted through telehealth?

**OMHSAS Response:** During the disaster emergency declaration period it is preferred that services be delivered through telehealth. If services cannot be delivered through telehealth, a psychological evaluation or re-evaluation can be conducted in-person but 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.

**15. Question:** What guidance is available on take home Medication Assisted Treatment (MAT) during the disaster emergency declaration period?

**OMHSAS Response:** The Pennsylvania Department of Drug and Alcohol Programs (DDAP) has released operational guidance and two licensing alerts expanding the ability to take home medication for medication assisted treatment. All of the documents can be found here:

- <https://www.ddap.pa.gov/Get%20Help%20Now/Pages/COVID-19-Information-for-Providers.aspx>

**16. Question:** Does the memorandum [Telehealth Guidelines Related to COVID-19](#) issued by OMHSAS on March 15, 2020, allow for the use of text messaging for service delivery?

**OMHSAS Response:** Text messaging is not addressed in the memorandum and may not be used to deliver services through telehealth.

**17. Question:** Is it possible to receive a waiver of 55 Pa. Code § 4300.115(b), which would allow counties to use an alternative payment arrangement to pay for behavioral health services provided to individuals who are not enrolled in MA?

**OMHSAS RESPONSE:** A county may submit a request to waive section 4300.115(b). Requests to waive section 4300.115(b) can be retroactive to the date of the disaster emergency declaration so requests can include March 6, 2020 as the -effective date. Each request will be reviewed on a case-by-case basis. The Department of Human Services will not be issuing a blanket waiver for all counties.

**18. Question:** Can Federally Qualified Health Centers (FQHCs) that are experiencing financial difficulties as a result of the COVID-19 pandemic be included in alternative payment arrangement (APA) requests?

**OMHSAS Response:** No, FQHCs cannot be included in APA requests. OMHSAS will consider reinvestment plans submitted by HealthChoices Primary Contractors for FQHCs on a case-by-case basis.

**19. Question:** Providers are unclear on how to offer telehealth services for individuals who have commercial insurance and have received limited guidance from the commercial insurance side. Can OMHSAS provide guidance on this?

**OMHSAS Response:** The Pennsylvania Insurance Department (PID) has encouraged commercial insurers to cover telehealth services. See point 5 in Notice 2020-03 at the following link:

- <http://www.pacodeandbulletin.gov/Display/pabull?file=/secure/pabulletin/data/vol50/50-12/430.html>.

If a provider has a particular concern, they may need to work with the insurer to address their concern. If the provider continues to have questions, they may reach out to PID for assistance at (877) 881-6388 or [here](#).

**20. Question:** Can OMHSAS issue a blanket waiver delaying annual recertification and training requirements related to licensure for mental health professionals for the duration of the disaster emergency declaration period?

**OMHSAS Response:** The licensure of mental health professionals (including, but not limited to, physicians, certified registered nurse practitioners, physician assistants, psychologists, licensed clinical social workers, licensed professional counselors, licensed family and marriage therapists, and registered nurses) falls under the authority of the Pennsylvania Department of State (DOS). The DOS has suspended certain regulatory requirements for licensed professionals, which can be found here:

- <https://www.dos.pa.gov/Pages/COVID-19-Waivers.aspx>

**21. Question:** Can OMHSAS suspend the Mental Health Procedures Act (MHPA), 50 P.S. § 7302, and 55 Pa. Code § 5100.23, pertaining to application, petitions, statements and certifications for mental health treatment to allow the acceptance of electronic signatures in place of written signatures on the application or petition for involuntary emergency examination and treatment ([Form MH-783](#)) during the disaster emergency declaration period.

**OMHSAS Response:** The MHPA, 50 P.S. § 7302, and 55 Pa. Code § 5100.23, both specify that the application or petition for involuntary emergency examination and treatment (Form MH-783) must be in writing, but neither specifies that a written signature is required. Since neither statute nor regulation prohibits the use of electronic signatures on the application or petition for involuntary emergency examination and treatment, no suspension of regulation is needed during a time of disaster emergency declaration or at any other time.

County Administrators authorizing the use of electronic signatures on Form MH-783 should require that the electronic signature include the printed full name of the petitioner preceded by “/s/”. For example: /s/Jane A. Doe.

**22. Question:** During the disaster emergency declaration period, when submitting the petition for involuntary emergency examination and treatment to the approved facility or provider of involuntary emergency examinations, will a faxed or secure emailed copy of the petition ([Form MH-783](#)) be permitted for admission?

**OMHSAS Response:** Yes. County Administrators authorizing the use of faxed or secure emailed petitions should have written agreements with each approved facility or provider of involuntary emergency examinations that includes at a minimum the fax number(s) and/or email addresses that will be used for the submission of petitions. Facsimile (fax) machines and email address should be monitored 24 hours a day and have security features to ensure confidentiality.