

MEMORANDUM

TO: County Mental Health Programs, Behavioral Health Service Providers, Primary Contractors, Behavioral Health Managed Care Organizations

FROM: Valerie J. Vicari
Acting Deputy Secretary *Valerie J. Vicari*
Office of Mental Health and Substance Abuse Services

RE: Guidance from the Department of Human Services (DHS), Office of Office of Mental Health and Substance Abuse Services (OMHSAS) regarding Coronavirus Disease 2019 (COVID-19)

DATE: March 14, 2020

In response to growing concerns about the spread of COVID-19 and its potential impact on the delivery of services to individuals and families OMHSAS has developed the following operational recommendations for counties and providers of behavioral health services

Information will continue to be shared and disseminated going forward to address questions and concerns that have been brought to our attention. We continue to monitor information from [the Pennsylvania Department of Health](#) and [the U.S. Centers for Disease Control and Prevention](#). Guidance developed by DHS will be centrally located on [this page](#), which will be updated as additional guidance becomes available. We encourage you to continue to consult these resources for updates on COVID-19, information on staying healthy, and updates on the situation in Pennsylvania.

RECOMMENDATIONS:

Recommendation #1: Exercise and promote hygienic practices.

The best way to prevent illness is to avoid being exposed to COVID-19. Providers should remind staff that chances of exposure can be reduced by:

- Washing hands often with soap and water for at least 20 seconds, especially after being in a public place, or after blowing noses, coughing, or sneezing.
- Using a hand sanitizer that contains at least 60% alcohol if soap and water is not readily available. People should cover all surfaces of hands and rub them together until they feel dry.

- Avoiding touching eyes, nose, and mouth with unwashed hands.
- Covering mouths and noses with a tissue when coughing or sneezing or using the inside of their elbow.
- Cleaning AND disinfecting frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- If sick, stay home.

Recommendation #2: Review your agency emergency preparedness plan and infection control procedures.

All counties and providers are strongly encouraged to:

- Review internal infection control protocols and emergency preparedness plans for events in which a provider does not have adequate staffing to meet individuals’ health and safety needs.
- Evaluate staff adherence to provider infection control protocols.
- Evaluate capacity to implement emergency preparedness plans in the event staffing is impacted by the COVID-19 virus.

For questions or technical assistance related to emergency plans, counties and providers may contact the appropriate regional office.

OMHSAS Regional Office Contact Information:

Central Regional Field Office Phone: 717-705-8395	Northeast Field Regional Office Phone: 570-963-4335
Southeast Regional Field Office Phone: 610-313-5844	Western Regional Field Office Phone: 412-565-5226

Recommendation #3: Report all suspected cases of COVID-19 to OMHSAS

For OMHSAS to be responsive to the needs related to COVID-19, timely information from the county and provider community is essential. Staff should follow Pennsylvania Department of Health (DOH) guidance for evaluation, testing, and reporting related to staff or a beneficiary suspected of having COVID-19 available [here](#). If staff or a person for whom you provide services is suspected to have COVID-19 or tests presumptively positive for COVID-19, please notify the appropriate regional office.

Recommendation #4: Contact OMHSAS before making any changes to your business practice whenever possible.

It is strongly recommended that counties and providers contact OMHSAS and any applicable Behavioral HealthChoices Managed Care Organization before making any changes to your business practices in response to COVID-19. Examples of changes in business practices include, but are not limited to:

- Suspending services at a service location or temporarily closing programs.
- Closing county offices.

OMHSAS is monitoring the COVID-19 situation closely and is prepared to modify expectations for compliance on a case-by-case basis should emergency conditions present. By contacting OMHSAS, providers may be able to implement the most effective strategy for maintaining continuity of operations during COVID-19.

Providers may contact the appropriate regional office to notify OMHSAS of a proposed change in business practice and/or seek guidance related to a proposed change.

Recommendation #5: Document what actions were taken and maintain evidence for why actions were taken.

Counties and providers should document any changes to their operations related to operations as a result of COVID-19 and maintain evidence to support why the changes were made. Doing so will help demonstrate the basis for an action in the event that the appropriateness of the action is questioned after COVID-19 is contained and operations return to normal

OMHSAS will provide technical assistance with the kind of evidence that should be maintained when counties or providers contact OMHSAS in accordance with Recommendation #4. In general, evidence that should be maintained includes, but is not limited to:

- **Orders or notices from local authorities.** Example: County Health Department *A* imposes a restriction on public gatherings of more than 20 people, forcing Provider *B* to close its program for one week. Provider *B* should retain the official notice from County Health Department *A* as evidence to support the closure.

- **Correspondence and other records demonstrating inability to meet required staffing ratios or response times.** Example: Provider A's employees are unable to report to work due to COVID-19-related reasons. Provider A attempts to secure temporary staff from three staffing agencies, but each agency reports that they too are experiencing staff shortages. As a result, Provider A is out of compliance with required staffing ratios. Provider A should retain copies of correspondence with each of the three staffing agencies to demonstrate that all possible efforts were made to secure enough staff.

Recommendation #6: Stay Informed

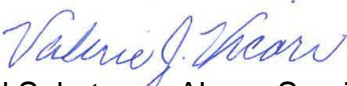
- COVID-19-specific information can be found at:
 - The Pennsylvania Department of Health's Coronavirus Update Page - <https://www.health.pa.gov/topics/disease/Pages/Coronavirus.aspx>
 - The Centers for Disease Control and Prevention's Coronavirus Page - <https://www.cdc.gov/coronavirus/2019-ncov/>
- The Pennsylvania DOH holds press briefings every day to announce the latest efforts and updates on the commonwealth's response to COVID-19. Counties and providers may watch a free live stream of the daily briefing at noon here: <https://pacast.com/live/doh>. An archive of past briefings is available here: <https://pacast.com/video>.
- One of the most important steps you can take to stay informed about our program is subscribe to our Listservs. Important announcements, including announcements about COVID-19, are regularly sent over the Listservs.
 - Please go to: http://listserv.dpw.state.pa.us/Scripts/wa.exe?SUBED1=omhsas_general_listserv&A=1 to sign up for the OMHSAS General Listserv, if you are not already subscribed.

Resources for Infection Control Practices

- COVID-19 Information for at-risk Individuals:
<https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Coronavirus%20At%20Risk%20Individuals.pdf>
- Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF) (Source: CDC): <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>
- CMS Guidance for Home Health Agencies: <https://www.cms.gov/files/document/qso-20-18-hha.pdf>
- CMS Guidance on Respirators for Healthcare Personnel:
<https://www.cms.gov/files/document/qso-20-17-all.pdf>

MEMORANDUM

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

FROM: Valerie J. Vicari
Acting Deputy Secretary 
Office of Mental Health and Substance Abuse Services

RE: Telehealth Guidelines Related to COVID-19

DATE: March 15, 2020

PURPOSE:

The Office of Mental Health and Substance Abuse Services (OMHSAS) is issuing this Memorandum to offer clarification regarding the ability of providers to render telehealth 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 2-14 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 BH-MCO.

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 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 face-to-face 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 face-to-face.

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”.

OBSOLETE:

This memo will remain in effect for 90 days or while a valid emergency disaster declaration authorized by the Governor related to the COVID-19 virus remains in effect, whichever is earlier. OMHSAS may re-issue this Memo 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.medicaid.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 included [here](#).



ISSUE DATE:

February 20, 2020

EFFECTIVE DATE:

February 20, 2020

NUMBER:

OMHSAS-20-02

SUBJECT:

**Guidelines for the Use of Telehealth
Technology in the Delivery of Behavioral
Health Services**

BY:

Valerie J. Vicari, Acting Deputy Secretary
Office of Mental Health and Substance Abuse Services

SCOPE:

The bulletin applies to: (1) 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 update the guidelines for delivering behavioral health services using telehealth technology previously issued in OMHSAS Bulletin 14-01, “*OMHSAS Guidelines for the Approval of Telepsych Services in HealthChoices.*” These updated guidelines include the following key changes from OMHSAS Bulletin 14-01:

- 1) Expands the use of telehealth to behavioral health practitioners who provide services in the MA Fee for Service (FFS) delivery system.
- 2) Expands the use of telehealth to include treatment provided by Certified Registered Nurse Practitioners (CRNPs) and Physician Assistants (PAs) certified in mental health; Licensed Clinical Social Workers (LCSWs); Licensed Professional Counselors (LPCs); and Licensed Marriage and Family Therapists (LMFTs).

BACKGROUND:

The Office of Mental Health and Substance Abuse Services (OMHSAS) first issued guidance on the use of telehealth through OMHSAS Bulletin 11-09, “*OMHSAS Guidelines for the Approval of Telepsychiatry.*” OMHSAS issued updated guidance in OMHSAS Bulletin 14-01, which clarified the availability of telehealth to deliver psychiatric and psychological services by

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. General Office Number 717-772-7900.

MA enrolled psychiatrists and licensed psychologists in the Behavioral Health HC Program. Both bulletins were applicable only to MA enrolled psychiatrists and licensed psychologists in the HC Program. Providers have requested the expansion of the use of telehealth to include the FFS delivery system and additional licensed practitioners.

DISCUSSION

“Telehealth” in this bulletin refers to the delivery of compensable behavioral health services at a distance using real-time, two-way interactive audio-video transmission. The site at which an individual receives behavioral health services using telehealth is the “originating site.” The site at which a practitioner delivers behavioral health services using telehealth is the “distant site.”

Telehealth does not include telephone conversations, electronic mail messaging or facsimile (fax) transmissions. Telehealth cannot be utilized to deliver services to individuals in their homes, unless services are being delivered as part of Assertive Community Treatment (ACT), Dual Diagnosis Treatment Team (DDTT), or Mobile Mental Health Treatment (MMHT) services and only if staff trained in the use of the telehealth equipment and protocols to provide operating support and staff trained to provide in-person clinical intervention are present.

PROCEDURE

In the FFS delivery system, psychiatrists, psychologists, CRNPs and PAs certified in mental health, LCSWs, LPCs, and LMFTs can provide services using telehealth in Psychiatric Outpatient Clinics, Psychiatric Partial Hospitalization Programs, and Drug & Alcohol Outpatient Clinics. BH-MCOs may allow additional provider settings to utilize telehealth.

The following procedures apply to providers seeking to utilize telehealth:

Technology

1. Technology used for telehealth, whether fixed or mobile, should be capable of presenting sound and image in real-time and without delay. The telehealth equipment should clearly display the participants’ full bodies and their environments. The telehealth equipment must meet any state or federal requirements for the transmission or security of health information.
2. Providers are responsible to ensure confidentiality and security in the transmission and storage of health information, and to conduct regular reviews, at least annually, of systems used for the delivery of telehealth. Providers must maintain annual and comparative reports of these reviews to be examined by OMHSAS and BH-MCOs upon request. The reports must be retained in a retrievable record, identified by date of review,

and include the following information:

- a. Technology provider certification(s).
- b. Manifest files of the software being utilized.
- c. Attestation of systems security checks performed with corresponding results logged on a regular basis.

Consent and Confidentiality

1. Providers must assure the privacy of the individual receiving services and comply with the Health Insurance Portability and Accountability Act (HIPAA) and other federal and state privacy and confidentiality requirements.
2. Prior to utilizing telehealth, providers must obtain the consent of the individual to receive services utilizing telehealth. The individual must be informed of all persons who will be present at each end of the transmission and the role of each person. Individuals may refuse services delivered through telehealth. Providers cannot use such refusal as a basis to limit the individual's access to services delivered face to face.

Delivery of Services

1. Originating site must have staff trained in telehealth equipment and protocols to provide operating support and staff trained and available to provide in-person clinical intervention, if needed. If ACT, DDTT, or MMHT services are being provided in the home, staff trained in the use of the telehealth equipment and protocols to provide operating support and staff trained to provide in-person clinical intervention if needed must be present.
2. Out-of-state practitioners providing treatment using telehealth to Pennsylvania residents must meet the licensing requirements established by the Pennsylvania Department of State to provide services in the Commonwealth.
3. Interpretive services, including sign language, must be provided as necessary.
4. The participant's medical record must indicate when a service is provided using telehealth including, the start and end time of service.

Quality of Service

1. The provider using telehealth must maintain written quality protocols for the operation and use of telehealth equipment including the provision of periodic training to ensure that telehealth is provided in accordance with the requirements in this bulletin as well as the provider's established patient care standards.

2. The providers must maintain a written procedure detailing a contingency plan for transmission failure or other technical difficulties that render the behavioral health service undeliverable.
3. The provider must periodically review, at least annually, its quality protocol and delivery of services through telehealth. The provider must maintain annual and comparative reports of these reviews to be examined by OMHSAS and by the responsible BH-MCOs upon request.

Billing

Psychiatric Outpatient Clinics, Psychiatric Partial Hospitalization Programs, and Drug & Alcohol Outpatient Clinics can bill for specified services provided by psychiatrists, licensed psychologists, CRNPs, PAs, LCSWs, LPCs, and LMFTs in the FFS delivery system.

Attachment A of this bulletin contains a list of procedure codes for services that may be provided using telehealth in the FFS delivery system. Providers must use the appropriate procedure codes and modifiers to identify that the service was delivered using telehealth.

Providers in the managed care delivery system should follow the billing procedures and protocols established by the BH-MCOs.

Attestation Form

Providers seeking to provide behavioral health services using telehealth should complete and submit **Attachment B**, “*Telehealth Attestation Form*” to the electronic resource account RA-PWTBHS@pa.gov and to the appropriate OMHSAS Field Office. Upon receipt of the attestation form, OMHSAS will review the form for completeness and inform the provider whether it is approved to utilize telehealth based on the assurances made in the attestation form. An updated attestation form must be submitted when any of the information provided in the attestation form is changed, including the addition of a new service location as an originating site.

Providers that currently have an approval from OMHSAS to provide telehealth (previously referred to as telepsych or telepsychiatry) are approved to provide telehealth as described in this bulletin and do not have to complete the attestation form unless they move or add a new service location as an originating site.

Additionally, BHMCOs may have specific requirements related to the delivery of services using telehealth for providers included in their networks.

Obsolete Bulletin

The issuance of this bulletin renders the OMHSAS Bulletin 14-01 obsolete.

Attachment A

Proc. Code	Price Mod.	Info Modifier	Procedure Code Description	Provider Type	Provider Specialty	Units	Place of Service	MA Fee
90792		GT	Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	08	074	occurrence	15	\$75.00
90792		GT	Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	08	110	occurrence	49	\$75.00
90792		GT	Psychiatric diagnostic evaluation with medical services (Psychiatric Eval, Exam & Eval of Patient)	08	184	occurrence	57	\$75.00
90832		GT	Psychotherapy, 30 minutes with patient and/or family member	08	074	30 min	15	\$26.00
90832		GT	Psychotherapy, 30 minutes with patient and/or family member	08	110	30 min	49	\$26.00
90832		GT	Psychotherapy, 30 minutes with patient and/or family member	08	184	30 min	57	\$26.00
90834		GT	Psychotherapy, 45 minutes with patient and/or family member	08	074	45 min	15	\$39.00
90834		GT	Psychotherapy, 45 minutes with patient and/or family member	08	110	45 min	49	\$39.00
90834		GT	Psychotherapy, 45 minutes with patient and/or family member	08	184	45 min	57	\$39.00
90837		GT	Psychotherapy, 60 minutes with patient and/or family member	08	074	60 min	15	\$52.00
90837		GT	Psychotherapy, 60 minutes with patient and/or family member	08	110	60 min	49	\$52.00
90837		GT	Psychotherapy, 60 minutes with patient and/or family member	08	184	60 min	57	\$52.00
90846	UB	GT	Family Psychotherapy (without the patient present)	08	074	15 min	15	\$13.00
90846	UB	GT	Family Psychotherapy (without the patient present)	08	110	15 min	49	\$13.00
90847	UB	GT	Family Psychotherapy (conjoint psychotherapy) w/ patient present	08	074	15 min	15	\$13.00
90847	UB	GT	Family Psychotherapy (conjoint psychotherapy) w/ patient present	08	110	15 min	49	\$13.00
90847	UB	GT	Family Psychotherapy (conjoint psychotherapy) w/ patient present	08	184	15 min	57	\$13.00
96116		GT	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	08	074	1 hour	15	\$68.72
96116		GT	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	08	110	1 hour	49	\$68.72
96116		GT	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	08	184	1 hour	57	\$68.72

Proc. Code	Price Mod.	Info Modifier	Procedure Code Description	Provider Type	Provider Specialty	Units	Place of Service	MA Fee
96116		GT	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) by physician or other qualified health care professional, both face to face time with the patient and time interpreting test results and preparing the report, first hour	11	113, 114,	1 hour	52	\$68.72
96121		GT	each additional hour (List separately in addition to code for primary procedure 96116)	08	074	1 hour	15	\$63.02
96121		GT	each additional hour (List separately in addition to code for primary procedure 96116)	08	110	1 hour	49	\$63.02
96121		GT	each additional hour (List separately in addition to code for primary procedure 96116)	08	184	1 hour	57	\$63.02
96121		GT	each additional hour (List separately in addition to code for primary procedure 96116)	11	113, 114	1 hour	52	\$63.02
96127		GT	Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	08	074	occurrence	15	\$4.00
96127		GT	Brief emotional/behavioral assessment (eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	08	110	occurrence	49	\$4.00
96130		GT	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	08	074	1 hour	15	\$88.66
96130		GT	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	08	110	1 hour	49	\$88.66
96130		GT	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	08	184	1 hour	57	\$88.66

Proc. Code	Price Mod.	Info Modifier	Procedure Code Description	Provider Type	Provider Specialty	Units	Place of Service	MA Fee
96130		GT	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback of the patient, family member(s) or caregiver(s), when performed; first hour	11	113, 114	1 hour	52	\$88.66
96131		GT	each additional hour (List separately in addition to code for primary procedure 96130)	08	074	1 hour	15	\$67.50
96131		GT	each additional hour (List separately in addition to code for primary procedure 96130)	08	110	1 hour	49	\$67.50
96131		GT	each additional hour (List separately in addition to code for primary procedure 96130)	08	184	1 hour	57	\$67.50
96131		GT	each additional hour (List separately in addition to code for primary procedure 96130)	11	113, 114	1 hour	52	\$67.50
96132		GT	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	08	074	1 hour	15	\$87.02
96132		GT	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	08	110	1 hour	49	\$87.02
96132		GT	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	08	184	1 hour	57	\$87.02
96132		GT	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	11	113, 114	1 hour	52	\$87.02
96133		GT	each additional hour (List separately in addition to code for primary procedure 96132)	08	074	1 hour	15	\$66.69
96133		GT	each additional hour (List separately in addition to code for primary procedure 96132)	08	110	1 hour	49	\$66.69

Proc. Code	Price Mod.	Info Modifier	Procedure Code Description	Provider Type	Provider Specialty	Units	Place of Service	MA Fee
96133		GT	each additional hour (List separately in addition to code for primary procedure 96132)	08	184	1 hour	57	\$66.69
96133		GT	each additional hour (List separately in addition to code for primary procedure 96132)	11	113, 114	1 hour	52	\$66.69
H0034		GT	Medication training & support (Medication Mgmt Visit)	08	074	15 min	15	\$20.00
H0034		GT	Medication training & support (Medication Mgmt Visit)	08	110	15 min	49	\$20.00
H0035	U7	GT	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Adult Psych Partial Program - Adult)	11	114	1 hour	52	\$14.00
H0035	U7	HB, UA, GT	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Child Psych Partial Program - Adult)	11	113	1 hour	52	\$14.00
H0035	UB	HA, GT	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Adult Psych Partial Program – Child)	11	114	1 hour	52	\$15.00
H0035	UB	UA, GT	Mental health partial hospitalization, treatment, less than 24 hrs (Licensed Child Psych Partial Program - Child)	11	113	1 hour	52	\$15.00
T1015	UB	GT	Clinic Visit/Encounter, All-Inclusive (Drug Free Clinic Visit)	08	184	visit	57	\$6.00

ATTACHMENT B

OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

ATTESTATION FORM TO PROVIDE TELEHEALTH

Providers may use telehealth to provide behavioral health services based on their assurance to follow the OMHSAS Bulletin OMHSAS-20-02 as attested to by signature(s) to this document.

Instructions

Providers must complete Section I “Behavioral Health Provider Information” and Section II “Statement of Compliance and Signature” and submit the form to the electronic resource account RA-PWTBHS@pa.gov and to the appropriate OMHSAS Field Office at least 30 days prior to the anticipated start date of telehealth services.

I. Behavioral Health Provider Information

- a. Provider type and license information** *(check all applicable provider types and list license numbers below):*

Provider name:		
(Check)	Provider Type	License number(s)
	Psychiatric Outpatient Clinic	
	Partial Hospitalization Program	
	Drug & Alcohol Outpatient Clinic	
	Other <i>(specify below) (applicable only to HealthChoices network providers)</i>	

- b. Contact person’s name, phone number, and email address:**

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. General Office Number 717-772-7900.

c. Originating site(s) and county(ies) served *(specify all originating site(s) and county(ies) served below, add rows as needed):*

#	Originating Site Address	13-digit Provider PROMISe ID	County(ies) Served
1			
2			
3			
4			
5			

d. Name of BH-MCO(s) *(applicable only to BH-MCO Network Providers):*

e. List the procedure codes of services that will be provided using telehealth:
(Please see OMHSAS Bulletin OMHSAS-20-02 Attachment A for a list of procedure codes for services that can be delivered using telehealth in FFS. BH-MCOs may allow additional services to be delivered using telehealth)

II. Statement of Compliance and Signature:
(To be signed by the Authorized Representative of the Provider)

I understand behavioral health services using telehealth can be provided only after approval of this attestation form by OMHSAS. I also understand that telehealth programs are subject to monitoring reviews as determined by OMHSAS or BH-MCOs for the purpose of continuing authorization to utilize telehealth.

I hereby attest that telehealth services provided by _____
(print name of the provider)

will be in accordance with bulletin OMHSAS-20-02. All documentation required in this bulletin will be maintained and made available for review by the OMHSAS and/or BH-MCOs upon request.

Provider's Authorized Representative Name: _____

Provider's Authorized Representative Signature: _____ Date: _____

III. OMHSAS Approval
(To be completed by OMHSAS):

This Attestation has been reviewed for completeness. The provider is authorized to deliver services using telehealth based upon the assurances made by this attestation.

Please note that additional approval to provide services using telehealth may be required by BH-MCOs for providers in their network.

OMHSAS Representative Name: _____

OMHSAS Representative Signature: _____ Date: _____

Telehealth Place of Service for Behavioral Health Services Systems Notice:

There have been some questions regarding the expansion of Telehealth services and the appropriate Place of Service (POS) Code to be used for these services. If a BH Managed Care encounter is submitted with a POS 02, the encounter will deny for the edit "Place of Service Invalid" as POS 02 is not a valid code in PROMISE.

If providers in the Managed Care Delivery System submit Telehealth claims with a POS 02 please crosswalk that code with POS 99 for encounter data processing or use the POS code that would have been used if the service was delivered face to face.

If the provider is Fee for Service (FFS) please use the POS that is permitted for the service that typically would have been used if the service was delivered face to face.

DRAFT 3/20/2020

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PROVIDER QUICK TIPS



New ICD-10-CM code for the 2019 Novel Coronavirus (COVID-19) Effective April 1, 2020

This guidance is being issued to supplement the guidance issued on March 17, 2020 through Provider Quick Tip # 228, available [here](#).

On March 11, 2020 the Novel Coronavirus Disease, COVID-19, was declared a pandemic by the World Health Organization. On March 13, 2020 a national emergency was declared in the United States concerning the COVID-19 Outbreak.

Because of these developments, and the urgent need to capture the reporting of this condition in our nation's claims and surveillance data, the Centers for Disease Control and Prevention (CDC) under the National Emergencies Act Section 201 and 301, announced a change in the effective date of new diagnosis code U07.1, COVID-19, from October 1, 2020 to April 1, 2020. This off-cycle update is unprecedented and is an exception to the code set updating process established under HIPAA.

As a result of the CDC's announcement, providers should use the new diagnosis code U07.1, COVID-19, beginning April 1, 2020.

This announcement is an update to the CDC's [official diagnosis coding guidance](#) issued on February 20, 2020, and subsequent [interim coding guidance](#) issued for health care encounters related to the 2019 novel coronavirus (COVID-19) previously named 2019-nCoV.

This guidance is intended to be used in conjunction with the current ICD-10-CM classification and the [ICD-10-CM Official Guidelines for Coding and Reporting \(effective October 1, 2019\)](#) and will be updated to reflect new clinical information as it becomes available.

Additional information is also available on the [CDC website](#) and through [CMS](#).

Information on MA Program coverage related to COVID-19, to include an FAQ document, can be found on the Department of Human Services website [here](#).

The Pennsylvania Department of Health has a dedicated page for COVID-19 that provides regular updates. Click [here](#) for the most up to date information regarding COVID-19.

Thank you for your service to our Medical Assistance beneficiaries.
We value your participation.
Check the Department's website often at: www.dhs.pa.gov





PROVIDER QUICK TIPS

#240

Provider enrollment and revalidation changes during the COVID-19 emergency

On March 6, 2020, Governor Tom Wolf issued an emergency [disaster declaration](#) in response to the presence of the COVID-19 virus in Pennsylvania. The COVID-19 outbreak was declared a national emergency under the Stafford Act on March 13, 2020, and a nationwide public health emergency on January 31, 2020 (retroactive to January 27, 2020). The Department of Human Services requested provider enrollment and revalidation flexibilities under Section 1135 of the Social Security Act on March 24, 2020.

CMS approved, in part, the Department's Section 1135 request for provider enrollment and revalidation flexibilities on March 27, 2020. The partial approval is available [here](#). The Department will apply these flexibilities as follows.

For Providers Not Currently Enrolled in the Pennsylvania Medicaid Program, the Department:

- Will provisionally, temporarily enroll providers without paying an application fee, which was described in [Medical Assistance Bulletin 01-16-14](#).
- Will provisionally, temporarily enroll providers assigned to the high categorical risk level temporarily without requiring finger-print based criminal background checks and a site visit. For more information regarding the high categorical risk level screenings please see [Medical Assistance Bulletin 99-16-03](#).
- Will provisionally, temporarily enroll providers assigned to the moderate categorical risk level temporarily without a site visit. For more information regarding site visits please see [Medical Assistance Bulletin 99-16-13](#).

For Providers Currently Enrolled in the Pennsylvania Medicaid Program, the Department:

- Will not close provider service locations in PROMISe due to revalidation. All providers having a revalidation date during the period of the emergency disaster declaration will remain active in PROMISe. However, please note that if the provider has not revalidated OR submitted a revalidation application, the provider's service locations will close in PROMISe the last day of the month the emergency disaster declaration ends. For more information regarding provider revalidation, please see [Medical Assistance Bulletin 99-14-06](#).
- Is suspending the requirement that the ordering, referring, attending or prescribing provider must be enrolled in PROMISe for the claim to be paid. For more information about this requirement, please see [Medical Assistance Bulletin 99-16-07](#).
- Is suspending the denial of claims due to the rendering provider's [service location](#) not being enrolled in PROMISe described in [Medical Assistance Bulletin 99-18-11](#).

This guidance will remain in effect while a valid disaster declaration authorized by the Governor related to the COVID-19 virus remains in effect. OMAP may re-issue these guidelines as appropriate.

Providers should continue to check the Department of Human Service's COVID-19 [website](#) and the Department of Health's [website](#) for updates.



PROVIDER QUICK TIPS



For provider enrollment, revalidation, enrollment fee, site visit or criminal background check questions please contact 1-800-537-8862, option 2, option 4, option 2.

For question regarding claim payments please contact 1-800-537-8862, option 2, option 6, option 1.

Thank you for your service to our MA recipients.
We value your participation.
Check the Department's website often at: www.dhs.pa.gov.

SYSTEMS NOTICE SYS-2020-XXX

Encounter Data

COVID-19 Encounter Data Updates

Overview: On March 6, 2020, Governor Wolf issued an emergency disaster declaration in response to the presence of the COVID-19 (coronavirus) in Pennsylvania. Pursuant to this disaster declaration, the Office of Mental Health and Substance Abuse Services (OMHSAS) is issuing guidance to advise Behavioral Health (BH) County Contractors and Managed Care Organizations (MCO)s where Prior Authorization requirements were waived and for claims accepted and paid from providers not currently enrolled in the PA Medicaid program for services related to COVID-19.

For the Department to identify the submission of the respective encounters, County Contractors and MCOs are to use a newly designated CARC code of 279. This will be effective March 1, 2020 in accordance with CMS' approval of the Department's waiver.

Background: It is the Commonwealth's intention to streamline and facilitate the County Contractors and MCOs ability to process incoming claims for COVID-19 related services. This would require the MCOs to process claims from providers who are not currently enrolled in the PA Medicaid program OR have been previously enrolled and have only closed service locations. This notice also requires the MCOs to follow DHS guidance on bypassing Prior Authorizations during the pandemic emergency. This would include billing and rendering providers as well as Ordering, Referring, Prescribing providers which may currently be validated upfront within MCO processing systems. Once the MCOs process the claims, the subsequent encounters submitted to PROMISE would typically set edits indicating that the service location is closed or not enrolled. CARC code 279 are now being recognized to ensure the encounters can be identified by DHS staff to illustrate all medical services which were processed under these special circumstances.

Encounter Submission Details:

For 837 encounters: Claim Adjustment Reason Code (CARC) '24' is the only CARC which crosswalks to a carrier indicator of '9 – Service was Approved/Accepted by the MCO'. As an existing rule, the MCO payment should be contained within the first payor loop/CAS segment and the services paid should still be illustrated with CARC 24. Following the MCO payment CAS, we are requesting a second CAS segment be added to the encounter with a CAS02 CARC of 279 and a CAS03 amount of \$0.00. CARC 279 should be used for ORP, servicing, or billing provider not enrolled, and any prior authorization being waived based on DHS direction. PROMISE processing will continue the path of existing edits/validations of an MCO Paid/Approved service.

Example (837 encounter):

1st CAS - MCO Paid Amount (Existing Process)

CAS01 – Send value ‘CO’.

CAS02 – Send value ‘24’.

CAS03 – Send the difference between the billed amount and MCO paid amount.

2nd CAS – MCO Indicating Participating Provider Not MA Enrolled (New Process)

CAS01 – Send value ‘CO’.

CAS02 – Send value ‘279’.

CAS03 – Send the dollar value of ‘\$0.00’.

If you have any questions, please contact PW.OMHSAS.OMHSAS-837.Issues@pa.gov.

SYSTEMS NOTICE SYS-2020-XXX

Provider Files

Temporary Suspension of PRV720 Provider Revalidation File

Background: On March 6, 2020, Governor Wolf issued an emergency disaster declaration in response to the presence of the COVID-19 (coronavirus) in Pennsylvania. Pursuant to this disaster declaration, the Office of Medical Assistance Programs (OMAP) is issuing guidance to advise MCOs to accept and process claims from providers not currently enrolled in the PA Medicaid program.

Details: The PRV720 Monthly Provider Revalidation file (PRV720M.XX.zip) is sent the 1st of each month to all MCOs and provides the upcoming revalidation dates for all providers/service locations. Because of the COVID-19 pandemic emergency, DHS is no longer terminating providers whom haven't completed their revalidation. This file will not be provided until further notice. Many MCOs systematically load this file into their upfront validations and claims processing systems as well as use the information to assist DHS in informing providers of the revalidation process. DHS does not want to create additional confusion by providing these revalidation dates since the Department is suspending the termination of providers based on the lack of revalidation.

If you have any questions, please contact provider@pa.gov.

SYSTEMS NOTICE SYS-2020-XXX

Encounter Data

COVID-19 Modifier CR and Condition Code DR

Overview: On March 6, 2020, Governor Wolf issued an emergency disaster declaration in response to the presence of the COVID-19 (coronavirus) in Pennsylvania. Pursuant to this disaster declaration, the Office of Mental Health and Substance Abuse Services (OMHSAS) in collaboration with the Office of Medical Assistance Programs (OMAP) is issuing guidance to advise providers to accept and identify claims that are or may be impacted by specific payer/health plan policies related to the COVID-19 emergency disaster. To identify the submission of the respective encounters, County Contractors and MCOs are to use a procedure code modifier of ‘CR’ in professional encounters and a condition code ‘DR’ in institutional encounters.

This will be effective March 1, 2020 in accordance with CMS’ approval of the Department’s waiver.

Background:

Modifier ‘CR’ stands for ‘catastrophe/disaster related’ and can apply for 837 professional related claims/encounters.

Condition code ‘DR’ stands for ‘disaster related’ and is required to be used to identify claims/encounters that are or may be impacted by policies related to a national or regional disaster. The DR condition code is used only for institutional billing.

Details:

The following instructions will identify the loops/segments where the Department would expect to see the “CR” modifier or the “DR” condition code on the encounter submission.

For Professional encounters:

Modifier (detail)

Loop 2400

SV1 01-3 (1st modifier)	SV1*HC:99211:CR
SV1 01-4 (2nd modifier)	SV1*HC:99211:RL:CR
SV1 01-5 (3rd modifier)	SV1*HC:99211:RL:TP:CR
SV1 01-6 (4 th modifier)	SV1*HC:99211:RL:TP:LT:CR

For Institutional claims:

Condition Code (header)

Loop 2300

HI01-2 HI*BG:DR

Allow up to 12 total occurrences

HI02-2, HI03-2 up to HI12-2.

If you have any questions, please contact PW.OMHSAS.OMHSAS-837.Issues@pa.gov.



PROVIDER QUICK TIPS

#243

Use of the CR Modifier and DR Condition Code for COVID-19 Disaster/Emergency Related Claims

On March 6, 2020, Governor Tom Wolf issued an emergency [disaster declaration](#) in response to the presence of the COVID-19 virus in Pennsylvania. The COVID-19 outbreak was declared a national emergency under the Stafford Act on March 13, 2020, and a nationwide public health emergency on January 31, 2020 (retroactive to January 27, 2020).

The [Centers for Medicare and Medicaid Services \(CMS\) Medicare Claims Processing Manual](#) includes guidance for use when there is a national emergency or a public health emergency to facilitate tracking of services and items provided to beneficiaries during the disaster/emergency situation. The Department of Human Services (Department) will need to identify impacted claims during the COVID-19 emergency.

Tracking the claims or services for beneficiaries diagnosed with COVID-19 is done, in part, by using the diagnosis codes released by CMS to designate the beneficiary had the condition. The Pennsylvania Medical Assistance (MA) Program released guidance informing providers of the ICD-10-CM Official Coding Guidelines related to COVID-19 on [March 17](#) and [March 24](#).

The Department applied for and was granted a Section 1135 Waiver from CMS for certain requirements in the Medical Assistance program. Claims related to the Section 1135 waiver must be tracked. The Department also must track other claims that were disaster related.

In line with CMS's direction for Medicare, the Pennsylvania MA Program will require providers billing medical claims in the institutional format, either by ASC X12 837 institutional claim format or on an institutional paper form, to identify claims as specified below related to the COVID-19 disaster with a DR (disaster related) condition code.

Providers submitting medical claims, such as physicians or suppliers who submit claims using the ASC X12 837 professional claim format or a professional paper claim form CMS-1500 must use a CR (catastrophe/disaster related) modifier on the detail line to identify services that are or may be impacted by specific policies, as specified below, related to the COVID-19 emergency disaster declaration.

This guidance applies to claims for dates of services March 1, 2020, until the end of the emergency disaster declaration and any extensions thereto for Medical Assistance Physical Health and Behavioral Health Fee-for-Service claims and Managed Care Organization encounters. Providers should follow this guidance for any claims for dates of service March 1, 2020, submitted after April 15, 2020. If a provider has already submitted a claim, there is no need to resubmit the claim.

The following is a list of services, and links to the guidance issued by the Department, where the DR condition code or the CR modifier must be present on the claim:

- When telemedicine or telehealth is being provided by practitioners who would not previously have been able to provide services using telemedicine or telehealth. See the following guidance:
 - [Telehealth Guidelines Related to COVID-19](#)
 - [Teledentistry Guidelines Related to COVID-19 for Dentists, Federally Qualified Health Centers and Rural Health Clinics](#)
 - [Telemedicine Guidelines Related to COVID-19](#)





PROVIDER QUICK TIPS

#243

- [When bypassing the prior authorization requirements for CT scans for COVID-19 patients.](#)
- When [providing services at alternate sites.](#)
- For services that otherwise would have required prior authorization but [due to the COVID-19 emergency disaster declaration do not require prior authorization or the authorization has been extended.](#)
- For services that would have otherwise required copays for COVID-19 services.
- Due to non-enrolled ordering, referring or prescribing provider.
- When the provider is not yet enrolled as a new provider or is enrolled past their revalidation date.
- When Home Health or Durable Medical Equipment or Supplies are prescribed by a non-physician.

Additional guidance may be released by the Department during the period of the disaster/emergency declaration. Providers should review any such guidance for further instruction regarding when to use the DR condition code or the CR modifier on claims.

This guidance does not pertain to providers who are submitting claims for home and community-based waiver services. Waiver providers providing services for the Office of Developmental Programs should follow recently issued guidance regarding the tracking of COVID-19 related expenses. Waiver providers providing services for the Office of Long-Term Living should follow OLTL guidance on tracking COVID-19 related expenses.

Providers should continue to check the Department of Human Service's COVID-19 [website](#) and the Department of Health's [website](#) for updates regarding COVID-19.

For question regarding claim payments please contact 1-800-537-8862, option 2, option 6, option 1.

Thank you for your service to our MA recipients.
We value your participation.
Check the Department's website often at: www.dhs.pa.gov.





pennsylvania

DEPARTMENT OF HUMAN SERVICES
OFFICE OF MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES

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 *Kristen Houser*
Office of Mental Health and Substance Abuse Services

RE: COVID-19 Frequently Asked Questions (FAQs)

DATE: March 25, 2020

PURPOSE:

The purpose of this memorandum is to issue Frequently Asked Questions (FAQs) for Behavioral Health Medicaid covered programs related to the COVID-19 disaster emergency declaration.

COVID-19 FREQUENTLY ASKED QUESTIONS (FAQs):

- 1. Question:** Behavioral Health (BH) providers are concerned about how they will retain staff during quarantine/outbreaks. Is the Office of Mental Health and Substance Abuse Services (OMHSAS) taking steps to allow providers to continue delivering services?

OMHSAS Response: Health care services, including BH services, are life-sustaining services and therefore should remain available. OMHSAS has released guidance on expanded telehealth services during the emergency disaster declaration, which will allow staff to continue working during social distancing and stay at home or shelter in place conditions. The “OMHSAS COVID-19 Telehealth Expansion” document is available at the following link: <https://www.dhs.pa.gov/providers/Providers/Pages/Coronavirus-Provider-Resources.aspx>

2. **Question:** Is the Department of Human Services (DHS)/OMHSAS considering waiving regulations given the disaster emergency declaration declared by the Governor?

OMHSAS Response: Yes. OMHSAS is reviewing regulations and policies to determine which regulations, if any, need to be suspended based on the needs of our stakeholders. Further guidance will follow on specific regulatory suspensions

3. **Question:** What should be the response if psychiatrists are unavailable due to illness?

OMHSAS Response: Primary contractors and their BH-MCOs should work with providers to ensure there are plans in place for service coverage, including psychiatric services, during the disaster emergency declaration period. BH providers are encouraged to collaborate to ensure psychiatric access during the emergency disaster declaration period. In addition, the Pennsylvania Department of State (DOS) has issued suspensions of regulatory requirements to relax requirements for out-of-state providers to temporarily provide services in Pennsylvania. The Full PA DOS guidance is available here:
<https://www.dos.pa.gov/Pages/COVID-19-Waivers.aspx>

4. **Question:** Will BH providers who are unable to provide face-to-face services through the FFS delivery system be able to continue to provide services?

OMHSAS Response: OMHSAS has expanded services that are available through telehealth. The “OMHSAS COVID-19 Telehealth Expansion” document is available at the following link:
<https://www.dhs.pa.gov/providers/Providers/Pages/Coronavirus-Provider-Resources.aspx>.

5. **Question:** What is the appropriate response if individuals in a residential service need to be isolated or quarantined?

OMHSAS Response: Counties should have contingency plans in place for when there is an emergency for residential services. Providers of residential services should also have emergency plans in place, in coordination with the counties where they are located. Providers of residential services should implement their emergency plans. Expanded telehealth services as outlined in the “OMHSAS COVID-19 Telehealth Expansion” document can also be used to provide services to individuals in residential settings. For specific recommendations regarding requirements for isolation, consult the Pennsylvania Department of Health (<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Coronavirus.aspx>) and the Centers for Disease Control and Prevention (CDC) (<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>)

6. **Question:** Is the state able to issue waivers regarding requiring face-to-face contacts for Blended Case Management and allow 100% of contacts to be telephonic during the emergency disaster declaration?

OMHSAS Response: On March 15, 2020, OMHSAS expanded the use of telehealth to address service issues for the duration of the disaster emergency declaration. OMHSAS removed the limitations on the number and percentage of services that can be provided through telehealth. During the disaster emergency declaration period, telehealth contacts can be counted toward face-to-face service contact.

7. **Question:** Will OMHSAS allow phone-based service provision for psychiatric rehabilitation?

OMHSAS Response: Audio-visual technology is the preferred method of service delivery for the duration of the disaster emergency declaration. However, if that technology is unavailable, telehealth can be provided by telephone (voice only).

- 8. Question:** Will OMHSAS be waiving the limits on the number of individuals permitted to participate in mental health out-patient groups (12) or D&A out-patient groups (10) due to possible staff shortages?

OMHSAS Response: On March 16, 2020, the White House COVID-19 Taskforce recommended that individuals “avoid gathering in groups of more than 10 people.” In addition, Governor Wolf and the Secretary for PA Department of Health, issued information to cancel or postpone in-person group events with 10 or more participants. At this time, OMHSAS will not be supporting a waiver for increased group sizes.

- 9. Question:** Since it is likely that additional coordination will be needed with Physical Health, will the state allow for reimbursement of coordination activities during the emergency disaster declaration period?

OMHSAS Response: Coordination activities with physical health continue to be reimbursable through administrative funds.

- 10. Question:** How can individuals get their medication from the pharmacy if they are ill?

OMHSAS Response: The Office of Medical Assistance Programs (OMAP) is actively working on ways to increase access to medication from pharmacies. OMHSAS will provide updates as they become available. All updates for the Department of Human Services are located here:
<https://www.dhs.pa.gov/providers/Providers/Pages/Coronavirus-Provider-Resources.aspx>

- 11. Question:** What if pharmacies begin to run out of medications manufactured overseas?

OMHSAS Response: OMHSAS is not aware and does not expect any medication shortages at this time but will continue to monitor the situation.

12. Question: BH providers are concerned that BH crisis lines (hotlines, peer support talk lines, warmlines) may be overburdened as anxiety around COVID-19 continues to grow. Is there consideration on the state level to setting up a warmline for individuals to call who have Coronavirus concerns?

OMHSAS Response: OMHSAS is monitoring the volume of calls received on BH crisis lines and will consider the need for setting up a warmline. There are several support lines available, including:

- SAMHSA Disaster Distress Line: 1-800-985-5990 or text “TalkWithUs” to 66746
- Crisis Text Line: Text “PA” to 741741
- Optum Public Crisis Line: 866-342-6892

13. Question: Can the timeliness for member notification related to denial of services, complaints and grievances be modified?

OMHSAS Response: The Department is seeking a waiver of some of the requirements associated with the complaint and grievance requirements. As with any identified emergency in which it is determined that requirements need to be modified due to a safety concern, OMHSAS will support the decision of the Primary Contractor/BH-MCO to implement its emergency plan that may include initiating alternative practices in the interim of approval of a waiver. Any modifications implemented, and the reason for the modifications, need to be clearly documented in every Complaint/Grievance case record in which the modification was implemented, including documentation that this was communicated with the member. Additionally, although prior OMHSAS approval is not necessary, the OMHSAS Quality Assurance Risk Management (QARM) Director (Jocelyn Maddox) and the appropriate QARM coordinator needs to be notified of these modifications.

QM Contacts		
Director	Jocelyn Maddox	jomaddox@pa.gov
CBH QARM Coordinator	Jacob Faust	jacfaust@pa.gov
CCBH QARM Coordinator	Christine Bayuk	cbayuk@pa.gov
MBH QARM Coordinator	Jennifer Baumgardner	jebaumgard@pa.gov
PerformCare QARM Coordinator	Jennifer Baumgardner	jebaumgard@pa.gov
VBH QARM Coordinator	Jeff Funston	jfunston@pa.gov

14. Question: Will in-person complaint/grievance panel requirements be waived?

OMHSAS Response: As with any identified emergency in which it is determined that requirements need to be modified due to a safety concern, OMHSAS will support the decision of the Primary Contractor/BH-MCO to implement its emergency plan that may include initiating alternative practices in the interim of approval of a waiver. As per Appendix H, OMHSAS permits panels to meet telephonically. Videoconference or telephonic reviews must be offered if an in-person review cannot be accommodated when requested by the member. Any modifications, and the reason for the modifications, need to be clearly documented in every Complaint/Grievance case record in which the modification was implemented, including documentation that this was communicated with the member. Additionally, although prior approval is not necessary, the OMHSAS QARM Director (Jocelyn Maddox) and the appropriate QARM coordinator needs to be notified of these modifications.

15. Question: Will a monetary stipend for telephonic attendance be allowable?

OMHSAS Response: OMHSAS has not issued any requirements on monetary stipends for individuals participating in a Complaint/Grievance hearing. This is a business decision of the Primary Contractor/BH-MCO.

16. Question: Does the temporary telehealth expansion also apply to Drug & Alcohol (D&A) services?

OMHSAS Response: Yes, the temporary measures outlined in OMHSAS Memorandum dated 03/15/20 “Telehealth Guidelines Related to COVID-19” apply to mental health as well as D&A services provided to Medical Assistance (MA) beneficiaries.

17. Question: Will Alternative Payment Arrangements (APA's) be permitted to help support and sustain providers during the emergency and will their approval be expedited?

OMHSAS Response: APA's consistent with the HealthChoices Behavioral Health Agreement Section II-7.M.3, will be reviewed on a case by case basis and approved as appropriate within 24 hours to help support and sustain providers during the emergency.

18. Question: Will there be flexibility in the review of HealthChoices Reinvestment Plans to allow funding for the purchase of secure telehealth equipment and software, or third-party contracts for these services?

OMHSAS Response: Yes.

19. Question: Will Reinvestment Plans that outline assistance in emergency solvency plans be acceptable during this emergency?

OMHSAS Response: Reinvestment requests outlining assistance in emergency solvency plans received during this time will be reviewed on a case by case basis and approved as appropriate and as quickly as possible.

20. Question: During this time of reduced outpatient clinic activity there is a corresponding reduction in revenue. Some clinics are asking if there is a problem with reducing hours.

OMHSAS Response: Primary Contractors and BH-MCOs should work with providers to ensure that individuals receive the services they need and that services are delivered in the format that is needed during this emergency. This may require innovation, such as expanding the use of telehealth and delivering services in the home. Providers should also ensure that there are sufficient office and clinic hours available to meet the needs of established and new patients. To keep staff safe, in addition to social distancing, providers may look for ways to allow staff to work from home and continue to practice.

21. Question: Are the BH providers considered Health Services that are allowed to remain open?

OMHSAS Response: Yes.

22. Question: The OMHSAS Memorandum dated 03/15/20 “Telehealth Guidelines Related to COVID-19” appears to allow telehealth flexibility only for those participants who are quarantined, self-quarantined or “possible risk of exposure”. Is this an accurate reading?

OMHSAS Response: No. The intent of the memorandum is to allow services to be provided through telehealth for all MA beneficiaries when clinically appropriate. The OMHSAS Memorandum states “This expansion applies to behavioral health services delivered to MA beneficiaries via FFS or through a Behavioral Health HealthChoices Managed Care Organization (BH-MCO).”

23. Question: Does the OMHSAS Memorandum dated 03/15/20 “Telehealth Guidelines Related to COVID-19” apply to Medicare beneficiaries?

OMHSAS Response: DHS-OMHSAS does not have any jurisdiction over Medicare. CMS is the oversight authority for Medicare.

24. Question: Why are 992XX codes not listed in the Telehealth Bulletin OMHSAS-20-02, Attachment A?

OMHSAS Response: The codes listed in the bulletin are for FFS. As outlined in OMHSAS Memorandum dated 03/15/20, “Telehealth Guidelines Related to COVID-19”, services that can be provided are not limited to the codes listed in the bulletin during this emergency. For BH HealthChoices, BH-MCOs have always had the flexibility to decide which codes to allow.

25. Question: Does the state allow services to be delivered over the phone if the patient does not have a mobile device or computer that would enable videoconferencing?

OMHSAS Response: As outlined in OMHSAS Memorandum dated 03/15/20, “Telehealth Guidelines Related to COVID-19”, telephone only services may be utilized when audio/video technology is not available.

26. Question: Will BH-MCOs’ telehealth rates remain the same as face-to-face rates?

OMHSAS Response: The rates for services provided under Managed Care are determined by the BH-MCOs. Please contact your BH-MCOs for this information.

27. Question: Can clinicians work from home?

OMHSAS Response: During this disaster emergency declaration period, services can be provided using telehealth. Provider agencies can determine how they are able to provide services using telehealth, while ensuring that service needs are met. This may include permitting clinicians to work from home

28. Question: Does each individual mental health clinician seeking to deliver mental health services via telehealth need to submit an Attestation Form?

OMHSAS Response: No, only the provider agency needs to submit an Attestation Form.

29. Question: Does the telehealth expansion apply to Peer Support Services?

OMHSAS Response: Yes, OMHSAS expanded telehealth services to BH providers beyond those identified in bulletin OMHSAS-20-02, including Certified Peer Specialists.