

# ***Delivering Behavioral Health Services Via Telehealth***

*OhioMHAS Certified Community  
Behavioral Health Centers (CBHCs)*

April 1, 2020

April 2, 2020



Department of  
Medicaid



Department of Mental Health  
and Addiction Services

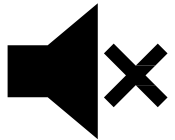
# Webinar Instructions



If you have dialed in using a telephone, be sure to mute the sound on your computer to avoid feedback.

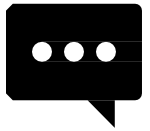


If you are using sound via your computer, make sure sound is turned ON.



All participants will be muted unless they raise their hand to ask a question or make a comment.

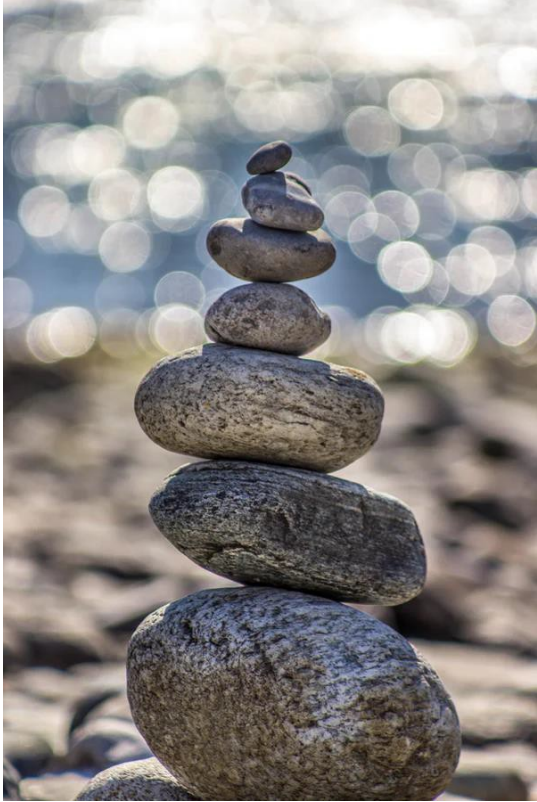
# How to Ask Questions During this Webinar



Anytime during the webinar, participants may use the “chat” box to submit written questions.



Participants may raise their hands to ask a question verbally via telephone or computer audio. ODM and OhioMHAS will do our best to answer as many questions as possible via the “chat” box during the webinar and will respond to questions at the end of the webinar.



**Thank you** for continuing to serve your clients during the COVID-19 pandemic.

We applaud your compassion and professionalism to ensure that clients continue to receive services.

# Webinar Agenda



Rules Overview



Clinical Training



Medicaid Billing

## We Recognize

1. BH providers serve individuals with varying health care payers.
2. Providers need clarification about policies that are specific to a particular payer (e.g., Medicaid).
3. This is complex. We encourage you to ask questions.

## Ohio Administrative Codes 5122-29-31 and 5160-1-21 Temporary Updates

March 9, 2020: Governor DeWine issued Executive Order 2020-01D declaring a state of emergency due to COVID-19

March 19, 2020: Governor DeWine Issued Executive Order 2020-05D requiring the emergency amendment of Ohio Administrative Code 5122-29-31 and the emergency enactment of 5160-1-21

<https://governor.ohio.gov/wps/portal/gov/governor/media/executive-orders/>

5122-29-31 available on the Register of Ohio here:

<http://www.registerofohio.state.oh.us/rules/search/details/312399>

5160-1-21 available on the Register of Ohio here:

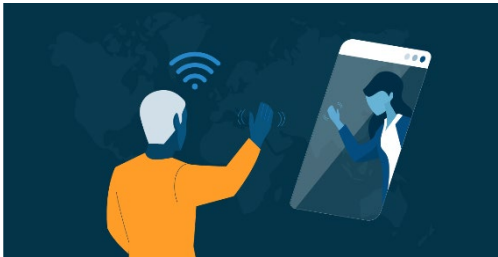
<http://www.registerofohio.state.oh.us/rules/search/details/312431>

# Ohio Administrative Code 5122-29-31 Changes



- Paragraph (A) updated to include asynchronous activities that do not have both audio and video elements in the definition of interactive videoconferencing (telehealth)

- » Telephone calls
- » Fax transmissions
- » Electronic mail
- » Text messaging



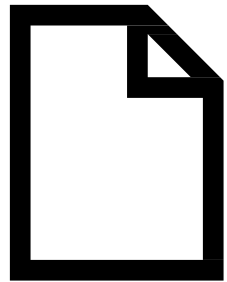
- Paragraph (D) updated to remove the initial face-to-face visit prior to providing a patient services by interactive videoconferencing (telehealth) meaning that new and established patients may receive services by interactive videoconferencing (telehealth)



# Ohio Administrative Code 5122-29-31 Changes



- Paragraph (E) updated to include additional services that may be provided by interactive videoconferencing (telehealth):
  - » Peer recovery, SUD case management, crisis intervention, assertive community treatment and intensive home based treatment.



- Paragraph (H) updated to:
  - » Include the requirement to document that the client was provided with the risks and agreed to assume those risks.
  - » Remove the requirement to provide written documentation on risks. Also removes the written acknowledgement requirement, demonstrated by the client's signature.

# Ohio Administrative Code 5122-29-31 Changes

- Paragraph (J) updated to include “to the extent possible” regarding contractually assuring any entity or individuals involved in the transmission of the information guarantee that the confidentiality of the information is protected
- Paragraph (N)(1) updated to include “to the extent possible” regarding confidentiality of communication
- Paragraph (N)(3) updated to include “/or” to accommodate picture only or audio only interactive videoconferencing (telehealth) services are sufficient to assure real-time interaction and that services have a level of quality

# Ohio Administrative Code 5122-29-31 Changes

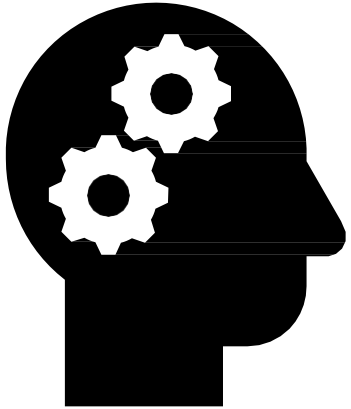


- Paragraph (P)(2) updated to include “to the greatest extent possible” to support the Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) guidance (enforcement discretion) and the guidance issued by the Substance Abuse and Mental Health Services Administration (SAMHSA) regarding 42 C.F.R. Part 2
- OCR guidance available here:
  - » <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
- 42 C.F.R. Part 2 guidance available here:
  - » <https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf>

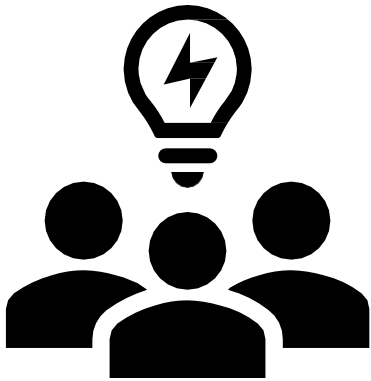
# Ohio Administrative Code 5122-29-31 Changes

- Paragraph (Q) added to explicitly address the removal of initial face-to-face visits for general services and intensive home based treatment
- Paragraph (R) re-lettered due to addition of paragraph (Q)

# Ohio Administrative Code 5122-29-31 Changes



- As Governor DeWine, Lieutenant Governor Husted and Ohio Department of Health Director Doctor Acton have been emphasizing, please take a common sense approach to interpreting and implementing the rule changes



- Questions on the OhioMHAS rule may be submitted to:  
[COVID19BHtelehealth@mha.ohio.gov](mailto:COVID19BHtelehealth@mha.ohio.gov)

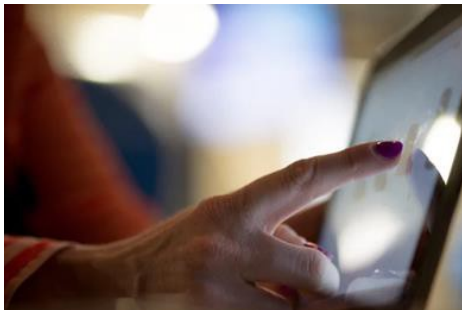
# Medicaid Changes:

## Ohio Administrative Code 5160-1-21



- Paragraph (C) applies to CBHCs.
- Incorporates by reference the Office of Civil Rights' Notification of HIPAA Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency.
- Allows Medicaid coverage for specific behavioral health services to be delivered via telehealth and expands the definition of telehealth to include telephone, videoconference, email, and fax. See March 20<sup>th</sup> MITS Bits [HERE](#) for more detail.

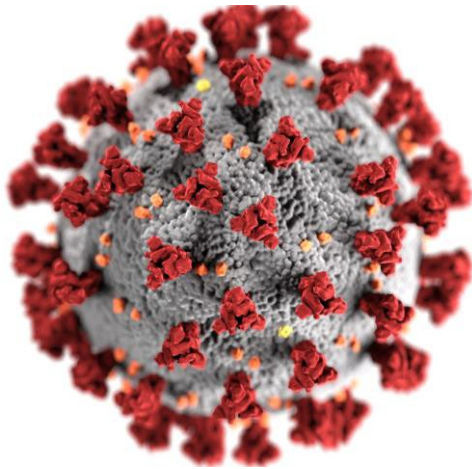
# **Delivering Behavioral Health Services via Telehealth: Keeping Clients and Providers Connected**





# Why Do We Need To Be Innovative?

- COVID-19 virus is highly contagious.
- With today's technology many clients can safely and effectively receive services remotely.







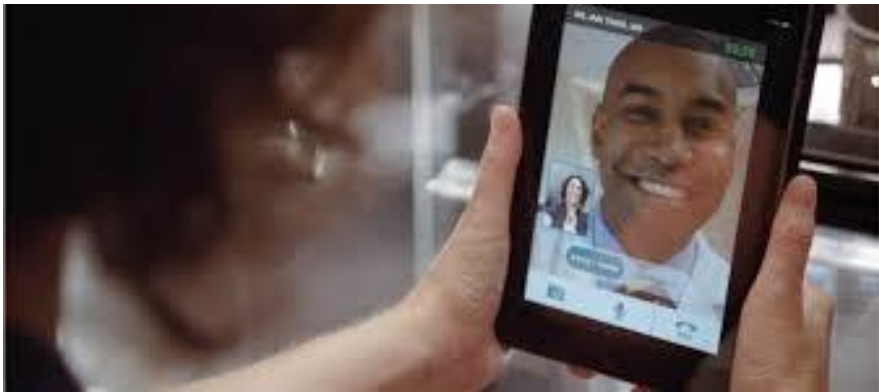
## What About My Clinical Credential?

- Ohio's professional credentialing boards are working to clarify expanded delivery of healthcare services via telehealth mechanisms. If you are a board credentialed clinician or trainee, please seek guidance from your respective board.
- All services provided by telehealth must continue to be provided within your scope of practice and ethical standards.

# What is Telehealth?

- The American Telemedicine Association defines telehealth as technology-enabled health and care management and delivery systems that extend capacity and access.
- Telehealth services can be delivered in a number of ways.





## What is Telehealth?

In plain speak, it is the practice of caring for patients remotely when the provider and patient are not physically present with each other.

# Allowable Telehealth Delivery Methods

- Up until now, OhioMHAS Certified Community Behavioral Health Centers (CBHCs) were only allowed to use real-time, interactive videoconferencing to provide a limited number of services.
- Now, and until the emergency is ended, CBHCs have the option of utilizing existing and additional modes of communication to deliver an expanded list of services.



## As A CBHC, Where Do I Start?

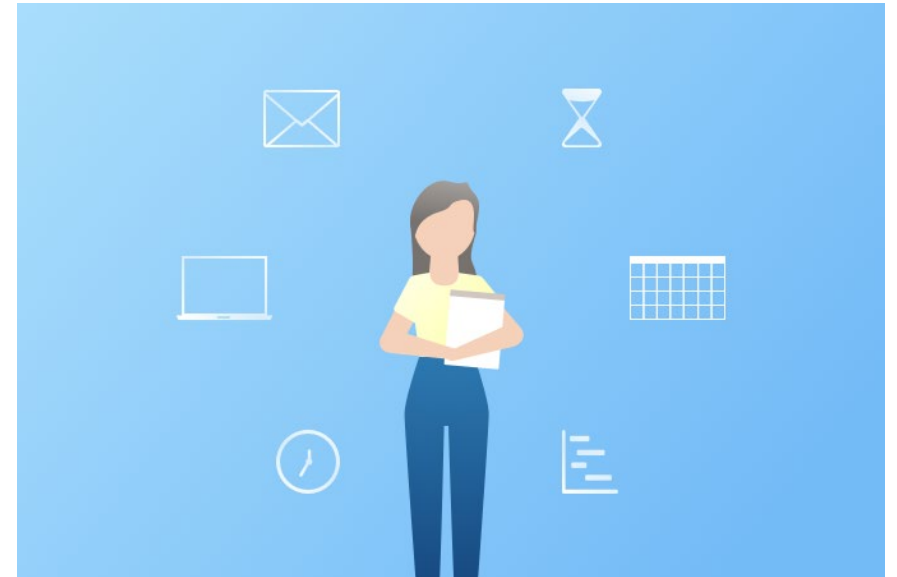


- Technology
- Take into consideration what your clients may already have available
- Develop processes
- Equipment and connections

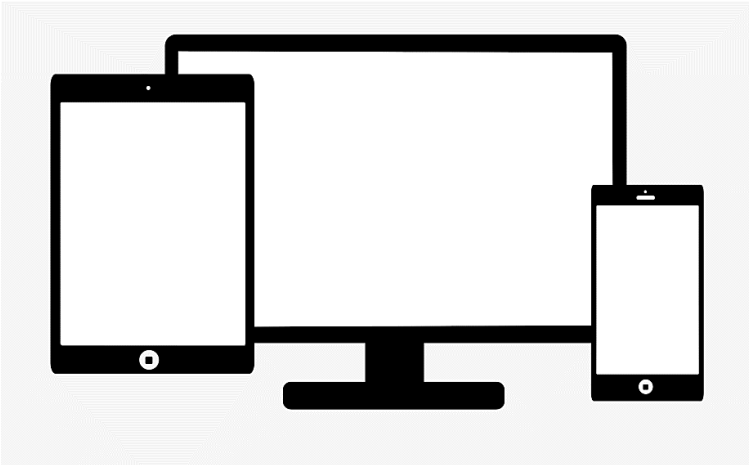
# Do I Need A Telehealth Coordinator?

A telehealth coordinator can play a key role in keeping things organized and running smoothly

- Existing staff or consultant
- Provides technical assistance
- Troubleshoot for provider and client



# Implementation



- Rehearsal and role plays
- Test your system/equipment
- Training
- Technical support
- Know the limitations of the technology or mode of communication
- Back up plan
- Assign staff to assist clients

# How Does Telehealth Impact Clinical Work?



Moving from in-person to telehealth may warrant some changes to traditional clinical practice

- Emergencies
- Emergency backup numbers
- Follow the same standards as face-to-face care



# Provider Considerations

- Be aware of potential boundary violations
- Be professional
- Fully terminate the call or connection at the end of every session



# Provider Beliefs

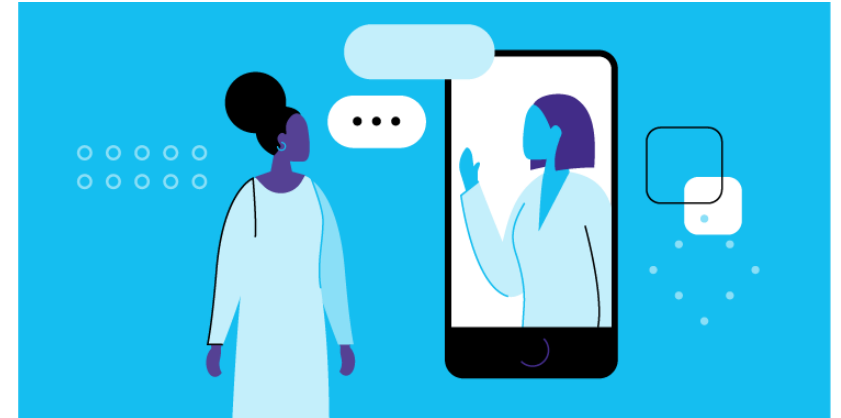


Provider beliefs around telehealth can positively or negatively impact the encounter.

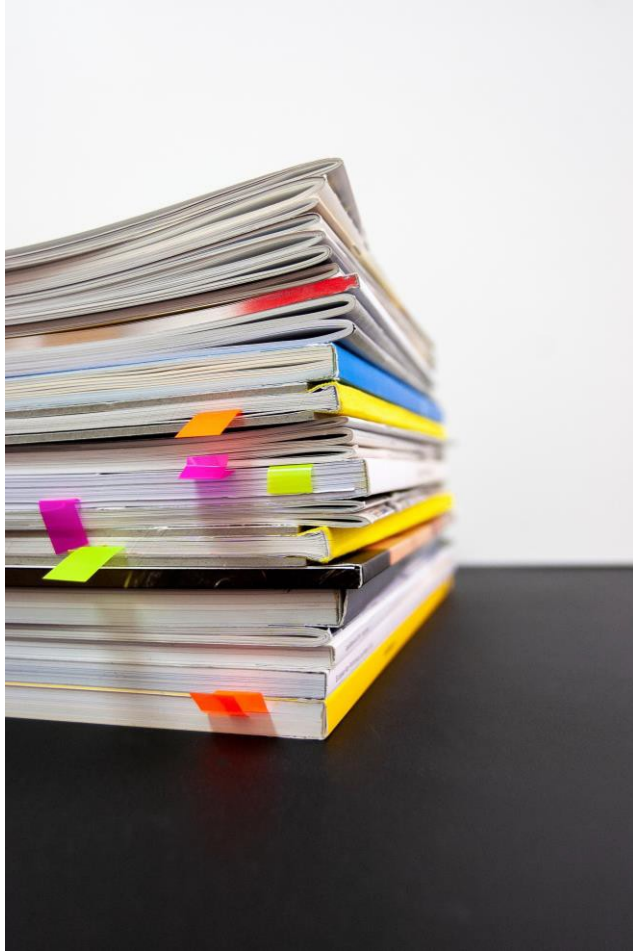
- Talk with other clinicians about their experience using telehealth platforms.
- Find time to practice with peers, family or friends
- Be mindful of how your beliefs about telehealth may be impacting your work

# Key Areas of Focus in Communication

- Use empathy
- Manage your expectations and the client's expectations around the limits of technology
- Be sure you are communicating effectively
  - slow your speech
  - look into the camera
  - be animated



# Documentation Standards



- Document all services and interactions with clients in the client's record:
  - Incorporate electronic communications in the client's chart, i.e., document telephone calls, scan in faxes, emails and pictures.
  - Providers should maintain either electronic or handwritten notes on each session or encounter with the client.
  - These notes should be incorporated into the client record at a later date once the provider has access.
- Document location of the provider and client for each appointment or encounter. There is no restriction on the location but it should be reflected in the record.

# Introducing Telehealth to Clients



Every client should receive an orientation to telehealth communication.

- Begin the conversation by explaining that telehealth is very similar to receiving services in an office setting.
- Explain that what you are talking about is an office visit that is done using an appropriate technology such as a computer, tablet, phone, laptop or other device.

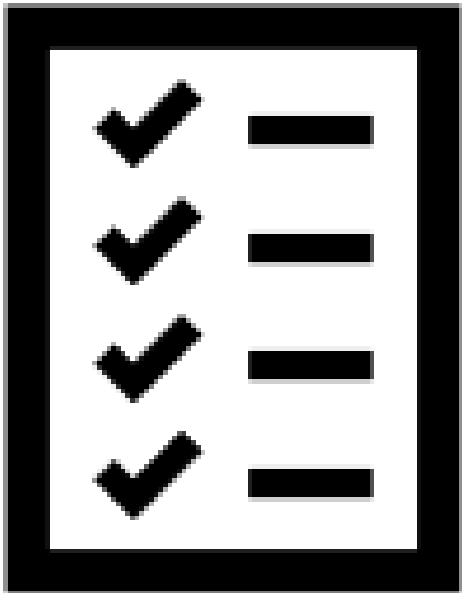
# Put Telehealth into Context for Clients

It is helpful to discuss how telehealth can be used.

- Explain that during social distancing it is appropriate for visits and other services to take place via telehealth.
- Also explain that each visit will begin with a check-in process that includes deciding if the visit is appropriate for the telehealth format.



# Explain the Benefits for Telehealth



- Less exposure to illness including COVID-19
- No need to take time off of work
- No transportation costs
- Money savings on gas and parking
- No need to find childcare or eldercare

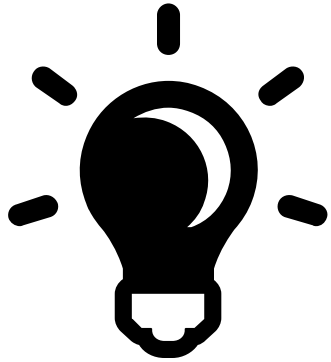
# Considerations

- The decision of whether or not to engage in telehealth rests with the client
- Clients may not have the ability to engage in telehealth because of cognitive functioning or other limitations
- Some clients do not have the technology
- Clients may be frightened of technology
- There may be times when a face-to-face encounter is necessary
- Follow principles outlined by ODH and the CDC





# Technology Tips



## Client Technology

- Mobile Device
- Landline Phone
- Laptop
- Computer
- Tablet

## Provider Technology

- Laptop/USB
- Computer
- Phone

## Provider Platform Use

- Encrypted
- Scalability
- Reliability
- Ease of Use

# Do Not Use Public Facing Platforms



Facebook Live  
Twitch  
TikTok

Similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers *regardless of the changes to HIPAA.*

# Using Phones for Telehealth



- Many of the functions that were previously conducted on computers can now be done on phones.
- Phones are convenient, portable and provide connectivity.

# Using Phones for Telehealth

Providers should enable user authentication

- The user pin, password or phrase are forms of authentication.
- Some smart phones use finger print scan for authentication.
- Multi-factor identification can also be used for authentication.
- Authentication allows access to the phone and stored data only to the person who has entered the authentication method. If a phone is lost or stolen, the phone is more secure.

(Smith, Zhou & Watzlaf, 2017)

# Using Phones for Telehealth

- Minimize background noise by removing audible distractions from the room such as television or pets. Consider using a white noise machine to cover household noises.
- Make sure the phone is charged or plugged in.
- While not necessary, wearing headphones with a microphone for non-video calls allows clinicians to have clear audio, as well as protecting the privacy of clients.
- Greet the client as you usually would.



# How to Conduct Telehealth by Phone

- Make sure that the client is safe.
- If there is no video, verify the name, birthdate and address of the client.
- Explain the goals for today's visit and proceed with the visit as if the client was in the same room with you.
- Include date and time of next session and if session is in person or via telehealth.

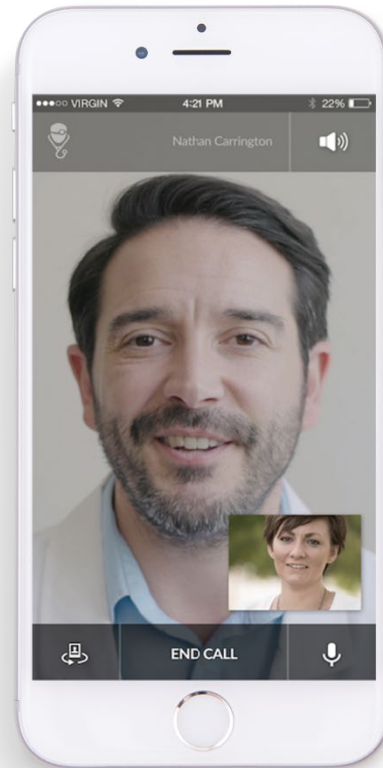


# General Telehealth Etiquette for Providers

- Be prepared and on time for the scheduled appointment
- Ensure privacy to the extent possible
- Eliminate or minimize background noises
- Do not eat or chew gum
- Do not answer other phone calls
- If you take notes during the session, let the client know so that they do not think you are responding to email or not paying attention



# Telehealth with Video





## Before a Session

The following are some simple tips to use before beginning a session:

- If possible, plug directly into the Wi Fi router for better connectivity.
- Silence your cellular phone or landline.
- Ensure that sessions take place in a private location. Examples: home office or room with a door. Providers should NOT see clients from their bedroom to maintain professional boundaries.
- Use a technology platform that is encrypted if possible.
- Instructional video: <https://www.youtube.com/watch?v=K4unpA1Se5I>

## Provider Self-Check List

- Take a selfie or look in a mirror and make sure your facial image is positive.
- Make sure that the computer is at eye level for video.
- Check camera-in-camera to see what the client will see in the background. The background should be neutral. To create this space, consider using an adjustable screen or divider behind your chair.



## Provider Self-Check List



- Dress appropriately for the session; business casual is suggested. Also recommend that clients be appropriately dressed.
- Have any tools, such as assessments, evaluations, or take home items ready for the session.

# What Will the Client See?



# What Will the Client Hear?



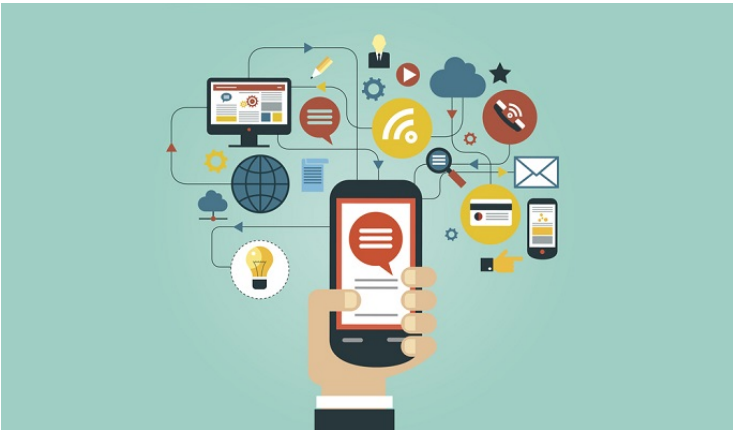
# Virtual Check-In



## Questions to ask clients:

- Are you willing to be seen via telehealth?
- Are you comfortable using telehealth?
- Do you have access to a phone, tablet, or computer/laptop with webcam? The type of device available to the client will allow you to know in advance if this will be a video or non-video session.
- Is there a private place in your home with a door where you can have a session? If not, is there a place you will be comfortable talking via telehealth?

# Virtual Check-In



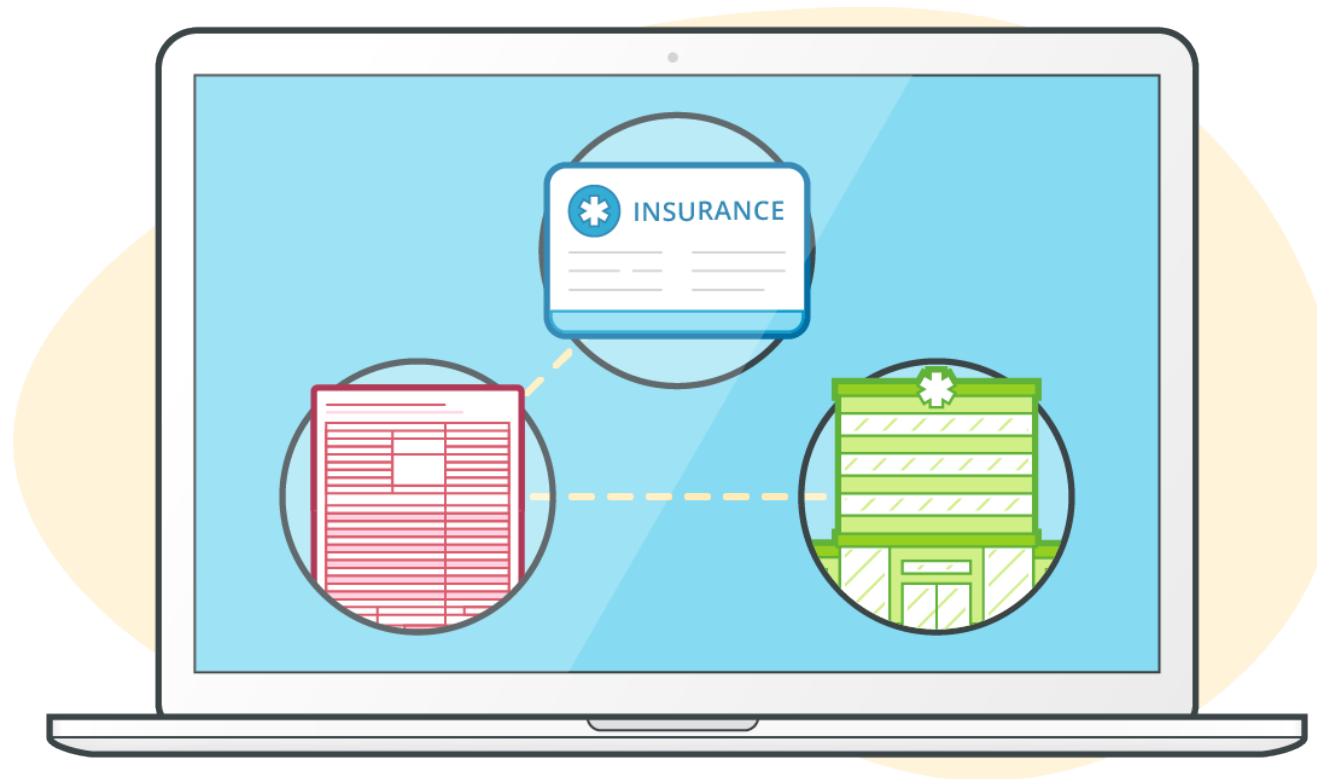
- A brief check in with the client via telephone or other telecommunication device to decide whether another type of service is needed.
- For client verification, the provider should collect the following:
  - Name
  - Address
  - Birth Date

## Client Session

- During the COVID-19 health emergency, verbal consent is sufficient.
- If there is video, the client must not be sitting or laying on a bed to maintain boundaries.
- Track session minutes for billing purposes.



# Billing Instructions for Medicaid Services Via Telehealth



# Places of Service For Medicaid Telehealth



1. Place of service on the Medicaid claim may reflect EITHER
  - Where practitioner is located OR
  - Where recipient is located
2. Use ONLY the places of service in the Medicaid behavioral health provider manual for the service being rendered
  - Remember that POS 99 is available for many procedure codes
3. DO NOT use place of service 02
  - POS 02 is not programmed in Medicaid claims systems, except for Medicare crossover claims
  - If POS 02 is used the claims will deny

# Medicaid Services List 1: Services Already Allowed by Videoconference – Identified with GT Modifier in Medicaid BH Provider Manual



# List 1: Services Already Allowed by Videoconference – GT Modifier

Service	Code	Service	Code	Service	Code	Service	Code	Service	Code		
E/M New Patient	99201	Prolonged Visit	99354	Psychiatric Diagnostic Evaluation	90791	Individual Psychotherapy	90832	Family Psychotherapy w/o Patient	90846		
	99202		Prolonged Visit – Each Additional 30 Minutes		99355		90792		90834	Family Psychotherapy (Conjoint, w/ Patient Present)	90847
	99203								90837		
	99204			Psychiatric Diagnostic Evaluation with Medical		90792		Individual Psychotherapy w/ E/M Service	90833		
	99205		90836								
E/M Established Patient	99211				SUD Assessment		H0001		SUD Individual Counseling	H0004	
	99212										
	99213										
	99214										
	99215										
								Group Psychotherapy	90853		
Psychological Testing Administration	96136	Neurobehavioral Status Exam	96116	Smoking and Tobacco Use Cessation	99406	Community Psychiatric Supportive Treatment	H0036	SUD Group Counseling	H0005		
	96137		96121		99407						
Psychological Testing Evaluation	96130	Neuropsychological Testing Administration	96136								
	96131		96137								
Developmental Testing	96112	Neuropsychological Testing Evaluation	96132					Service	Code		
	96113		96133					SUD Case Management	H0006		

## Services Already Allowed by Videoconference – GT Modifier

**Refer to List 1 in previous slide**

These services can still be delivered by videoconference

- » But now they also can be delivered by telephone, text, email
- » To bill for these services **continue using the GT modifier**
- » Bill the services in accordance with the description of the Medicaid service
- » Document in the medical record, to the greatest extent possible, the service delivered and form of telehealth used
- » Use an existing place of service code listed in the BH provider manual that is allowed for the service being provided

# Medicaid Services List 2: Services Newly Available Via Telehealth



## List 2: Services NEWLY Available via Telehealth

Service	Code	Service	Code	Service	Code	Service	Code	Service	Code
Psychotherapy for Crisis	90839	Individual Therapeutic Behavioral Services	H2019	MH LPN Nursing	H2017	Screening, Brief Intervention and Referral to Treatment	G0396 G0397	Assertive Community Treatment	H0040
	90840			MH RN Nursing	H2019			Intensive Home-Based Treatment	H2015
	90832 KX	Psychosocial Rehabilitation	H2017	SUD LPN Nursing	T1003				
				SUD RN Nursing	T1002				
Service	Code	Service	Code	Service	Code	Service	Code	Service*	Code
SUD Peer Recovery Support	H0038	SUD Intensive Outpatient & Partial Hospitalization	H0015	SUD Residential Treatment	H2034 H2036	Specialized Recovery Services	H2023 H2025 T1016	Therapeutic Behavioral Services Group – Hourly	H2012
								Therapeutic Behavioral Services Group – Per Diem	H2020

\*Added per [Mar. 31<sup>st</sup> MITS Bits](#)

## Services NEWLY Available via Telehealth



Refer to List 2 in previous slide

For now (until further guidance is given)

- **DO NOT** use the GT modifier for services new to telehealth
- Bill the services **as if they were rendered face-to-face** and in accordance with description of the Medicaid service
- Document in the medical record, to the greatest extent possible, the service delivered and form of telehealth used
- Use a place of service code allowed in the provider manual



# Frequently Asked Questions





### **Where Can I Get Billing Guidance?**

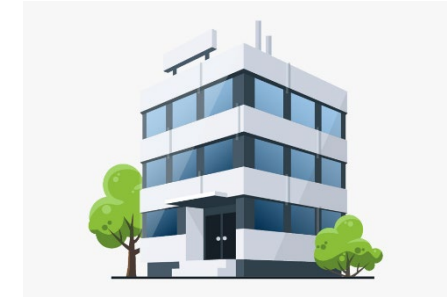
Contact the Client's Health Insurer or other service payer  
(See last slide for contact links to ODM and OhioMHAS)

### **How do I Know the Service is Within my Professional Scope of Practice?**

Contact your professional licensing board or your employer for assistance

### **Where Can I Find Guidance About Required Clinical Documentation (such as signatures)?**

- Refer to the Ohio Administrative Code rules in code sections for OhioMHAS (5122-29) or for Medicaid questions reference 5160-27 or 5160-8-05
- Ask your supervisor and use your common sense judgment



## For Medicaid: How do we Decide Whether to Use Office or Community Place of Service for Telehealth?

- ODM will accept either place of service



## How Can Services be Delivered by Telehealth in SUD Residential Settings?

Here are some possible examples:

1. Practitioners may be isolated at home but still able to provide service remotely to residents by videoconference, telephone, text or email
2. One or more residents may need to be isolated in their rooms but service can still be provided to them via telehealth
3. Other scenarios



## What Considerations Should be Used for Group Services?

- Group counseling sessions done remotely may need to be spaced out into smaller time blocks than normal
- Total time in group during the day should be added and reported
- Follow normal counseling rules for group sessions, e.g.,
  - » Talking one at a time
  - » Confidentiality



## **Must Medicaid Claims Be Changed or Resubmitted After the COVID-19 Emergency is Over?**

- No
  - » All claims submitted during the emergency will be processed normally
  - » No post-emergency revisions will be needed
  - » Emergency Ohio Administrative Code 5160-1-21 authorizes telehealth delivery and payment
  - » Document appropriately - to the greatest extent possible - telehealth service delivery in the medical record



### **Is Interactive Complexity Allowed with Telehealth?**

- No, the AMA's CPT guidance does not allow interactive complexity to be performed via telehealth.

### **Does Paragraph B of OAC 5160-1-21 Apply to BH Providers?**

- No, this paragraph does not pertain to community behavioral health providers. CBHCs only fall under paragraph C of this rule.
- 5160-1-21 available on the Register of Ohio here:  
<http://www.registerofohio.state.oh.us/rules/search/details/312431>

# Questions?





## For Help With Questions

For questions related to changes to OhioMHAS interactive videoconferencing policy as well as questions related to clinical and technical implementation of telehealth, please e-mail [COVID19BHTelehealth@mha.ohio.gov](mailto:COVID19BHTelehealth@mha.ohio.gov).

Questions about the Medicaid coverage, billing, and reimbursement under the new policy can be submitted to [BH-Enroll@medicaid.ohio.gov](mailto:BH-Enroll@medicaid.ohio.gov).



## Additional Telehealth Resources

Center for Connected Health Policy:

<https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies/ohio-medicaid-live-video-eligible-sites>

Upper Midwest Teletherapy Resource Center:

<https://www.telehealthresourcecenter.org/umtrc/>

SAMHSA Guidelines:

<https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf>

# Ohio Administrative Codes 5122-29-31 and 5160-1-21 Resources

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- OCR guidance available here:  
» <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
- 42 C.F.R. Part 2 guidance available here:  
» <https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf>



Thank you for continuing to serve your clients during the COVID-19 pandemic. We applaud your compassion and professionalism to ensure that your clients continue to receive services.

[Coronavirus.ohio.gov](https://coronavirus.ohio.gov)

1-833-4-ASK-ODH