

To: All Providers of State and Medicaid funded Services
From: Cindy Ehlers, Executive Vice President
Date: March 24, 2020 – Revised March 26, 2020
Subject: Service Guidance for Providers related Trillium approved Telemedicine policy for all services and all populations.

Trillium is working with the North Carolina Department of Health and Human Services (NC DHHS) on service specific guidance in response to the COVID-19 pandemic. The North Carolina Division of Health Benefits (DHB) coordinated with the Center for Medicare and Medicaid Services (CMS) and requested waivers that support flexibility in service delivery that both protects the public and ensures our most vulnerable citizens are able to continue receive support for their Behavioral I/DD needs.

This guidance is in place retroactive to March 10, 2020 and continuing for the duration of the declared state of emergency or until further notice or amendment. Trillium may require at some future point replacement claims to add modifiers to service codes used for billing during this event; however, until that time providers should bill the existing codes until further notice. All service notes during this time **must include** the following statement: This service was delivered during the Covid-19 State of Emergency requiring social distancing.

Trillium is implementing the following changes under the Trillium Telemedicine Policy for state and Medicaid funded members. Providers can start IMMEDIATELY using telemedicine approaches included below for all members who have active authorizations or receive unmanaged visits for the following services:

- 🌱 Mobile Crisis to include billing Crisis CHAT as part of the MCM service
- 🌱 Outpatient Treatment Individual and Group all populations
- 🌱 Evaluation and Management codes (E&M) all populations
- 🌱 Assertive Community Treatment Team (ACTT)
- 🌱 Community Support Team CST
- 🌱 Supported Employment (for applicable elements of the service)
- 🌱 Peer Support
- 🌱 Community Navigator/Community Guide
- 🌱 Innovations Waiver services where applicable and the member can participate and have needs met through these telemedicine methods
- 🌱 RB-BHT

- 🌱 Intensive In Home, Family Centered Treatment and Child First
- 🌱 Multi-Systemic Therapy

For services for which the Clinical Coverage Policy requires the service provider to act as a “first responder” in response to a behavioral health crisis for the member served, Trillium expects provider agencies to continue to perform that function in person or telephonically to avoid ED use for behavioral health crises.

Trillium Health Resources is unable to waive licensure for Substance Abuse Intensive Treatment (SAIOP) or Substance Abuse Comprehensive Outpatient Treatment (SACOT); therefore those services are not addressed in this communication. Trillium recommends providers use outpatient group codes until further notice. Trillium is also unable to waive licensure requirements for Psycho-Social Rehabilitation or any residential service, so those services are also not included.

Other services not addressed are specifically related to hands-on personal care, including respite, and cannot be delivered using this approach. Trillium has submitted alternative definitions for these groups to address ongoing disaster related outreach and engagement for these individuals.

DEFINITIONS:

TELE PSYCHIATRY SUBSET OF TELEMEDICINE - The term describes the delivery of psychiatric assessments and on-going care through the use of two-way real time-interactive audio and video (e.g., webcam) communication between a member, located at a distant site, and a psychiatrist, located at an alternative provider site. It is intended to overcome geographical barriers, connecting users who are not in the same physical location. This is inclusive of telephonic assessment, screenings, or follow up visits.

TELEBEHAVIORAL HEALTH SUBSET OF TELEMEDICINE - The term describes the delivery of diagnostic assessments and on-going care through the use of two-way real time-interactive audio and video (e.g., webcam) communication between a member, located at a distant site, and a licensed clinician, located at an alternative provider site. It is intended to overcome geographical barriers, connecting users who are not in the same physical location. For the purposes of this policy, this is also inclusive of telephonic visits for assessment, treatment planning, therapy, and enhanced service delivery during a State of Emergency related to natural disaster or pandemic.

ORIGINATING SITE – The site at which the member/patient is located when receiving services. This can be the member’s home (private residence or group living situation), other community location, or a health care facility when the health care provider is at a distant site.

DISTANT SITE – The site at which the practitioner delivering the service is located at the time the service is provided. This could be one of the following: An inpatient hospital; a crisis stabilization unit; an outpatient mental health clinic; the individual or group network provider’s office; or other setting. The federal term for the Distant Site is “hub”. During a declaration of a State Emergency, per guidance from NC Medicaid, any staff initiating telemedicine services from their home will bill from the primary office location.

1. **REQUIREMENTS:**

- a. All approved prescribers including MD/DO, Family Nurse Practitioners, and Physicians assistants must possess a valid North Carolina license and must be located within the United States.
- b. All approved credentialed staff must hold an active NC license or certification, including PhD Psychologists, LPA, LMFT, LCSW, LCMHC, LCAS, BCBA, CSAC, and/or RN. Also includes any Associate level licensure categories associated with these licensed professionals. All provider staff providing telemedicine services must practice within their scope of license or certification.
- c. Treatment Planning and Consultation: A psychiatrist providing telemedicine services must be available to members of the treatment team for consultation and planning regarding any specific evaluative or treatment services rendered during the telemedicine encounter; but it is not required to be available on an ongoing basis to the treatment team.
- d. During this declared State of Emergency by North Carolina's Governor, this telemedicine policy will include the provision of enhanced services, with Mental Health and/or Substance Use Disorder that do not require licensure. For IDD services RB-BHT is included as a part of this covered service array. This telemedicine policy will also cover virtual services (telephonic or virtual service secure portal) delivery by non-licensed staff (qualified professionals, paraprofessionals, Board Certified Behavior Analyst and Registered Behavior Technician under the supervision of a BCBA, and certified peer support specialists), as appropriate per typical service delivery under Clinical Coverage Policy.

2. **TECHNICAL SERVICES/EQUIPMENT/ENVIRONMENTAL REQUIREMENTS SHALL INCLUDE:**

- a. Shall be based on member needs and equipment available and may include telephonic service delivery or virtual/video conferencing services delivery.
- b. For virtual services delivery the platform used should be HIPAA compliant (see HHS Office of Civil Rights guidance at <https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html>).
- c. Evaluation and/or treatment performed in an environment where there is a reasonable expectation of absence of intrusion by individuals not involved in the member's direct care.

3. **SIGNAL RECOVERY:**

- a. In the event of a loss of the internet-based video telecommunications signal, the member and the Distant Site provider should communicate by telephone.
- b. Both sides should attempt to make system corrections.

- c. If the video connection cannot be reestablished, the telephone may be used to continue the encounter if appropriate for the given clinical situation

4. CONSENT

- a. Explicit oral informed consent for telehealth must be obtained and documented in the patient chart.
- b. The consent must explicitly state that the member has been provided with the options of telemedicine or face-to-face assessment by a clinician at a later date upon request.
- c. The consent must clearly indicate that the member has decided to receive telemedicine services rather than the other alternatives.
- d. Consent should include permission from the member to have others in the room when necessary for purposes of safety and/or health concerns or when developmental delays require input from caregivers
- e. The consent must clearly state that the member can terminate the agreement to receive telemedicine services at any time.
- f. Prior to each session a review of service options must be provided and a verbal confirmation of the member's wish to receive Telemedicine services must be documented. The clinician must document the verbal consent.
- g. Video and audio transmission shall not be retained in any medium, including the clinical record, unless there is the consent of the member or guardian. Specific mention of the retention of this transmission will be required on any consent form approved for this purpose.
- h. All consents for treatment and other procedures applicable to face-to-face encounters must be obtained for telemedicine encounters.

5. RESPONSIBILITY AND REQUIREMENTS OF STAFF INVOLVED WITH TELEMEDICINE ENCOUNTER

- a. The clinician will minimize distractions during the video teleconferencing encounters in order to facilitate trust and rapport with the member.
- b. The clinician will speak the language of the member whenever possible. When not possible, an interpreter will be utilized in the same manner as those used in face-to-face treatment.
- c. The clinician will participate in treatment planning and consultation regarding members with members of the treatment team to the same extent as the other clinician and service providers.
- d. If medication is prescribed, the clinician will ensure timely transmission of prescriptions and verbal orders to pharmacies or input into the Electronic Medical Record if available.

6. SERVICE REQUIREMENTS:

- a. **Review of Records:** Applicable records from a remote site should be sent in advance of telemedicine encounters when possible for existing members.
- b. **History:** Relevant updates to psychiatric, developmental, social, medical, and substance use/abuse histories may be obtained during the telemedicine encounter.
- c. **Mental Status:** Relevant mental status exam may be obtained via the telemedicine encounter. This will include a series of questions to find out if a person is oriented to time, date, and place, and is the person's speech logical and coherent. The intent is to be sure the person is able to appropriately engage in the telemedicine appointment and they don't need a different type of intervention
- d. **Laboratory Examination:** The clinician should have access to all laboratory examinations and results necessary for assessment of the member as clinically indicated.
- e. **Psychotherapy:** The clinician should ensure that proper conditions exist for the engagement of the client and significant others in any form of psychotherapy that is undertaken during the telemedicine encounter.
- f. **Enhance Service Delivery:** The treatment team should ensure proper conditions exist for engagement of the member in the service being delivered through telemedicine.
- g. **Emergency General Medical Treatment:** When indicated by results of telemedicine examination, the clinician must have the capacity to signal for crisis and/or paramedical support and to arrange transport to a general medical emergency room.

Please send any questions about this bulletin to Cindy Ehlers at Cindy.Ehlers@TrilliumNC.org due to the volume of questions anticipated. All questions will be collected and Trillium will post an FAQ related to questions associated with this bulletin on our website at www.Trilliumhealthresources.org