

The Department of Medical Assistance Services (DMAS) acknowledges the service delivery challenges Therapeutic Day Treatment (TDT) providers are experiencing during our current public health emergency. As a result, this document seeks to provide TDT providers with a concise review of the current behavioral health provider service flexibilities articulated in The Department of Medical Assistance Services (DMAS) memorandum: *Updates on COVID-19 Continuation and Timelines for Behavioral Health and Addiction and Recovery Treatment Services – 09/30/2020* **and** additional recommendations for the provision of TDT services during COVID-19. The recommendations contained in this document are available on the DMAS website under *Behavioral Health Info* available at <http://dmas.virginia.gov/#/emergencywaiver>.

Current Behavioral Health COVID-19 Flexibilities

Telehealth Services

DMAS is not requiring face-to-face delivery of Behavioral Health and ARTS services during the COVID-19 PHE. DMAS is allowing for telehealth (including telephonic) delivery of all Behavioral Health and ARTS services with several exceptions; these are differentiated below.

Allowable services via telehealth and telephonic delivery:

- Care coordination and case management;
- Peer Recovery Support Services;
- All service needs assessments (including the Comprehensive Needs Assessment (CNA), the Independent Assessment Certification, and Coordination Team (IACCT) assessment and the American Society of Addiction Medicine (ASAM) Multidimensional Assessment) and all treatment planning activities;
- Outpatient psychiatric services (this includes both medication management and psychotherapy services);
- Community Mental Health and Rehabilitation Services (CMHRS); and
- ARTS Levels of Care including the following:
 - substance use intensive outpatient and partial hospitalization programs (ASAM Levels 2.1 and 2.5);
 - opioid treatment services (Opioid Treatment Programs (OTPs) and Preferred Office-Based Opioid Treatment (OBOT));
 - substance use outpatient services (ASAM Level 1.0);
 - early intervention services (ASAM Level 0.5); substance use care coordination and case management; and
 - withdrawal management services.

Home as Originating Site

DMAS is allowing a member's home to serve as the originating site for members. This is particularly important for those who are quarantined, are diagnosed with and/or demonstrating symptoms of COVID-19, and/or are at high risk of serious illness from COVID-19. Clinicians shall use clinical judgment when determining the appropriate use of home as the originating site. The originating site fee will not be available for reimbursement for telehealth in the home.

Documentation and Billing

Behavioral health providers delivering services via telehealth (including telephonic communications) shall simply bill and submit a claim as they normally would in their regular practice. The Place of Service (POS) that the provider usually bills should remain the same and no modifiers shall be necessary in order to

minimize systems errors during this critical time. Providers shall maintain appropriate documentation to indicate the mode of delivery (e.g. telephonic or telehealth platform used) in the member's medical record to support the unit(s) billed and in any new or subsequent service request authorization submission(s). This is to support medical necessity for the ongoing delivery of the service through that model of care. Behavioral health providers should move to systems changes to allow Place of Service Codes (02) to reflect telehealth delivery as this will be required at a future date.

Services delivered via telehealth (including telephonic communication) must have accompanying documentation in the member's record that states the alternative location used and that the service was delivered via telehealth to support access to care during the state of emergency. DMAS recognizes that providers may have limited or no access to their offices, and members' physical records or other team members and that this may create barriers to obtaining necessary signatures on documentation. Thus, providers shall update documentation and treatment plans (including individual service plans (ISPs), interdisciplinary plans of care (IPOCs)) with at least notation that verbal consent was obtained and providers shall make reasonable attempts to obtain appropriate physical signatures within 45 days after the end of the PHE. Providers do not need to attempt to obtain physical signatures after the end of the PHE from members who have been discharged.

In regards to obtaining clinician signatures on relevant documentation, each provider shall make reasonable attempts to obtain signatures from the clinicians or document receiving the clinician's verbal consent or sign-off, with the name of the clinician and the date of receipt. If the clinician is unable to sign-off on documentation, the clinician shall maintain documentation of verbal consent or sign-off in their files.

Allowance of Face-to-Face Delivery of Group Services

As of July 1, 2020, DMAS resumed reimbursement for face-to-face delivery of group-based services. DMAS advises that providers carefully weigh the vulnerabilities and benefits of resuming face-to-face group services. Group-based providers are reminded that they retain, until further notice, the ability to offer services individually or through individual or group telehealth or telephonic contact. Providers are encouraged to prioritize the health and safety of members and their staff and to consider member preferences, engagement and optimal access to care. Providers who elect to provide face-to-face services should integrate guidance provided through the Centers for Disease Control and Prevention (CDC), the Virginia Department of Health (VDH), and any relevant licensing bodies.

For initial and continued stay reviews, a service request authorization shall be completed for those services that require a prior authorization to verify medical necessity and appropriateness of the service delivery model.

Policy Flexibilities Applicable to Therapeutic Day Treatment

- Service delivery may be provided outside of the school setting, office setting, or clinic setting for the duration of the PHE.
- Face-to-face services will continue to be waived, but documentation shall justify the rationale for the service through a different model of care until otherwise notified. Providers shall maintain appropriate documentation if the plan to provide or continue care deviates from the normal protocol or plan of care.
- TDT may be provided through telehealth to members receiving Intensive In-Home Services (IIH) (in person or via telehealth) as long as services are coordinated to avoid duplication and ensure efficacy of the treatment provided.
- TDT providers licensed for school-based and non-school based care may provide services outside of the school, including during the summer, with their current license due to current needs to maintain

social distancing. Providers are reminded that they must report to Department of Behavioral Health and Developmental Services (DBHDS), Office of Licensing any changes to their programs that have occurred as a result of COVID-19.

- The service request authorization for new services will be used to track which members are continuing to receive these services, assess the appropriateness of the services being delivered via different modes of treatment, and to determine if this is an appropriate service to meet the member's needs.
- During the PHE, TDT providers may bill for one unit on days when a billable service is provided even if time spent in billable activities does not reach the time requirements to bill a service unit. This allowance only applies to the first service unit and does not apply to additional time spent in billable activities after the time requirements for the first service unit is reached. Providers shall bill for a maximum of one unit per day if any of the following apply:
 - The provider is only providing services through telephonic communications. If only providing services through telephonic communications, the provider shall bill a maximum of one unit per member per day, regardless of the amount of time of the phone call(s).
 - The provider is delivering services through telephonic communications, telehealth or in person and does not reach a full unit of time spent in billable activities.
 - The provider is delivering services through any combination of telephonic communications, telehealth and in person services and does not reach a full unit of time spent in billable activities.
- Members who have not participated in a service in 30 days do not have to be discharged from the service. If the service authorization period ends, a new service request authorization shall be made for the service to continue.

Additional Recommendations

The follow section seeks to provide some thematic recommendations based on specific scenarios that require further explanation than has been outlined in previous memos regarding the flexibilities summarized above.

Modality/Setting	Recommendations
<p>Schools are in-person/face-to-face:</p> <p><i>School division is providing in person educational services to all students and allowing outside behavioral health providers into the school.</i></p>	<p>This scenario will vary by school division and potentially by specific school, based on the health and safety plan each division has had approved by the Department of Education (DOE). TDT provider activity within the school is subject to those same plans and thus providers are encouraged to communicate directly with the specific school division with which they contract for these services to determine best-fit implementation plans. Please follow the recommendations for reducing transmission provided by DBHDS, CDC and VDH.</p> <p>At this time, DMAS guidance allows delivery of TDT services in schools, with delivery to members in group, individual, and family formats.</p> <p>TDT may be provided through telehealth to members. The member can also receive a combination of TDT delivery in person as well as via telehealth in this scenario. If the member is also receiving IHH, TDT can be provided as long as services are coordinated to avoid duplication and ensure efficacy.</p>

If services are a combination of telehealth and in person and a full unit of time spent in billable activities is not reached, 1 unit max may be billed (see below example).

Delivery method- Therapeutic Day Treatment	Time spent in billable activities less than two hours per day
Audio only	One unit
In person or telehealth using a platform with both audio and visual components	One unit
Combination of audio only, audio/visual telehealth and/or in person	One unit

For example:

- 1 hour of in-person, face-to-face service with the member at school and,
- 30 minutes of family counseling via telehealth with the family and member who are in their home

If a full unit of time spent in billable activities is reached, providers shall follow the standard TDT rate structure for billing:

- One unit = 2 to 2.99 hours per day
- Two units = 3 to 4.99 hours per day
- Three units = 5 plus hours per day

*See billing allowances chart below

Schools are offering hybrid model of in-person/face-to-face and virtual learning:

School division is providing in person learning to all students and giving the option for students to learn virtually or offering a hybrid of learning options.

If the school is allowing outside behavioral health providers into the school, the member can receive a combination of TDT delivered in person as well as via telehealth. Please follow the recommendations for reducing transmission provided by DBHDS, CDC and VDH.

TDT may be provided through telehealth to members receiving IIH (in person or via telehealth) as long as services are coordinated to avoid duplication and ensure efficacy of the treatment provided.

If only providing services through telephonic communications, the provider shall bill a maximum of 1 unit per member per day, regardless of the amount of time of the phone call(s).

Providers shall bill for a maximum of one unit per day if any of the following apply:

- The provider is only providing services through telephonic communications. If only providing services through telephonic

	<p>communications, the provider shall bill a maximum of one unit per member per day, regardless of the amount of time of the phone call(s).</p> <ul style="list-style-type: none"> ▪ The provider is delivering services through telephonic communications, telehealth or face-to-face and does not reach a full unit of time spent in billable activities. ▪ The provider is delivering services through any combination of telephonic communications, telehealth and in-person services and does not reach a full unit of time spent in billable activities. <p>If a full unit of time spent in billable activities is reached, providers shall follow the standard TDT rate structure for billing:</p> <ul style="list-style-type: none"> • One unit = 2 to 2.99 hours per day • Two units = 3 to 4.99 hours per day • Three units = 5 plus hours per day <p>*See billing allowance chart below</p> <p>Providers can explore options to provide services in partnership with facilitated learning centers. There are numerous such centers being established by private and non-profit entities, sometimes in partnership with local government or school districts, and their intent is to provide adult supervision and support for youth who do not have a caregiver available at home during the school day.</p> <p>Providers may check with their contract partner school division to determine if they are aware of programs that could serve as service delivery partners wherein TDT providers may be able to be present at the programs to provide behavioral supports as appropriate.</p>
<p>Schools are offering virtual learning only:</p> <p><i>School division is providing virtual learning to all students.</i></p>	<p>TDT may be provided through telehealth to members. If the member is also receiving IHH, TDT can be provided as long as services are coordinated to avoid duplication and ensure efficacy of the treatment provided.</p> <p>TDT may be provided in person in the member’s home with permission from the caregiver or guardian. Services should focus on providing individual and group therapeutic interventions and activities based on specific TDT objectives identified in the ISP; planning and implementing individualized prosocial skills interventions; (e.g., problem-solving, anger management, community responsibility, increased impulse control, appropriate peer relations, etc.); responding to and providing crisis response during the school day and behavior management interventions throughout the school day; services should include a “de-briefing” with the individual and family to discuss the incident; how to recognize triggers, identify alternative coping mechanisms and providing feedback on the use of those alternative coping mechanisms. A crisis plan should be kept onsite and in the medical record and reviewed throughout treatment.</p> <p>If only providing services through telephonic communications, the provider shall bill a maximum of 1 unit per member per day, regardless of the amount of time of the phone call(s).</p>

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<p>Member is changing schools or has already changed schools to a school division outside of service area.</p>	<p>Current provider shall contact the Managed Care Organization (MCO) or Behavioral Health Services Administrator (BHSA) for assistance with locating a new provider who is approved by the new school division to provide TDT. The current provider shall contact the new provider after obtaining a release of information to discuss member needs and what modalities the new provider is using to provide TDT.</p> <p>The current provider shall link the guardian with potential new providers to discuss how they are managing TDT and assist guardian in making decision on which provider best fits the needs of the member.</p> <p>If there is no provider available within the new school division, the current provider can explore if services can be provided through a Facilitated Learning Center (care for children during virtual learning). The current provider may explore options for obtaining an agreement with the new school division to provide in person and/or hybrid or telehealth only services.</p>
<p>Member is currently unenrolled from public school and is being homeschooled by a caregiver/guardian.</p>	<p>Services may be provided in-person and/or through telehealth. Please follow the recommendations for reducing transmission provided by DBHDS, CDC and VDH if services provided in-person.</p>

	<p>TDT may be provided through telehealth to members receiving IIIH (in person or via telehealth) as long as services are coordinated to avoid duplication and ensure efficacy of the treatment provided.</p> <p>If only providing services through telephonic communications, the provider shall bill a maximum of 1 unit per member per day, regardless of the amount of time of the phone call(s).</p> <p>Providers shall bill for a maximum of one unit per day if any of the following apply:</p> <ul style="list-style-type: none"> ▪ The provider is only providing services through telephonic communications. If only providing services through telephonic communications, the provider shall bill a maximum of one unit per member per day, regardless of the amount of time of the phone call(s). ▪ The provider is delivering services through telephonic communications, telehealth or face-to-face and does not reach a full unit of time spent in billable activities. <p>If a full unit of time spent in billable activities is reached, providers shall follow the standard TDT rate structure for billing:</p> <ul style="list-style-type: none"> • One unit = 2 to 2.99 hours per day • Two units = 3 to 4.99 hours per day • Three units = 5 plus hours per day <p>*See billing allowances chart below</p>
<p>Process for providing and billing for care coordination</p>	<p>Provider shall reach out to their school division administration to obtain information regarding schedules and preferred method of contacting teachers.</p> <p>Provider can include care coordination time in the daily billing.</p> <p>If only providing services through telephonic communications, the provider shall bill a maximum of 1 unit per member per day, regardless of the amount of time of the phone call(s).</p> <p>Providers shall bill for a maximum of one unit per day if any of the following apply:</p> <ul style="list-style-type: none"> ▪ The provider is only providing services through telephonic communications. If only providing services through telephonic communications, the provider shall bill a maximum of one unit per member per day, regardless of the amount of time of the phone call(s). ▪ The provider is delivering services through telephonic communications, telehealth or face-to-face and does not reach a full unit of time spent in billable activities. <p>If a full unit of time spent in billable activities is reached, follow the standard TDT rate structure for billing:</p> <ul style="list-style-type: none"> • One unit = 2 to 2.99 hours per day • Two units = 3 to 4.99 hours per day

	<ul style="list-style-type: none"> • Three units = 5 plus hours per day <p>*See billing allowances chart below</p>
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Summary of billing allowances:

Delivery method- Therapeutic Day Treatment	Time spent in billable activities less than two hours per day	Time spent in billable activities is between 2-2.99 hours per day	Time spent in billable activities is between 3-4.99 hours per day	Time spent in billable activities is 5 hours per day
Audio only	One unit	One unit	One unit	One unit
In person or telehealth using a platform with both audio and visual components	One unit	One unit	Two Units	Three units
Combination of audio only, audio/visual telehealth and/or in person	One unit	One unit	Two units	Three units

Please send questions to enhancedbh@dmas.virginia.gov.