



April 13, 2020

## Program and Billing Guidance for Assertive Community Treatment Programs Regarding Emergency Response to COVID-19

### Introduction

As a result of the current COVID-19 Disaster Emergency, service delivery across the system has transformed into a largely telemental health service modality. Although telemental health is a useful tool in these circumstances, it does pose challenges for ACT Teams. Additionally, providers are justifiably concerned about the fiscal health of their programs through this disaster emergency. To address these concerns, OMH is issuing guidelines for provision of services and related documentation and billing intended to afford providers sustained revenue to maintain operations, while ensuring the best possible provision of ongoing care and support.

OMH expects providers to utilize telemental health where applicable and make every effort to provide levels of service as historically provided (e.g., the intensity and frequency of service appropriate to each individual's and/or family's needs). There are however significant barriers to maintaining prior levels of contact given the nature of the disaster emergency. As such, OMH has established temporary minimum billing requirements to allow for more realistic billing standards during the State disaster emergency.

This document will outline ACT program expectations, changes in documentation requirements, minimum billing requirements for the duration of the declared disaster emergency or until such time supplemental guidance is issued. OMH's intent is to maintain quality services and continuity of care for participants, as well as to support agencies in maintaining current staffing levels.

OMH previously issued [Consolidated Guidance](#) on the Use of Telephone and Two-way Video Technology by OMH-Licensed, Funded or Designated Providers and Clients Affected by the COVID-19 Pandemic (03/30/20), which expands the definition of telemental health as well as the types of staff allowed to use telemental health for delivering Medicaid-reimbursable services. Please refer to this guidance for an understanding of telemental health allowances during the COVID-19 disaster emergency (revisions to this guidance will be posted to [OMH Guidance Documents](#) page as necessary). Additionally, the Community Technical Assistance Center of New York (CTAC) has provided a webinar on [Best Practices for Telehealth](#) (03/23/20), which OMH encourages providers to review for its practical recommendations, including the safe use of various forms of technology.

New York State is in the midst of a rapidly evolving public health crisis, and guidance and recommendations are being updated frequently. Providers should regularly review [OMH's Guidance Documents page](#) for updates.

### Essential Services During Disaster Emergency Period

During the disaster emergency, specific services should be prioritized and are considered essential. These services are expected to be provided, including capacity for new admissions/intakes.



Essential Services include:

- *Medication*: assessment, prescription, delivery, dispensing, injection;
- *Individual/family (or collateral) counseling/therapy*;
- *Crisis de-escalation and crisis intervention*: emotional crises (e.g., heightened symptoms of mental illness) and concrete crises (e.g., eviction, lack of food or other basic necessities, etc.) that require immediate attention and resolution;
- *Substance use services*: including harm reduction techniques and motivational interviewing, Medication Assisted Treatment, including for Tobacco Use Disorder, Alcohol Use Disorder, Opioid Use Disorder, Naloxone;
- *Dissemination of COVID-19 related information*: sharing of information from the [Center for Disease Control and Prevention](#) (CDC) and New York State [Department of Health](#) websites; and,
- *Support of emotional and physical needs*: flexible supports provided to address the needs of a vulnerable population. May include activities such as helping clients plan for food, cleaning/disinfecting living areas, and mitigating the stress of isolation. All support should ensure the recommended physical proximity and safety practices set forth by the CDC.

#### **ACT Program Expectations:**

- Teams will continue to conduct morning meetings, virtually or by phone, to review and ensure all recipients' needs are met, allowing for daily response to changing needs.
- Teams must make a minimum of one (1) outreach effort (including telephone outreach) to each enrolled recipient each week. The primary purpose of the contact is to engage the individual, assess needs and provide support. In addition, it is critical to ensure each individual has a list of important telephone numbers, local resources and a step-by-step plan for contacting appropriate stakeholders when needed. All outreach efforts must be documented.
- Prescribers should make a minimum of one (1) outreach effort (telephone contact) to each recipient once a month. If recipients are due for review of medications or injection, additional outreach attempts must be made to ensure continuity of their medication regime. A determination should be made on the level of contact needed if telephonic is not sufficient.

#### **Changes in Documentation Requirements during the Disaster Emergency Period:**

For existing ACT recipients during the disaster emergency period, or until such time as supplemental guidance is issued:

- Assessments and Service Plan reviews/ updates are not required and may be postponed as needed.
- Providers may work under existing service plans and provide additional services as needed to ensure continuity of care and address mental health needs related to the disaster emergency.

For new ACT recipients during the COVID-19 disaster emergency period, or until such time as supplemental guidance is issued:



- Initial service plans and assessments may be established via telehealth capabilities (see OMH telehealth guidance; Admissions and Continuity of Care memo).
- Specific timeframes for developing initial service plans are waived. Admissions should be prioritized and established in the most efficient way possible given the current disaster emergency.
- Signatures, including that of the physician and the client on all required documentation can be obtained verbally and documented in the record.
- Assessments and initial service plans should be focused on presenting immediate needs of individuals including medication management, health and safety needs, acute psychiatric symptoms. Treatment should commence immediately.

### **Utilization Review**

Providers may suspend their internal, written utilization review procedures, as required by OMH regulations, for the duration of the disaster emergency. It is OMH's expectation that this process will resume once the disaster emergency is over.

### **Reduction or Elimination of Minimum Billing Requirements:**

For the duration of the COVID-19 disaster emergency, NYS is reducing the minimum requirements to submit claims to Medicaid FFS and Medicaid managed care. These changes will remain in effect until the end of the emergency period or until such time supplemental guidance is issued.

- All telehealth/telephonic and face-to-face individual contacts (any service) shall be a minimum of 5 minutes to count as one billable service.
- All submitted claims shall use the modifier code CR (Catastrophe/Disaster related)
- Reimbursement shall be made at the full payment rate (rate code 4508) for services provided to active clients who receive a minimum three contacts in a month, one of which may be a collateral contact.
- Reimbursement shall be made at the partial step-down payment rate (rate code 4509) for services provided to active clients who receive a minimum of one, but fewer than three contacts in a month. This contact may be with a collateral.
- Reimbursement for services to ACT clients who are admitted for treatment to an inpatient facility and are anticipated to be discharged within 180 days of admission shall be made in accordance with section 508.7 of New York State regulations pertaining to the Assertive Community Treatment program, with adjusted minimum contact requirements as set forth herein.
  - 1) In the month of admission and/or month of discharge, full payment rate reimbursement (rate code 4508) is permitted for any month in which three or more telehealth/telephonic and/or community-based contacts combined with inpatient telehealth/telephonic and or face-to-face contacts equals three or more total contacts in the month.
  - 2) In the month of admission and/or month of discharge, stepdown/partial payment rate reimbursement (rate code 4509) is permitted when a minimum of one



telehealth/telephonic and/or community-based and/or inpatient contact is provided in a month.

- 3) Inpatient payment rate reimbursement (rate code 4511) is permitted when a minimum of one inpatient telehealth/telephonic or face-to-face contact is provided in a month, regardless of the number of community contacts.

Please note: OMH will review claims submitted during the emergency period and may recoup any funding received that is found to be in excess of historical revenues or actual cost.