



April 13, 2020

Program and Billing Guidance for Adult Continuing Day 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 CDT Programs. 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 CDT 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 program 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.

CDT Program Expectations:

- Programs must make a minimum of five (5) outreach efforts (telephone contact) to every enrolled program participant each week. Continued efforts should be made for those participants the provider is unable to contact.
- 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.
- For individuals receiving services from a psychiatrist or nurse-practitioner, medication management must be provided at least once per month. This may be done telephonically.

Changes in Documentation Requirements during the Disaster Emergency Period:

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

- Treatment plan reviews are not required and may be postponed as needed.
- Providers may work under existing treatment plans and provide additional services as needed to ensure continuity of care and address mental health needs related to the disaster emergency.
- The need for additional services which were not already documented in the treatment plan should be documented in a progress note and approved by a physician at the earliest practicable time during or after the disaster emergency.



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

- Initial treatment plans and assessments may be established via telemental health capabilities (see [Admissions and Continuity of Care memo](#)).
- Specific timeframes for developing initial treatment 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 treatment 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.

- CDT providers may bill the full day 41-64 cumulative hours rate code (4317) if a contact of at least 5 minutes has been made with the individual.
- If outreach attempts are unsuccessful and zero (0) contacts have been made with the individual, the CDT program may bill the half day 41-64 cumulative hours rate code (4311). The program must include clear documentation of all outreach attempts in the client record (see Program Expectations above) in order to bill for rate code 4311.
- If the service provided does not meet the original regulatory requirements, providers must include modifier "CR" (Catastrophe/Disaster related) on the claim. This will not affect the payment. A claim may not be submitted if the minimum of 5 minutes has not been met.
- If the contact is provided using telehealth, including telephone, the appropriate [telehealth modifier](#) must also be included on the claim.
- Contacts with collaterals are also reduced to the five-minute minimum but the collateral rate code (4325) must be used. The modifiers described above must also be included as appropriate.

Should services provided to a recipient meet existing time duration standards, the provider may bill as they normally would. In this instance, the CR modifier should not be used.



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.