



April 16, 2020

Program and Billing Guidance for Designated Providers of Adult Behavioral Health Home and Community Based Services and Recovery Coordination Regarding Emergency Response to COVID-19

Introduction

As a result of the current COVID-19 Disaster Emergency, service delivery across the system has transformed primarily into a telehealth service modality. Although telehealth is a useful tool in these circumstances, it does pose challenges for Adult BH HCBS providers and RCAs. Additionally, providers are justifiably concerned about the fiscal health of their programs through this disaster emergency. To address these concerns, OMH and OASAS are 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.

The State expects providers to utilize telehealth 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, the State has established temporary minimum billing requirements to allow for more realistic billing standards during the State disaster emergency.

This document will outline BH HCBS and RC service expectations, changes in documentation requirements, minimum billing requirements for the duration of the declared disaster emergency. Our intent is to maintain quality services and continuity of care for participants, as well as to support agencies in maintaining current staffing levels.

Because we are in the midst of a rapidly evolving public health crisis, guidance and recommendations are being updated frequently. Providers should regularly check for the most recent guidance and resources by following the links below:

- OMH:
 - [Consolidated Guidance](#)
 - [OMH Guidance Documents](#)

- OASAS:
 - [Telepractice FAQ's](#)
 - [Telepractice and Patient Confidentiality](#)
 - [Telepractice Informed Consent](#)
 - [Telepractice Standards for OASAS Designated Providers](#)



Applicability of this Guidance

This guidance applies to designated providers of Community Psychiatric Support & Treatment, Psychosocial Rehabilitation, Habilitation, Empowerment Services – Peer Support, Family Support and Training, Education Support Services, Pre-vocational Services, Transitional Employment, Intensive Supported Employment, and Ongoing Supported Employment. It further applies to designated and contracted Recovery Coordination Agencies, which provide the NYS Eligibility Assessment, Plan of Care Development – Initial, and Plan of Care Development – Ongoing. It does not apply to Short-Term Crisis Respite or Intensive Crisis Respite.

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 as appropriate and within the context of the BH HCBS, 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.

BH HCBS Expectations for Designated Providers:

- BH HCBS providers will attempt to engage each member in an outreach phone call, videocall, or face-to-face visit at least once per week.
- The primary purpose of the outreach will be to engage the member, assess needs and provide support.
- If an individual receives multiple BH HCBS through the same designated provider, the agency may choose to provide only some or all authorized services.
- All active BH HCBS providers must continue to accept referrals and conduct intake/evaluation sessions, unless they are at capacity. [Service specific intakes may be completed via](#)



[telehealth](#). Providers that are at capacity for a specific service or county will notify their contracted MCOs immediately so that interested HARP members may be referred elsewhere.

- Practitioners providing services via telehealth will continue to receive appropriate supervision, per the Provider Manual.

Recovery Coordination Service Expectations for Contracted Providers:

- Recovery Coordinators will continue to educate HARP members around the benefits of Health Home Care Management (particularly as it relates to coordinating benefits eligibility and access to basic needs during the disaster emergency) and will make appropriate referrals to Health Home whenever the client expresses an interest.
- The NYS Eligibility Assessment (EA) and Plan of Care Development may be completed via telehealth, including by telephone.
- Whenever practicable, Recovery Coordinators should conduct monthly outreach to all members on their caseload to assess access to services and determine whether additional referrals/linkage to BH HCBS or Health Home Care Management are necessary at this time.

Changes in Documentation Requirements during the Disaster Emergency Period:

For the duration of the declared disaster emergency, or until such time as supplemental guidance is issued:

- Essential services may be provided within the scope of each BH HCBS without a revision or update to the recipient's BH HCBS Plan of Care and/or Individual Service Plan.
- Signatures will not be required at this time, but agreement obtained from the client and others involved shall be documented in the client's record. (Such documentation may appear in a progress note, on the signature line of the document, or elsewhere in the chart.)
- The member's informed consent for the NYS EA may be given verbally and must be documented in the record.
- BH HCBS and Recovery Coordination providers will document all outreach, even if the attempt is unsuccessful.



Reduction or Elimination of Minimum Billing Requirements:

For the duration of the disaster emergency, NYS is reducing the minimum requirements to submit claims to HARPs for Adult BH HCBS, including Recovery Coordination services. These changes will remain in effect until the end of the emergency period.

- Community Psychiatric Support and Treatment (CPST), Psychosocial Rehabilitation (PSR), Habilitation, Family Support and Training, Empowerment Services – Peer Support, Transitional Employment, Intensive Supported Employment, Ongoing Supported Employment, and Plan of Care Development – Ongoing (RCA):
 - Prior to the emergency, a billable unit for these services had a minimum time requirement of 15 minutes. During the COVID-19 disaster emergency, the first billable unit for the above services requires a minimum contact of at least five minutes. For example:
 - 0-4 minutes = non-billable
 - 5-19 minutes = 1 unit
 - 20-34 minutes = 2 units
- Education Support Services and Prevocational Services
 - Prior to the emergency, a billable unit for these services had a minimum time requirement of 1 hour. During the COVID-19 Disaster Emergency, the first billable unit for the above services requires a minimum contact of at least 20 minutes. For example:
 - 0-19 minutes = non-billable
 - 20-79 minutes = 1 unit
 - 80-139 minutes = 2 units
- 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 requirement has not been met.
- If the contact is provided using telehealth, including telephone, the appropriate [telehealth modifier](#) must also be included on the claim.