



## **Telephone Services Authorized During State of Emergency for Supported Employment (SE) Services**

**April 1, 2020**

### **Introduction**

On March 12, 2020, the Maryland Department of Health (MDH) issued [guidance](#) to temporarily expand Medicaid telehealth regulations to permit the home as an originating site. Pursuant to the Governor's executive order and in recognition of the fact that certain Medicaid and qualified (or eligible) uninsured Marylanders participants are still unable to access needed services, the Behavioral Health Administration (BHA) is issuing the following guidance to relax certain requirements around the use of telephones to provide supported employment (SE) services.

While telehealth services are normally restricted to very limited circumstances for SE, MDH is taking the following steps in order to ensure that participants continue to receive necessary services and that any measures taken can be integrated into existing business practices without causing further disruption during the COVID-19 crisis.

Because providers will not be able to meet in person with many participants, they should make every effort to use the following technology, in order of priority:

1. Traditional telehealth technology which meets all formal requirements is strongly preferred. (These services remain unaffected by the measures in this guidance.)
2. If Medicaid participants are unable to access originating sites possessing fully qualified technology (ability to pan/focus camera, multiple views, etc.) this emergency policy will permit use of notebook computers, smartphones or audio-only phones.
3. If Medicaid participants cannot access cell phone-based video technology, audio-only telephone calls will be permitted.

### **General Conditions**

1. The measures outlined in this document are restricted to use during the emergency declared by Governor Hogan to deal with the threat of COVID-19 and will expire immediately at the end of the declared emergency, unless Executive Order No. 20-03-

20-01 is rescinded or superseded, amended, or revised by additional orders such that the Secretary's authority to issue this guidance no longer exists.

2. The measures address only those SE services delivered through Medical Assistance and the Public Behavioral Health System (PBHS). This document serves as a companion document to the Division of Rehabilitation Services (DORS) issued "Guidance on the use of Teleconferencing to Provide Services," which specifies the DORS reimbursable SE services that may be provided using telehealth methods. **Clarification as to whether or not DORS will allow for audio-only telephone services should be obtained directly from DORS.** Any further questions or concerns regarding DORS-reimbursable services may be directed to Kate Drake, Staff Specialist, Community Rehabilitation Programs, DORS at [catherine.drake@maryland.gov](mailto:catherine.drake@maryland.gov).
3. Audio-only telephone services, or services using video applications that do not meet State regulations, may only be delivered **with the explicit consent of the participant**. Consent shall be obtained from the recipient's parent or guardian if such consent is legally required. Participants must be provided with a clear explanation of the telehealth or voice service and its confidentiality limitations, including the use of non-HIPAA compliant technology. Providers must ensure that this is documented in the Medicaid participant's medical record. Attention to ensuring that participants' confidentiality is protected in terms of private space, etc., must be a priority. The provider shall abide by all laws regarding a participant's rights and health information.
4. The provider shall verify the identity of the participant receiving SE services, and shall provide the employment specialist's name and contact information.
5. SE services provided telephonically are subject to the same program restrictions, preauthorizations, limitations and coverage that exist for the service when provided in person.

### Measures to be Implemented

1. Effective immediately, licensed SE providers will be reimbursed for delivering SE services using various telehealth technologies in addition to traditional face-to-face methods.
2. SE providers should make every effort to deliver SE Pre-placement Services by telehealth or televideo applications. As a last resort, when service recipients are unable to access cell phone-based video technology, audio-only telephone calls will be permitted. In such cases, the provider shall document in the medical record the reason that pre-placement services cannot be reasonably provided through televideo applications.
3. SE extended/ongoing support services and psychiatric rehabilitation program services (PRP) for Individuals in SE will be covered as telehealth services requiring the same time thresholds as face-to-face services.

4. Telehealth service encounters will be considered directly equivalent to existing in-person services. As with all other Medicaid reimbursed services, providers are required by COMAR 10.09.59.03 to document services fully:
  - (1) Includes the date of service with service start and end times;
  - (2) Includes the participant's primary behavioral health complaint or reason for the visit;
  - (3) Includes a brief description of the service provided, including progress notes;
  - (4) Includes an official e-Signature, or a legible signature, along with the printed or typed name of the individual providing the service, with the appropriate title.
5. In addition to the information above, providers must include a clear indication of how the service was delivered (e.g., office, telehealth, televideo, or voice telephone).
6. Providers must be willing to provide telephone records of services, if requested for an audit.
7. Providers must also ensure that they have business agreements with any telehealth provider involved.
8. BHA has suspended all evidence-based practice (EBP) fidelity reviews for SE providers and will not apply EBP fidelity standards retrospectively for SE services rendered in good faith during this declared emergency. SE programs currently designated by BHA as EBP SE programs at the time of this transmittal will retain this designation for the full duration of the declared emergency and will be eligible to bill for SE services rendered during this time at the EBP SE rate.
9. SE clinical coordination services for BHA-designated EBP SE programs with the treating clinician may be provided telephonically.

### **Service Considerations**

1. The SE extended support services/ongoing support services shall include an exploration with the individual and assessment of the impact of the COVID-19 pandemic on the individual's current employment status. On the basis of this assessment, the Individual Vocational Plan (IVP) may need to be modified to reflect any changes in employment status, such as, a reduction in work hours, furlough, or lay-off, and to address newly identified needs.
2. For individuals whose earned income has been adversely impacted by business closures and slowdowns associated with the COVID-19 pandemic, the SE provider shall provide individualized education on the implications of earned income reductions on public benefits eligibility and facilitate access to intensive benefits counseling, as necessary, to clarify benefits amounts and inform decision-making. Providers shall assist affected individuals, as necessary, in reporting any changes in income to the Social Security Administration and other applicable federal, state, and local entitlement programs.

3. Providers shall review [unemployment insurance directives](#) issued by the Maryland Department of Labor with affected individuals and provide assistance, as necessary, with the application process.

### **Service Reimbursement**

Telehealth and telephone services may be implemented immediately.

Service involving telehealth should be totaled and submitted in the same manner as normally practiced for face-to-face visits.

Providers should submit claims to the ASO as they do today but must use modifiers in the following manner:

- Non-EBP SE providers performing telehealth using accepted video protocols to Medicaid beneficiaries or to individuals with uninsured eligibility will bill with the GT modifier.
  - H2023-SE GT (Pre-placement phase)
  - H2026-SE GT (Extended/Ongoing Support phase)
- Non-EBP SE providers performing telehealth using a telephone **only** to Medicaid beneficiaries or to individuals with uninsured eligibility will bill with the UB modifier.
  - H2026-SE UB (Extended/Ongoing Support phase)
- EBP SE providers, with a current EBP SE eligibility letter on file, performing telehealth using accepted video protocols to Medicaid beneficiaries or to individuals with uninsured eligibility will bill with the GT modifier.
  - H2023-SE GT (Pre-placement phase)
  - H2026-21-SE GT (Extended/Ongoing Support phase)
  - S9445-52-SE GT (Clinical Coordination)
- EBP SE providers, with a current EBP SE eligibility letter on file, performing telehealth using a telephone **only** to Medicaid beneficiaries or to individuals with uninsured eligibility will bill with the UB modifier.
  - H2026-21-SE UB (Extended/Ongoing Support phase)
  - S9445-52-SE UB (Clinical Coordination)

### **Service Authorizations**

Services will be authorized using the regular Optum Maryland process for SE. No special authorization is needed for telephone services.

Providers must contact the behavioral health ASO with questions regarding prior authorization requirements for services rendered via audio-only telephone or telehealth.

No special authorization will be needed for providing services by audio-only telephone.

## **Service Volume Monitoring**

Providers may not use the telephone service option to expand services. Service volumes will be monitored, and outliers will be audited.

Providers must maintain documentation in the same manner as for an in-person visit or consultation, using either electronic or paper medical records, per the Health-General Article, §4-403, Annotated Code of Maryland. The provider should document the participant's consent to receive telehealth services in their medical record. Consent may be given verbally by the participant.

MDH may revoke a provider's telephonic telehealth privileges under this emergency authority at any time due to fraud and abuse issues. The provider will not be able to appeal this decision.