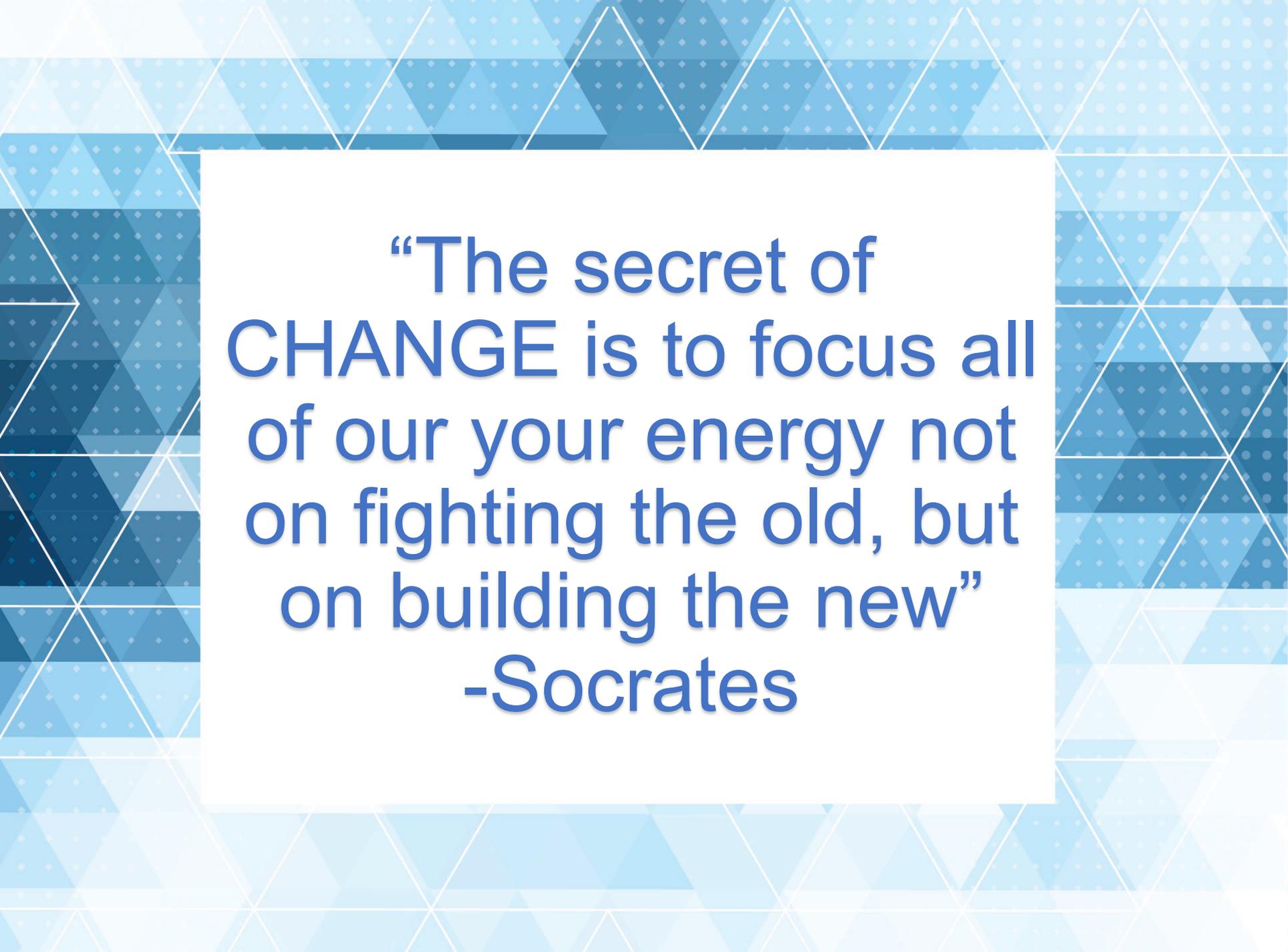


REOPENING AND MOVING BACK TO STANDARD SERVICE DELIVERY

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Sr. Director Provider Network | June 2020





“The secret of
CHANGE is to focus all
of our your energy not
on fighting the old, but
on building the new”
-Socrates



NC Reopening Plan

- **In Phase 1:**
- Modify the Stay-At-Home order to allow travel not currently defined as essential allowing people to leave home for commercial activity at any business that is allowed to be open, such as clothing stores, sporting goods stores, book shops, houseware stores and other retailers
- Ensure that any open stores implement appropriate employee and consumer social distancing, enhanced hygiene and cleaning protocols, symptom screening of employees, accommodations for vulnerable workers and provide education to employees and workers to combat misinformation
- Continue to limit gatherings to no more than 10 people
- Reopen parks that have been closed subject to the same gathering limitation. Outdoor exercise will continue to be encouraged.
- Continue to recommend face coverings in public spaces when 6 feet of distancing isn't possible
- Encourage employers to continue teleworking policies
- Continue rigorous restrictions on nursing homes and other congregant care settings
- Local emergency orders with more restrictive measures may remain in place



NC Reopening Plan (5/22-6/26)

- **Phase 2**
- At least 2-3 weeks after Phase 1
- Lift Stay At Home order with strong encouragement for vulnerable populations to continue staying at home to stay safe
- Allow limited opening of restaurants, bars, fitness centers, personal care services and other businesses that can follow safety protocols including the potential need to reduce capacity
- Allow gathering at places such as houses of worship and entertainment venues at reduced capacity
- Increase in number of people allowed at gatherings
- Open public playgrounds
- Continue rigorous restrictions on nursing homes and other congregant care settings



NC Reopening Plan (6/26-??)

- **Phase 3**
- At least 4-6 weeks after Phase 2
- Lessen restrictions for vulnerable populations with encouragement to continue practicing physical distancing and minimizing exposure to settings where distancing isn't possible
- Allow increased capacity at restaurants, bars, other businesses, houses of worships, and entertainment venues
- Further increase the number of people allowed at gatherings
- Continue rigorous restrictions on nursing homes and other congregant care settings

What will Change?

- Service Flexibilities
- Suspended Requirements
- Enhanced Rates
- Hardship Payments
- Appendix K Flexibilities





Reimagining Our New Normal

1. What flexibilities have been introduced that we want to keep long-term?
2. What services need to go back to previous methods?
3. What options are there for improving service delivery further?

Flexibility Changes

Code	COVID flexibility	Medicaid Recommendation- Not finalized by Leadership
90791, 90832, 90834, 90837	Real time two-way audio/video allowed for expanded licensure types - (LMFT, LPC/LCMHC, LCAS, LCSW-A, LMFT-A, LPC-A/LCMHC-A, LCAS-A, LPA)	Keep
90839, 90840, 90846, 90847, 90849, 90853, 9078	Real time two-way audio/video permitted for relevant licensure types	Keep

Flexibility Changes

Code	COVID flexibility	Medicaid Recommendation- Not finalized by Leadership
96110, 96112, 96113, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146	Real time two-way audio/video permitted for relevant licensure types	<p>Do Not Keep – We consulted an outside psychologist SME on this one. There are some tests that can be performed virtually or without the psychologist present, where the remainder of the work can be completed via telehealth (scoring, report writing, reviewing), but this is the exception not the rule. Standard of care is not for telehealth with psychological testing. Broadly psychological tests are not validated for telehealth provision.</p> <p>Testing to occur in person. This also aligns with CDSA recommendations.</p>

Flexibility Changes

Code	COVID flexibility	Medicaid Recommendation- Not finalized by Leadership
98966, 98967, 98968	New telephonic assessment and management codes (for non-prescribers)	Do Not Keep- For BH given we are permitting telephonic psychotherapy with PA, so we have other means to permit phone contacts. A case could be made that these codes might assist with monitoring psychiatrically high-risk patients (e.g., suicidal) but given the limit of no other similar service in 7-days, that would be low utility outside of being able to use the CR modifier. Telephonic flexibility only needed for emergency given we are recommending telephonic for psychotherapy separately.
99446, 99447, 99448, 99449	New Interprofessional Consultation codes (QHP to Physician)	Consider Keep - Need feedback from the field and/or more data. Anticipate low utilization

Flexibility Changes

Code	COVID flexibility	Medicaid Recommendation- Not finalized by Leadership
Expansion of telehealth origination site - origination site	<p>Originating Site: There are no restrictions on originating sites (formerly known as spoke sites). Originating sites may include health care facilities, school-based health centers, community sites, the home or wherever the patient may be located</p>	<p>Have not discussed yet- Dr. Dowler is taking this issue to the larger Telehealth group as this impacts more than just BH services but the entire medical/BH community that would utilize telehealth. For the Record-BH recommends keeping</p>
Expansion of telehealth distance site - distance site	<p>distance site - distance site Distant Site: There are no restrictions on distant sites (formerly known as hub sites). Distant sites may be wherever the provider may be located. Providers must ensure that patient privacy is protected (e.g., taking calls from private, secure spaces; using headsets). Expansion</p>	<p>Have not discussed yet- Dr. Dowler is taking this issue to the larger Telehealth group as this impacts more than just BH services but the entire medical/BH community that would utilize telehealth. For the Record-BH recommends keeping</p>

Flexibility Changes

Code	COVID flexibility	Medicaid Recommendation- Not finalized by Leadership
Expansion of telehealth modalities - telehealth modality NC	NC Medicaid has eliminated the restriction that telemedicine and telepsychiatry services cannot be conducted via “video cell phone interactions.” These services can now be delivered via any HIPAA compliant, secure technology with audio and video capabilities, including (but not limited to) smart phones, tablets and computers	

Flexibility Changes- MCM

Code	COVID flexibility	Medicaid Recommendation- Not finalized by Leadership
8A Mobile Crisis Management- H2011	Real-time, two-way interactive audio and video telehealth	Keep
8A Mobile Crisis Management- H2011	Telephonic if telehealth not accessible	CCP permits service to include immediate telephonic response to assess the crisis and determine the risk, mental status, medical stability, and appropriate response. Telehealth is appropriate as well.
8A Mobile Crisis Management- H2011	Allow for supervision by any licensed professional on the team or employed by the agency if Team Lead is sick or unavailable.	Keep

Flexibility Changes- IIH

Code	COVID flexibility	Medicaid Recommendation- Not finalized by Leadership
8A Intensive In-Home-H2022	Real-time, two-way interactive audio and video telehealth	Real-time, two-way interactive audio and video telehealth For high risk populations who continue to require social distancing until a vaccine is available Wherever allowed to use telehealth, they can use telephone.
8A Intensive In-Home-H2022	Allow supervision by Team Lead, or designee as noted above, to occur virtually.	Keep

Flexibility Changes- Enhanced

Code	COVID flexibility	Medicaid Recommendation- Not finalized by Leadership
8A-6 Community Support Team HT, HO/HF/HN/UI/HM	Allow team meetings to occur virtually.	Keep
8A-1 Assertive Community Treatment H0040	Allow supervision to occur virtually. .	Keep
8A Non-Hospital Medical Detoxification H0010	Allow physician assessments to be completed by telehealth.	Keep

Flexibility Changes- Enhanced

Code	COVID flexibility	Medicaid Recommendation- Not finalized by Leadership
8A Outpatient Opioid Treatment H0020	Allow for up to 28 units to be billed in one day to allow for take home dosing for clinically appropriate individuals	<p>Allow for up to x units to be billed in one day to allow for take home dosing for clinically appropriate individuals</p> <p>Keep policy but reduce # of units; requires financial assessment.</p>
8G Peer Support Services: Peer Support Services (PSS) H0038, H0038HQ	real-time, two-way interactive audio and video telehealth	Telehealth allowed for aspects of the service previously allowed to be done telephonically. Rest would sunset at the end of federal/state emergency.
8G Peer Support Services: Peer Support Services (PSS) H0038, H0038HQ	Allow supervision to occur virtually.	Keep

Flexibility Changes- Residential

Code	COVID flexibility	Medicaid Recommendation- Not finalized by Leadership
8D-2 Residential Treatment Services Level III H0019	Allow QP, social worker, psychologist or psychiatrist to provide treatment, services and consultation via telehealth and telephonically, as clinically indicated and based on level of expertise, instead of providing on-site at the facility.	Keep for specialty therapies only.
8D-2 Residential Treatment Services Level I and II – Family Type- H2020	Allow QP, licensed professional, psychologist, psychiatrist to provide treatment and consultation via telehealth and/or telephonically, as clinically indicated and based on level of expertise, instead of providing on-site at the facility. All supervision and daily structure services must be provided in-person by the appropriate staff.	Keep for specialty therapies only.

Flexibility Changes- Residential

Code	COVID flexibility	Medicaid Recommendation- Not finalized by Leadership
Residential Treatment Services 8D-2 Level II -- Program Type H2020	Allow QP, social worker, psychologist or psychiatrist to provide treatment, services, and consultation via telehealth and telephonically, as clinically indicated and based on level of expertise, instead of providing on-site at the facility.	Keep for specialty therapies only.
8D-1 Psychiatric Residential Treatment Facility for Children under the Age of 21 RC0911	Allow psychiatrist to provide services via telehealth instead of providing on-site at the facility.	Keeps - limit to child/adolescent psychiatrist
8D-1 Psychiatric Residential Treatment Facility for Children under the Age of 21 RC0911	Allow licensed therapist(s) to provide services via telehealth instead of providing on-site at the facility.	Specialists for client-specific reasons may provide therapy for telehealth

Flexibility Changes

Code	COVID flexibility	Medicaid Recommendation- Not finalized by Leadership
8E Therapeutic Intermediate Care for Individuals with Intellectual Disabilities (ICF-IID) RC183	Allow an increase of Therapeutic Leave days from 60 days to 90 days.	Allow an increase of Therapeutic Leave days from 60 days to 120 days.
8A-2 Facility-Based Crisis Services for Children and Adolescents S9484 HA	Allow psychiatric evaluation to be completed via telehealth instead of on-site at the facility and billed separately.	Keeps - limit to child/adolescent psychiatrist



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Send us your thoughts and feedback



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