Georgia Department of Behavioral Health
& Developmental Disabilities

Judy Fitzgerald, Commissioner

D·B·H·D·D

Office of the Commissioner

MEMORANDUM

TO: Judy Fitzgerald, Commissioner

FROM: Community Providers of Behavioral Health and Intellectual and Developmental Disabilities Services

DATE: March 14, 2020

RE: Service Allowances due to COVID-19

DBHDD and you, the provider network, play a vital role as Georgia's behavioral health and IDD Safety Net. Critical services must remain open. State officials are working to sustain services and protect the health and safety of individuals we serve, practitioners, and communities. We are closely following the evolving guidance from federal and state officials. In this update, we are providing additional guidance and flexibility to support you in the continuity of services.

As Governor Kemp has advised, all providers should use their best professional judgment when required to visit an individual's home. The most up to date information, including guidance for clinicians and those staffing individuals' homes can be found on the CDC and Georgia DPH websites.

DBHDD will continue to provide updates via the Provider Newsletter: Network News. Should you have questions, please submit them to our Provider Relations team via the Provider Issue Management System or submit an email to DBHDD.Provider@dbhdd.ga.gov.

IDD Services

Yesterday, DCH released a memo that is applicable to NOW and COMP providers, titled COVID-19 Response and HCBS Operations. In the memo, you will note that Case Managers (i.e. Support Coordination Agencies) may continue to use telephonic means to perform client contacts. Support Coordinators should continue to use the IQOMR and make a note when unable to assess a certain question due to the need for visual confirmation. The memo also addresses Adult Day Programs and recommends that this population avoid group settings and practice social distancing. Please review the memo linked below.

State Support Coordinators may use telephonic means to perform client contacts.

BH Services

Effective immediately, DBHDD has removed restrictions on telemedicine services that, until today, had restrictions noted within the service guidelines. In addition, we are waiving requirements for face to face contacts where the service guidelines note a minimum number or ratio of face to face contacts. Please review the document attached for specific allowances. At this time, these allowances will be in place until April 30, 2020.

Many of you have asked questions about fiscal support during the pandemic. We do not have any specific information yet regarding the distribution of any emergency funds. Should this information become available, I assure you we will share it with you as quickly as possible. Thank you for your continued commitment to Georgia's safety net.

Attachment: Behavioral Health Service Allowances, 3/14/2020

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Attachment 1: Behavioral Health Service Allowances, 3/14/2020

Effective March 14, 2020 and through April 30, 2020, the following allowances for DBHDD Behavioral Health Services are in effect.

Telemedicine Allowances:

Currently, the DBHDD Behavioral Health Provider Manual has this clause associated with several services:

> *To promote access, providers may use Telemedicine as a tool to provide direct interventions to individuals for whom English is not their first language (one-to-one via Telemedicine versus use of interpreters). Telemedicine may only be utilized when delivering this service to an individual for whom English is not their first language.*

For the specific services which have this clause, through April 30, 2020, DBHDD will waive the Service Accessibility requirement to allow for individuals to access services via Telemedicine. All other service requirements must be met (practitioner requirements, documentation, consent, adherence to IRP content, etc.), especially content defined in Part II, Section I, 1.B.16.a-c.

DBHDD will also allow Part II, Section I, 1.B.16.d. to be expanded as a part of the waiver above, allowing i. and ii. below to apply to the Telemedicine allowances defined in this guidance through April 30, 2020. Providers can apply the language in green to clearly interpret the allowance as it will be defined during this waiver period:

> *To promote access, providers who are using Telemedicine 1) as a tool to provide direct interventions to individuals for whom English is not their first language (one-to-one versus through use of interpreters) or 2) for the waiver period associated with COVID-19 prevention measures are exempt from:*
>
> *i. The required percent of community-based services ratios defined in the Service Definitions herein; and*
>
> *ii. The required minimum face-to-face expectations (allowing face-to-face to be via telemedicine).*

Impacted Services:

- Addictive Disease Services and Support
- Addictive Diseases Peer Support - IND
- Behavioral Health Assessment
- Case Management
- Community Support Team
- Crisis Intervention
- Family Counseling
- Family Training
- Individual Counseling
- Intensive Case Management
- Intensive Family Intervention
- Mental Health Peer Support - IND
- Nursing Assessment and Health
- Parent Peer Support - IND
- Peer Whole Health and Wellness- IND
- Psychological Testing
- Psychosocial Rehab - IND
- Service Plan Development
- Treatment Court Services - Adult Addictive Diseases
- Youth Peer Support - IND

In addition to the telemedicine allowances noted above, effective now until April 30, 2020, the following service requirements will be adjusted as noted:

Service	Existing DBHDD Provider Manual Requirement	Waiver through April 30, 2020
ADSS	1. The agency providing this service must be a Tier 1 or Tier 2 provider, an Intensive Outpatient Program (IOP) specialty provider, or a WTRS provider. Contact must be made with the individual receiving ADSS services a minimum of twice each month. At least one of these contacts must be face-to-face and the second may be either face-to-face or telephone contact depending on the individual's support needs and documented preferences.	1. The agency providing this service must be a Tier 1 or Tier 2 provider, an Intensive Outpatient Program (IOP) specialty provider, or a WTRS provider. Contact must be made with the individual receiving ADSS services a minimum of twice each month.
	2. At least 50% of ADSS service units must be delivered face-to-face with the identified individual receiving the service. In the absence of the required monthly face-to-face contact and if at least two unsuccessful attempts to make face-to-face contact	2. Waived completely

	have been tried and documented, the provider may bill for a maximum of two telephone contacts in that specified month.	
Assertive Community Treatment	6. At least 80% of all service units must involve face-to-face contact with individuals. Eighty percent (80%) or more of face-to-face service units must be provided outside of program offices in locations that are comfortable and convenient for individuals (including the individual's home, based on individual need and preference and clinical appropriateness).	6. Waived completely
	7. During the course of ACT service delivery, the ACT Team will provide the intensity and frequency of service needed for each individual. ACT teams are expected to achieve fidelity with the DACTS Model. To achieve a score of ""4"" in the Frequency of Contact Measure within DACTS, ACT Teams must provide a median of 3-3.99 face-to-face contacts per week across a sample of agency's ACT individuals. This measure is calculated by determining the median of the average weekly face-to-face contacts of each individual in the sample. At least one of these monthly contacts must include symptom assessment/management and management of medications.	7. During the course of ACT service delivery, the ACT Team will provide the intensity and frequency of service needed for each individual. ACT Teams must provide a median of 3-3.99 contacts per week across a sample of agency's ACT individuals. This measure is calculated by determining the median of the average weekly contacts of each individual in the sample. At least one of these monthly contacts must include symptom assessment/management and management of medications.
	8. During discharge transition, the number of face-to-face visits per week will be determined based on the person's mental health acuity with the expectation that these individuals participating in ACT transitioning must receive a minimum of 4 face-to-face contacts per month during the documented active transition period.	8. During discharge transition, the number of contacts per week will be determined based on the person's mental health acuity with the expectation that these individuals participating in ACT transitioning must receive a minimum of 4 contacts per month during the documented active transition period.
	14. It is expected that 90% or more of the individuals have face to face contact with more than one staff member in a 2-week period."	14. It is expected that 90% or more of the individuals have contact with more than one staff member in a 2-week period."

Case Management	6. Contact must be made with the individual receiving CM a minimum of two (2) times a month. At least one of the monthly contacts must be face-to-face in non-clinic/community-based setting and the other may be either face-to-face or telephone contact (denoted by the UK modifier) depending on the individual's identified support needs. While the minimum number of contacts is stated above, individual clinical need is always to be met and may require a level of service higher than the established minimum criteria for contact.	6. Contact must be made with the individual receiving CM a minimum of two (2) times a month. When the telephone modality is used, it is denoted by the UK modifier. While the minimum number of contacts is stated above, individual clinical/support needs are always to be met and may require a level of service higher than the established minimum criteria for contact.
	7. At least 50% of CM service units must be delivered face-to-face with the identified individual receiving the service and the majority of all face-to-face service units must be delivered in non-clinic settings over the authorization period (these units are specific to single individual records and are not aggregate across an agency/program or multiple payers).	7. At least 50% of CM units must be provided directly to the individual (with the remaining contacts allowed for collateral contacts).
	8. The majority of all face-to-face service units must be delivered in non-clinic settings (i.e. any place that is convenient for the individual such as FQHC, place of employment, community space) over the course of the authorization period (these units are specific to single individual consume records and are not aggregate across an agency/program or multiple payers).	8. Waived completely.
	9. In the absence of meeting the minimum monthly face-to-face contact and if at least two (2) unsuccessful attempts to make face-to-face contact have been tried and documented, the provider may bill for a maximum of one (1) telephone contact in that specified month (denoted by the UK modifier). Billing for collateral contact only may not exceed 30 consecutive days.	9. Waived completely.

	10. After four (4) unsuccessful attempts at making face to face contact with an individual, the CM and members of the treatment team will re-evaluate the IRP and utilization of services.	10. After four (4) unsuccessful attempts at making contact with an individual, the CM and members of the treatment team will re-evaluate the IRP and utilization of services.
	13. When the primary focus of CM is on medication maintenance, the following allowances apply: a. These individuals are not counted in the off-site service requirement or the individual-to-staff ratio; and b. These individuals are not counted in the monthly face-to-face contact requirement; however, a minimum of one (1) face-to-face contact is required every three (3) months; and monthly calls are an allowed billable service."	13. Waived completely.
Community Support Individual	3. Contact must be made with youth receiving Community Support services a minimum of twice each month. At least one of these contacts must be face-to-face and the second may be either face-to-face or telephone contact (denoted by the UK modifier) depending on the youth's support needs and documented preferences of the family. 5. In the absence of the required monthly face-to-face contact and if at least two unsuccessful attempts to make face-to-face contact have been tried and documented, the provider may bill for a maximum of two telephone contacts in that specified month (denoted by the UK modifier).	3. Contact must be made with youth receiving Community Support services a minimum of twice each month. Contacts must be face-to-face or via telephone contact (denoted by the UK modifier) depending on the youth's support needs. 5. Waived completely
Community Support Team	3. At least 60% of all service units must involve face-to-face contact with individuals. The majority (51% or greater) of face-to-face service units must be provided outside of program offices in locations that are comfortable and convenient for individuals (including the individual's home, based on individual need and preference and clinical appropriateness).	3. Waived completely.

	4. A minimum of four (4) face-to-face visits must be delivered monthly by the CST. Additional contacts above the monthly minimum may be either face-to-face or telephone collateral contact depending on the individual's support needs and keeping to the expected 60% of units being face-to-face.	4. A minimum of four (4) contacts must be delivered monthly by the CST. Additional contacts above the monthly minimum may be either face-to-face or telephone collateral contact depending on the individual's support needs.
	1. A CST shall have a minimum of 3.5 team members which must include: c. (.5 FTE) A half-time registered nurse (RN). This person will…. Nursing face-to-face time with each individual served by the team is determined based on the IRP, physician assessment, and is delivered at a frequency that is clinically and/or medically indicated."	1. A CST shall have a minimum of 3.5 team members which must include: c. (.5 FTE) A half-time registered nurse (RN). This person will…. Nursing contacts with each individual served by the team is determined based on the IRP, physician assessment, and is delivered at a frequency that is clinically and/or medically indicated."
Community Transition Planning	Community Transition Planning (CTP) is a service provided by Tier 1, Tier II and IFI providers to address the care, service, and support needs of youth to ensure a coordinated plan of transition from a qualifying facility to the community. Each episode of CTP must include contact with the individual, family, or caregiver with a minimum of one (1) face-to-face contact with the individual prior to release from a facility.	Community Transition Planning (CTP) is a service provided by Tier 1, Tier II and IFI providers to address the care, service, and support needs of youth to ensure a coordinated plan of transition from a qualifying facility to the community. Each episode of CTP must include contact with the individual, family, or caregiver prior to release from a facility.
Community Transition Peer Support	3. Service may be provided by phone (although 50% must be provided face to face, telephonic contacts are limited to 50%).	3. Service may be provided by phone
Psychological Testing	Psychological testing consists of a face-to-face assessment of emotional functioning, personality, cognitive functioning (e.g. thinking, attention, memory) or intellectual abilities using an objective and standardized tool that has uniform procedures for	Psychological testing consists of an assessment of emotional functioning, personality, cognitive functioning (e.g. thinking, attention, memory) or intellectual abilities using an objective and standardized

	administration and scoring and utilizes normative data upon which interpretation of results is based.... This service covers both the face-to-face administration of the test instrument(s) by a qualified examiner as well as the time spent by a psychologist or physician (with the proper education and training) interpreting the test results and preparing a written report in accordance with CPT procedural guidance.	tool that has uniform procedures for administration and scoring and utilizes normative data upon which interpretation of results is based.... This service covers both the direct administration of the test instrument(s) by a qualified examiner as well as the time spent by a psychologist or physician (with the proper education and training) interpreting the test results and preparing a written report in accordance with CPT procedural guidance.
High Utilizer Management	6. Using assertive engagement skills, the HUM Navigator will function to perform and report on the following 30-60-90 Day Activities: Within 30 days (Rapid Intensive Engagement) • have had face-to-face contact with individual	6. Using assertive engagement skills, the HUM Navigator will function to perform and report on the following 30-60-90 Day Activities: Within 30 days (Rapid Intensive Engagement) • have had contact with individual
Intensive Customized Care Coordination	Intensive Customized Care Coordination is differentiated from traditional case management by: • The frequency of the coordination: an average of one face-to-face meeting weekly.	Intensive Customized Care Coordination is differentiated from traditional case management by: • The frequency of the coordination: an average of one meeting with the youth/family weekly.
	15. The Care Coordinator will average 1 face-to-face per week per individual served.	15. The Care Coordinator will average 1 contact per week per individual served.
Intensive Family Intervention	4. At least 60% of service units must be provided face-to-face with youth and their families and 80% of all face-to-face service units must be delivered in non-clinic settings over the authorization period.	4. Therapy intervention can be provided via Telemedicine. Coordination and skills enhancement service components may be provided telephonically.

	ii. Meet at least twice a month with families face-to-face or more often as clinically indicated.	ii. Engage at least twice a month with the families or more often as clinically indicated.
Parent Peer Support - Individual	4. Contact must be made with the individual receiving PPS services a minimum of twice each month. At least one of these contacts must be face-to-face and the second may be either face-to-face or telephone contact depending on the individual's support needs and documented preferences.	4. Contact must be made with the individual receiving PPS services a minimum of twice each month.
	5. At least 50% of PPS service units must be delivered face-to-face with the family/youth receiving the service. In the absence of the required monthly face-to-face contact and if at least two unsuccessful attempts to make face-to-face contact have been tried and documented, the provider may bill for a maximum of two telephone contacts in that specified month.	5. Waived completely
	Service Accessibility: 2. PPS may be provided at a service site, in the recipient's home, or in any community setting appropriate for providing the services as specified in the recipient's behavioral health recovery plan; via phone (although 50% must be provided face to face, telephonic contacts are limited to 50%).	Service Accessibility: 2. PPS may be provided at a service site, in the recipient's home, or in any community setting appropriate for providing the services as specified in the recipient's behavioral health recovery plan; via phone
Youth Peer Support - Individual	2. YPS may be provided at a service site, in the recipient's home, or in any community setting appropriate for providing the services as specified in the recipient's behavioral health recovery plan; via phone (although 50% must be provided face to face, telephonic contacts are limited to 50%).	2. YPS may be provided at a service site, in the recipient's home, or in any community setting appropriate for providing the services as specified in the recipient's behavioral health recovery plan; via phone
Psychosocial Rehabilitation-Individual	4. In the absence of the required monthly face-to-face contact and if at least two unsuccessful attempts to make face-to-face contact have been tried and documented, the provider may bill for a maximum of two telephone contacts in that specified month.	4. Waived completely.

	6. When the primary focus of PSR-I is for medication maintenance, the following allowances apply: a. These individuals are not counted in the offsite service requirement or the individual-to-staff ratio; and b. These individuals are not counted in the monthly face-to-face contact requirement; however, face-to-face contact is required every 3 months and monthly calls are an allowed billable service.	6. When the primary focus of PSR-I is for medication maintenance, the following allowances applies: a. These individuals are not counted in the offsite service requirement or the individual-to-staff ratio;
Peer Support WHW - Individual	REQUIRED COMPONENTS: 3. At least 60% of all service units must involve face-to-face contact with individuals. The remainder of direct billable service includes telephonic intervention directly with the person or is contact alongside the person to navigate and engage in health and wellness systems/activities.	3. Waived completely.