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**COVID-19 Guidance for Providers of Behavioral Health, Community Support,
and Rehabilitative and Community Support Services**
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This document will serve as supplementary guidance to MaineCare policy during the health crisis associated with COVID-19. This document is not intended to replace or supplant existing MaineCare policy. Please see Section 65, Behavioral Health Services; Section 17, Community Support Services; or Section 28 Rehabilitative and Community Support Services for Children with Cognitive Impairment and Functional Limitations for regulatory requirements of those Sections. See Chapter I, Section 4: Telehealth Services in the *MaineCare Benefits Manual* for more information regarding the rules for providing services via telehealth. The Department is reviewing the applicability of this guidance past the emergency period associated with COVID-19. Additionally, the Department is promulgating emergency rulemaking addressing the COVID -19 health crisis. See the following link for detail on the emergency rule: <http://www.maine.gov/dhhs/oms/rules/adopted.shtml>

Guidance will be updated as new information becomes available. Check back frequently. Information and resources are available on the DHHS website, including a link where you can sign up for COVID-19 updates. <https://www.maine.gov/dhhs/oms/COVID-19.shtml#GI>

General Guidance

Do I have to charge members copays during the emergency period?

During the emergency period associated with COVID-19, all copays are waived for Section 65, Behavioral Health Services. No copays are required for Section 17 or 28 services as a matter of general MaineCare policy.

Can I have flexibility on obtaining signatures for required documentation?

The nature of COVID-19 has presented unique challenges for providers to attain required signatures for critical treatment documentation necessary for the provision of services. The Department recognizes these challenges. In the event a signature is normally required for an assessment or treatment plan and electronic signatures available through a unique logon and time stamp is not available, The Department offers the following resolutions:

- Until further notice, OMS will consider signatures obtained within 45 days as contemporaneous.
- Providers may accept email notification from the member/parent/guardian and internal clinical approval as proof of approval of the assessment or treatment/service plan. The email providing consent must be kept in the member's record. Signature must be attained when that becomes possible.

- For members who do not have access to email or internet, signatures obtained via hard copy and sent by mail will be considered contemporaneous when received within the timeframe stated above.
- Verbal approval of assessments or treatment/service plans is not an acceptable form of approval under MaineCare policy, with exception to servicing members who are homeless and have no other means of obtaining written approval. Signature must be attained when that becomes possible.

Service-Specific Guidance

Telehealth Services (Chapter I, Section 4)

Telehealth can be used to deliver many appropriate services. General guidance on telehealth may be found at: <https://www.maine.gov/dhhs/oms/COVID-19.shtml#Pro>

Service specific information is made available below.

Telehealth Interpretive Guidance for Behavioral Health Services:

There is no restriction on utilizing telehealth for any service available through Sections 17, 28, or 65. However, providers should consider the following in determining if telehealth may be delivered in comparable quality to what it would be were it delivered in person:

- Is telehealth clinically appropriate for the service being delivered? While some services, like community integration and outpatient therapy may be appropriate for telehealth, other services, based on member need, may not be. For example, a child receiving Specialized RCS who has intensive behavioral concerns requiring frequent hand-over-hand cuing may not be an appropriate candidate for telehealth. Providers must use their clinical expertise and judgment to evaluate the appropriateness of telehealth based on the member's needs and goals as identified in their treatment plan.
- Can the treatment plan goals and objectives be reasonably addressed via telehealth?
- Does the member have the ability to communicate effectively using telehealth? For example, a young child or a member with expressive and/or receptive communication challenges may not be best served by telehealth.
- As with face-to-face encounters, progress notes should document how the intervention(s) provided over telehealth directly addressed treatment plan goals and objectives.

During the period of the COVID-19 emergency period only, the Department, at its discretion, may waive the requirement under Ch. 1, Section 4, Telehealth, Sec. 4.04-1(2), requiring Interactive Telehealth Services be of comparable quality to what they would be were they delivered in person. Requests will be handed on a case-by-case basis through a clinical review by the Department to determine whether members may face imminent harm in the absence of a telehealth mode of delivery for a particular

service, given the inability due to the public health emergency for that member to receive the service in-person.

PNMI Residential Providers (Section 97)

General Guidance

The Department understands that COVID-19 is creating unique challenges to residential program providers of services to children and adults across the state.

- It is expected that the PNMI will support their members to facilitate access to telehealth for any services the member requires, i.e. therapy, medication management, etc...
- Agencies may utilize telehealth and telephonic communication to satisfy staff supervision requirements.
- Members may have community goals that may not be feasible during this health crisis. PNMI providers will not be held to working on these goals during the crisis. When the health crisis is over community goals may be safely resumed.

PNMI-Section 97 Program Specific Guidance

Appendix B Programs

- Guidance will be provided as necessary.

Appendix C Programs

- Guidance will be provided as necessary.

Appendix D Programs

The Department understands that families may not wish for their child to return to the program during the COVID-19 crisis. In these situations, the Department suggests utilizing telehealth:

- PNMI providers should conduct daily check-ins, when appropriate,
- Continue therapy sessions, as required by policy as prescribed in the member's treatment plan

Appendix E Programs

- Guidance will be provided as necessary.

Appendix F Programs

- Guidance will be provided as necessary.

Can Children’s Home & Community-Based Treatment (HCT) be delivered via telehealth?

Telehealth is approved for use in children’s HCT programs, including MST and FFT programs for clinicians and Behavioral Health Professionals (BHPs), where face-to-face contact is not available. As noted above, the provider’s clinical judgment should inform the appropriateness of using telehealth as a mode of service delivery for the member.

Can Intensive Outpatient Therapy (IOP) be delivered via telehealth?

During the period of the COVID-19 emergency only, IOP Services have been approved to be deliverable via telehealth.

Can Opioid Health Homes (OHH) be delivered via telehealth?

During the period of emergency only, OHH Services have been approved to be deliverable via telehealth.

Can Section 28 RCS – Basic and Specialized be delivered via telehealth?

Telehealth is approved for use in RCS BCBA’s and Behavioral Health Professionals (BHPs), where face-to-face contact is not available. As noted above, the provider’s clinical judgment should inform the appropriateness of using telehealth as a mode of service delivery based on the member’s needs and goals identified in the treatment plan.

Can Behavioral Health Day Treatment (BHDT) be delivered via telehealth?

Telehealth is approved for use in Behavioral Health Day Treatment for Behavioral Health Professionals (BHPs) and Clinicians, where face-to-face contact is not available. As noted above, the provider’s clinical judgment should inform the appropriateness of using telehealth as a mode of service delivery based on the member’s needs and goals identified in the treatment plan. Telehealth or BHDT may not be used solely for academic purposes.

MaineCare providers with questions related to this guidance and/or policies should contact their [provider relations specialist](#) or call Provider Services at 1-866-690-5585.