



## State of New Jersey

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### COVID-19 Policy Guidance: Temporary Adjustment to Allow Telehealth for Partial Care and Partial Hospitalization Services

April 13, 2020

#### **This Policy Guidance is effective immediately.**

The purpose of this guidance is to provide for the delivery of Partial Care and Partial Hospitalization structured day program services via telehealth during the COVID-19 emergency period.

#### **Partial Care and Partial Hospitalization**

Partial Care and Partial Hospitalization programs are structured day programs consisting of group therapy, psych-educational groups, skill building, crisis diversion, medication management and wellness promotion. The purpose of mental health day programs is to assist an individual to adjust and maintain themselves in a community setting and to decrease their risk of hospitalization. Hospitals and community mental health clinics utilize this day programming to maintain acutely ill individuals in the community by assisting them to understand their illness; teaching the management of side effects, the importance of maintaining medication adherence, and the development of coping and social skills. The goal is to allow chronically ill individuals to live and work in the community, better understand and manage their illness, adjust to community socialization and effectively maintain community living outside of inpatient hospitalization.

#### **Telehealth Services**

Structured day programs consist primarily of group services intended to promote socialization. While group activities are contraindicated during this COVID-19 crisis, most of the services that are included in structured day programs can be provided safely, on an individual basis, via telehealth. The Division of Mental Health and Addiction Services' standards for partial care programs (N.J.A.C. 10:37F-2.5) identifies the services that should be included in structured day programs. The following services can be provided through telehealth:

- Care management for a range of services to effectively address the holistic needs of the consumer
- Engagement strategies to connect with consumers over time to develop and enter into supportive, therapeutic relationships
- Illness Management and Recovery to help consumers collaborate with practitioners to identify and pursue personally meaningful recovery goals

- Coping skills, adaptive problem solving, and social skills training to self-manage symptoms, personal stress and to strengthen life skills and abilities
- Psycho-education to provide factual information, recovery practices, and evidence-based models concerning mental illness that instills hope and emphasizes the potential for recovery
- Development of a comprehensive relapse prevention plan to offer skills training and individualized support focused on self-management of mental illness and other aspects of recovery to reduce the severity and distress of symptoms
- Wellness activities for self-identified recovery goals
- Skill development to facilitate consumer-directed recovery and re-integration into valued community living, learning, working and social roles by developing critical competencies and skills
- Medication-related services including medication counseling and education for beneficiaries, and other caregivers regarding adverse drug reactions, potential side effects and established procedures for responding to crisis situations

### **Medicaid Fee-for-Service Reimbursement**

While structured day programs were designed for the provision of group activities, providers who continue to provide structured day services (partial care or partial hospitalization) on an individual basis, via telehealth, may bill for those services as a per diem during the COVID-19 state of emergency. Services must be identified and provided as described in the individualized treatment plan (with the exception of group vs. individual) and documented in the beneficiary's record. Services must be provided on an as needed basis and when completed, shall be billed as described below. During the period of the COVID-19 emergency, these services shall not require prior authorization or prior approval.

Partial care program billing shall be made with 5 units of the HCPCS code H0035GTUC to indicate services were provided on an individual basis via telehealth. The 5 units are not based on any time factor and are intended to represent a daily per diem rate for the provision of these medically necessary services via telehealth on an individual basis. To qualify for a per diem payment, providers are expected to provide a minimum of 1 hour of service per day. If multiple interactions occur in a single day, the time provided may be summed to reach the 1 hour requirement. Partial hospital programs shall follow this same guidance with the exception that partial hospital programs shall bill for 5 units of REV code 912 for partial hospital or REV code 913 for acute partial hospital levels of care.

As per the Department of Health, agencies and hospital providers should have policies and procedures in place for the provision of telemedicine and should ensure that the services provided are allowable under the current scope of practice for each licensed program or licensed professional providing services. Providers should be following their emergency management plans related to partial care/partial hospitalization services.

For the duration of the current COVID-19 state of emergency, telecommunication may be used for services provided by non-licensed professionals who are currently reimbursed by the

Division of Medical Assistance and Health Services when those services are provided face-to-face. Therefore, partial care or partial hospitals may provide services by non-licensed professionals via telecommunication following the same standard of care as when provided face-to-face.