

To: ADAP Preferred Providers

From: Cynthia Seivwright, Division Director *Cynthia Seivwright*

Date: 5/29/20, Updated 9/20/2021

Re: COVID-19 Preferred Provider Guidance-Update

The Vermont Department of Health, Division of Alcohol and Drug Programs, in response to the COVID-19 pandemic, and the Declaration of a State of Emergency in Vermont is providing the following guidance to Preferred Providers for ADAP services. Effective as of March 13, 2020 and continuing through the duration of the **federal** State of Emergency:

SATIS

Preferred Providers will not have otherwise correct invoices rejected solely due to missing SATIS data. Preferred Providers are encouraged to continue to submit SATIS data as they are able and ADAP will work with Preferred Providers on a timeline for submitting required data at the conclusion of the State of Emergency.

Grant Reporting Requirements other than SATIS

Preferred Providers who are encountering difficulties submitting required grant reporting other than SATIS are encouraged to reach out to their assigned Regional Manager as soon as possible. ADAP will work with Preferred Providers on individual reporting requirements to determine if authorizing extensions and/or waivers of grant reporting requirements is appropriate.

Intensive Outpatient Programs (IOP)

Preferred Providers may utilize the H0015 HCPCs code: *Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education* when providing services at a minimum three days per week and at a minimum of 1 and ½ hours per day. Minimum service hours may include “homework” time for clients to complete required psychoeducational readings or activities prior to or after the telehealth portion of the service. Documentation of services should include both “homework” and telemedicine components.

Further Clarification of Flexibility for Intensive Outpatient Programs:

Programs must continue to provide a menu of component services within their IOPs to include individual therapy, group therapy, family therapy, case management, assessment, crisis intervention, education and activity therapies. The constellation of services an individual receives as a part of their intensive outpatient programming shall be based on the client's individualized treatment plan.

Programs must continue to provide sufficient hours of operation to meet the needs of program enrolled clients and a minimum of 1 ½ hours per day, a minimum of 3 days per week of telehealth service must be provided to each client in order to utilize the H0015 HCPCs code.

Programs have flexibility to meet the necessary minimum service hour per day and hours of operation as follows:

Effective as of 4/30/20:

- ~~• Group therapies must be provided via telehealth and count towards the 1 ½ hour per day service minimum.~~
- Psychoeducational materials and activities designed to reinforce and/or augment skills building ~~provided via telehealth groups~~ may be assigned to clients for completion prior to or following clinical services such groups. Client hours completing these assignments will count towards the total hours ~~of group therapy~~ when:
 1. The provider ensures clients have the ability to access program staff for support in completing assignments, outside of the clinical service hours ~~telehealth portion of the group hours~~. This staff access is not required to be provided via telemedicine and may be provided via telephone or by other privacy compliant means.
- Telephonic (telephone-only) services: If the client is documented by the provider as unable to access the telemedicine platform utilized by the program, the following services may be provided telephonically and will be considered in total program hours of operation but will not count towards daily minimum telemedicine hours:
 - Individual therapy
 - Family therapy
 - Assessments
 - Crisis intervention
 - Case management

Effective 5/29/20:

For dates of service beginning 3/13/20 if the client is documented by the provider as unable to access the telemedicine platform utilized by the program, **group therapy** may be provided

telephonically and will be considered in total program hours of operation but will not count towards daily minimum telemedicine hours. No V3 modifier should be used to indicate a telephone only service was provided for ADAP services.

Telephonic Services

In consultation with the Department of Vermont Health Access, ADAP has determined that the following HCPCs codes: H0001, H0004, T1006, and T1016 are appropriate for delivery by telephone during the Emergency and as such, place of service code of 99 without a V3 modifier to indicate delivery by telephone should be used in response to the Emergency produced by COVID-19.

Effective as of 4/30/20, in consultation with the Department of Vermont Health Access, ADAP has determined that the HCPCs code H0005 is appropriate for delivery by telephone.

Effective 5/29/20:

In consultation with the Department of Vermont Health Access, for dates of service beginning 3/13/20, if the client is documented by the provider as unable to access the telemedicine platform utilized by the program, **group therapy** (H0005) may be provided telephonically. The place of service code 99 without the V3 modifier should be utilized when submitting these ADAP service claims for reimbursement.

Certification Site Visits

ADAP has suspended certification site visits and will extend certificates as needed for the duration of the State of Emergency.

Block Grant Dollars

ADAP is asking Preferred Providers to complete a survey regarding the impact of COVID-19 on the Block Grant draw down. Preferred Providers who anticipate difficulties in drawing down their full block grant allocation for state fiscal year 2020 are encouraged to reach out to their Regional Manager to discuss options for alternative allowable activities and receive approval for alternate activities.

Activities that may be considered for approval as allowable for funding through the Block Grant allocation may include but are not limited to:

- Staff time spent on training to provide telemedicine services in response to COVID-19
- Marketing of available services, including time spent on VT Helplink activities
- Outreach to individuals in need of substance use disorder (SUD) treatment
- Activities not reimbursable through Medicaid to engage individuals in treatment for SUD
- Staff time spent on training regarding reducing exposure risk to COVID-19 when meeting in person with clients

- Staff time spent coordinating with community partners and the State for the purpose of ensuring the provision of SUD treatment services to individuals impacted by COVID-19