

# Children's Behavioral Health Initiative (CBHI) Provider Frequently Asked Questions

*Updated as of March 30, 2020*

## *Children's Behavioral Health Initiative Provider Frequently Asked Questions*

*MassHealth is committed to ensuring that eligible children continue to receive CBHI services during the COVID-19 crisis and we encourage providers to continue to raise any questions during this challenging time. This guidance applies to Children's Behavioral Health Initiative (CBHI) services delivered during the state of emergency announced by Executive Order 591, unless otherwise specified, as a follow up to MassHealth All Provider Bulletin 289. After the state of emergency, CBHI providers should comply with all program specifications as written.*

### **Consent and Signature Requirements:**

**For members beginning services for the first time, how should providers obtain and document member consent?**

Providers should document the member's verbal consent for services in the member's medical record. Electronic signatures are acceptable but not required.

**For families already engaged in services, do providers need a specific consent to deliver services via telehealth?**

Providers do not need consent to deliver services via telehealth (including via telephone) but should document the modality in the member's medical record.

**How should providers handle paperwork such as intakes, safety plans, and treatment plans, which typically require the member's signature?**

Providers should document in the medical record that the documents were reviewed, the date on which the documents were reviewed, and that obtaining a signature was not possible due to the COVID-19 crisis. If a provider is able to obtain signatures electronically or via mail they can do so, otherwise they can obtain signatures once face to face visits resume.

**If a provider is unable to obtain a signed CANS consent form, can the provider get an extension for obtaining consent and completing the CANS with an Initial Evaluation?**

A verbal consent will be sufficient to complete the CANS and enter it into the Virtual Gateway. The provider must document that the family gave verbal consent "due to COVID-19" in the member's medical record. Once face to face visits resume, the provider should obtain a written signature and submit the signed forms by fax.

### **Location of Service**

**How should providers designate place of service on a claim?**

All CBHI providers should use regular CBHI CPT codes when submitting claims for services but should include place of service code 02 when the service is provided via telehealth. For services that are usually provided via telephone, providers should continue to bill as usual.

### **Can providers do telephonic sessions without video?**

Yes, guidance provided in All Provider Bulletin 289 allows for telephonic or video delivery of services during the State of Emergency. Many CBHI services are already delivered by telephone and providers should continue to do so according to the service specifications.

### **Service-Specific Questions**

#### **Is it true that providers cannot complete a comprehensive assessment via telehealth?**

Under existing CBHI specifications, all CBHI services can be delivered via telehealth (including telephone or video). There is no requirement that comprehensive assessments be completed in person.

#### **Can a provider bill for identifying community resources without the family present?**

Clinical best practice is to include the family; where possible this should be done by phone or video. However, during the State of Emergency, providers may bill for these services with or without the family present. Providers should document in the medical record the conversation where the need is identified, the time it takes to research resources, and the conversation communicating back to the family the outcome of the research.

#### **Can Intensive Care Coordinators (ICC) have a Care Planning Team meeting with a parent using Video Conference rather than being face to face?**

Yes, all services usually requiring a face-to-face visit can occur via video conference or telephone during the State of Emergency.

#### **Should Therapeutic Mentors (TM), Therapeutic Training & Support (TT&S) and Family Partners (FP) provide services over the phone or video?**

TM, TT&S, and FP can use telehealth where clinically appropriate and in consultation with the clinician who is working with the family. Staff should follow agency protocol about home visits.

### **Telehealth Questions**

#### **What if my agency does not have a dedicated telehealth platform?**

As stated in All Provider Bulletin 289, during the State of Emergency, “MassHealth is not imposing specific requirements for technologies used to deliver services via telehealth and will allow reimbursement for MassHealth covered services delivered through telehealth so long as such services are medically necessary and clinically appropriate and comport with the guidelines set forth in Appendix A to this bulletin.” Services can be delivered over the phone, via live video, or through a formal telehealth platform. The Bulletin, with accompanying appendix, is available at: <https://www.mass.gov/files/documents/2020/03/13/All-289.pdf>

#### **How can providers deliver services via Telehealth to those who don't have reliable internet/video conferencing connections or devices to use?**

Providers should review each case and create a plan that is realistic for the family. A family does not need to use video conferencing to receive services; services can be provided during a phone call. Families can be referred to their local phone/internet provider for low- or no- cost options that are available during this crisis.

**Are there services available to help support members to maintain phone service during this crisis?**

The state and federal government have programs in place to ensure that phone and internet services do not get cut off during this crisis. All MassHealth members are eligible for a Lifeline phone and several internet providers are providing free internet and wi-fi during the crisis. More information about Lifeline can be found here: <https://www.mass.gov/how-to/apply-for-a-discounted-communications-service-through-the-lifeline-program>

**What if a provider offers to perform an intake via telehealth but a family does not want to do it via telehealth?**

MassHealth encourages agencies to continue to check in with the family to see if they have changed their mind and make services available as soon as possible via a modality in which the family is willing to engage.

**What if a family does not want to receive services over the phone or video?**

CBHI providers should be as flexible as possible in working with families during the State of Emergency, following their agency's protocols. If a family initially does not want to receive services over phone or video, MassHealth encourages agencies to continue to check in with the family to see if they have changed their mind and make services available as soon as possible via a modality in which the family is willing to engage.

**Are CBHI services considered essential services during the stay-at-home period?**

Yes, all healthcare services are considered essential. Providers should follow their agency's protocols for provision of care during this time.

**Additional Information**

**Massachusetts Executive Order**

- Order Expanding Access to Telehealth Services and to Protect Health Care Providers: <https://www.mass.gov/doc/march-15-2020-telehealth-order/download>

**MassHealth Provider Bulletin**

- All Provider Bulletin 289: MassHealth Coverage and Reimbursement Policy for Services Related to Coronavirus Disease 2019 (COVID-19): <https://www.mass.gov/doc/all-provider-bulletin-289-masshealth-coverage-and-reimbursement-policy-for-services-related-to/download>
- Any future COVID-19 provider updates will be posted here: <https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers>