

TDMHSAS Telehealth - Coronavirus FAQ

These questions are collated from our daily calls with community behavioral health providers as a resource for agencies with questions around Telehealth.

3-20-20

RESOURCE: [National Consortium of Telehealth Resource Centers](#)

3-19-20 TDMHSAS Community Behavioral Health Provider Call

- **Question: What is happening through Commerce & Insurance to partner with insurers to relax telehealth rules?**

Answer: TDMHSAS leadership has been in communication with leadership at the Tennessee Department of Commerce and Insurance. It is our understanding that commercial carriers have voluntarily allowed for telehealth for certain services with in-network providers.

- **Question: Is there an option to offer telehealth for DUI schools?**

Answer: There is no TDMHSAS Licensure prohibition for holding classes by teleconference. This answer is not speaking for the state of Tennessee's approved curriculum, Prime for Life, so providers should consult with that group for any additional guidance. Licensed DUI Schools that are contemplating this arrangement should still be aware of the various restrictions that are built into existing Licensure rules, examples being: amount of hours of curriculum required (minimum of 12) and the limitation on class size (not to exceed 25 students).

3-18-20 TDMHSAS Community Behavioral Health Provider Call

- **Question: How are facilities responding, are they still seeing clients face to face, moving to telehealth, or following sanitation guidelines?**

Answer: There is a combination of the above occurring. TDMHSAS is leaning on each individual provider's CEO/Executive Leadership to make the best-informed decision regarding their agency and their staff, specifically within the context of social distancing, working remotely, etc. Please ensure you are following any guidance from TDMHSAS, the Governor, and the CDC related to COVID-19. You are permitted to use telehealth and telephonic options when appropriate and able, however, **program documentation should explicitly state how activities are connected back to the overall scope of services and supports program outcomes.**

- **Question: Is TDMHSAS funded intensive outpatient services eligible for expanded telehealth?**

Answer: Yes. Based on additional feedback from TDMHSAS contracted providers, the department will add intensive outpatient services to the eligible list of programs for expanded telehealth.

- **Question: Can TDMHSAS clarify its position regarding telehealth and prescribing of psych medication/controlled substances (revised based on new federal guidance).**

Answer: While TDMHSAS is expanding the use of telehealth and telephonic communication during the state of emergency for TDMHSAS contracted providers, there are special considerations for medication management services. It is permissible for a TDMHSAS contracted provider to call in medication for a patient. There are no federal and/or state regulations that would not allow a provider to deliver this service over the phone for non-scheduled drugs. As it relates to scheduled drugs, TDMHSAS contracted providers should ensure that prescribers are knowledgeable and comply with all state and federal regulations regarding prescribing controlled substances, including the use of telemedicine requirements found in 21 U.S.C. 829(e) and 21 U.S.C. 802(54)(D). Typically, the first patient encounter with the prescriber must be face-to-face, however, this face-to-face requirement has been exempted by the DEA during this public health emergency. The TDMHSAS Behavioral Health Safety Net (BHSN), for example, will pay for telephonic psychiatric medication management visits so long as they are of the same clinical quality of an in-person/telehealth delivery. TDMHSAS is requesting that each contracted provider provide attestation that the telephonic service delivery will have the same clinical quality and that clinical records reflect such.

- **Question: Has telehealth requirements been modified related to TennCare/Medicaid services?)**

Answer: TennCare has published guidance as of 3/18/20. You can find this information/attachment here:

https://www.tn.gov/content/dam/tn/mentalhealth/documents/TennCare_MCO_Behavioral_Hlth_COVID-19_Telehealth_Update%203_18_2020_vF.pdf

3-17-20 TDMHSAS Community Behavioral Health Provider Call

- **Question: Is it permissible to conduct groups via telehealth?**

Answer: Yes. TDMHSAS contracted providers who elect to use interactive audio (i.e. phone) and/or video telecommunications for groups should ensure that services have the same clinical quality and that clinical records reflect such.

- **Question: For residential treatment facilities, what are the expectations/guidance. What if supplies are needed that cannot be obtained?**

Answer: TDMHSAS oversees several different types of residential facilities and is currently asking these locations to follow the Centers for Disease Control and the Tennessee Department of Health's recommendations for prevention practices and recommendations on best practices. Facilities should be taking reasonable efforts such as eliminating or limiting off-campus activities, limiting or eliminating visitation, minimizing employee travel to and from the facility and working with outside vendors to ensure only necessary shipments and/or deliveries are occurring. Many public and private entities are finding ways to continue business in more of a remote and virtual environment, please take the time and effort to find out about these efforts to get yourself plugged in such that there is minimal disruption to the overall program.

- **Question: Is it permissible to conduct telehealth services for those with JJ grants from the dept?**

Answer: Provision of services under the Juvenile Justice Reform Grants will also be modified to allow for telehealth support. TDMHSAS recommends that all TDMHSAS contracted providers utilize the latest guidance coming from the CDC and the governor's office. Services provided via telehealth should be clearly documented in the client's record, including the reasoning telehealth was used as a service delivery method. **All JJR program documentation should explicitly state how activities are connected back to the overall scope of services and supports JJR program outcomes.** For specific questions related to JJR programs, please contact Elizabeth Setty Reeve at elizabeth.reeve@tn.gov

- **Question: What guidance can be given on receiving informed consent if we are conducting services via the telephone or through tele-medicine?**

Answer: When the service recipient is not physically present to provide signature of informed consent, privacy policies must be reviewed with the individual before beginning a telehealth assessment and the consent must be documented in the patient record. The patient should be informed about privacy policies and given an opportunity to request an in-person assessment, when and where appropriate, before receiving a telehealth assessment. Additional information is available through the South-Central Telehealth Resource Center (SCTRC) serving Arkansas, Mississippi and Tennessee. The resource center website, www.LearnTelehealth.org, targets health care and health education groups that have an interest in using telehealth. It should be noted that The National Consortium of Telehealth Resource Centers will also be holding a webinar exploring further uses and benefits of telehealth during the COVID-19 outbreak. Registration here: https://zoom.us/webinar/register/WN_qcJHiCOBShyg3cR-Gc5DjQ.

- **Question: How does the expanded telehealth/telephone rules apply to group sessions, especially given some clients do not have access to technology?**

Answer: For service recipients supported by TDMHSAS funding who do not have access to technology, telehealth & perhaps even telephone, support and services will of course not be a viable alternative to in person group services. Providers should follow their agency's guidance regarding providing those in person services, observing CDC guidelines for frequent sanitizing of surfaces & areas, social distancing, etc. Other resources which the agency may have that are applicable to technology-conducted group sessions (Zoom, WebEx) may provide viable alternatives for service recipients who do have access.

3-16-20 TDMHSAS Community Behavioral Health Provider Call

- **Question: Can TDMHSAS provide guidance for programs outside of the Behavioral Health Safety Net and the Substance Abuse Continuum?**

Answer: TDMHSAS is leaning on each individual provider's CEO/Executive Leadership to make the best-informed decision regarding their agency and their staff, specifically within the context of social distancing, working remotely, etc. Please ensure you are following any guidance from TDMHSAS, the Governor, and the CDC related to COVID-19. You are permitted to use telehealth and telephonic options when appropriate and able, however, **program documentation should explicitly state how activities are connected back to the overall scope of services and supports program outcomes.**

- **Question: How should IPS Supportive Employment services be provided during this period?**

Answer: IPS Services will also be modified to telephone/telehealth support as providers adjust their services away from community and agency based. TDMHSAS Director Mark Liverman has advised IPS providers, through the statewide IPS trainer/supervisor, of this as well. Additionally, the international IPS entity sent communication advising of similar precautions that IPS teams should take when providing IPS services. **All IPS program documentation should explicitly state how activities are connected back to the overall scope of services and supports IPS program outcomes.** Any IPS specific questions should be directed to Mark Liverman at Mark.Liverman@tn.gov.

- **Question: What considerations are being made for peer support centers and other TDMHSAS funded peer services? Is Encore also expanding flexibility related to telehealth and telephonic service?**

Answer:

- Peer Support Center (PSC) services should continue during the COVID-19 crisis. Routine PSC operations may utilize the virtual PSC online at <https://findingmyrecovery.org/>, and Peer staff can make one-on-one phone calls for peer support as well. Peer to Peer Support and education may be provided via phone contact from home, and Peer Recovery Call Center staff may provide peer support via phone from home, as can CSU PeerLink staff and RMHI Peer Engagement staff in providing post-discharge support to aftercare. **All peer support program documentation related to services delivered through interactive audio and/or video telecommunications should explicitly state how activities are connected back to client needs and overall scope of services and program outcomes.** Trainings to include Peer to Peer Support & Education training, CPRS training, as well as Art for Recovery art sessions will be postponed until further notice. For more information, please contact Lisa Ragan at Lisa.Ragan@tn.gov.
 - Regarding TennCare services, providers need to contact Mary Shelton (mary.c.shelton@tn.gov) with TennCare for more information regarding services rendered under TennCare.
- **Question: How does the expanded telehealth/telephone rules apply to the Community Treatment Collaborative program?**

Answer: As it relates to substance abuse treatment, the Community Treatment Collaborative program is eligible to provide services via interactive audio and/or video telecommunications.

- **Question: How does the expanded telehealth/telephone rules apply to the SPOT and ADAT programs?**

Answer: As highlighted in the e-mail communication from the department on 3/14/20, numerous treatment services are eligible for expanded telehealth/telephone rules. https://www.tn.gov/content/dam/tn/mentalhealth/documents/TDMHSAS_Email_Providers_3.14.20.pdf. These include services supported by ADAT, SPOT and CTC programs. Based on additional feedback from TDMHSAS contracted providers, the department will add substance use treatment services in a group setting to the eligible expanded programs. **Please keep detail notes in TN WITS and within the client's treatment plan on how services were rendered and rationale for doing so.**