

Audio-only (Telephonic) Telehealth Behavioral Health Services Program Description

For behavioral health providers contracted with TennCareSM Managed Care Organizations
May 2021

When the COVID-19 pandemic began, TennCare made allowances through various memos for Behavioral Telehealth Services for TennCare Enrollees during the COVID-19 pandemic. On April 22, 2021, Public Chapter 191 was signed, which amended Tennessee Code Annotated, Section 56-7-1003(a)(6) and allows audio-only conversation for the provision of behavioral health services.

To comply with the new state law, the audio-only service:

- must be HIPAA compliant, just like any other form of telemedicine under state law; and
- should only be used when other means of telemedicine are unavailable per state law.

Providers and members are encouraged to use video-enabled virtual visits or audio-only care when appropriate to maintain behavioral health treatment during the COVID-19 outbreak.

The intent of this program description is to provide specific guidance as it relates to the delivery of the audio-only method of behavioral health telehealth services. Telehealth is defined as the use of electronic information and communication technologies to deliver health care to patients at a distance. Medicaid-covered services provided via telehealth include assessment, diagnosis, consultation, treatment, education, care management, and/or self-management of a Medicaid member.

This program description was developed in collaboration with TennCare, Amerigroup, BlueCare Tennessee, and UnitedHealthcare.

Behavioral Health Audio-Only Guidance:

- The provider is to take extra steps at the beginning of the telehealth session to confirm the patient's identity and review confidentiality and privacy concerns.
- The provider is to ensure that safety assessment is part of the audio-only session; should the treating provider have any concern for safety of the client/patient and/or others in the home, the mandated reporting process is to be followed.
- The provider is to conduct a risk-benefit assessment for each potential client that addresses the individual's particular treatment needs and considerations when engaging in audio-only behavioral telehealth.
- The provider is to identify ways to screen for mental health- and substance use-related symptomology (i.e., via screenings, assessment, etc.), as there is limited ability to identify visual indicators of distress.

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- Documentation should identify the use of telehealth or audio-only sessions and the treatment format, and include supporting documentation to reflect active treatment. Per standard practice, documentation is subject to review for medical necessity and appropriateness of care. Telehealth options that would permit actual visual connection with the member is preferred.
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- The type of service is to be determined utilizing a comprehensive assessment and development of an individualized treatment plan. Based on the assessment recommendations, the service rendered is to adhere to the established medical necessity guidelines for that service and is to be delivered as the recommended service description; model and/or program guidelines have been outlined.
- The length of time for the service being rendered is to continue to be delivered as the service has been designed (i.e., outpatient counseling, Intensive Outpatient Program (IOP), peer services, psychosocial rehabilitation services, Comprehensive Child and Family Treatment (CCFT), Continuous Treatment Team (CTT), etc.).
- The treating provider is to ensure fidelity to the model of the service being delivered audio-only.
- The provider is to plan for managing emergencies as well as consider the kinds of issues that might indicate audio-only therapy is not working for a particular individual.
- For group counseling and/or psychosocial groups, the provider is to:
 - Encourage participants to locate themselves in a private room in their home or dwelling;
 - Ensure the participants understand that their privacy cannot be guaranteed as the leaders cannot control who else in the home or dwelling may overhear the discussions;
 - Consider developing a confidentiality policy for telehealth groups, which may include guidance such as using ear buds or headphones and prohibiting any recording of the session;
 - If the session is 100% audio-only, consider smaller number of participants given limited ability to identify visual indicators of distress; and
 - For Intensive Outpatient Treatment (IOP) or Partial Hospitalization Program (PHP), these may be rendered with multiple one-hour sessions during the day.

Recommendations for best practices:

- Considerations for special populations are to be evident in assessment and documentation. For special populations that are deemed appropriate for audio-only sessions, clear evidence of accommodations, activities, and engagement are to be evidenced in documentation.
- Engagement activities are to align with the service being delivered. For those more intensive services that are being rendered audio-only, evidence of participation and outline of activities are to be evident and clearly documented.
- The provider is to develop a plan to have the client/patient resume sessions in the office on a cadence for screenings, etc.

For additional information on telehealth, please reference this toolkit published by the Centers for Medicaid and Medicare Services (CMS):

<https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/c2c/consumer-resources/telehealth-resources>

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