SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

Henry McMaster GOVERNOR
Joshua D. Baker DIRECTOR
P.O. Box 8206 > Columbia, SC 29202
www.scdhhs.gov

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MEDICAID BULLETIN

TO: **All Providers**

SUBJECT: **Coronavirus Disease 2019 (COVID-19) Temporary Telephonic and Telehealth Services Updates**

On Friday, March 13, 2020, President Donald Trump declared a national emergency due to coronavirus disease 2019 (COVID-19) and Governor Henry McMaster declared a state of emergency for the state of South Carolina. As a part of the state's preparation and response to COVID-19, the South Carolina Department of Health and Human Services (SCDHHS) is announcing additional temporary modifications to policies related to telehealth coverage.

Reimbursement for the telephonic services addressed below is available if the interaction with a Healthy Connections Medicaid member includes at least one telephonic component. Interactions that also include video interaction may also be billed, but other forms of electronic communication, such as email and instant and text messaging, are not eligible for reimbursement. Services provided pursuant to the current SCDHHS telemedicine coverage policy should continue to be billed according to those guidelines. **This bulletin is being issued to clarify flexibilities authorized in previously issued departmental guidance and is effective immediately. In some cases, SCDHHS will not be able to accept claims until April 15, 2020, for earlier dates of service and providers should consult earlier bulletins for effective dates.** These temporary policy changes will be in effect for the duration of the federally declared public health emergency unless rescinded or superseded by SCDHHS prior to the end of the emergency.

The telehealth policy modifications outlined below were developed in consultation with regulators and clinical professionals throughout the South Carolina provider community. They are intended to balance immediate treatment needs that are not appropriate for deferral with the safety and efficacy of remote service delivery. In all circumstances, the services identified below must meet standard requirements for medical necessity.

Associate-level Licensure

SCDHHS has offered telemedicine flexibilities to several categories of licensed independent practitioners (LIPs) in behavioral health and therapeutic professions. Bulletins explaining these flexibilities are available at www.scdhhs.gov/covid19, and providers are encouraged to review these bulletins and direct questions about their applicability to covid@scdhhs.gov.

Broadly, these flexibilities have been offered to individual licensees that can practice independently – without supervision – as a provider class, regardless of their individual practice agreements or circumstances. For several disciplines regulated under Title 40 of the South Carolina Code of Laws as

administered by boards under the umbrella of the South Carolina Department of Labor, Licensing and Regulation, The Practice Act recognizes "associate"-level licenses. Broadly, licensed associates are individuals who have met the educational and testing requirements to be licensed for a profession but have not met the experience hours or case requirements for full licensure. During the period of associate licensure, associates practice with limited supervision under the guidance of a fully licensed supervising professional who is responsible for the associate's professional activities during the period of limited licensure.

SCDHHS understands that, by convention, associates have traditionally rendered services and received reimbursement under the registration of their supervising providers. **During the COVID-19 public health emergency and response, SCDHHS intends to allow this reimbursement convention to continue, and will extend the same telemedicine flexibilities to the providers listed below as their fully licensed analog.** This authority will extend through the period of the current federally declared public health emergency, unless rescinded, modified or superseded by additional guidance issued by the state at an earlier date. This additional telemedicine flexibility applies to:

- Licensed Professional Counselor – Associates
- Licensed Marriage and Family Therapist – Associates
- Psychologist – Postdoctoral Pending Licensure

Licensed Addiction Counselor – Associates will be addressed in subsequent guidance to the South Carolina Department of Alcohol and Other Drug Abuse Services as relevant to the 301 clinic system.

Associate-level providers should continue to request reimbursement under their supervising clinician's enrollment as before and follow all other billing guidance as articulated in the policy manual and COVID-19 telehealth bulletin relevant to their supervising clinician and discipline.

This bulletin addresses Medicaid reimbursement policy. Nothing in this bulletin should be construed as altering the conditions of the associate's licensure, including underlying supervision requirements when conducting therapies, and should not be read as to authorize independent practice where otherwise not authorized by the associate's Practice Act, corresponding regulations, applicable memoranda issued by the relevant professional licensing board or specific conditions of an individual associate's license.

Administrative Flexibilities

SCDHHS has issued guidance to managed care organizations (MCOs) to operate with necessary flexibility to ensure continuity of care with respect to prior authorization and documentation requirements for providers. SCDHHS will continue to monitor the provider community and address any issues between providers, beneficiaries and MCOs as needed.

In addition, the Centers for Medicare and Medicaid Services (CMS) has issued guidance on Health Insurance Portability and Accountability Act (HIPAA) enforcement discretion regarding services authorized for telemedicine, which is available here: https://www.hhs.gov/sites/default/files/hipaa-and-covid-19-limited-hipaa-waiver-bulletin-508.pdf

Finally, SCDHHS has submitted an 1135 waiver to CMS for a variety of administrative flexibilities. SCDHHS will issue further bulletins as CMS acts on the waiver.

Limitations and Clarification

Providers engaging in telemedicine services are required to ensure that the quality of care delivered is the same as if engaging the beneficiary in a face-to-face format. Not all interventions and services or beneficiaries are suited for delivery via telemedicine, and families and providers should use professional judgement when deciding to offer services via telemedicine or defer services due to the current public health emergency. Finally, SCDHHS has not varied the scope of billable or non-billable activities with this bulletin, only the appropriate mode of delivery.

Families and beneficiaries should be given every opportunity to make informed decisions about the receipt of services via telemedicine, including the clinical appropriateness of the intervention, its limitations, privacy and confidentiality and the effect the provider's setting has on each of these issues.

With the flexibilities noted above, several exclusions remain in-place during the COVID-19 response to ensure that Medicaid reimbursement is available only when the quality of patient care remains at a clinically appropriate level:

- Only individual services are eligible for telemedicine. Group or multi-family interventions are not reimbursable, nor are services when beneficiary-to-staff ratio is greater than one-to-one.
- Providers may not conduct interventions remotely with more than one individual concurrently and must conclude any intervention or visit with one patient before commencing an intervention or visit with the next.
- Providers must still follow the course of therapy and limitations detailed in the individual plan of care or service authorization.

Additional guidance regarding coverage policy will be communicated in future bulletins as needed.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

/s/
Joshua D. Baker