Beacon’s comprehensive business continuity program includes recovery strategies for critical processes and supporting resources. In addition, Beacon has established a team of experts to monitor, assess and help facilitate timely response for the evolving coronavirus threat. All modifications are in effect for the duration of the emergency disaster declaration by the Governor related to the COVID-19 virus.

<table>
<thead>
<tr>
<th>Service</th>
<th>Modification to Existing Services Recommended</th>
<th>Guidance For Provision of Service with Modification</th>
</tr>
</thead>
</table>
| All MH Services and support services and OP SUD services | Move therapy and medication management sessions to telehealth including telephonic as necessary/appropriate following the Telehealth Expansion Bulleting for COVID 19. This option will remain in effect for the duration of the emergency disaster declaration authorized by the Governor related to the COVID-19 virus remains in effect, whichever is earlier. OMHSAS may re-issue this Memo as appropriate. | • Clear documentation of telehealth engagement and rationale in member EHR.  
• Modify treatment plan as appropriate to reflect interventions and focus of telehealth provided treatment.  
• Obtain verbal consent on treatment plans to continue treatment including member’s name, date and time of consent with the clinician’s signature. If possible, consent with an additional staff witness is preferable but not required at this time during the state of emergency.  
• Signatures for encounters should be documented in the record and the provider should develop a policy and procedure for their organization as to how to document and substantiate the encounter when services are not delivered in person.  
• Maintain frequency of contact to members similar to non-emergency times for those that are not at higher risk for increased symptomology.  
• Increase frequency of contacts to members particularly those at high risk as nonverbal risk behaviors will not be observable. |
<table>
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<tr>
<th><strong>Medication Management</strong></th>
<th><strong>Group Therapeutic Services</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish protocol for script delivery and pick up when electronic scripts are not available that eliminate F2F contact/exposure</td>
<td>Delivery of group services via secure platform such as Skype for Business, Zoom etc in consultation with your IT department. Consider resources of members to participate and opportunity to purchase telehealth equipment to limit F2F contact.</td>
</tr>
</tbody>
</table>

**Medication Management**
- Utilize electronic medication orders whenever possible
- For handwritten scripts, establish a method for delivery to the person if in quarantine or secure mailing to the member’s homes when non-urgent
- Create sanitized pick up location for samples and hand written scripts that minimizes F2F contact
- Follow federal guidance for take home medication for members utilizing SUD services

**Group Therapeutic Services**
- Secure necessary HIPAA compliant equipment and locations for services
- Follow telehealth expansion bulletin guidelines
- Ensure treatment plans for group members are updated to reflect changes in focus of treatment
- Obtain fully informed member consent for participation in telehealth services
- Obtain verbal consent on treatment plans to continue treatment including member’s name, date and time of consent with the clinician’s signature. If possible, consent with an additional staff witness is preferable but not required at this time during the state of emergency.
- Signatures for encounters should be documented in the record and the provider should develop a policy and procedure for their
All In-Person Services | Minimize groupings of individuals in any area of the facility | Create spacing between individuals waiting in line by lining the floor with 6 foot indicators (i.e. masking tape) between individuals.  
Minimize individuals in the waiting room by having individuals notified by text, call, or some other mechanism that staff are ready to see them.  
Consider removal of chairs to increase distance between members.  
Discontinue in person group settings.

*ALL SUD levels of Care (waiver from OMHSAS obtained) | Removal of precertification/concurrent authorization requirements | Complete authorization request via ProviderConnect to receive an open ended authorization. If request is pended to a clinician it will be approved so that services may commence.  
When member is discharged, notify Beacon within 24 hours so that authorization can be end-dated in order to receive reimbursement for the services rendered.  
**Beacon will reimburse for all services rendered if both registration and discharge submissions occur. Without them, we cannot confirm length of stay for reimbursement purposes and authorizations will not be extended.**

*Psychiatric Rehabilitation (waiver from OMHSAS obtained) | Approval of all concurrent authorizations | Continue to document service delivery as usual  
Maintain social distancing guidelines to ensure safety of staff and members  
Utilize telehealth as appropriate and available  
**For Concurrent Authorizations : fax request to 855-439-2444 for each member: MA ID#, DOB, Diagnosis, Units & Service (PRS, PRM, CLB)**
| Inpatient Mental Health (waiver from OMHSAS Obtained) | Automatic authorization for 4-6 days for members admitted to non-IMD facilities unless already a Beacon Select Provider when no safer community based alternative is available | Care managers will work to determine alternatives in the community rather than IP to mitigate exposure risk on an IP unit  
Submit documentation as usual for members to receive 4-6 day authorization at admission when IP is the best match for the safety of the member.  
Concurrent reviews will continue as usual  
If failed discharge occurs due to lack of disposition to a quarantined residential setting, notify Beacon for immediate support in complex case management to secure alternative setting for discharge with support services.  
Maintain safe social distancing between members in bedrooms and during group interactions as possible  
Beacon Select Providers will not have to engage in concurrent review. They must submit a discharge notice however so that Beacon may properly extend or end date the authorization. |
|---|---|---|
| School Based Behavioral Health Services (SBBH) | Move to alternative setting, homebased and telehealth component as possible | Place of Service 99 is already in place so services can be provided in an alternative setting as long as the setting is approved by Beacon and the Primary Contractor  
Create spacing between individuals with 6 foot indicators (i.e. masking tape) between individuals  
Discontinue in person group settings  
Medical necessity that may drive the need for home-based supports vs alternative setting should be assessed on a case by case basis  
If home based services are medically necessary for continuity of care, the SBBH program should match the member with an appropriately trained/skilled clinician who can work in the home with the member during the state of emergency until regular services can resume. Recommended to leverage telehealth whenever possible |
- Any home based work should follow the same social distancing should be CDC guidelines, distancing, hand washing, do not touch pets etc recommendations as above along with hygiene protocols for safety of member, family and staff.

<table>
<thead>
<tr>
<th><em>Psychiatric Residential Treatment Facility (child)</em></th>
<th>Continuity of support</th>
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<tbody>
<tr>
<td></td>
<td>- Education to members regarding limitations of visitations and additional 1:1 and group emotional support</td>
</tr>
<tr>
<td></td>
<td>- Follow electronic engagement for education related to child’s home district or existing school</td>
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<td></td>
<td>- Create spacing between individuals waiting in line by lining the floor with 6 foot indicators (i.e. masking tape) between individuals</td>
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<td>- Consider removal of chairs to increase distance between members.</td>
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<td></td>
<td>- Ensure group sessions have adequate space to promote social distancing between individuals</td>
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<tr>
<td></td>
<td>- Maintain safe social distancing between members in bedrooms and during group interactions as possible and explore individual rooms as appropriate</td>
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<tr>
<td></td>
<td>- Beacon will suspend peer reviews for concurrent authorization requests during a valid emergency disaster declaration authorized by the Governor related to the COVID-19 virus and will authorize as requested.</td>
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</table>

*Note all provisions and leniency provided during this crisis will be time limited for the duration of the emergency disaster declaration authorized by the Governor related to the COVID-19 virus remains in effect and will be reviewed once this has ended to ensure services provided met MNC and as such are subject to full audit and recoupment.
Reimbursement for Telehealth:

Prior to the COVID-19 emergency allowances, GT modifiers and Place of Service 99 were deemed appropriate and necessary for reimbursement for telehealth services. However, if you are taking advantage of the opportunity to request expanded allowances for telehealth and have been approved by OMHSAS, we want you to use your already existing procedure code/s with Place of Service 02. 02 means telehealth. We want to be able to easily identify you and we don’t want to burden you with too many directives. Your efforts are with the community and your staff at this time; we realize that and thank you. Based on your feedback, we know that you have questions with regard to the appropriate way to bill.

*To simplify, only use a GT modifier if it already exists on your fee schedule/contract; otherwise, we want you to use your already existing procedure code/s with Place of Service 02.

Therefore, providers who wish to deliver services under the OHMSAS memorandum should do the following:

- Read the OMHSAS memorandum regarding telehealth guidelines related to COVID-19 [here](https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMHSAS/Final%20-%20OMHSAS%20Telehealth%20Bulletin%202.20.20.pdf)
  - There are significant expansions from the original OMHSAS-20-02 bulletin
- Submit the Attestation Form as directed by the OMHSAS memorandum dated March 15, 2020 [here](https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMHSAS/Final%20-%20OMHSAS%20Telehealth%20Bulletin%202.20.20.pdf)
  - It is entitled Attachment B and can be found as a fillable form on this page, under the header Pennsylvania Department Of Human Services
  - It must be submitted to OMHSAS for approval within five business days of initiating telehealth
    - Under BH-MCO be sure to add Beacon Health Options of Pennsylvania
- Deliver the service
- Once OMHSAS approves your Attestation Form with a signature, please forward to your Provider Field Coordinator
- Bill with your existing fee schedule codes and modifiers applicable to the services being rendered and use Place of Service 02
  - “02” means Telehealth for claim submission
  - No new contracts/amendments
  - Reimbursement will not change
Beacon Health Options Care Management:

With regard to our Beacon Clinicians, as we move to reduce the burden of authorization on the providers, Beacon will begin to convert the clinical team from utilization managers to Complete Care Coordinators (CCC) and Complex case managers during the COVID 19 crisis. As such our team members will be reaching out to connect with members identified as high risk to support community tenure and increase access to any necessary supports.