

Beacon Health Options is strongly committed to our members, clients and providers to ensure that behavioral health needs are being met during this stressful time. We recognize that many of our members and providers are being encouraged or mandated to stay at home to prevent community spread of coronavirus. When clinically appropriate, Beacon encourages providers to use technology to communicate with individuals in a confidential and secure manner. **The overall expectation is that Intensive Outpatient Programs (IOPs) must continue to deliver the same level of service and clinical value using telehealth.** Here, we answer your questions specific to delivering telehealth in an IOP level of care.

Expectation of services delivered using telehealth

Q: What is considered to be telehealth in an IOP level of care?

A: Telehealth refers to the use of audio and video, not solely telephonic. Solely telephonic interactions are not billable by the IOP level of care unless an applicable government mandate directs otherwise.

Q: Do timeframes change regarding admittance to, and discharge from, the program?

A: No. IOPs must maintain timely admittance to the program – within one business day of evaluation – along with timely completion of an initial treatment plan and discharge plan.

Q: Does a psychiatrist have to review every admission?

A: Yes, unless an applicable government mandate directs otherwise.

Q: Are there any changes to the discharge process?

A: No. Your program must maintain routine discharge processes, including scheduling aftercare appointments no more than seven days from a member's discharge from the IOP. Any members on medications must receive at least one psychiatric medication-monitoring appointment no more than 14 days after discharge.

Q: Do we still need to ensure access to a multidisciplinary treatment team?

A: Yes. That team should include clinical master's degree staff, registered nurses and a psychiatrist.

Q: Are there any changes to what is considered typical IOP programming when using telehealth?

A: You must ensure that therapeutic programming is available three hours per day, three days a week. You must:

- Maintain a written schedule of program activities
- Have protocols for addressing risk behavior and decompensation in the member's home
- Have a process for responding to members in crisis
- Maintain daily group notes for participation and attendance or absence, and keep records of group attendance
- Document treatment planning and progress notes of services delivered

Q: How often must an IOP be available?

A: The program must be available a minimum of three days a week.

Q. What is the ideal number of attendees for a telehealth group therapy session?

A. Ten or less attendees are ideal for group therapy sessions using telehealth, but attendance can reach 15.

Q: What are the consent and privacy requirements for group telehealth sessions?

A: You must maintain all consent and privacy controls when patients are participating in group telehealth sessions (audio and video).

Q: Should we do electronic charting when using telehealth?

A: Electronic charting is preferred, but if not possible, your backup must be secure paper charting.

Q: How often do we have to do a patient clinical assessment?

A. Clinical assessment of the patient occurs daily.

Utilization management (UM) process when using telehealth

Q. Are there any changes to the UM process?

A. No. Providers are expected to follow the standard pre-certification and concurrent review process for the IOP authorization process, unless an applicable government mandate directs otherwise.