

NOTICE: IPN CONTRACT GUIDANCE FOR COVID-19

Updated July 1, 2021

For the delivery of SUD/PG Prevention and Treatment services during the duration of the Governor's Disaster Proclamation, IDPH offers the following information and guidance regarding current contractual provisions. We recognize this guidance may not address or resolve all questions or concerns. The Bureau of Substance Abuse will continue to monitor the progression of COVID-19, the associated federal and state response and we will continue to evaluate and make supportive adjustments.

Prevention Services

- Follow your agency protocol/policy. It is important to document changes in service, reasoning for delays/cancellations, and other impacts directly related to COVID-19.
- Conduct services related to the Assessment step of the Strategic Prevention Framework via electronic means/phone, when applicable.
- Consider various ways to collect outcome data following virtual one-time prevention services, if needed. Agencies may choose to email participants a survey following the service or use an online survey tool to collect data.
- If work plan revisions are necessary, please notify the Department via correspondence in IowaGrants. If a prevention strategy needs to be revised and/or removed, agencies should consider other prevention services that may occur given current events. The Department will work with prevention agencies to address work plan concerns.
- Encourage the use of virtual meetings, via Zoom or other platforms, to conduct and or attend coalition/community meetings or to provide presentations¹.

IPN Contract Reference

¹Appendix 2 Section A Hours of Operation and Service Locations:

- **Current Language:** *The Contractor may provide Prevention Services in person or through electronic means or written communications, with direct face-to-face services preferred.*
- **Modified Requirement:** *The Contractor may provide Prevention Services in person or through the use of electronic means (phone or audio/visual conferencing) or written communications.*

Treatment Eligibility

To assist Iowans impacted financially as a result of COVID-19, IDPH waives the following treatment eligibility requirements:

- ~~Federal Poverty Guidelines are waived².~~
- Collection of patient co-pays are waived⁶. Individuals being served by any IPN contractor (or subcontractor) are not to be charged a copay for IPN funded services.

IPN Contract Reference

²Appendix 3 Section B; Appendix 4 Section B; Appendix 5 Section B; Appendix 6 Section B **Service Recipient Eligibility Requirements**

- **Current Language:** *Iowa residents who seek Outpatient Treatment Licensed Program Services for Patients and Other Covered Services for Patients must meet the following financial eligibility requirements:*
 - *Income at or below 200% of the Federal poverty guidelines as published by the U.S. Department of Health and Human Services, and*
 - *Not insured, or third party payment is not available to pay for the services.*

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- *Contract funding can pay for Licensed Program Services that are not covered during the gap period between enrollment in Medicaid and assignment to a managed care organization because of Medicaid B3 services requirements.*
- ~~**Modified Requirement:** Iowa residents who seek Outpatient Treatment Licensed Program Services for Patients and Other Covered Services for Patients must meet the following financial eligibility requirements:~~
 - ~~Not insured, or third party payment is not available to pay for the services.~~
 - ~~Contract funding can pay for Licensed Program Services that are not covered during the gap period between enrollment in Medicaid and assignment to a managed care organization because of Medicaid B3 services requirements.~~

⁶Appendix 3 Section D Fees; Appendix 4 Section D Fees; Appendix 5 Section D Fees; Appendix 6 Section D Fees:

- **Current Language:** *The Contractor may charge patients a fee in the form of a co-pay for Treatment Covered Services, as outlined in this section.*
- **Modified Requirements:** *The Contractor is not to charge patients a fee in the form of a co-pay for Treatment covered services.*

Budget Requirements/Rates

- To assist providers experiencing challenges with the delivery of SUD/PG treatment services, IDPH is temporarily increasing the reimbursement of Care Coordination from \$75 to \$500 (per member/per month) for claims submitted for services provided on/after March 1, 2020³.
 - Effective November 1, 2020, Contractors that prefer not to receive the increased rate for Care Coordination services (\$500) may choose reimbursement at the previously contracted rate (\$75). Providers choosing to return to the previously contracted rate must notify IDPH through Iowa Grants Correspondence of the requested change prior to submission of their next monthly claim.
 - The increased rate does not increase the total contract amount for FY 2020 and FY2021.
- Transportation – this service has been expanded to include cell phone related expenses⁴.

IPN Contract Reference

³Appendix 3 Section D **Budget Requirements**

- **Past Language:** *UNIT RATES-OUTPATIENT TREATMENT (Table)*
 - *Service Type = Care Coordination*
 - *Unit Description = Per Patient/Per Month*
 - *Unit Cost = \$75*
- **Current Language:** *UNIT RATES-OUTPATIENT TREATMENT (Table)*
 - *Service Type = Care Coordination*
 - *Unit Description = Per Patient/Per Month*
 - *Unit Cost = \$500*
- **Modified Requirement:** *UNIT RATES-OUTPATIENT TREATMENT (Table)*
 - *Service Type = Care Coordination*
 - *Unit Description = Per Patient/Per Month*
 - *Unit Cost = \$75 OR \$500; selected amount to remain in place for the remainder of the FY2021 and FY2022 contract period*

⁴Appendix 3 Section B.2. **Other Covered Services for Patients**

- **Current Language:** *Transportation means assistance in the form of gas cards or bus passes, given directly to the patient for the purpose of transportation to and from an activity related to the patient's treatment plan or recovery plan.*
- **Modified Requirement:** *Transportation means assistance in the form of gas cards or bus passes, given directly to the patient for the purpose of transportation to and from an activity related to the patient's treatment plan or recovery plan. Transportation has been expanded to include cell phone related expenses.*

~~CONTRACT NOTICE: This notification serves as a contract addendum to all Iowa Provider Network (IPN) Contracts effective April 8, 2020.~~

- ~~● Contract Title: Iowa Provider Network~~
- ~~● Purpose: Offer sustainability funds to support the costs associated with maintaining availability of services offered through IDPH's Iowa Provider Network (IPN) contractors.~~

~~Please click icon for the full notice >>>>~~

All Licensed Treatment Services:

- ~~● IDPH will allow immediate restriction of all visitation to facilities. Use of alternative methods for visitation (e.g., video conferencing) should be facilitated by the facility. Post signs at the entrances to the facility advising that no visitors may enter the facility.~~
- ~~● Pursuant to 641 Iowa Administrative Code chapter 155.21(19), programs shall use the ASAM criteria for assessment, admission, continued service and discharge decisions and shall describe management of care processes. IDPH will allow for a reduction in required hours of clinically managed treatment services for the following levels of care:
 - ~~○ 3.5 Clinically Managed High Intensity (minimum 50 hours/week)~~
 - ~~○ 2.5 Partial/Day Treatment (minimum 20 hours/week)~~
 - ~~○ 2.1 Intensive Outpatient (minimum 9 hours/week for adults and minimum of 6 hours/week for juveniles)~~Any reduction in minimum hours shall be documented in the patient record.~~
- ~~● Pursuant to Iowa Administrative Code chapter 155.21(16), programs shall take a medical history and perform a physical examination and necessary laboratory tests as follow for patients admitted to the level of care specified. IDPH will allow for flexibility of timelines required for the following levels of care:
 - ~~○ 4 and 3.7 Medically Managed Intensive Inpatient and Medically Monitored Intensive Inpatient (within 24 hours of admission)~~
 - ~~○ 3.5 and 3.3 Clinically Managed High Intensity Residential and Clinically Managed Medium Intensity Residential (within 7 days)~~
 - ~~○ 3.1 Clinically Managed Low Intensity Residential (within 21 days)~~
 - ~~○ Crisis Stabilization Services and OTP (within 24 hours of admission)~~~~
- ~~● IDPH requires licensed substance use disorder and problem gambling treatment program submit a continuity plan to ensure that individuals have access to drug and alcohol services during events like the spread of COVID-19.~~
- ~~● IDPH requires any program closing or intending to close to immediately notify IDPH.~~

Telehealth:

- **Governor Proclamation, March 26, 2020:** Pursuant to Iowa Code § 29C.6(6) and Iowa Code § 135.144(3), and in conjunction with the Iowa Department of Public Health, I (Governor Reynolds) temporarily suspend the regulatory provision of Iowa Code chapters § 514C.34 to the extent that it excludes from the definition of telehealth the provision of services through audio-only telephone transmission, and I direct the Insurance Commissioner to use all available

means, including the authority of Iowa Code §§ 505.8(1), (7), and 29C.19, to ensure that any health carrier, as defined in Iowa Code § 514J.102, shall reimburse a health care professional, as defined in Iowa Code § 514J.102, for medically necessary, clinically appropriate covered services by telehealth, as defined in § 514C.34(1) or via audio-only telephone transmission, provided to a covered person, as defined in Iowa Code § 514J.102, on the same basis and at the same rate as the health carrier would apply to the same health care services provided to a covered person by the health care professional in person for the duration of this proclamation. I (Governor Reynolds) also encourage all Iowa businesses to take any necessary action to remove cost-sharing or other financial barriers to the use of telehealth in their health insurance plans.

- As outlined in the IPN Provider Manual, approved telehealth services consist of Initial Assessment, Medical Evaluation and Medical Care. IDPH is expanding this service description to include Individual and Group Counseling⁵.
- Delivery of telehealth services consists of an Originating Site (location of the patient) and a Distant Site (location of the practitioner). Both sites are to be licensed locations of the IPN provider. IDPH is expanding this service description to allow Originating and Distant Sites to be locations other than licensed locations of the IPN provider⁵.
- At this time, telehealth means the delivery of health care services through the use of interactive audio and video, and does not include the delivery of health care services through an audio-only telephone, electronic mail message, or facsimile transmission. IDPH is expanding this service description to include audio only delivery of individual and group therapy telehealth (check with third party payors for whether they have expanded reimbursement to include audio only telehealth).⁵
- Health care services that are delivered by telehealth must be appropriate and delivered in accordance with applicable law and currently accepted health care practices and standards (HIPAA, Federal Confidentiality guidelines, and informed consent) which states that these provisions apply to the extent not waived by federal or state disaster/emergency proclamations.⁵
- Data Reporting for Telehealth: Licensed programs are asked to track SUD treatment services provided by Telehealth by adding “Telehealth” as an Ancillary Service to each encounter/service.
 - Telehealth: Provision of treatment services via technology.
 - For CDR Reporting Agencies the Code is 30 and description is “Telehealth”
- Licensure requires any treatment consent form (for telehealth and informed consent for treatment) to be documented in a patient record [641 IAC 155.21(14)]. It is recommended that written consent be obtained whenever possible. If written consent cannot be obtained, licensure would temporarily allow programs to obtain verbal consent until the patient is able to provide written consent. It is recommended to have all verbal consents witnessed by another staff. The verbal consent shall be documented in the patient record along with the rationale for why written consents were not obtained.
- Programs shall continue to obtain written consent to disclose CFR 42 Part 2-protected information to an insurance company for payment/billing purposes.
- Programs shall continue to obtain written consent to disclose CFR 42 Part 2-protected information to a third party, unless one of the limited CFR 42 Part 2 exceptions apply (e.g., pursuant to a court order).

IPN Contract Reference

⁵Appendix 3 Section A Hours of Operation and Service Locations

- **Current Language:** *Outpatient Treatment Covered Services that may be provided by telehealth and reimbursed under the contract are: Initial Assessment, Medical Evaluation, and Medical Care.*
 - *Per 2018 House File 2305, "Telehealth" means the delivery of health care services through the use of interactive audio and video. "Telehealth" does not include the delivery of health care services through an audio-only telephone, electronic mail message, or facsimile transmission. Health care services that are delivered by telehealth must be appropriate and delivered in accordance with applicable law and generally accepted health care practices and standards prevailing at the time the health care services are provided ..."*
- **Modified Requirement:** *Outpatient Treatment Covered Services that may be provided by telehealth and reimbursed under the contract are: Initial Assessment, Individual and Group Counseling, Medical Evaluation, and Medical Care.*
 - *"Telehealth" does include the delivery of health care services through an audio-only telephone.*