

## NOTICE: GUIDANCE FOR COVID-19

Updated April 14, 2020

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. While this guidance may not answer or resolve all of the questions or changes as of late, we hope this will be seen as a starting point.

### 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

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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.

- 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).
- 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.
- 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 a 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 42 CFR Part 2-protected information to an insurance company for payment/billing purposes.
- Programs shall continue to obtain written consent to disclose 42 CFR Part 2-protected information to a third party, unless one of the limited 42 CFR Part 2 exceptions apply (e.g., pursuant to a court order).