

Guidance on the Use of Asynchronous Telehealth Modalities

The Ohio Departments of Medicaid (ODM) and Mental Health and Addiction Services (OhioMHAS), in partnership with the Governor's Office, have implemented emergency rules that temporarily expand and enhance community behavioral health telehealth services and modalities. These rules relaxed regulations so that more people can be served safely in their homes rather than needing to travel to community behavioral health centers (CBHCs). These temporary regulatory changes will also help reduce risk of exposure to COVID-19 for clients, their families, and our community behavioral health workforce which is an important part of the emergent response and community support to COVID-19. Please see the [March 20th BH MITS BITS](#) for additional background.

Through the temporary emergency rule changes, ODM and OhioMHAS are now permitting the use of asynchronous communications. This BH MITS BITS offers additional guidance on the use of asynchronous communication including electronic mail, and text messaging. **When delivering behavioral health services using an asynchronous modality, only the time spent by the practitioner reviewing information during the session and interacting with the client is included in time-based or encounter billing. For additional guidance on telehealth practice, please see [Training: Delivering Behavioral Health Services Via Telehealth](#).**

The most important guidance in using any communication modality for telehealth is for practitioners to rely on their **professional judgment and knowledge of the individual client being served in deciding the best mechanism of communicating and treating them.** If you are a board licensed clinician or trainee, please seek guidance from the applicable licensing board. Ohio's professional licensure boards are working to clarify expanded delivery of healthcare services via telehealth mechanisms. Continue to check with your respective state licensure board for any changes during the pandemic timeframe. Additionally, we recommend that each organization review and update their internal policies and procedures to adapt practices to incorporate use of electronic and telephonic communications.

ODM and OhioMHAS recognize the unique challenges of delivering services via asynchronous modalities. **Moving from in-person to telehealth service delivery may warrant some changes in traditional clinical practice. It is important to orient the client to telehealth, including reviewing guardrails and/or expectations, boundaries, emergency plans, and unique issues related to privacy and confidentiality.**

Consider the following as you develop your practice:

- If choosing to utilize asynchronous modalities for communication or treatment delivery, the provider should clearly communicate communication expectations with the client. When establishing these expectations, the practitioner should consider:
 - Professional boundaries: e.g. establish clear "office-hours" and expectations for how quickly messages will be returned; set appointments (specific date/time) for communication or treatment services.
- Have a plan in place for emergencies:
 - Provide instructions for crisis situations, including emergencies numbers.
 - Establishing a clear protocol or procedure in cases of ideations of self-harm or harm to others.
 - Ask the client if there is an alternate telephone number to call in case technology fails.

- Individualize the modality of telehealth. The practitioner should work with the client to assess, monitor, evaluate, and revise the telehealth modality to meet the identified treatment goals.
- Consider the client’s capacity for telehealth modalities. For example:
 - a.) if the client has trouble responding to text messages, consider using telephonic communication;
 - b.) if the client has limited voice communication minutes, consider utilizing text messaging when clinically appropriate.
- Document every client encounter, including all asynchronous encounters, i.e. email and text messaging.
- If the practitioner does not have real-time access to the master client record, they should store notes in a secure location in the interim and incorporate them later and once they have access.
- Discuss with the client any potential privacy and confidentiality issues related to telehealth.

Issues of Privacy and Confidentiality

ODM and OhioMHAS policies align with privacy flexibilities being implemented at the federal level and are s flexible within the parameters of state law. Both the ODM and OhioMHAS emergency rule changes incorporate HIPAA-related directives of the Office of Civil Rights (OCR) at the US Department of Health and Human Services (HHS) issued during the COVID-19 national emergency. Please see the [March 20th BH MITS BITS](#).

Questions

For questions related to changes to OhioMHAS interactive videoconferencing policy or questions related to clinical and technical implementation of telehealth, please e-mail COVID19BHTelehealth@mha.ohio.gov.

Questions about the Medicaid coverage, billing , and reimbursement under the new policy can be submitted to BH-Enroll@medicaid.ohio.gov.

Another good resource is the training offered by ODM and OhioMHAS staff on the clinical and technical implementation of telehealth as well as Medicaid coverage and billing of telehealth services. The webinar slide deck and recordings can be found at <https://bh.medicaid.ohio.gov/>.

Additional information related to the ODM and OhioMHAS rules, including Medicaid Claims Submission guidance can be found in the March 20, 2020 MITS BITS. ([March 20, 2020 MITS Bits](#)).

The OAC rules for OhioMHAS and ODM can be found here:

- OhioMHAS: <http://www.registerofohio.state.oh.us/rules/search/details/312399> and
- ODM: http://www.registerofohio.state.oh.us/pdfs/5160/0/1/5160-1-21_PH_EM_NE_RU_20200320_1032.pdf

Resources related to telehealth may be found at <http://mha.ohio.gov/coronavirus>.