

Supplemental support services during the COVID-19 pandemic

Due to rapidly evolving developments of COVID-19 in Arkansas, Summit Community Care recognizes the importance of ensuring our most vulnerable members continue to receive necessary supports. While Summit Community Care will honor Medicaid's telehealth policies and pay claims for telehealth services conducted by a licensed professional, this option does not address those support services offered to members via a qualified behavior health provider or other direct service provider (for example, supportive living staff).

With continued closures and resulting service gaps for our members, we have established methods for alternate billing and service delivery to allow providers to ensure members are safe and that their symptoms are monitored and/or controlled during this crisis. These alternative supports are designed for providers to:

- Monitor and/or assist in reducing symptoms and anxiety related to the member's condition or COVID-19.
- Ensure that members' emotional needs are addressed during their time in the community setting.
- Ensure members maintain active relationships with their provider during the crisis to prevent decompensation post-COVID.
- Assess and/or provide safety and security to the member during the pandemic crisis.
- Gauge the member's ability to make positive decisions regarding his/her health
- Ensure compliance with prescribed treatments and medications.
- Address goal-based treatments in a home/community setting, if warranted and accessible.

As such, we are working to assist providers in removing potential barriers to service delivery during this difficult time.

Providers may provide the following services without authorization from service dates March 23, 2020 through May 31, 2020, in accordance with the definitions and grid below.

Supplemental support services

Use of supplemental support services (used currently under Community and Employment Supports [CES] Waiver) will be open to all PASSE members to impact the needs of the member in alternative ways, as described above. The use of supplemental supports and the codes listed below must be based on a demonstrated need related to the direct result/impact of COVID-19 that unless addressed or remedied, might cause serious disruption to the member's services and/or place him/her at risk of institutionalization. The services delivered to the member can include telephonic

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intervention or direct engagement, or may also involve collateral resource development, all within the service limits described below.

Indirect supplemental support services

Telephonic intervention

Telephonic intervention includes verbal phone conversations with the member regarding their condition, emotional and physical well-being, symptomology, etc., and includes gauging the needs of the member while in the home/community setting. The call can be used to assist the member with information about the pandemic, expectations, etc. The call can be used as a first step in implementing other interventions and/or interactions with the member based on the outcome of the call. Telephonic intervention is not required to implement any of the other supplemental support services listed below. It can be used stand alone, in conjunction with other support services identified in this alternative plan or not at all. Its use depends on the situation and needs of the member. Provider types eligible to bill this expanded service include clinics (provider type 24), outpatient behavioral health (provider type 26) and CES Waiver (provider type 67).

To bill Summit Community Care:

Code	Modifier	Description	Unit of measurement	Max allowed	Rate
T2020	U1	Supplemental Supports — Telephonic Engagement with Member	15 minute unit	6 units per week	\$9.60

Collateral resource development

Collateral resource development includes the work of the provider/staff on behalf of the member and his/her needs. Such collateral may include finding access to needed services; collaboration with the treatment team and/or outside providers; engagement with family/natural supports on behalf of the member; establishing connections to social needs, food, medications and other important needs to ensure the member maintains a stable/healthy profile while in the community; and so on. This collateral service is not required to offer services within supplemental supports. It may be used in conjunction with indirect or direct supports or not at all. Provider types eligible to bill this expanded service include clinics (provider type 24), outpatient behavioral health (provider type 26), and CES Waiver (provider type 67).

To bill Summit Community Care:

Code	Modifier	Description	Unit of measurement	Max allowed	Rate
T2020	U2	Collateral Resource Development	15 minute unit	4 units per week	\$9.60

Direct supplemental support services

Direct engagement

Direct engagement includes on-site connection with the member to inspect their condition/environment, deliver needed items (such as food, medications, services) if

warranted, ensure compliance with medications/treatments in a visual manner, to deliver COVID-19 information/alerts/materials and so on. While this direct engagement service does require a physical visit to the member in the home/community setting, it is not the delivery of goal-based treatment or therapy. It is also the expectation that the provider and member will adhere to COVID-19 restrictions/guidelines for social distancing/isolation published by the CDC, federal and state governments. Provider types eligible to bill this expanded service include clinics (provider type 24), outpatient behavioral health (provider type 26), and CES Waiver (provider type 67).

To bill Summit Community Care:

Code	Modifier	Description	Unit of measurement	Max allowed	Rate
T2020	U3	Direct Engagement with Member	15 minute unit	6 units per week	\$16.50

**Goal-based direct supports for behavioral members
Behavioral assistance changes**

Behavioral assistance will be expanded to include adults and have no place of service restrictions through this period. When the situation is warranted (for example, medical necessity is present and the CDC rules for engagement during the COVID-19 crisis can be honored), behavioral assistance may be provided. Behavioral assistance is a goal-based intervention as defined in the Medicaid manual. H2019 cannot be conducted telephonically. Provider types eligible to bill this expanded service include outpatient behavioral health (provider type 26).

To bill Summit Community Care:

Code	Modifier	Description	Unit of measurement	Max allowed	Rate
H2019	UB	Behavioral Assistance – Face to Face Goal-Based Intervention for BH Members	15 minute unit	6 units per week	\$22.40

For members with developmental disabilities (DD) without supportive living/supplemental support services UA revisions

Supplemental supports

Supplemental supports are a face-to-face alternative DD intervention (similar to behavioral assistance for BH members) offered to those who meet medical necessity and when CDC guidelines related to the COVID-19 virus can be honored. Supplemental supports with UB is a goal-based intervention that may be provided in the home/community setting during this crisis period. T2020 UB cannot be provided telephonically. Provider types eligible to bill this expanded service include clinics (provider type 24) and CES Waiver (provider type 67).

To bill Summit Community Care:

Code	Modifier	Description	Unit of Measurement	Max Allowed	Rate
T2020	UB	Supplemental Supports — Face-to-Face Goal-Based Intervention for IDD Members	15 minute unit	6 units per week	\$22.40

Note: DD waiver members who have received extended supportive living (T2020 UA) services related to COVID-19 gaps in care do not qualify for these supplemental support services.

If you have questions about this please contact providers@summitcommunitycare.com.