

### Documentation

Assessments and treatment plans that have due dates scheduled for the months of March, April and May can be extended through to June 30<sup>th</sup>. It is expected that daily notes will continue to document service implementation. Monthly Notes are not required.

Each note will continue to include the signature of the staff person writing the note and the date the note is written. For Providers with EHR's who are currently facing challenges with electronic signatures, the name of the person writing the note and the date the note is written is required.

### Billing

- All contact with clients and others supporting them is critical and life-sustaining. All contact, both remote and face-to-face, provided to clients in the community, are to be coded as follows:  
Face-to-face contacts: any in-person contact  
Integrated Team & SIE: R  
GLE: BR, AR  
Remote contact: any remote communication, including telephone and video options.  
Integrated Team & SIE: O  
GLE: BO, AO
- Providers do not need to complete a review of daily service note documentation to determine or confirm the appropriate code. At this time, all contact is considered critical and life-sustaining and is coded as rehabilitative to reflect this determination.

### Invoice Approval

- DMH staff responsible for invoice approvals have been instructed to approve billing without review of additional documentation and reconciliation activities to facilitate rapid payment and allow flexibility to providers in the submission of the additional documentation.

### Performance Measures and Contract Management

- DMH will not consider months in which service delivery and operations are significantly impacted by COVID-19 in the calculation of performance measures, including Face-to-Face contacts, Community Tenure and Care Transition Encounters. During these times, the focus of contract management activities will be to support continuity of operations consistent with precautions to maintain the health and safety of clients and staff.

Thank you.

### **Beth Lucas**

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In response to the evolving nature of service delivery during the COVID-19 outbreak, DMH is issuing further guidance regarding Respite staffing, documentation, billing, invoice approval and other related operational procedures.

### Staffing

- Consistent with the blended staffing model of Respite services, providers can adjust the staffing model to meet current needs in Mobile and Site-based settings.
- Providers should keep the Site/Area informed of staffing changes and maintain safe staffing practices.

### Documentation

- Providers should continue to complete assessments and treatment plans with new service enrollments.
- DMH recognizes that discharge planning will be fluid given the uncertainty of disposition planning at this time.
- Each service note and other document will continue to include the signature of the staff person writing the note/document and the date the document is completed. For Providers with EHR's who are currently facing challenges with electronic signatures, the name of the person writing the document and the date the document is written is required.

### Billing

- Providers should continue to complete SDRs utilizing the appropriate code for Site-based (E) and Mobile (F, T, E) services.
- The Telephonic code includes all forms of remote communication with clients.

### Invoice Approval

- DMH staff responsible for invoice approvals have been instructed to approve billing without review of additional documentation (e.g. staff vacancy report) and reconciliation activities to facilitate rapid payment and allow flexibility to providers in the submission of the additional documentation.

### Performance Measures and Contract Management

- DMH will not consider months in which service delivery and operations are significantly impacted by COVID-19 in the calculation of performance measures. During these times, the focus of contract management activities will be to support continuity of operations consistent with precautions to maintain the health and safety of clients and staff.

Thank you.

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