



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

July 16, 2021

## **BHA Telehealth Post Emergency—Revised Guidance**

### Overview

Governor Hogan recently advised that the State of Emergency and the catastrophic health emergency proclaimed March 5, 2020, and as renewed, thereafter, will be terminated as of July 1, 2021. One of the orders issued subsequent to the State of Emergency was Executive Order 20-04-01-01 which expanded the use of telehealth and audio-only services. This guidance supersedes previous guidance released on June 30, 2021.

Executive Order 20-04-01-01 ended on July 1, 2021. However, [Senate Bill 3](#), entitled “Preserve Telehealth Act of 2021” that was passed during the 2021 legislative session took effect July 1, 2021 and requires the reimbursement of telehealth and audio-only in the provision of certain clinical services. (Note: audio-only is only permitted through 6/30/23). The legislation also removes originating and distant site restrictions so neither provider nor telehealth recipients have to be in a clinic.

Therefore, based upon the new legislation, telehealth services will be reimbursed with the following conditions as follows beginning August 15, 2021:

1. OMHC- All OMHC programs must maintain the capability of offering treatment on-site and have regularly scheduled hours of operation.
2. PRP- Telehealth services permitted for non-group activities/services. All other service rules in effect prior to the State of Emergency, are now in effect.
3. Supported Employment, RRP, Targeted Case Management, Mobile Treatment/Act- Continue telehealth services as permitted under State of Emergency. Reimplementing all other rules regarding the service, such as length of service unit in effect prior to the State of Emergency.
4. Level 1 and 2.1 and 2.5 Substance Use Disorder Program- The telehealth service must be provided in accordance with Pre-Emergency rules. Example: To bill a 2.1 service, the service must be a minimum of 2 hours performed in a single day, and a minimum 9 hours of service must be provided per week.
5. Residential SUD 3.1, 3.3, 3.5, 3.7, 3.7WM Services provided by licensed or certified staff may be provided by telehealth services and no more than 50% of all clinical/therapeutic services may be by telehealth. All services must be provided in accordance with the Pre-Emergency service

rules. Example: A 3.3 program must provide at minimum 35 hours per week of clinically managed SUD treatment.

6. Respite services for children and adolescents - No telehealth services. Return to pre-emergency service rules. The service provision returns to pre-emergency rules for this category.

BHA and Medicaid will be working with the Maryland Health Care Commission, the Provider community, and the public to further define any future changes and timelines associated with the provision of telehealth services.

The pre-emergency rules for these services are as established in the COMAR chapter governing respective providers' services and other Department guidance.

If you have any questions or concerns, please email us at [bha.inquiries@maryland.gov](mailto:bha.inquiries@maryland.gov).