

**Senate Finance Committee  
January 27, 2021**

**Senate Bill 393  
Maryland Medical Assistance – Coverage & Reimbursement of Telehealth Services  
Support**

Powell Recovery Center, Inc. supports Senate Bill 393 to expand coverage for telehealth services under Maryland Medicaid. Powell has provided life-saving addiction and dual recovery treatment since 1994 in Baltimore City. All Powell clients are in the public health system with Medicaid or uninsured funding. Approximately 85% of Powell clients present seeking treatment for fentanyl dependence.

With the Covid pandemic and the State of Emergency in March 2020, Powell implemented telehealth treatment. HIPAA compliant technology along with 54” TV sets (already in the units), Chromebooks and tablets were supplied to each residential unit. Group treatment, individual treatment and case management was delivered using telehealth. Initially the clinicians and counselors were located at Powell’s treatment campus and provided telehealth from this location. With the increasing severity of the pandemic, the clinicians and counselors were provided with Chromebooks and deliver telehealth from their home. From April 2020 when telehealth was implemented, virtual weekly supervision, case conferences and trainings for counselors and clinicians focused on delivering telehealth services.

Group and individual sessions for all ASAM levels of care continued to be delivered under COMAR regulations. By this I mean the State of Maryland sets all the regulations for who can deliver the service, how many minutes the service must last to be billable, what content can be included in the treatment and the clinical documentation (note writing) that must occur.

While the State of Maryland temporarily reduced some of the weekly hours required for more intensive treatment during the State of Emergency, other COMAR regulations remain in effect for billable services. An example of Maryland service reductions is as follows:

- high intensity residential treatment (ASAM 3.5) is usually 36 hours of treatment services per week. The State temporarily reduced these weekly treatment hours from 36 hours to 28 hours per week in recognition of the difficulties Covid presented for treatment delivery. Post pandemic, I would not advocate for reduced services to continue, but instead require delivery of the normal 36 service delivery hours per week.



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For our outpatient services many patients do not have access to chrome books or other equipment that is needed for audio-visual services. Their cell phones are not able to provide audio-visual services. We use audio-only for these patients. Telehealth/audio only sessions have the same requirements as face-to-face treatment services. Both must be pre-authorized by Medicaid. This means the client must meet ASAM clinical criteria. Face-to-face services and telehealth/audio-only have the same requirements for treatment delivery including length of service, who can deliver the service and the content of the service in order to be billable.

In June 2020 Maryland Addiction Directors Council surveyed 400 clients using telehealth across the State in residential and outpatient treatment. Over 80 % expressed satisfaction with individual and group sessions delivered by virtual telehealth and audio only services. Telehealth is a tool that has made treatment access easier for clients. It opens access flexibly to patients and we believe has increased client engagement in outpatient services. Our goal is to augment services for clients while maintaining quality.

The costs are the same for all service delivery methods. The overwhelming cost component of care is personnel. Overwhelmingly, clinicians and counselors are engaged in services via telehealth for the same length of session as face-to-face treatment. COMAR regulations requiring pre-authorization, who can deliver the service, length of service, service content and documentation, broadly quality of care standards under COMAR do not change for telehealth services.

For patients in residential care, while high-intensity SUD residential treatment (3.5) services have a temporary reduction in weekly hours due to Covid, clients must receive care in a licensed residential facility (not their home) as per COMAR. Hence programs have the same costs for the residential setting regardless of how the therapeutic services are delivered.

Much of SUD and outpatient mental health treatment is structured into a fee for service or bundled daily billing rate. Requirements for pre-authorization for Medicaid services do not change. This means there is a clear COMAR definition for the length of the service, who can deliver the service and what quality standards and content must be included in the services. Bundled daily rates in SUD tightly restrict additional Medicaid billing while fee for service billing must meet COMAR standards. Telehealth does not change or open up new/different billing or amend existing COMAR billing requirements in SUD.

Sincerely,

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