

## Florida ARF Questions Regarding the ADT Telephonic Service

- Who will pay for all the computer equipment, WI-FI hot-spots, technical support and training for both clients and ADT staff?

**The provider must ensure that the client has access to compatible equipment and the necessary connectivity to engage in virtual ADT services.**

- Can the rates be temporarily changed from 1:10 to 1:5 ratios for work-oriented ADTs operating at 50% to 60% capacity due to COVID-19?

**No. However, providers may bill at the same staffing ratios currently listed for non-telemedicine ADT services on the individual cost plans, regardless of group size or setting.**

- If ADTs have to limit the service to groups to ten individuals it will lessen the client experience. Can the provider have a large group with multiple staff (i.e. 60 clients to six staff) rather than a group of ten clients with one staff. This is much easier for an ADT to facilitate and provides a much better experience for the client.

**Yes. However, the provider may not have more than 10 clients for one staff person.**

- If the provider offers a 3-hour telemedicine program and a client drops out in one hour, can the provider bill for that client for the full three hours or just the one hour they are online?

**No. Medicaid reimbursement will only be provided for time spent by a tele-presenter with participants.**

- If a telephone call only lasts 15 minutes, can the provider bill a full hour? There is prep time, documentation and follow-up required, not to mention the service is 1 to 1 but they are only billing at a 1 to 10 rate.

**No. Providers will be reimbursed for telemedicine ADT services at the same rate as listed on the iBudget Waiver rate table for on-site services. Provider should bill in accordance with requirements in the iBudget Waiver Handbook, including specifications on page 3-2.**

- If the provider bills for a zoom meeting, and follows up with a telephone call, can the agency bill for an additional hour for the phone call?

**It depends upon the circumstances. Telemedicine ADT services that utilize visual communication will be reimbursed for up to two, three-hour sessions per day. Audio-only telemedicine ADT services will be reimbursed up to one hour per day. The maximum hours a provider may bill for telemedicine ADT services is a total of six hours.**

- In a synchronous online environment, (training / learning that happens in real time) individuals may log on and log off early / late. How exactly are providers to document the time in / time out? If the person participates during the time block, does the provider count the entire time block? Is there a minimum?

**Document service delivery in accordance with current documentation requirements in the iBudget Waiver Handbook, which includes service logs that identify the time in and out for the period services were provided, the name of the service, the dates of service provision, summary or list of services provided (including whether it is in person or through telemedicine), and any follow up needed for the recipient's health and safety, if applicable. Service is billed for the actual amount of time a client is involved in the session.**

**In short, the documentation provided must demonstrate that the telemedicine ADT services are being delivered in accordance with the telemedicine guidance, as well as in accordance with the current iBudget handbook in order to demonstrate alignment with in-person ADT services.**

- What is the requirement for documentation of approved staffing ratios? For example, the alert calls for "Telemedicine ADT services that utilize visual communication". If the provider is utilizing an approved audio/video communication platform, but the client either **does not choose** to use the camera feature to show themselves, is this still billable as the ADT content (max six hours) or would it be billed as audio only (max one hour)?

**Yes, this can be billed as visual communication. However, during the context of providing the service, if the client chooses to not turn on their camera, the provider must attempt to engage the person throughout the session.**

- In environments where individuals cannot be left alone and are unable to return to an in-person ADT service for safety reasons, they may be receiving Personal Supports or Residential Habilitation services during the hours that live ADT virtual content is being presented. Many of these individuals would be unable to access virtual content without physical assistance but ADT providers may not be able to provide services in the home due to visitor limitations for health and safety. Can two different providers bill for the Personal Supports / Residential Habilitation and ADT services during the same time block?

**Personal Supports cannot be billed at the same time as ADT. Residential Habilitation is a daily or monthly billed service, it may occur simultaneously.**

- What resources will APD / AHCA provide for those individuals who will be unable to access live-stream virtual content due to lack of internet connection, accessible devices, etc. but who are in need of meaningful day engagement and activities? ADT providers may not be able to provide services in the home due to visitor limitations for health and safety reasons.

**These situations should be addressed on an individualized basis with the Waiver Support Coordinator who can assist with locating natural and community supports, facilitating alternate service options for the client, or facilitating choices about whether the client wants to attend ADT in person.**

- For individuals who are unable or choose not to engage in online content and are only able to be contacted on the telephone, how exact does the provider have to be on the start / end time of the call?

**If the provider is doing a one-hour telephone contact, it should be billed and documented based on the start and end time on the service log.**

- If the phone call lasts less than a full hour, how does the provider bill? Does the provider add up the bits of time throughout the month and hope it adds up to a billable amount?

**The provider should follow the billing instructions identified in the iBudget Waiver Handbook, page 3-2.**

- The model does not address clients who prefer to work from hard copies or DVD's that have been mailed.

**The delivery method described is not a billable service under the telemedicine guidelines. Medicaid reimbursement will only be provided for time spent by a telepresenter with participants.**

- The model does not address the asynchronous online option which happens on the individuals' schedule and could include self-guided modules, streaming video content, virtual libraries, posted notes and exchanges across social media platforms. Is this permissible?

**The delivery method described is not a billable service under the telemedicine guidelines. Medicaid reimbursement will only be provided for time spent by a telepresenter with participants.**

- If consumers do not have the technology to participate in virtual ADT, can packets of information/ activities be given to them? Can this activity count towards any billing?

**The delivery method described is not a billable service under the telemedicine guidelines. Medicaid reimbursement will only be provided for time spent by a telepresenter with participants.**

- The alert indicates audio-only telemedicine ADT services will be reimbursed up to one hour per day. This stipulation makes the service a 1 to 1 service billed at \$4.95 an hour. Providers cannot even pay the staff making the calls, so the model makes no fiscal sense.

**Providers can bill at the rate for which the client is authorized, regardless of the group size. There should be at least one provider staff for every 10 clients.**

- What happens to all the individuals who cannot connect to the telemedicine? The guidelines mean clients will not get weekly visits from staff dropping off activity packets and lesson plans. Staff often spend time with clients and check in on their health and safety (especially mental health). Is this a billable activity?

**These situations should be addressed on an individualized basis with the Waiver Support Coordinator who can assist with locating natural and community supports, facilitating alternate service options for the client, or facilitating choices about whether the client wants to attend ADT in person.**

- The guidelines require documentation of service delivery in accordance with current requirements in the iBudget Waiver Handbook to include service logs that identify the time in and out for the period services were provided. It is difficult to track an in / out for each individual who connects. Providers would have to hire one person to track in and out times so instructors can teach. Individuals sign in and out multiple times during the sessions; sometimes the internet kicks them out; sometimes they have to go to the bathroom.

**Document service delivery in accordance with current documentation requirements in the iBudget Waiver Handbook, which includes service logs that identify the time in and out for the period services were provided, the name of the service, the dates of service provision, summary or list of services provided (including whether it is in person or through telemedicine), and any follow up needed for the recipient's health and safety, if applicable. Service is billed for the actual amount of time a client is involved in the session.**

- The guidelines require the same staffing ratios as currently listed for non-telemedicine ADT services per individual cost plans, regardless of group size or setting. For example, if an individual is approved for a 1:10 ratio on their waiver support plan, the tele-presenter cannot be presenting to more than ten individuals at the same time. One provider has 55 individuals in the zoom and approximately seven instructors moderating when they are not presenting. Having multiple links for each set of ten individuals is complicated and limits peer interactions and access to the different program areas.

**The expectation is that all staff are not presenting at the same time. However, having one staff for every 10 clients allows staff who are not presenting to interact with clients and keep the clients engaged through technology.**

- The guidelines require that providers use HIPAA-compliant telemedicine (remote) supports. Is zoom include as a Two-way audio/visual communication? The courts are using it and we spent the last two months training our staff and individuals to use this platform.

**The provider should ensure that any online meeting meets HIPAA compliance. For more information regarding HIPAA compliant video communications products visit HHS' Office of Civil Rights' website at the following link:**

**<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>**