



Health and Human Services — Temporary Changes Related to Telemedicine

November 10, 2020

On March 13, 2020, the governor issued Emergency Executive Order 20-01, which declared a peacetime emergency related to COVID-19. The commissioner of human services was also granted temporary authority by the governor, through Executive Order 20-12, to waive or modify certain requirements in order to provide essential programs and services during the COVID-19 pandemic. In some cases, DHS has also used existing authority to waive or modify requirements. The legislature also enacted several laws in response to the pandemic.

These tables summarize the waivers and modifications made by the commissioner and the governor, and law provisions passed by the legislature, related to telemedicine. The text in the authorization column identifies, as applicable, the relevant law, executive order (if other than E.O. 20-12), or listing from the “DHS Waivers and Modifications” document available on the DHS website. The information in this document is current through October 30, 2020.

Extension of expiration date for DHS and MDH waivers and modifications

Laws 2020, First Special Session, chapter 7, extended until June 30, 2021, the time period during which a number of the DHS COVID-19 waivers and modifications, including several related to telemedicine, remain in effect. This chapter also extended an MDH COVID-19 modification related to telemedicine until June 30, 2021. The provisions subject to the extension are identified in the text.

A. Health Carriers and Telemedicine – Temporary Changes

Provision	Description	Authorization	Termination/end date
Provision at patient's residence	Health carriers serving private sector, MA, and MinnesotaCare enrollees must cover telemedicine services delivered by a licensed health care provider at a distant site to a patient at the patient's residence.	Laws 2020, ch. 70, art. 3, § 1	February 1, 2021
Eligible provider – health carriers	The definition of “licensed health care provider” (i.e., those providers eligible to provide telemedicine services) is expanded to include mental health practitioners ¹ and respiratory therapists. This applies to health carriers serving private sector, MA, and MinnesotaCare enrollees.	Laws 2020, ch. 74, art. 1, § 15, subd. 2	60 days after end of the peacetime emergency
Telephone conversations as covered telemedicine services	Health carriers serving private sector, MA, and MinnesotaCare enrollees must cover telemedicine services that consist solely or primarily of a telephone conversation between a licensed health care provider and a patient.	Laws 2020, ch. 74, art. 1, § 15, subd. 3	60 days after end of the peacetime emergency
Reimbursement – health carriers	Health carriers serving private sector, MA, and MinnesotaCare enrollees are prohibited from denying or limiting reimbursement solely because services were delivered by telemedicine, or solely based on the mechanism or platform used to deliver telemedicine services.	Laws 2020, ch. 74, art. 1, § 15, subd. 4	60 days after end of the peacetime emergency

¹ Under current law, mental health practitioners are eligible telemedicine providers for MA and MinnesotaCare, but are not required to be eligible telemedicine providers under private sector insurance coverage.

B. State Health Care Programs – Temporary Changes

Provision	Description	Authorization	Termination/end date
<p>School-linked mental health services</p>	<p>DHS has waived certain requirements for school-linked mental health and Intermediate School District Mental Health Innovations programs, to allow:</p> <ul style="list-style-type: none"> ▪ reimbursement of school mental health providers for expanded telemedicine services using grant funds; ▪ the first visit to not be in-person; ▪ provision of more than three telemedicine visits per person per week; and ▪ use of telephone and other nonsecured communication platforms. 	<p>DHS waivers and modifications – waivers under peacetime emergency authority, E.O. 20-12 – CV21; Laws 2020, 1st spec. sess. ch. 7, § 1, subd. 2, cl. (3)</p>	<p>June 30, 2021, unless necessary federal approval is not received</p>
<p>Expansion of telemedicine in public health care programs</p>	<p>DHS has eased certain limits on the use of telemedicine for MA and MinnesotaCare enrollees under both fee-for-service and managed care, to allow:</p> <ul style="list-style-type: none"> ▪ expanding the definition of telemedicine to include telephone calls; ▪ a provider’s first visit with a patient to be by phone; and ▪ more than three telemedicine visits per enrollee per week. <p>The changes became effective retroactively to March 18, 2020.</p> <p>The expanded use of telemedicine also applies to services provided to children with autism spectrum disorder and related conditions through the MA Early Intensive Developmental and Behavioral Intervention benefit. (See DHS Bulletin 20-48-02, Early Intensive Developmental and</p>	<p>DHS waivers and modifications – Medicaid and MinnesotaCare approvals – CV16; DHS waivers and modifications – Modifying Certain Requirements for EIDBI Services – CV50; Laws 2020, 1st spec. sess. ch. 7, § 1, subd. 2, cls. (2) and (12)</p>	<p>June 30, 2021, unless necessary federal approval is not received</p>

Provision	Description	Authorization	Termination/end date
	Behavioral Intervention (EIDBI) changes for telemedicine, coordinated care conferences and individual treatment plans, May 5, 2020.)		
Eligible provider – state health care, mental health, and substance use disorder services	<p>DHS has expanded the list of providers, and their tribal provider equivalents, eligible to provide telemedicine services to include the following:</p> <ul style="list-style-type: none"> ▪ providers who are supervised by providers eligible under current law to provide telemedicine services; ▪ mental health certified peer specialists and mental health family peer specialists; ▪ mental health rehabilitation workers in Adult Rehabilitative Mental Health Services (ARMHS); ▪ mental health behavioral aides in Children’s Therapeutic Support Services (CTSS); and ▪ alcohol and drug counselors, alcohol and drug counselor-tempers, recovery peers, and student interns in licensed SUD programs. <p>Telemedicine is also expanded to Rule 25 assessments, comprehensive assessments, and group therapy.</p> <p>These changes took effect March 19, 2020.</p>	DHS waivers and modifications – Medicaid and MinnesotaCare approvals – CV30; Laws 2020, 1st spec. sess. ch. 7, § 1, subd. 2, cl. (5)	June 30, 2021, unless necessary federal approval is not received
Licensing requirements – substance use disorder treatment	DHS temporarily modified certain licensing requirements for substance use disorder treatment. The modifications related to telemedicine allow: (1) programs to complete comprehensive assessments by phone or video; and (2) counselors, recovery peers, or treatment coordinators to provide treatment services from their home by phone or video to a client in their home.	DHS waivers and modifications – waivers under peacetime emergency authority, E.O. 20-12 – CV45; Laws 2020, 1st spec. sess. ch. 7, § 1, subd. 2, cl. (10)	June 30, 2021, unless necessary federal approval is not received

Provision	Description	Authorization	Termination/end date
	These changes were effective retroactive to March 13, 2020.		
Licensing requirements – mental health centers	DHS temporarily modified certain licensing requirements for mental health centers, including allowing mental health professionals to provide required client-specific supervisory contact by telephone or video communication instead of face-to-face supervision. These changes were effective retroactive to March 13, 2020.	DHS waivers and modifications – waivers under peacetime emergency authority, E.O. 20-12 – CV64; Laws 2020, 1st spec. sess. ch. 7, § 1, subd. 2, cl. (14)	June 30, 2021
Telemedicine payment for children with IEPs	DHS has allowed school districts to receive MA payments for physical therapy, occupational therapy, and speech language pathology services delivered via store-and-forward telemedicine to children with Individual Educational Plans (IEPs). This reimbursement is available only for children participating in distance learning (hybrid or ongoing). This change took effect August 1, 2020.	DHS waivers and modifications – changes under existing authority – CV94	Through the peacetime emergency or July 1, 2021, whichever is later

C. Out-of-State Mental Health Care Providers – Temporary Changes

Provision	Description	Authorization	Termination/end date
Out-of-state mental health providers	Out-of-state mental health providers are allowed to provide telehealth services in Minnesota. This applies to providers who otherwise must be licensed by the boards of psychology, social work, marriage and family therapy, and behavioral health therapy. Individuals must register with the appropriate board.	Executive Order 20-28	End of the peacetime emergency

D. Telemedicine and In-Person Services – Temporary Changes

Provision	Description	Authorization	Termination/end date
Remote delivery of adult day services	DHS has authorized licensed adult day service providers, directed to close on March 29, 2020, to provide certain services remotely via two-way interactive video or audio communication, and/or in person, to one individual at a time. This alternative delivery authorization applies to: wellness checks and health-related services, socialization/companionship, activities, delivered meals, assistance with activities of daily living, and individual support to family caregivers. Implementation of this change will be coordinated with the October 16, 2020 implementation date for changes in adult day services licensing requirements (see DHS waivers and modifications – waivers under peacetime emergency authority, E.O. 20-12 – CV49).	DHS waivers and modifications – Medicaid and MinnesotaCare approvals – CV44; Laws 2020, 1st spec. sess. ch. 7, § 1, subd. 2, cl. (9)	June 30, 2021, unless necessary federal approval is not received
Expansion of remote services for waived service enrollees	DHS has allowed waived services clients living in their own homes, or in certain provider-controlled residential settings such as corporate adult foster care, family foster care, and customized living, to receive services remotely by phone or other interactive technologies. This modification affects the following programs: Alternative Care (AC) program, Brain Injury (BI) waiver, Community Alternative Care (CAC) waiver, Community Access for Disability Inclusion (CADI) waiver, Developmental Disabilities (DD) waiver, Elderly waiver (EW), and Essential Community Supports. This change took effect April 29, 2020.	DHS waivers and modifications – Medicaid and MinnesotaCare approvals – CV43; Laws 2020, 1st spec. sess. ch. 7, §1, subd. 2, cl. (8)	June 30, 2021, unless necessary federal approval is not received

Provision	Description	Authorization	Termination/end date
Issuance of prescriptions for substance use disorder treatment	Allows the examination requirement for prescribing drugs to treat substance use disorder to be met if the prescribing practitioner performs a telemedicine examination. This provision took effect May 28, 2020.	Laws 2020, ch. 115, art. 2, § 30	60 days after the peacetime emergency ends
Medical cannabis – certification of qualifying medical condition and pharmacist consult	<p>An executive order made several changes to the operation of the medical cannabis program. Relative to telemedicine, the order:</p> <ul style="list-style-type: none"> ▪ authorizes health care practitioners to certify a patient’s qualifying medical condition through videoconference, telephone, or other remote means, rather than through an in-person visit; and ▪ allows the patient’s consultation with a pharmacist to determine the proper dosage of medical cannabis to also occur by videoconference, telephone, or other remote means, in a manner that protects patient privacy (current law allows this consult to take place through videoconference while the patient is at the distribution facility). 	Executive Order 20-26; Laws 2020, 1st spec. sess. ch. 7, § 2	June 30, 2021
Waiver of face-to-face visit requirement for home and community-based services	The commissioner has waived certain face-to-face requirements for MA home and community-based services, allowing for assessments of need to be conducted by phone or online and allowing case managers to conduct visits by phone or online. The programs affected by these changes include alternative care, the home and community-based services waivers (BI, CAC, CADI, DD, and elderly waiver), and essential community supports. These provisions are effective retroactively to March 18, 2020.	DHS waivers and modifications – Medicaid and MinnesotaCare approvals – CV15; Laws 2020, 1st spec. sess. ch. 7, § 1, subd. 2, cl. (1)	June 30, 2021, unless necessary federal approval is not received

Provision	Description	Authorization	Termination/end date
<p>Waiver of face-to-face visits for targeted case management</p>	<p>The commissioner has waived the requirement that certain targeted case management services be provided through a face-to-face visit. This waiver applies to: child welfare targeted case management, children’s mental health targeted case management, adult mental health targeted case management, vulnerable adult or adult with developmental disabilities targeted case management, and relocation service coordination targeted case management. The change was effective retroactive to March 19, 2020. (See also DHS Bulletin 20-69-02, Targeted Case Management changes for face-to-face contact requirements, April 2, 2020.)</p>	<p>DHS waivers and modifications – Medicaid and MinnesotaCare approvals – CV24; Laws 2020, 1st spec. sess. ch. 7, § 1, subd. 2, cl. (4)</p>	<p>June 30, 2021, unless necessary federal approval is not received</p>
<p>Physical therapist assistant observation</p>	<p>Physical therapists are authorized in law to meet the on-site observation requirement for treatment delegated to physical therapy assistants by observing treatment components via telemedicine.</p>	<p>Laws 2020, ch. 115, art. 2, § 32</p>	<p>60 days after the end of the peacetime emergency</p>



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