COMMONWEALTH OF PENNSYLVANIA
DEPUTY SECRETARY FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

MEMORANDUM

TO: All Behavioral Health Managed Care Organizations, Behavioral Health HealthChoices Contractors, County Mental Health/Intellectual Disability Offices, and Behavioral Health Providers.

FROM: Kristen Houser
Deputy Secretary
Office of Mental Health and Substance Abuse Services

RE: Temporary Suspension of portions of bulletins and other guidance documents for Peer Support Services, Blended Case Management, Resource Coordination, Mental Health Crisis Intervention, Assertive Community Treatment, Behavioral Health Rehabilitation Services, Residential Treatment Facilities, and Family Based Mental Health Services.

Impacted Bulletins and Guidance Documents: Bulletin OMHSAS-19-05, Bulletin OMHSAS-10-03, Bulletin OMH-93-09, Bulletin OMH-93-10, Un-promulgated Chapter 5240, Bulletin OMHSAS-08-03, Bulletin MAB 01-01-05, Bulletin OMHSAS-17-01, Bulletin MAB 01-94-01, Bulletin MAB 1157-95-01, Un-promulgated Chapter 5260.

DATE: February 18, 2021

PURPOSE:

The Office of Mental Health and Substance Abuse Services (OMHSAS) is issuing this Memorandum to inform Behavioral Health Managed Care Organizations (BH-MCOs), County Mental Health/Intellectual Disability Offices, and behavioral health providers of the temporary suspensions of the portions of OMHSAS bulletins and other OMHSAS guidance documents related to Peer Support Services, Blended Case Management, Resource Coordination, Mental Health Crisis Intervention, Family Based Services, Assertive Community Treatment, Behavioral Health Rehabilitation Services, and Residential Treatment Facilities.

Comments and questions regarding this Memorandum should be directed to OMHSAS Field Offices:

Central Field Office: 717-705-8395; **Northeast Field Office:** 570-963-4335
Southeast Field Office: 610-313-5844; **Southwest Field Office**: 412-565-5226

BACKGROUND:

On March 6, 2020, Governor Tom Wolf issued a Proclamation of Disaster Emergency ("the Disaster Proclamation"), which was renewed for 90 days on June 3, 2020, to enable agencies to respond promptly to the pandemic. In the Disaster Proclamation, the Governor authorized suspension of regulations and regulatory statutes that would prevent, hinder, or delay necessary action to cope with the COVID-19 emergency. Additionally, on May 6, 2020, Governor Wolf issued an order ("Order Of The Governor of the Commonwealth of Pennsylvania to Enhance Protections for Health Care Professionals") to enhance protections for health care professionals, in which he also suspended multiple statutes and regulations, including several related to the provision of mental health services in the MA program.

Pursuant to the Disaster Proclamation and the Governor's Order on May 6, 2020, On August 14, 2020, OMHSAS issued a memorandum announcing the suspension of portions of chapters 1151, 1153, 1155, 1223, 5100, 5200, 5210, 5221, 5230, 5310, 5320, 5240 within Title 55 of the Pennsylvania Code. That memorandum was re-issued on October 22, 2020, to update signature requirements for treatment and service plans. The memorandum and the detailed list of regulatory suspensions outlined in that memorandum are available at A memorandum summarizing the regulatory suspensions and A chart with a detailed list of the regulatory provisions suspended respectively.

OMHSAS is issuing this new memorandum to announce additional suspension of requirements delineated in various bulletins and other non-regulatory guidance documents. The temporary suspension of these non-regulatory guidance documents is intended to support the health and safety efforts of the agencies and facilities in protecting the individuals and families they serve and their workforce. The suspensions support the continued and uninterrupted delivery of behavioral health services in the face of the challenges created by the COVID-19 pandemic.

TEMPORARY SUSPENSION OF PROVISIONS:

The attached document outlines the various provisions being suspended, scope of the suspensions, and any binding conditions for the suspensions. Highlights of the suspensions are noted below:

- Suspension of requirements for face-to-face contacts with beneficiaries if it is clinically appropriate to utilize telehealth/telephone to provide those services.
- Suspension of training and certification requirements for staff for certain services.
- Suspension of timeframes for assessments, treatment/service plan development and revisions.
- Suspension of requirements around signatures.
- Suspension of staff to beneficiary ratio in certain services.
- Suspension of fidelity assessments.

The suspension of these requirements will be retroactive to the Governor's Disaster Declaration and will remain in place while the Governor's Disaster Proclamation remains in effect or such other time as DHS/OMHSAS directs. For provisions that are not suspended under this list, entities may submit a waiver request to OMHSAS to request temporary relief from other requirements to be considered on a case-by-case basis. These requests should be submitted to the respective OMHSAS Regional Offices. During this emergency, OMHSAS will not require a letter of support from the county for those individual waiver requests.

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Bulletins and Guidance Suspension

Published: February 12, 2021

*The suspensions included in this chart are valid from March 6, 2020, and will remain in place while the Disaster Proclamation related to COVID-19 remains in effect or such other time as DHS/OMHSAS directs.

Impacted Bulletins and Guidance Documents: Bulletin OMHSAS 19-05, Bulletin OMHSAS -10-03, Bulletin OMH-93-09, Bulletin OMH-93-10, Un-promulgated Chapter 5240, Bulletin OMHSAS-08-03, Bulletin MAB-01-01-05, Bulletin OMHSAS-17-01, Bulletin MAB 01-94-01, Bulletin MAB 1157-95-01, Un-promulgated Chapter 5260.

Citation	Provision to be Suspended	Scope of Suspension
Peer Support Services (PSS)		
Bulletin, OMHSAS 19-05, Effective November 15, 2019 Peer Support-Revised Handbook VII pg 18-19(2) VII pg 21-22(7) VII pg 12-13(Assessment and ITP)	(2) Supervisors shall conduct a minimum of one in-person, individual meeting with each Certified Peer Specialist (CPS) per week with additional support as needed or requested (7) Telephonic services. Peer support that is provided by phone is limited to 25% or less of total service time provided per individual per calendar year. Assessment: (1) A PSS agency shall complete an assessment of an individual prior to the development of the ISP. (f) Be signed by the individual and staff.	(2) Full suspension of the requirement for weekly face-to-face supervision. Supervision requirements can be met via two-way video conferencing when appropriate. (7) Full suspension of the requirement to have 25% or less telephone contact. Telehealth can be used as appropriate. Assessment: (1) Limited Suspension: Signature requirements, including signatures for service plans and written consent, are suspended. Verbal consent must be documented at the time of service and providers are

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	Individual service plan (ISP): (1) PSS agencies shall ensure that an ISP is developed by the individual, the CPS, and the mental health professional within one month of service initiation and every six months thereafter. If the ISP is not completed within one month due to circumstances outside the PSS agency's control, the agency shall document attempts to complete the ISP within one month and the reason for the delay. (2) The ISP must be consistent with the assessment and include the following: (g) Dated signatures of the individual, the CPS working with the individual and the mental health professional.	strongly encouraged to obtain signatures electronically when possible. ISP: (1) Limited Suspension: Signature requirements, including signatures for service plans and written consent, are suspended. Verbal consent must be documented at the time of service and providers are strongly encouraged to obtain signatures electronically when possible.
Bulletin, OMHSAS 19-05 Effective November 15, 2019 Peer Support Revised Handbook Pg VII-8 Peer Support Revised Handbook Pg VII-9	Section B PSS Staff Backgrounds (1) Certified Peer Specialists. CPSs must meet all of the following: (f) Hold and maintain CPS certification through the PCB or attain certification through the PCB within six months of hire and maintain CPS certification. Staff training and professional development: (6) CPS certification through the PCB shall be attained within six months of hire as a CPS.	Full suspension of the requirement to attain certification through the Pennsylvania Certification Board (PCB) within six months of hire provided they have completed the PCB-approved CPS training.

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Blended Case Management		
OMHSAS -10-03 Attachment D. Blended Case Management Guidelines. Section 1: General Provisions	Case Load Size- OMHSAS has determined that the case load size for Blended Case Management shall not exceed 30. Supervision - OMHSAS has determined that a supervisor shall supervise no more than nine blended case managers. If there are less than nine blended case mangers providing blended case management, the supervisor shall devote 1/9th of available hours per week to supervising each blended case manager	Limited suspension of the maximum caseload limit and the number of blended case managers per supervisor, however, caseloads shall only exceed 30 and supervisors shall only supervise more than nine blended case managers in instances when it is vital to ensure continuity of care. When caseloads or supervision limits exceed the requirements outlined in the provisions it should be clearly documented as to why.
OMHSAS -10-03 Attachment D. Blended Case Management Guidelines. Responsibilities of Providers	Face-to-face contact with a child or adolescent consumer shall be made at least once a month and face-to-face contact with an adult consumer shall be made at least every two months.	Limited suspension of the requirement that face-to-face contact with a child or adolescent consumer shall be made at least once a month and face-to-face contact with an adult consumer shall be made at least every two months. Services may be provided via telehealth/telephone as needed.
OMHSAS-10-03 Attachment D. Blended Case Management Guidelines	C. Written Service Plan: The plan shall: 1. Be developed within 1 month of registration with input from the consumer ad reviewed at least every 6 months. 3. Be signed by the consumer, the family if the consumer is a child, the blended case manager, the blended case management supervisor and others as deemed appropriate by the consumer and the blended case manager. If signatures cannot be	Limited Suspension: During the emergency declaration period, the written service plan shall be-reviewed as needed, but at least annually. Telehealth may be utilized to develop the initial plan and for the subsequent reviews during this emergency. Limited Suspension: The requirements for signatures by consumers and case

	obtained, attempts to obtain them should be documented. D.1. Documentation of Services. Case Notes: ……. e. Be dated and signed by the individual providing the service. D.2. Documentation of Referral for Other Services: a. Signed Encounter forms.	managers in case notes, encounter forms and service plans are suspended. Verbal consent must be documented at the time of service and providers are strongly encouraged to obtain signatures electronically when possible.
Resource Coordination		
OMH-93-09 Resource Coordination. Attachment C: General Provisions	ORGANIZATION There shall be a full-time supervisor to provide individual supervision for every 10 resource coordinators. If a full-time supervisor is not required, a supervisor may have other duties but must devote 1/10th of available hours per week to supervising each resource coordinator. The caseload size for adults is a minimum of 30 and a maximum of 75. The caseload size for children and adolescents is a minimum of 20 and a maximum of 40.	Limited suspension of the maximum number of resource coordinators per supervisor, however, supervisors shall only supervise more than ten resource coordinators in instances where it is vital to ensure continuity of care. When supervision limits exceed the requirements outlined in the provisions it should be clearly documented as to why
Resource Coordination: Implementation OMH-93-09 Requirements:	Case Records - …The plan must be signed by the consumer, the family if the consumer is a child, the resource coordinator and others as determined appropriate by the consumer and the resource coordinator.	Limited Suspension: The requirements for signatures by consumers and case managers in case notes, encounter forms and service plans are suspended. Verbal consent must be documented at the time of service and providers are strongly encouraged to obtain signatures electronically when possible.

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OMH-93-09 Resource Coordination. Responsibilities of Providers:	The initial plan must be developed within 30 days of admission to resource coordination…. Providers must deliver services as needed in the place where the consumer resides or needs the service. Services may also be provided at the Resource Coordinator's office when off-site interventions would not be more appropriate. Providers must contact the consumer or the parents, if the consumer is a child or adolescent, at least once a month. Face-to-face contact with a child or adolescent consumer shall be made at least once a month. Face-to-face contact with an adult consumer shall be made at least every two months. If the consumer cannot be contacted face-to-face, the attempt to contact shall be documented.	Limited Suspension: Telehealth may be utilized to develop the initial plan and for the subsequent reviews during this emergency. Limited suspension of the requirement that face-to-face contact with a child or adolescent consumer shall be made at least once a month and face-to-face contact with an adult consumer shall be made at least every two months. Services may be provided via telehealth/telephone as needed.
Mental Health Crisis Intervention		
"Bulletin, OMH-93-10 Effective July 1, 1993 Proposed regulation published in PA Bulletin Volume	Service description. Walk-In Crisis. The walk-in crisis service is service provided at a provider site in face-to-face contact with individuals in crisis or with individuals seeking help for persons in crisis.	Limited suspension of the requirement that walk-in crisis service is provided at a provider site in face-to-face contact with individuals in crisis or with individuals seeking help for persons in crisis. Services may be provided via telehealth/telephone as needed.

23 #10 March 6, 1993" XXXX.91. Crisis Intervention		
XXXX.101 Crisis Intervention	Service Description. Mobile Crisis: The mobile crisis service is service provided at a community site which is the place where crisis is occurring or a place where a person in crisis is located. The service shall be available with prompt response. Service may be individual or team delivered by mental health professionals or workers. Service includes crisis intervention, assessment, counseling, resolution, referral and follow-up. Extended service by mobile crisis aides is available. The service provides back-up and linkages with other services and referrals. Access to mobile crisis service shall be obtained through approved sources.	Limited suspension of the requirement that mobile crisis service is service provided at a community site which is the place where crisis is occurring or a place where a person in crisis is located, if the provider can demonstrate in the documentation that meeting the individual in the community would pose significant health risk to the mobile crisis staff. Individuals can call mobile crisis service prior to going to the emergency room, and mobile crisis can meet them in the community if able, or at the emergency room.
XXXX.123. Crisis Intervention	Provider responsibilities. (b) (1) service is provided by treatment teams composed of one medical professional, an RN, or medical assistant qualified to administer medication and another person who is a mental health professional or worker. Staff persons shall qualify under 5240.31 (relating to staff requirements). A treatment team shall have either a medical professional or mental health professional present.	Limited Suspension: OMHASAS would allow teams to be partially staffed. However, the requirement for a medical professional and an RN or medical assistant qualified to administer medication will not be waived as part of this suspension.

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Assertive Community Treatment (ACT)		
OMHSAS-08-03, Section III: Responsibilities Responsibilities of County Administrators	….. County Administrators shall ensure that the latest version of the Dartmouth Assertive Community Treatment Scale (DACTS), as stipulated by OMHSAS, is completed annually for each ACT team either by the Managed Care Organization or a consultant familiar with the DACTS fidelity tool…… Note: Pennsylvania currently uses The Tool for Measurement of ACT (TMACT) in place of DACTS. Any reference to DACTS in this memorandum should be read in that context. Any suspension of DACTS implies suspension of TMACT.	Limited suspension of the DACTS completion. The provider may attempt to use telecommunications technology to comply with this requirement. The provider should document efforts made to complete the DACTS fidelity assessment if it is not possible.
OMHSAS-08-03, Section III: Responsibilities Responsibilities of Providers	H. (2nd H) The ACT team shall provide ongoing contact for consumers who are hospitalized for substance abuse or psychiatric reasons. To assist the continuity of care of those consumers, the ACT team shall: …. b) make contact with the consumer and inpatient provider within 48 hours of knowing of the inpatient admission… c) maintain at least weekly face-to-face contact with the consumer and the inpatient treatment team staff; M. The ACT team (or its organizational representative) shall actively recruit new consumers…..	Limited Suspension: This requirement may be met via telehealth. Full suspension of the requirement to actively recruit new consumers.
OMHSAS-08-03, Section IV:	Each full-size ACT team shall provide at least 75 percent of service contacts in the community in	Full Suspension of the minimum percentages.

Program Organization Place of Treatment	non-office-based (office-based includes telephone contacts also) or non-facility-based settings, while each modified team shall provide 85 percent of services in the community in non-office based or non-facility based settings.	
OMHSAS-08-03, Section IV: Program Organization Staff Supervision	A. Individual, side-by-side sessions in which the supervisor accompanies an individual staff member to meet with consumers….	Limited Suspension: Videoconferencing technology may be used to do this.
OMHSAS-08-03, Section V: Staff Requirements	Psychiatrist: (g) Conduct home visits; Other Training Requirements: All ACT staff, with the exception of the program/administrative assistant, shall complete 12 hours of co-occurring disorder (mental health/substance abuse)-specific training, recovery/resiliency training, and training on trauma within six months of hire unless they have already had this training within the past 2 years……All ACT staff, with the exception of the program/administrative assistant, shall also complete 12 hours of annual training that includes training conducted by consumers and family members. The training should include instruction in the areas most relevant to the needs of the individuals served by the team.	Limited suspension of the requirement for the psychiatrist to conduct home visits. This may be done via telehealth. Full suspension of the requirement of initial and annual 12-hour training minimum. Trainings should be rescheduled for a later date and online options should be considered.

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OMHSAS-08-03, Section VI: Consumer-Centered Assessment and Individualized Treatment Planning	<u>Initial Assessment</u>: ……. The initial treatment plan also known as the initial community support plan is completed on the day of admission and guides team services until the comprehensive assessment and comprehensive treatment plan are completed. At a minimum, the initial treatment plan should contain the following information: G. Consumer's signature	Limited Suspension: The requirements for signatures are suspended. Verbal consent must be documented at the time of service and providers are strongly encouraged to obtain signatures electronically when possible.
OMHSAS-08-03, Section VII: Required Services	<u>Work-Related Services</u> F. Work-related supportive services, such as assistance with grooming and personal hygiene, …..and transportation, if needed; <u>Activities of Daily Living</u> Services to support activities of daily living in community-based settings ….. sufficient side-by-side assistance and support….to: A. Find housing which is safe, of good quality, and affordable (e.g., apartment hunting); finding a roommate; landlord negotiations; furnishing, and decorating; and procuring necessities (such as telephones, furnishings, linens); B. Perform household activities, including house cleaning, cooking, grocery shopping, and laundry, carry out personal hygiene and grooming tasks, as needed;	Full suspension of work-related services. Limited suspension of the requirement of "side-by-side" assistance. Telehealth may be used to provide these services as able.

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	C. Develop or improve money-management skills; D. Use available transportation; E. Have and effectively use a personal physician and dentist <u>Social/Interpersonal Relationship and Leisure-Time Skill Training</u> Services to support….. side-by-side support and coaching; and organizing individual and group social and recreational activities to structure consumers' time, increase their social experiences, and provide them with opportunities to practice social skills….. <u>Support Services</u> E. Transportation;	Limited suspension of the requirement of "side-by-side" support and coaching. Telehealth should be used to provide these services as able. Full suspension of transportation services.
OMHSAS-08-03, Section VIII: Recordkeeping	<u>Consumer Case Record</u> G. Other record contents shall include, but not be limited to: d. A signed consent for treatment for all voluntary admissions	Limited Suspension: The requirements for signatures are suspended although providers are strongly encouraged to obtain them electronically when possible. Verbal consent must however be documented.
OMHSAS-08-03, Section XI: Performance Improvement and Program Evaluation	C. Fidelity to the ACT model using the latest version of the Dartmouth Assertive Community Treatment Scale (DACTS) stipulated by OMHSAS. The DACTS shall be completed annually for each ACT team either by the Managed Care Organization or a consultant familiar with the DACTS fidelity tool….. OMHSAS will review the results of the DACTS	Limited suspension of the DACTS completion. Provider may use telecommunications technology to comply with this requirement. The provider should document efforts made to complete the

	fidelity scale along with the program standards as part of the licensing/approval process. Note: Pennsylvania currently uses The Tool for Measurement of ACT (TMACT) in place of DACTS. Any reference to DACTS should be read in that context. Any suspension of DACTS implies suspension of TMACT.	DACTS fidelity assessment if it is not possible.
OMHSAS-08-03, Section XIII: ACT Advisory Committee	….. The advisory committee shall meet at least quarterly, with regular attendance by the team leader (or designee),…..	Limited suspension of the advisory committee meetings described. Telecommunications technology may be used to comply with this provision.
Children's Services		
MAB-01-01-05	Frequency of Interagency Service Planning Team Meetings (ISPT): "Effective July 1, 2001, an ISPT meeting will be required only before BHRS services are initiated and annually thereafter unless: a. any member of the team, including the parent or responsible caregiver, requests the team convene sooner, based on the need of the child or adolescent; or b. the child is receiving (or expected to receive) services from three or more service delivery systems (e.g. mental health, mental retardation,	Full Suspension: Because some treatment team members may not be available during the emergency declaration period the requirement to hold ISPTs is suspended during this time. ISPTs may also occur via telehealth and telephonically during the disaster declaration period

	children and youth, juvenile justice, drug and alcohol, education).	
MAB-01-01-05	Supervision for Therapeutic Support Services (TSS) workers: "The ongoing supervision must include periodic on-site supervision, in addition to office or consultative supervision. The amount of on-site supervision to be provided is to be determined by the supervisor and the agency, taking into account the experience of the TSS worker and the needs of the children and adolescents served by the worker."	Limited Suspension: During the emergency declaration period supervision can take place remotely. The requirement for office or on-site supervision can be waived during this time.
OMHSAS-17-01 and OMHSAS 17-01 Attachment 1	Documentation to Support the Medical Necessity of Applied Behavioral Analysis (ABA): "The following documentation is required to support the medical necessity of a request for ABA using BSC-ASD services or BSC-ASD and TSS services for children and adolescents under the age of 21 with ASD: 1. The most recent face-to-face strengths-based evaluation or re-evaluation completed by a Board Certified or Board eligible child and adolescent psychiatrist, developmental pediatrician, pediatric neurologist, or licensed psychologist specializing in children or adolescents. In the absence of these prescribers, the evaluation or re-evaluation may be completed by a licensed physician or licensed psychologist….."	Limited Suspension: During the emergency declaration period OMHSAS will accept evaluations completed via telehealth.

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MAB 01-94-01	Requirements and Procedures: "2. A Psychiatric or Psychological Evaluation of the child, to determine specific elements of medical necessity and to rule out the need for psychiatric hospitalization, must be performed prior to initiation of these services. Diagnosis must include Diagnostic and Statistical Manual II R Axes I-V, with specification of psychosocial stressors under Axis Iv. If a Psychiatric or Psychological Evaluation of the child was completed within the four months prior to initiation of services, and the Evaluation included a face-to-face with the child and documented medical necessity for the services, a new Evaluation is not required. If the Evaluation did not include both a face-to-face with the child and documentation of medical necessity, an addendum to the Evaluation, based upon a face-to-face evaluation, is acceptable. "	Limited Suspension: during the emergency declaration response period OMHSAS will accept evaluations completed via telehealth.
MAB 01-94-01	Description of Mobile Therapy Services: "The mobile therapist, by definition, providers intensive therapeutic services to a child and family in settings other than a provider agency or office. Settings include the child's home, in particular. Other potential settings for the mobile therapist's services include the school, the church, the community center, a neighbor's or	Limited Suspension: During the emergency declaration response period, OMHSAS will allow mobile therapy to be delivered via telehealth. Providers must submit a telehealth attestation to OMHSAS in order to do so.

	extended family member's home, and other community setting. "	
MAB 01-94-01	DESCRIPTION OF THERAPEUTIC STAFF SUPPORT SERVICES: Therapeutic staff support services provide one-on-one interventions to a child or adolescent at home, school, day care, YMCA, emergency room, other community-based program, or community setting when the behavior without this intervention would require a more restrictive treatment or educational setting.	Limited Suspension: During the emergency declaration response period OMHSAS will allow modified TSS to be delivered via telehealth. Providers must submit a telehealth attestation and plan for delivery to OMHSAS in order to do so.
MAB 01-94-01	Description of Behavioral Specialist Consultant Services: "The behavioral specialist consultant, in collaboration with other members of the treatment team, designs and directs the implementation of a behavior modification intervention plan which is individualized to each child or adolescent and to family needs. The behavioral specialist consultant identifies behavioral goals and intervention techniques and recommends non-aversive behavioral change methods. Members of the treatment team and family provide the service directly to the child and/or family in the home, school, day care, emergency room, or other community program or setting. "	Limited Suspension: During the emergency declaration response period, OMHSAS will allow BSC to be delivered via telehealth. Providers must submit a telehealth attestation to OMHSAS in order to do so.

OMHSAS-10-04	Frequency of comprehensive evaluations to determine the need for BHR services, as well as, the maximum length of the authorization period	Limited Suspension: During the emergency declaration response period, OMHSAS will accept evaluations conducted via telehealth and waives the required timeframes as well as maximum authorization periods to best accommodate service delivery during the emergency declaration period.
MAB 1157-95-01	Psychiatric Evaluations for RTF Admissions "A current psychiatric/psychological evaluation is one which has been conducted within sixty (60) days prior to admission to the program. A psychiatric/psychological evaluation for a child placed on a waiting list during which time the thirty (30) day maximum has passed, shall continue to be "current" for an additional thirty (30) days."	Limited Suspension: During the emergency declaration response period, OMHSAS will accept evaluations completed via telehealth. In addition, evaluations may be conducted up to 120 days prior to admission to the program and will continue be considered "current" for any child on a wait list for an additional 30 days.
Proposed Family Based Mental Health Regulations (not promulgated)		

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5260.21 Organizational requirements	5260.21 Organizational requirements (4) each team may serve a maximum caseload of eight consumer families at a time. (5) there shall be a minimum of 1 hour of face-to-face contact per consumer family per week. (7) Team members, either individually or together, shall have face-to-face contact with member of the consumer family on a regularly scheduled basis as well as when needed.	Full suspension of the maximum caseload size. Limited suspension of the requirement for face-to-face contact. Contact requirements can be met via telehealth when appropriate.
5260.23 Staff requirements	5260.23 Staff requirements (e) The program director shall have at least one documented supervisory meeting with each team at least once a week.	Limited suspension of the requirement for face-to-face supervision. Supervision requirements can be met via two-way video conferencing when appropriate.
5260.31 (6)	(6) Required staff persons to attend appropriate training on a regular basis and as required by the Department.	Full suspension of the requirement of having staff persons attend appropriate training on a regular basis as required by the department.
5260.43 Treatment planning	5260.43 Treatment planning (c)(1) The parent of a consumer who is a child shall sign the treatment plan and updates. (2) An adolescent who is a consumer shall sign the treatment plan. (e) The initial treatment plan shall be prepared, reviewed and approved by the program director and clinical consultant, if required, within 5 calendar days of the initial service. (f) The plan	Limited Suspension: Signature requirements are suspended. Verbal consent must be documented at the time of service and providers are strongly encouraged to obtain signatures electronically when possible.

5260.44 Policies and procedures	shall be review and updated at least once a month thereafter. 5260.44 Policies and procedures (j) The unit of service for billing purposes shall be ¼ hour or major portion thereof in which a member of the team is one of the following: (1) In face-to-face or telephone contact with a member of the consumer family or friends, service providers or other essential person for the purpose of assisting the consumer family in meeting its treatment goals.	Limited suspension of the requirement for face-to-face contact. Contact requirements can be met via telehealth when appropriate.