NH Department of Health and Human Services (DHHS)
Division for Behavioral Health
Bureau of Mental Health Services

105 Pleasant St.
Concord, NH 03301

Community Mental Health Centers

DATE:	April 1, 2020
TO:	Community Mental Health Programs
FROM:	Julianne Carbin, Director, Bureau of Mental Health Services
SUBJECT:	COVID-19 Emergency Guidance #3 NH Community Behavioral Health Association Submitted Questions

The Bureau of Mental Health Services (BMHS) is working with our provider community to adhere to the guidance outlined by the Centers for Disease Control (CDC), the State's Division of Public Health Services, and our federal and State partners. Although organizations are responsible for daily operations and management of their COVID-19 responses, the following common questions have been raised by providers and therefore guidance is being provided.

In order to track and respond to your questions most efficiently, the BMHS is working with the NH Community Behavioral Health Association (NHCBHA) to receive and collate your questions relative to overarching policy, billing, practice, barriers, issues faced during the COVID-19 Emergency, as well as to receive your recommendations or ideas. For site/program specific questions, please reach out to us directly by sending correspondence to all of the following: Julianne Carbin, Kelley Capuchino, and Erica Ungarelli, with a CC to Julia McNamara.

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The Bureau extends its sincere gratitude to those who are working to ensure the health and safety of the individuals and families we serve.

Timeline

COVID-19 Emergency guidance will be in place for 60-days effective Wednesday, March 18, 2020. Where a response provides an extension that exceed this 60-day period, the extension applies. The BMHS will provide, modify and extend guidance as needed.

Staffing Questions

Question 1:
If current staff are unable to work due to COVID-19 related issues, what recommendations does the BMHS have to ensure that hiring is not delayed if current background checks are not on file for new hires?

Response:
If the person has a background check on file indicating that he or she previously passed a criminal record check and/or driver's record check, those checks may be transferred to another agency regardless of how long ago they were conducted.

The BMHS understands that there is a delay in obtaining criminal record checks. Due to this delay, if the staff is new and does not have a criminal record check and/or driver's check on file, the agency must obtain a self-attestation from the individual that he or she meets the requirements outlined in He-M 403.07(b) relative to background checks. The agency must still submit a request for the required background checks; in the meantime, however, a 90-day extension is automatically granted for the agency to obtain the background checks for all new staff.

Question 2:
Can we waive TB testing requirements for new hires?

Response:
He-M 1002.04(b) requires personnel to have a negative TB test or evidence of follow up in accordance with Centers for Disease and Prevention guidelines within the previous 6 months, prior to providing services. To reduce the burden on the health care system and reduce exposure of new employees to environments where sick individuals are present, TB testing requirements will be suspended for up to 60 days without a waiver request.

Question 3:
What should centers do if they are unable to meet staffing regulations if staff get sick or are required to isolate? Who should this be reported to? Can they get a waiver on staffing requirements?

Response:
Please notify your primary point of contact at the BMHS if your agency experiences staffing shortages and is unable to meet staffing regulations. BMHS staff will ask if you have a coverage plan, intend to close part or all of a program, and inquire about your ability to uphold the health and safety of staff and individuals you serve. All situations will be evaluated on a case-by-case basis.

Question 4:
For staff who are currently participating in the State Loan Repayment Program, there is a required threshold for clinical time spent with patients. Would the State lift that requirement, given the current crisis is impairing participants' ability to meet the standard?

Response:
The Division of Public Health Services (DPHS) has waived the clinical time threshold requirement. It is important that agencies keep track of the number of practitioners who will need the waiver, as well as any other policy implications. Please refer to messaging provided by DPHS that will appear on the DHHS website.

Medication-Related Questions

Question 5:
Is the State willing to waive He-M 1202 to allow non-certified staff to administer medication if necessary due to staffing shortages? Can staff who supervise community medication administrator give medications as well?

Response:
Staff who are fully He-M 1202 trained may perform observations remotely via videoconferencing. If staff shortages are experienced to the extent that there are not enough He-M 1202 trained staff, the provider must submit a waiver request in writing to the BMHS.

We are allowing a 30-day delay for medication administration recertification with the permission of the Nurse Trainers. Documentation by the Nurse Trainer is required. We recommend that medication administration remains a priority for agencies. One option is that traveling nurses or med-trained staff who administer medications to multiple individuals. BMHS is working to offer virtual medication administration training for staff to ensure compliance.

Question 6:
Are there options to get early refills of medications for Medicaid members during the COVID-19 emergency?

Response:
The DHHS Medicaid team provided the following information to providers:

<u>90-Day Medications:</u>
All three MCOs and Medicaid fee-for-service allow members to receive a 90-day supply of maintenance medications through their local pharmacies.

<u>Early Refills of Up to a 30-Day Supply of Medications During the COVID-19 Emergency:</u>

- Medicaid fee-for-service (FFS) and the three MCOs are allowing an early refill override during the COVID-19 Emergency to allow members to obtain up to a 30-day supply of medications.
- **Early refills are not automatic.** The NH Medicaid process for requesting an early refill requires the pharmacy to call the Pharmacy Benefit Manager (PBM) to request an override of the early refill denial. The member will need to request the pharmacy to provide an early refill due to COVID-19. The pharmacy will then call the PBM to obtain the refill override.
- There are limitations on how early members will be allowed to refill **controlled substance** prescriptions due to the high risk of overdose in the State. Requests for early refills received by the PBMs for controlled substances (Schedules II-IV) for reason of COVID-19 are referred to the health plan's Pharmacy Unit as applicable.

For further information:

Contact Numbers for Members	
Health Plan	**Phone Number**
AmeriHealth Caritas New Hampshire	833-704-1177
NH Healthy Families	866-769-3085
Well Sense Health Plan	877-957-1300
Medicaid Fee-for-Service	866-664-4506

Contact Numbers for Pharmacies		
Health Plan	**Pharmacy Benefit Manager (PBM)**	**Phone Number**
AmeriHealth Caritas New Hampshire	PerformRx	888-765-6394
NH Healthy Families	CVS Pharmacy Help Desk	888-613-7051
Well Sense Health Plan	EnvisionRx Pharmacy Help Desk	800-361-4542
Medicaid Fee-for-Service	Magellan RX Management	866-664-4511

Question 7:
Can the DHHS work with the MCOs to provide relief from psychotropic medication Prior Authorizations during the pandemic?

Response:
The Department is discussing this concern with the MCOs and is finalizing written guidance inclusive of this question that will be published on the DHHS website.

Documentation and Service Planning Questions

Question 8:
Are there any documentation, service plan or eligibility requirements that can be relaxed during this response time?

Response:
Yes, if an individualized service plan is due for a quarterly review, the agency may extend the review through September 2020 with approval from the individual or legal guardian. Approval from a legal guardian must be received via email and documented in the client record. Please also see guidance on telemedicine services on the DHHS website.

Extensions are not be allowed for incident reports and sentinel events; they must continue to be submitted according to policy requirement.

Question 9:
If additional services need to be provided to clients struggling with the ongoing pandemic how should the center address this? Should treatment plans be updated to reflect the change in service indicating they are temporary in response to COVID-19, or should they categorize the additional services as 'crisis/emergency' outside the prescribed sessions?

Response:
Individualized Service Plan (ISP) goals that cannot be carried out due to the COVID-19 emergency may be suspended. Daily notes must document alternative activities and support provided and the reason (e.g., COVID-19 emergency) that they are provided.

Question 10:
Can coverage in cases coming up for Medicaid redetermination be extended for 6 months?

Response:
In order to receive the temporary FMAP increase provided under Section 6008 of the FFRCA, states must provide continuous coverage, through the end of the month in which the emergency period ends, to all Medicaid beneficiaries who were enrolled in Medicaid on or after March 18, 2020, regardless of any changes in circumstances or

redeterminations at scheduled renewals that otherwise would result in termination. States may terminate coverage for individuals who request a voluntary termination of eligibility, or who are no longer considered to be residents.

Question 11:
Are there options to help individuals and families with access to cellphones?

Response:
For individuals who are enrolled in a MCO, all cellphone plans have been updated to allow for unlimited minutes and have added an additional 5 GB of data to all plans through the end of April 2020.

For individuals who are not enrolled in an MCO and who meet income eligibility requirements, phones may be available through the New Hampshire Lifeline Program: https://www.assurancewireless.com/lifeline-services/states/new-hampshire-lifeline-free-government-phone-service

Question 12:
Vendors such as CFI have notified centers that they will not be able to perform in-home service. What should centers do?

Response:
Contact the individual's CFI case manager. For a listing of the CFI Case Management Agencies go to: https://www.dhhs.nh.gov/dcbcs/beas/documents/cfi-case-mgmt-info-sheet.pdf

If CFI providers report they are unable to perform in-home services, the CFI case manager must be informed so that they may assist with enacting a contingency plan for the participant. To our knowledge, providers are continuing to serve individuals in the home. This question and other related to CFI are address in the guidance memos on the NH.gov website: https://www.nh.gov/covid19/resources-guidance/other-guidance.htm

Question 13:
If NH institutes a "shelter in place" order, CMHC staff will need to make critical phone contact with every client. What options are available to support the continuation of treatment and support for individuals under these circumstances?

Response:
The Department acknowledges the importance of supporting individuals via other modes such as telephone and video conferencing in order to help reduce a sense of isolation and feelings of stress and anxiety. Please refer to the Emergency Order #8 Pursuant to Executive Order 2020-04: Temporary expansion of access to Telehealth Services to protect the public and health care providers. This should create options to provide treatment remotely by credentialed providers. The Department is also finalizing

additional guidance on delivery of telemedicine services that will be published to the DHHS website.

Question 14:
Are ABA services included in the 'services' that shall be made available through telehealth from the Governors order?

Response:
Yes as long as all other regulatory and scope of practitioner service requirements are met. Please refer to the following guidance related to telehealth:
https://www.dhhs.nh.gov/ombp/medicaid/documents/telehealth-covid19.pdf

Billing/Financial Questions

Question 15:
Many center staff are assessing patients for the flu. Is there a medical code that could temporarily be used to get paid for this service?

Response:
Nursing assessment and evaluation for the purpose of reviewing medication compliance, education and symptomatology shall be a covered service when provided by a registered nurse of licensed practical nurse. There shall be no more than one procedure billed per recipient per day.

Question 16:
Can Functional Support Service (FSS) delivery expand to include such things as staff picking up scripts, food, etc. without the patient present?

Response:
FSS are direct face-to-face interventions. Please work directly with the MCOs on available resources to meet this need.

Question 17:
Will Medicaid and DHHS allow licensed Clinicians/Therapists at the CMHCs to complete and bill a 90791 - Psychiatric Diagnostic Evaluation (our CANS or ANSA Intake Assessment) and complete a new eligibility determination based on a telephone contact?

Response:
Yes, as long as all other regulatory and scope of practitioner service requirements are met. Please refer to the following guidance related to telehealth:
https://www.dhhs.nh.gov/ombp/medicaid/documents/telehealth-covid19.pdf

Question 18:
Is there going to be an increase in the federal match for Medicaid? Is spend down relief available?

Response:
DHHS is currently seeking guidance from CMS as to individuals who have a spenddown. States are receiving an increase in federal match.

Question 19:
Can DHHS require the MCOs to forgive MOE underages during this time?

Response:
The Department is working with each MCO in support of this request.

Question 20:
Can place of service 02, in addition to a modifier, be used for telehealth billing?

Response:
Reimbursement: Medicaid pays the same rate as if the service was provided face-to-face. Billing for the service delivered should follow routine practices as if the service was provided face-to-face, with the addition of a modifier GT indicating the service was provided via telehealth and indicate place of service (POS 02: Telehealth). There is no additional payment to originating sites. Documentation standards follow the regular standards, as if the service was delivered face-to-face.

Specific to CMHCs for telehealth related claims, it is acceptable to submit using only POS 02 for telehealth **if all 4 modifiers are utilized for the covered service**. For all other telehealth claims, include both the GT modifier and the POS 02 code.

Question 21:
When needing to bypass billing Medicare for telephone services and instead billing Medicaid directly, there is not enough space on the claim for all the modifiers involved. How should centers handle this? What modifiers can be left out?

Response:
MCO guidance on how CMHCs should bill MCOs for telemedicine services to duals is still pending. MCOs require providers to bill Medicare first and obtain the denial prior to billing the MCO; there is currently no change to that guidance.

CONDUENT: For telehealth-related claims, it is acceptable to submit using only POS 02 for telehealth **if all 4 modifiers are utilized for the covered service**. For all other telehealth claims, include both the GT modifier and the POS 02 code.

Question 22:
How will claims for duals be processed by Medicaid when a service for a dual-eligible individual is provided via telehealth?

Response:
Federal guidance received on March 31, 2020 provides: On an interim basis for the duration of the PHE for the COVID-19 pandemic, we are altering the definition of direct supervision at § 410.32(b)(3)(ii), to state that necessary presence of the physician for direct supervision includes virtual presence through audio/video real-time communications technology when use of such technology is indicated to reduce exposure risks for the beneficiary or health care provider. We are revising § 410.32(b)(3)(ii) to include, during a PHE, as defined in § 400.200 of this chapter, the presence of the physician includes virtual presence through audio/video real-time communications technology when use of such technology is indicated to reduce exposure risks for the beneficiary or health care provider.

Question 23:
a. Will the federal 2020 recovery rebate checks be considered "income" for Medicaid members? If so, this may affect benefit eligibility.
b. How will individual rebate checks apply to individuals with SSI or SSDI who have not submitted tax returns in 2018 or 2019?

Response:
a. "Individual relief rebate payments shall not be taken into account as resources for a period of 12 months from receipt for purposes of determining the eligibility … under any Federal program or under any State or local program financed in whole or in part with Federal funds." Therefore, these payments will not be taken into account for Medicaid eligibility purposes.
b. We will follow up with the Treasury Department on this issue and share relevant guidance from them.

Question 24:
The response to this emergency will undoubtedly result in unexpected expenses that could create a significant financial hardship for providers. Do you have any guidance or solutions to the financial implications?

Response:
We recommend that all providers keep track of their COVID-19 related expenses. Please track the expenses related to the COVID-19 response, including staffing expenses, overtime, equipment and supplies, etc. so that you are able to report them to the Department when requested. The Department will provide a template for agencies to track and submit these expenses.

Other Questions

Question 25:
Can DHHS procure a supply of Personal Protective Equipment (PPE) for the provider community?

Response:
To request additional PPE supplies, use the request form posted on the DHHS website at: https://www.dhhs.nh.gov/oos/bhfa/documents/covid19-ppe-request-form.pdf
Agencies must complete the form and email it to ESU@dhhs.nh.gov

Question 26:
What should teams do in response to crisis calls about COVID-19? Are there any resources we can provide for family members or individuals who are looking for social, peer, or other virtual support?

Response:
There is considerable information on the DHHS website for residents: https://www.nh.gov/covid19/resources-guidance/residents.htm

There are great resources and supports available through NAMI NH (naminh.org or visit its Facebook page), including information, links, virtual peer support groups, and education classes. NH Peer Support Agencies continue to provide phone support, virtual peer support groups and chat forums, and offer warm line support services (learn more at: https://www.dhhs.nh.gov/dcbcs/bbh/peer.htm). There are also phone and text lines available for support:

- Headrest local behavioral health crisis line – call 603-448-4400 for free and confidential support for people affected by substance use and/or mental distress, and those experiencing a crisis, or in need of support. Counselors are available to help callers lower their anxiety and connect to other community resources.
- National Suicide Prevention Lifeline – call 1-800-273-TALK (8255) for free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.
- Crisis Text Line – free, 24/7 support for those in crisis. Text 741741 from anywhere in the US to text with a trained Crisis Counselor.
- Veterans Crisis Line – veterans and their loved ones can call 1-800-273-8255 and Press 1, chat online, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. Support for deaf and hard of hearing individuals is available.
- Disaster Distress Helpline – call 1-800-985-5990 for a 24/7 national hotline dedicated to providing immediate crisis counseling for people who are experiencing emotional distress related to any natural or human-caused disaster.

Question 27:
Is there any guidance for community residential programs and/or programs that operate specialized treatment beds to address issues related to both staff and resident health and safety?

Response:
Yes, please see the guidance documents For Community Residential Programs on the DHHS website at: https://www.nh.gov/covid19/resources-guidance/other-guidance.htm

Question 28:
What is the protocol when a client shows symptoms that are consistent with COVID-19 or tests positive for COVID-19?

Response:
Please see the guidance available at
https://www.nh.gov/covid19/resources-guidance/healthcare-providers.htm

Question 29:
How should centers handle IEAs, knowing there are individuals at hospitals with positive COVID-19 tests?

Response:
NH Hospital is working to make as many beds available as possible. It has fully transitioned all children to Hampstead Hospital and is now using the children's beds to serve adults. NHH is working to discharge patients expeditiously and has been communicating with CMHCs, Area Agencies, and Peer Support Agencies to facilitate discharges and transitions. Other hospitals are also making arrangements, such as setting up separate waiting areas to protect the health and safety of individuals who are in the emergency department for psychiatric reasons.

Please continue to stay informed with the frequent updates about this evolving outbreak at our DHHS webpage: https://www.dhhs.nh.gov/dphs/cdcs/2019-ncov.htm. There may also be current situation updates and technical guidance on the CDC's website at:
https://www.cdc.gov/coronavirus/2019-ncov/index.html and
https://www.cdc.gov/coronavirus/2019-ncov/faq.html
Further guidance may be found at the SAMHSA website:
https://www.samhsa.gov/coronavirus