

**1NH Department of Health and Human Services
Division for Behavioral Health
Bureau of Mental Health Services**

**105 Pleasant St.
Concord, NH 03301**

Peer Support Agency (PSA) Questions

DATE:	April 21, 2020
TO:	Peer Support Agencies
FROM:	Julianne Carbin, Director, Bureau of Mental Health Services
SUBJECT:	COVID-19 Emergency Guidance #6 Peer Support Agency 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, please send correspondence regarding Peer Support Agencies (PSAs) to the following: Julianne Carbin and Ayla Kendall, with a CC to Julia McNamara.

Julianne.Carbin@dhhs.nh.gov; Ayla.Kendall@dhhs.nh.gov; Julia.McNamara@dhhs.nh.gov

The BMHS extends its sincere gratitude to those 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 March 18, 2020. The BMHS will provide, modify and extend guidance as needed.

Background

The Bureau of Mental Health Services (BMHS) understands that Peer Support Agencies (PSAs) may experience difficulties performing all requirements in the contract due to staff shortages during the COVID-19 emergency. This guidance document answers questions and outlines the relief the BMHS is presently authorized to offer. To the extent the questions and answers in this guidance document do not address specific requirements that PSAs are unable to meet, please provide information about the requirements and the difficulty meeting them to Ayla Kendall (Ayla.Kendall@dhhs.nh.gov).

General Questions

Question 1:

Can Peer Support Agencies (PSAs) alter their hours of operation?

Response:

The board of directors of a PSA must approve changes in hours/programming or closures of facilities. If the board votes to close a facility to the public, it must document how services previously provided in the facility will continue to remain available to individuals at alternative locations or remotely in order to meet contract obligations. If changes are made to standard hours/programming, PSAs shall update Ayla Kendall (Ayla.Kendall@dhhs.nh.gov) on any decisions made.

Question 2:

Should PSAs track finances during the COVID-19 emergency on existing spreadsheets or on separate spreadsheets? Should that tracking include all wages/expenses during the emergency?

Response:

PSAs should track their normal expenses, meaning those not related to the COVID-19 emergency, on existing spreadsheets. Additional expenses incurred due to the public health emergency should be tracked separately on another spreadsheet and retained by the agency.

Question 3:

New Hampshire Hospital (NHH) has asked PSAs to accept individuals being discharged whose level of need for services is appropriate for respite care. Can PSAs use their respite beds for this purpose?

Response:

Yes. Peer respite programs are considered an essential service and the BMHS will support PSAs to work directly with NHH to accommodate individuals transitioning to the community. PSAs should contact the BMHS on a case-by-case basis if there is a need to waive stay limits, establish alternative staffing arrangements, etc.

Question 4:

If PSAs with respite beds close, what should they do with respite staff? There are concerns around limited earnings and hours worked.

Response:

The BMHS will temporarily allow peer respite staff to assume other duties in delivering peer support services within the PSA or another PSA. All time must be tracked, reported, and billed according to actual time worked.

Question 5:

How will program changes impacting contract compliance be tracked?

Response:

The BMHS has created and distributed a program change tracking spreadsheet for PSAs. PSAs must submit the spreadsheet to Ayla Kendall on a weekly basis, by the close of business on Friday, until further notice or until programs resume operations that fully comply with their contract.

Question 6:

If training and consultations for Intentional Peer Support (IPS) and/or Wellness Action Recovery Plan (WRAP) are unavailable, how can staff obtain or maintain certification as peer support specialists?

Response:

The BMHS has postponed all peer support training events and certification exams. Intentional Peer Support co-reflection is available virtually through IPS state trainers and IPS Central at <https://www.intentionalpeersupport.org/coreflection/?v=b8a74b2fbcbb>. The BMHS will provide updates as they become available.

Question 7:

If PSAs are providing in-house activities, can staff, guests or members be asked to leave if they are sick?

Response:

PSAs should follow the general guidance provided at the DHHS COVID-19 website: <https://www.nh.gov/covid19/resources-guidance/index.htm>.

Question 8:

How long should a PSA stay closed?

Response:

While PSAs can remain physically open, the BMHS understands that most, if not all, PSAs have transitioned to telephone and online operations during the COVID-19 emergency. PSAs should monitor the COVID-19 website for the latest information concerning the status of the state of emergency.

Question 9:

If a PSA closes its physical location(s) to the public, will the BMHS view that as a violation of contractual requirements?

Response:

The BMHS will not be enforcing physical location requirements in the contract if PSAs provide services via telephone and internet during the COVID-19 emergency. Physical location requirements are found in Exhibit A – Amendment #2 as follows:

Section 1.7 (“The Contractor shall provide in-house and community based services”);

Section 3.1.1.5 (“Provide in-house and community-based services according to the Deliverables in Subsection 12.1 through 12.2.5”);

Section 4.3 (“The Contractor agrees to provide a physical location/building to provide peer support services”); and

Section 12.1 (“The Contractor shall provide a minimum of fifteen (15) hours of in-house services at each Center each week”).

Question 10:

What should a PSA do if it has reduced the hours in which it is providing services or have insufficient staff to perform all requirements in the contract?

Response:

The contract requires PSAs to provide a minimum of 44 hours of services on a weekly basis, with a minimum of 15 hours to be provided in-house. The BMHS will not be enforcing the in-house requirement during the COVID-19 emergency. PSAs may provide the 15 hours of services that they normally provide in-house by telephone or internet.

The minimum of 44 hours per week of services remains in effect. If a PSA is unable to meet the weekly minimum of 44 hours, it must provide Ayla Kendall (Ayla.Kendall@dhhs.nh.gov) with the number of hours it is providing and the reason why it is unable to provide the required hours. Minimum hour requirements are found in Exhibit A – Amendment #2 as follows:

Section 3.1.1.2 (“No less than forty-four hours of peer support services each week, by face-to-face or by telephone”); and

Section 12.1 (“The Contractor shall provide a minimum of fifteen (15) hours of in-house services at each Center each week”).

Question 11:

Can community-based services be provided by telephone or internet instead of in the community?

Response:

The BMHS will not be enforcing any requirement that community-based services be provided face-to-face if PSAs instead provide the same or similar services by telephone or virtually during the COVID-19 emergency. However, PSAs must disclose to individuals that they cannot ensure that conversations and communications are confidential when conducted by phone or over the internet. Community-based service requirements are found in Exhibit A – Amendment #2 as follows:

Section 1.7 (“The Contractor shall provide in-house and community based services”);
 Section 3.1.1.5 (“Provide in-house and community-based services according to the Deliverables in Subsection 12.1 through 12.2.5”);
 Section 3.1.1.18 (“Maintain at least a monthly schedule of peer support and wellness services ... including community-based services”); and
 Section 12.2 (“The Contractor shall provide community-based services”).

Question 12:

What happens if PSAs have cancelled some monthly education events and presentations?

Response:

The BMHS understands that PSAs have canceled some scheduled events and presentations due to the COVID-19 emergency. We expect PSAs to transition to online monthly events and presentations. PSAs that are unable to make this transition should provide the reasons for their inability to Ayla Kendall (Ayla.Kendall@dhhs.nh.gov). The monthly event and presentation requirements are found in Exhibit A – Amendment #2 as follows:

Section 3.1.1.9 (“Provide Monthly Education Events and Presentations of information”);
 Section 12.3 (“The Contractor shall provide community outreach”); and
 Section 12.3.2 (“Providing monthly educational events and presentations”).

Question 13:

What happens if PSAs are unable to invite guests to participate in peer support activities because most physical locations are closed?

Response:

Instead of in-person participation at physical locations, the BMHS will accept telephone and virtual participation. PSAs should invite guests to participate in the telephone and internet –based activities they are offering. The requirement to invite guests is found in Exhibit A – Amendment #2 at Section 3.1.1.16 (“Invite guests to participate in peer support activities”).

Question 14:

What happens if PSAs are no longer transporting individuals to and from their homes and the PSA physical locations?

Response:

The BMHS will not be enforcing the transportation requirement in the contract during the COVID-19 emergency. The requirement to provide transportation is found in Exhibit A – Amendment #2 at Section 3.1.1.16 (“The Contractor shall provide transportation services to members, participants and guests”).

Question 15:

What happens if PSAs are unable to provide peer respite because physical locations are closed?

Response:

The BMHS will not be enforcing the peer respite requirements in the contract during the COVID-19 emergency.

The BMHS encourages PSAs who are able to do so to work with New Hampshire Hospital (NHH) to use peer respite beds to facilitate discharges from NHH for individuals appropriate for peer respite level of care. Please also refer to the response to Question 3. Since the requirements are not being enforced, the maximum day and minimum bed requirements would not apply. For PSAs offering peer respite, the requirements are found in Exhibit A – Amendment #2 at Section 3.4 (“Crisis Respite”) and Section 13 (“Performance Measure”).

Question 16:

How should PSAs manage the reporting requirements of the contract?

Response:

The BMHS understands that the COVID-19 emergency has impacted activities. Reporting is still required. The data will help the BMHS analyze the effects of the COVID-19 emergency on PSA operations and help the BMHS evaluate whether, overall, services provided were sufficient to meet the essential terms of the contract.

PSAs should develop a mechanism for tracking peer support via telephone and internet outreach, such as the number of calls made, the number of internet activities, the hours of availability for chat or social media or internet interaction, the number of persons reached, etc. To the extent any PSA has an outline for such tracking, please submit it for review to Ayla Kendall (Ayla.Kendall@dhhs.nh.gov). The requirement for reporting is found in Exhibit A – Amendment #2 at Section 11 (“Reporting”).

To track staff work hours, all staff should have a timecard specifically tracking hours worked remotely and the duties performed, hours worked in the office and the duties performed, and the total hours worked. The timecards should be maintained daily and submitted to the supervisor on a weekly basis.

Please continue to stay informed with the frequent updates about this evolving public health emergency 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>