NH Department of Health and Human Services (DHHS) **105 Pleasant St.**
Division for Behavioral Health **Concord, NH 03301**
Bureau of Drug and Alcohol Services

DATE:	April 29, 2020
TO:	Substance Use Disorder Treatment Providers
FROM:	Annette Escalante, Director, Bureau of Drug and Alcohol Services
SUBJECT:	UPDATED COVID-19 Emergency Guidance #1 Substance Use Disorder Treatment Programs

Since the beginning of the COVID-19 pandemic, the substance use disorder treatment providers of New Hampshire have shown flexibility and innovation in ensuring that these vital, life saving services remain available to the people who need them. Through this process, many questions have arisen and we expect many more to come. In order to facilitate programs continuing their critical work as the pandemic continues, the Department of Health and Human Services (DHHS) will be updating this Q&A document regularly. Guidance Document includes updates to questions 1 – 14 as well as new questions beginning with question 15.

Please note, this is a rapidly evolving situation. While we will be updating this document regularly, the most up to date information can be found by visiting NH's COVID-19 Response Page or contacting DHHS directly.

Timeline

COVID-19 Emergency guidance will be in place during the NH State of Emergency unless the Department terminates guidance earlier. The Bureau will provide, modify and extend guidance to the substance use disorder treatment providers as needed based on the emerging COVID-19 emergency response.

Question 1:
What is the protocol when a client reports symptoms that are consistent with COVID-19?

Response:
Symptoms of COVID-19 can include the following:

- Fever (either subjective or documented fever)
- Respiratory symptoms, including cough, sore, throat, runny nose, shortness of breath
- Flu-like symptoms, including fatigue, muscle aches, headache
- Loss of taste and smell

When a client reports symptoms that are consistent with COVID-19, providers should instruct the client that they need to self-isolate at home until:

- At least 7 days have passed since symptoms first appeared
  AND
- At least 72 hours (3 days) have passed since recovery. Recovery is defined as resolution of fever without the use of any fever-reducing medications and improvement in other symptoms.

The client should also be asked to consult with their primary care provider regarding their specific situation to determine if additional testing or medical care is needed. For clients who test positive, please refer to the Response to Question 2, below.

For additional guidance, please use the following links:

- https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html
- https://www.nh.gov/covid19/resources-guidance/healthcare-providers.htm

Question 2:
What is the protocol when a client tests positive for COVID-19?

Response:
When a client tests positive, but does not require hospitalization, the following instructions should be provided to the client:

- Stay home, or in your residence, away from other public places.
- Monitor your symptoms carefully. If your symptoms worsen, call your healthcare provider immediately.
- Get rest and stay hydrated.
- If you have a medical appointment, call the healthcare provider ahead of time and tell them that you have COVID-19.
- For medical emergencies, call 911 and notify the dispatch personnel that you have COVID-19.
- Cover your mouth and nose when you cough or sneeze.
- Wash your hands often with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.
- As much as possible, stay in a specific room and away from other people. Also, you should use a separate bathroom, if available. If you need to be around other people, wear a facemask.

- Avoid sharing personal items with other people, like dishes, towels, and bedding
- Clean all surfaces that are touched often, like counters, tables, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.

Provide clients who are being managed at home with the following information:

- Caring for yourself at home
- Preventing the spread of COVID-19 in homes
- Cleaning and disinfection guidance

Question 3:
Should we continue to do intakes?

Response:
We strongly encourage all providers to continue to do intakes during this time so that these vital safety net services remain available to individuals struggling with substance use disorder. If you feel that your agency is in a situation where you may not be able to continue to safely do intakes and/or provide services, please contact Jaime Powers, Bureau of Drug and Alcohol Services (BDAS) Operations Administrator (jaime.powers@dhhs.nh.gov) to discuss your concerns and identify possible solutions to maintain service availability.

Prior to any in person contact with the client, providers should ask basic screening questions related to COVID-19 to determine if it is safe to meet with the client in person. If a face-to-face meeting is determined to be safe, providers should wear a non-medical face covering, follow social distancing guidelines and wash hands and disinfect surfaces following the meeting.

Question 4:
Will the Governor or DHHS be suspending admissions across the board?

Response:
DHHS considers substance use disorder treatment services to be essential health care services. As such, there is no intention to suspend admissions across the board.

Question 5:
What should we do to take care of staff?

Response:
The CDC has provided guidance on basic precautions that staff can do to help protect themselves from COVID-19. These include:

- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Practice social distancing by remaining at least 6 feet away from others, regardless of whether they appear sick or well, whenever possible.
- Avoid close contact with people who are sick.

- Stay home if you are sick, except to get medical care.
- Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
- Throw used tissues in the trash.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.
- Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.

Additional information on preventative measures is available at https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html.

Question 6:
Can we use an unlicensed room to quarantine/isolate someone?

Response:
Please review the guidance provided at https://www.nh.gov/covid19/resources-guidance/documents/2020-06-hospital-guidelines.pdf and follow the procedure provided therein.

All persons or businesses wishing to waive or modify healthcare licensing requirements shall work with DHHS, the State Fire Marshal's Office and their respective authorities having jurisdiction. Any changes shall be coordinated, and must provide adequate levels of fire safety as it relates to the New Hampshire State Fire Code. Any changes shall be reviewed and approved by the local fire chief.

Providers may use the waiver form to use for waiver requests under normal circumstances or providers can send an email with all the required information. Waivers without protected personal information can be sent to DHHS: HFA Regulatory Correspondence at DHHS.hfaregcorrespondence@nh.gov. DHHS recommends providers put in the subject line COVID-19 WAIVER REQUEST and mark urgent when necessary.

Question 7:
The Governor's telehealth order mentions HIPPA, but not 42 CFR, Part 2. Does Part 2 still apply?

Response:
SAMHSA has provided guidance stating that 42 CFR, Part 2 includes limited exceptions to allow for disclosure without consent during medical emergencies in order to facilitate the delivery of vital substance use disorder treatment services to those who need them. When disclosure is made without consent, it is critical for the provider to document both the emergency situation allowing this as well as the actual information disclosed. For additional information, please see: https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf

Question 8:
Is assistance available to expedite purchasing of medical, protective, and/or cleaning supplies?

Response:
In his March 24, 2020 briefing on COVID, Governor Sununu acknowledged the critical shortage of PPE and other needed supplies. The State of New Hampshire Emergency Operations Center is pursuing multiple federal and other channels to secure the resources needed to respond to COVID-19.

Question 9:
Can DHHS pursue waivers around prescribing caps?

Response:
SAMHSA has regulatory authority over buprenorphine prescribing caps. As such, providers should adhere to any guidance provided by SAMHSA as it becomes available.

Question 10:
Can DHHS provide flexibility in how we are using restricted funds? Can we temporarily move away from fee-for-service billing to some other method?

Response:
DHHS understands the financial strain that both the response to and reduction in treatment utilization resulting from COVID-19 is placing significant financial stress on providers. Our Finance and Contracts Units are actively working to identify ways to alleviate this. Providers are welcome to submit suggestions to Jaime Powers, BDAS Operations Administrator (jaime.powers@dhhs.nh.gov). Some suggestions previously received have included 1/12th reimbursement and moving to a cost reimbursement model.

Question 11:
Can DHHS be flexible around requirements for staffing and group size?

Response:
DHHS is committed to helping our provider partners continue to meet the needs of clients. For clients being served under the contract, DHHS is willing to be flexible on a case-by-case basis, please submit a written request for review to Linda Parker, BDAS Program Specialist (linda.parker@dhhs.nh.gov). For clients being served under Medicaid, a waiver request should be submitted to DHHS pursuant to He-W 513.12.

Question 12:
What if we cannot move clients out of transitional living within the required time frames because there is no place for them to go?

Response:
DHHS understands that the current environment makes already limited housing options even scarcer and we are committed to working with our provider partners to ensure that clients receive continuous and appropriate care. Please submit a written request for an exception to Linda Parker, BDAS Program Specialist (linda.parker@dhhs.nh.gov). These will be reviewed on a case-by-case basis.

Question 13:
Should we stop doing urinalysis to reduce exposure risk?

Response:
DHHS recognizes that continued urinalysis increases exposure for both clients and staff. We encourage providers to weigh the need to monitor compliance with treatment recommendations against the additional risk posed by continuing urinalysis and make a decision based on that assessment.

Question 14:
What telehealth platforms are providers using?

Response:
Providers report using Zoom, MW Telemedicine (https://telepsychiatrysoftware.com/), Phone Only, VSee, and Microsoft Teams. Providers are responsible for ensuring the security of the telehealth platforms they are utilizing.

Question 15
The internet in the North Country is not good, causing difficulty connecting remotely and doing telehealth with some people. Is there a way we can work on getting something to help with this?

Response:
DHHS understands that the move to telehealth and remote work environments has posed its own unique set of challenges for everyone, including DHHS. We do not have funding available to assist with technology infrastructure issues; however, if you are aware of a solution that may assist with this and need financial assistance with acquiring that solution, please visit https://businesshelp.nheconomy.com/hc/en-us to identify financial resources that may be available.

Question 16
How should WITS fee determinations be handled for outpatient clients engaged in telehealth?

Response:
For clients being served under the BDAS treatment contracts, there is a requirement that providers "assure that clients' income information is updated as needed over the course of

treatment by asking clients about any changes in income no less frequently than every 4 weeks." Typically, this is evidenced by a new WITS fee determination being completed and signed every four weeks; however we putting an alternative process in place for the duration of the emergency. Specifically

- Programs are still required to inquire about client income every four weeks or if there is reason to believe that the client's income level has changed and must complete a miscellaneous note using either:
- ◦ Income Review – No Change and include the following in the note: "I attest that I have reviewed the client's income with the client. At the previous review, the client's income was $$$, at the current review, the client's income is $$$ and this does not result in a change to the client cost share."
- ◦ Income Review – Updated Fee Determination "I attest that I have reviewed the client's income with the client. At the previous review, the client's income was $$$, at the current review, the client's income is $$$ and this does result in a change to the client cost share. I have completed the fee determination form in WITS and mailed/faxed/emailed (or whatever method of transmission was used) to the client for signature."
- If there has been a change in cost share, the provider should complete the WITS fee determination and print out the attestation form. **DO NOT SAVE THE FEE DETERMINATION; THIS WILL RESULT IN A 100% CLIENT COST SHARE BEING APPLIED.**
- If there is a change in cost share, a signature must be collected so that the form can be marked as signed. This can be done via mail, fax, email or, if it can be done safely, in person.
- Once the signed form is returned, the provider should complete the fee determination using the date of the actual income screening, mark it as signed and save it.
- Once clients are again being seen in person, a new fee determination should be completed at the time of initial in-person service.

Question 17
Presumptive eligibility – needing client to sign. Can anything happen with that?

Response:
The requirements for client signatures when determining presumptive eligibility comes from CMS and is outside of DHHS's ability to waive; however, Medicaid has assured us that CMS is aware of the issue and working to find a solution. As soon as that solution is made available, we will share it with providers.

Question 18
The DEA released guidance allowing telephonic intake (initial prescribing) for buprenorphine. If someone is unable to access tele-video, but can access telephone, will that be permissible in NH?

Response:

NH is relying on the DEA's policies and recommendations relative to medication assisted treatment and telehealth, which are available at https://www.samhsa.gov/sites/default/files/dea-samhsa-buprenorphine-telemedicine.pdf and https://www.nh.gov/covid19/resources-guidance/healthcare-providers.htm.

In part, this guidance reads "Today, DEA notes that practitioners have further flexibility during the nationwide public health emergency to prescribe buprenorphine to new and existing patients with OUD via telephone by otherwise authorized practitioners without requiring such practitioners to first conduct an examination of the patient in person or via telemedicine. This additional flexibility under which authorized practitioners may prescribe buprenorphine to new patients on the basis of a telephone evaluation is in effect from March 31, 2020, until the public health emergency declared by the Secretary ends, unless DEA specifies an earlier date." This excerpt suggests that the DEA is supportive of prescribing via telephone only when necessary. Please note that to evaluate patients for controlled drugs other than buprenorphine, the DEA requires telemedicine via real-time, two-way, audio-visual.
https://www.deadiversion.usdoj.gov/coronavirus.html

Question 19
A guidance document from the NH Division of Public Health, Bureau of Infectious Disease Control indicates residential facilities are supposed to stop communal dining, not run groups, etc. if there are 2 or more clients with positive COVID screens in the facility. How can agencies bill for services if this happens?

Response:
DHHS encourages providers to be creative and plan ahead for the possibility that they will not be able to provide services using traditional group models. Some suggestions include utilizing workbooks and other materials that can be completed independently to meet the goals of groups, increased individual counseling, and use of telehealth within the facility. ASAM has also provided resources and guidance which is available at https://www.asam.org/Quality-Science/covid-19-coronavirus.

Question 20
Are insurance companies and MCOs still requiring authorizations for all levels of care?

Response:
Insurance companies, including the MCO's, determine their utilization management policies within the confines of state regulation and contract requirements. As a result, it is not possible to provide a single broad answer to this question. We recommend that providers contact insurers directly to determine their current policies.

Question 21
Can DHHS provide guidance on how to handle admitting homeless clients to residential services?

Response:

The State recognizes that providing safe quarantine measures for the homeless population comes with its own unique set of challenges and is working to identify and develop potential solutions for this. In the interim, additional guidance is available from the CDC at https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/faqs.html and https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html.

Question 22
Can agencies utilize pre-recorded groups for clients who cannot attend the live meeting due to work or childcare issues? Is this billable?

Response:
While DHHS would support recorded groups for clients who are unable to attend within the confines of HIPPA and 42 CFR, Part 2, this would not be a billable service.

Question 23
Are Doorways still serving clients?

Response:
All Doorways remain operational; however, operations differ at each of the locations. Please reach out to your local Doorways to better understand its individual operations.

Other valuable information/guidance:

- **NH's COVID-19 Response Page**: https://www.nh.gov/covid19/
- **Behavioral Health Specific NH COVID-19 Response**: https://www.nh.gov/covid19/resources-guidance/documents/bh-covid19-resources.pdf
- **Resources for NH Healthcare Providers**: https://www.nh.gov/covid19/resources-guidance/healthcare-providers.htm
- **SAMHSA, Considerations for the Care and Treatment of Mental and Substance Use Disorders in the COVID-19 Epidemic**: https://www.samhsa.gov/sites/default/files/considerations-care-treatment-mental-substance-use-disorders-covid19.pdf
- **SAMHSA's COVID-19 Response Page**: https://www.samhsa.gov/coronavirus
- **CFR 42 Part 2 guidance during COVID-19**: https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf
- **Homeless Shelter guidance**: https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html
- **Unsheltered Homelessness guidance**: https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html

- **ASAM Caring for Patients During the COVID-19 (CPDC) Task Force**: https://www.asam.org/Quality-Science/covid-19-coronavirus?utm_source=Covid19&utm_medium=Email&utm_campaign=COVID19-Email
- **HRSA Telehealth Resource Center**: https://www.telehealthresourcecenter.org/