

# MMHPI COVID-19 Regulatory & Reimbursement Newsletter

## *Letter to Providers #29: State and Federal Updates – October 9, 2020*

### Contents

<b>Texas Updates .....</b>	<b>2</b>
BH Providers: Updated FAQs .....	2
CSHCN Services Program: Procedure Code Addition and Update .....	2
HCS and DAHS: Emergency Rules .....	3
ICF/IID Program Providers: Resident Leave Reimbursement .....	3
CLASS, DBMD, HCS and TxHmL Programs: IPC COVID-19 Policy Guidance .....	4
CAS, FC and PHC Providers: Revised Signature Guidance .....	4
Extended Flexibility: Off-Site Emergency Rule .....	5
<b>Federal Updates.....</b>	<b>5</b>
Mental Health Executive Order .....	5
National Public Health Emergency Declaration.....	6
\$20 Billion in Additional Provider Relief Funding .....	6
Medicaid and CHIP Enrollment Trends Snapshot.....	6
Emergency Preparedness Testing Exercise Requirements.....	7
CDC Reports.....	7
Multisystem Inflammatory Syndrome in Adults.....	7
Family Gatherings .....	7
College Spread .....	8
Young Adults .....	8

With federal and state health care policies changing in response to COVID-19, the Meadows Mental Health Policy Institute (MMHPI) is issuing *COVID-19 Regulatory & Reimbursement Newsletters* to support providers. In these newsletters, we highlight recent changes and extensions to regulatory and reimbursement rules, as well as newly published or updated guidance and answers to frequently asked questions.

These newsletters, along with additional information on mental health resources during a pandemic, are posted here: <https://www.texasstateofmind.org/covid-19/>. If you would like to have additional organizations added to our distribution list or have follow up questions on the content, please email Catie Hilbelink at [chilbelink@mmhpi.org](mailto:chilbelink@mmhpi.org).

## Texas Updates

### BH Providers: Updated FAQs

<b>Date</b>	October 2, 2020
<b>Summary</b>	<p>The Texas Health and Human Services Commission (HHSC) updated COVID-19-related frequently asked questions (FAQs) with the following:</p> <ul style="list-style-type: none"> <li>• What are the confidentiality rules for chemical dependency treatment providers?</li> <li>• What signatures are required for documentation in chemical dependency treatment facilities?</li> <li>• What is the state guidance surrounding contractor compliance during COVID-19?</li> <li>• What is the federal guidance surrounding contractor compliance during COVID-19?</li> </ul>
<b>Link</b>	<a href="https://hhs.texas.gov/sites/default/files/documents/services/health/behavioral-health-services-covid-faq.pdf">https://hhs.texas.gov/sites/default/files/documents/services/health/behavioral-health-services-covid-faq.pdf</a>

### CSHCN Services Program: Procedure Code Addition and Update

<b>Date</b>	September 30, 2020
<b>Summary</b>	<p>Effective October 1, 2020, for dates of service on or after March 1, 2020, COVID-19 telephonic and testing procedure codes 99441, 99442, 99443, and 87426 will become a benefit for the Children with Special Health Care Needs (CSHCN) Services Program. Procedure code 99001 for specimen collection services will also be expanded.</p>
<b>Link</b>	<a href="https://www.tmhp.com/news/2020-09-30-procedure-codes-addition-and-update-coronavirus-cshcn-services-program">https://www.tmhp.com/news/2020-09-30-procedure-codes-addition-and-update-coronavirus-cshcn-services-program</a>

## HCS and DAHS: Emergency Rules

<b>Date</b>	September 30, 2020
<b>Summary</b>	HHSC Long-term Care Regulation has published emergency rules for <a href="#">day activity and health services providers</a> and <a href="#">home and community support services agencies</a> . The emergency rules replace the previous emergency rules that expired on September 29, 2020 and include updates to the screening criteria consistent with recommendations from the Centers for Disease Control and Prevention (CDC).
<b>Link</b>	<a href="https://www.tmhp.com/news/2020-10-05-resident-leave-reimbursement-during-covid-19-icfiid-program-providers-il2020-43">https://www.tmhp.com/news/2020-10-05-resident-leave-reimbursement-during-covid-19-icfiid-program-providers-il2020-43</a>

## ICF/IID Program Providers: Resident Leave Reimbursement

<b>Date</b>	September 30, 2020
<b>Summary</b>	<p>HHSC has published <a href="#">IL2020-43 ICF/IID Services During COVID-19</a>, notifying Intermediate Care Facility for Individuals with an Intellectual Disability or Related Condition (ICF/IID) program providers:</p> <ul style="list-style-type: none"> <li>• Of recent developments about the reinstatement of rules for resident leave; and</li> <li>• Potential reimbursement for days that a resident was absent from an ICF/IID during the COVID-19 public health emergency.</li> </ul> <p>HHSC anticipates that 40 TAC §9.226 will be reinstated by November 1, 2020. This means a resident who is away from an ICF/IID beyond leave permitted by §9.226 must be discharged from the ICF/IID, either with or without a bed hold agreement to hold the resident's place at the ICF/IID under 40 TAC §9.227(j). IL2020-43 directs providers to send a letter addressed to impacted individuals or their legally authorized representative by October 5, 2020.</p>
<b>Link</b>	<a href="https://hhs.texas.gov/about-hhs/communications-events/news/2020/10/resident-leave-reimbursement-during-covid-19-icfiid-program-providers-il2020-43">https://hhs.texas.gov/about-hhs/communications-events/news/2020/10/resident-leave-reimbursement-during-covid-19-icfiid-program-providers-il2020-43</a>

## CLASS, DBMD, HCS and TxHmL Programs: IPC COVID-19 Policy Guidance

<b>Date</b>	October 5, 2020
<b>Summary</b>	<p>HHSC is not requiring a face-to-face meeting with an individual or their legally authorized representative for individual plan of care revisions. This is per COVID-19 guidance <a href="#">IL-20-11</a>.</p> <p>In addition, until further notice by HHSC, signatures from the individual or the legally authorized representative (LAR) on the individual plan of care (IPC) or supporting documentation is not required before submitting to HHSC. All required signatories that are not the individual or LAR must sign the IPC and supporting documentation before submission. For meetings currently conducted by phone or videoconference to revise an IPC, required individual or LAR signatures on the IPC and supporting documentation can be done electronically, by fax, by mail, or in person if face-to-face restrictions have been lifted and it is safe to do so. If unable to obtain a signature by the methods mentioned, document the following:</p> <ul style="list-style-type: none"> <li>• The date of the meeting held by phone or videoconference;</li> <li>• The reason for the meeting and what was discussed; and</li> <li>• If the individual or LAR agree with the services, as indicated on the revised IPC.</li> </ul>
<b>Link</b>	<a href="https://www.tmhp.com/news/2020-10-06-ipc-covid-19-policy-guidance-class-dbmd-hcs-and-txhtml-programs">https://www.tmhp.com/news/2020-10-06-ipc-covid-19-policy-guidance-class-dbmd-hcs-and-txhtml-programs</a>

## CAS, FC and PHC Providers: Revised Signature Guidance

<b>Date</b>	October 5, 2020
<b>Summary</b>	<p>HHSC revised guidance for community attendant services (CAS), family care (FC), and primary home care (PHC) providers (<a href="#">IL2020-16</a>), giving providers updated information about required signatures.</p> <p>CAS, FC, and PHC providers must follow state and federal laws, rules, regulations, and information letters (ILs) regarding their services. The guidance in this IL, including any suspensions from procedures currently required by rules, regulations, or policies, was effective March 16, 2020; it continues until HHSC notifies providers.</p>
<b>Link</b>	<a href="https://hhs.texas.gov/about-hhs/communications-events/news/2020/10/revised-guidance-cas-fc-phc-providers-during-covid-19-il2020-16">https://hhs.texas.gov/about-hhs/communications-events/news/2020/10/revised-guidance-cas-fc-phc-providers-during-covid-19-il2020-16</a>

## Extended Flexibility: Off-Site Emergency Rule

<b>Date</b>	September 30, 2020
<b>Summary</b>	In response to the pandemic, HHSC previously adopted an emergency rule permitting licensed hospitals to temporarily operate off-site inpatient facilities without obtaining a new license. That rule was extended until January 2021. A portion of the previously adopted emergency rule states that an off-site inpatient facility must be open or have been licensed within the past 36 months. HHSC replaced the previous emergency rule with a nearly identical <a href="#">new emergency rule</a> with one major change: it permits HHSC to waive the requirement that an off-site facility must have been licensed or open within the past 36 months if the hospital applying to use the off-site facility provides satisfactory evidence that such a waiver will not detrimentally affect the health or safety of patients, hospital staff, or the public. The new emergency rule expires on January 29, 2021.
<b>Link</b>	<a href="https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-20-1011.pdf">https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-20-1011.pdf</a>

## Federal Updates

### Mental Health Executive Order

<b>Date</b>	October 5, 2020
<b>Summary</b>	President Trump issued an executive order on saving lives through increased support for mental- and behavioral-health needs, which orders the creation of a Coronavirus Mental Health Working Group, co-chaired by the United States Department of Health & Human Services (HHS) Secretary and Brooke Rollins, Acting Director of the Domestic Policy Council (or their designees), the submission of a plan by the working group to address the mental health impacts of COVID-19, and calls for agencies to maximize support, including safe in-person services, for Americans in need of behavioral health treatment.
<b>Link</b>	<a href="https://www.whitehouse.gov/presidential-actions/executive-order-saving-lives-increased-support-mental-behavioral-health-needs/">https://www.whitehouse.gov/presidential-actions/executive-order-saving-lives-increased-support-mental-behavioral-health-needs/</a>

## National Public Health Emergency Declaration

<b>Date</b>	October 2, 2020
<b>Summary</b>	HHS Secretary Alex Azar tweeted that he renewed the COVID-19 national public health emergency declaration, which was set to expire on October 23, 2020. The renewal is effective October 23, 2020 and will last 90 days.
<b>Link</b>	<a href="https://twitter.com/SecAzar/status/1312107024834994176">https://twitter.com/SecAzar/status/1312107024834994176</a>

## \$20 Billion in Additional Provider Relief Funding

<b>Date</b>	October 1, 2020
<b>Summary</b>	HHS announced an additional funding distribution from the CARES Act Provider Relief Fund (PRF). HHS has allocated \$20 billion in general distribution payments for hospitals and other providers. With this third phase of funding, providers that have already received PRF payments can apply for additional funding that considers financial losses and changes in operating expenses caused by the pandemic. HHS will accept applications October 5, 2020 through November 6, 2020. Previously ineligible providers, such as those who began practicing in 2020, and an expanded group of behavioral health providers are also invited to apply.
<b>Link</b>	<a href="https://www.hhs.gov/about/news/2020/10/1/trump-administration-announces-20-billion-in-new-phase-3-provider-relief-funding.html">https://www.hhs.gov/about/news/2020/10/1/trump-administration-announces-20-billion-in-new-phase-3-provider-relief-funding.html</a>

## Medicaid and CHIP Enrollment Trends Snapshot

<b>Date</b>	September 30, 2020
<b>Summary</b>	<p>The Centers for Medicare &amp; Medicaid Services (CMS) released its first monthly Medicaid and Children’s Health Insurance Program (CHIP) enrollment trends snapshot. This new summary report captures the impacts of the COVID-19 public health emergency (PHE) by tracking total Medicaid and CHIP program enrollment trends for adults and children over a 12-month period.</p> <p>This first monthly snapshot shows over four million new Medicaid and CHIP enrollments between February and June 2020 – a nearly 5.7 percent increase since the PHE began in March 2020. Medicaid enrollment increased 6.2 percent to nearly four million new recipients. New CHIP enrollment increased by 23,495 – about one-half of one percent. Overall enrollment sharply increased with the COVID-19 PHE, and again with the passage of the Families First Coronavirus Response Act (FFCRA) continuity of coverage (maintenance of effort) requirement.</p>

**Link** | <https://www.cms.gov/newsroom/press-releases/cms-releases-medicaid-and-chip-enrollment-trends-snapshot-showing-covid-19-impact-enrollment>

## Emergency Preparedness Testing Exercise Requirements

<b>Date</b>	September 28, 2020
<b>Summary</b>	CMS published guidance related to the emergency preparedness testing exercise requirements. CMS regulations for emergency preparedness require specific testing exercises be conducted to validate the facility's emergency program. During or after an actual emergency, the regulations allow for an exemption to the testing requirements based on real world actions taken by providers and suppliers. This worksheet presents guidance for surveyors, as well as providers and suppliers, with relevant scenarios on meeting the testing requirements in light of many of the response activities associated with the COVID-19 public health emergency.
<b>Link</b>	<a href="https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/guidance-related-emergency-preparedness-testing-exercise-requirements-coronavirus-disease-2019-covid">https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/guidance-related-emergency-preparedness-testing-exercise-requirements-coronavirus-disease-2019-covid</a>

## CDC Reports

### Multisystem Inflammatory Syndrome in Adults

<b>Date</b>	October 2, 2020
<b>Summary</b>	CDC issued a report about incidents of multisystem inflammatory syndrome in adults; the study notes these patients usually require intensive care and can have fatal outcomes.
<b>Link</b>	<a href="https://www.cdc.gov/mmwr/volumes/69/wr/mm6940e1.htm?s_cid=mm6940e1_w">https://www.cdc.gov/mmwr/volumes/69/wr/mm6940e1.htm?s_cid=mm6940e1_w</a>

## Family Gatherings

<b>Date</b>	October 5, 2020
<b>Summary</b>	CDC issued a report about an investigation of a COVID-19 outbreak that occurred during a three-week family gathering of five households in which an adolescent aged 13 years was the index and suspected primary patient; 11 subsequent cases occurred. The outbreak highlights that children and adolescents can serve as the source for COVID-19 outbreaks within families, even when their symptoms are mild. Second, this investigation provides evidence of the benefit of physical

distancing as a mitigation strategy to prevent SARS-CoV-2 transmission. Third, rapid antigen tests generally have lower sensitivity (84.0%–97.6%) compared with RT-PCR testing. Fourth, regardless of negative test results, persons should self-quarantine for 14 days after a known exposure. Finally, SARS-CoV-2 can spread efficiently during gatherings, especially with prolonged, close contact.

**Link**

[https://www.cdc.gov/mmwr/volumes/69/wr/mm6940e2.htm?s\\_cid=mm6940e2\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6940e2.htm?s_cid=mm6940e2_w)

**College Spread****Date**

October 2, 2020

**Summary**

A CDC report examined clusters of cases at North Carolina colleges immediately after opening. A North Carolina university experienced a rapid increase in COVID-19 cases and clusters within 2 weeks of opening the campus to students. In less than a month, there were nearly 700 cases on the college campus. Eighteen clusters of five or more epidemiologically linked cases within 14 days of one another were reported; 30% of cases were linked to a cluster.

**Link**

[https://www.cdc.gov/mmwr/volumes/69/wr/mm6939e3.htm?s\\_cid=mm6939e3\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6939e3.htm?s_cid=mm6939e3_w)

**Young Adults****Date**

October 2, 2020

**Summary**

A CDC report examined an increase in COVID-19 among 18- to 22-year-olds. During August 2–September 5, 2020, weekly COVID-19 cases among persons aged 18–22 years increased 55% nationally. Increases were greatest in the Northeast (144%) and Midwest (123%). Increases in cases were not solely attributable to increased testing. The study noted that because 45% of people in this age group attend colleges and universities, it is likely that some of the increase is linked to resumption of in-person attendance at some colleges and universities.

**Link**

[https://www.cdc.gov/mmwr/volumes/69/wr/mm6939e4.htm?s\\_cid=mm6939e4\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6939e4.htm?s_cid=mm6939e4_w)