MMHPI COVID-19 Regulatory & Reimbursement Newsletter
Letter to Providers #31: State and Federal Updates – October 23, 2020

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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/](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.

**Texas Updates**

**Extended Flexibilities**

The following includes extensions posted by Thursday, October 22, 2020 at 1:00 p.m. We anticipate additional extensions will be posted.

**Medicaid: Multiple Flexibilities**

<table>
<thead>
<tr>
<th>Date</th>
<th>October 21, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summary</strong></td>
<td>The following Medicaid and Children’s Health Insurance Plan (CHIP) flexibilities have been extended through November 30, 2020:</td>
</tr>
</tbody>
</table>

- Correction to ‘COVID-19 Guidance: Targeted Case Management Through Remote Delivery’
- Waiver Extension for Durable Medical Equipment Certification and Receipt Form
- Claims for Telephone (Audio-Only) Behavioral Health Services
- Federally-Qualified Health Center Reimbursement for Telemedicine (Physician-Delivered) and Telehealth (Non-Physician-Delivered) Services
- Rural Health Clinic Reimbursement for Telemedicine and Telehealth Services
- School Health and Related Services (SHARS) Services Provided Through Telemedicine or Telehealth
- Claims for Telehealth Service for Occupational, Physical, and Speech Therapy
- Claims for Telephone (Audio-Only) Early Childhood Intervention Specialized Skills Training
- Claims for Telephone (Audio-Only) Nutritional Counseling Services
- Texas Health Steps Checkup Guidance Extended Through July 31, 2020

Health Texas Women and Family Planning Program

<table>
<thead>
<tr>
<th>Date</th>
<th>October 21, 2020</th>
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<tbody>
<tr>
<td><strong>Summary</strong></td>
<td>The following Healthy Texas Women (HTW) and Family Planning Program (FPP) flexibilities have been extended through November 30, 2020: More Updates to ‘Further Updates to Date-of-Service Extension for Telemedicine (Physician-Delivered) and Telehealth (Non-Physician-Delivered) Services’</td>
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1915(c) Waivers: Coordinators and Case Managers

<table>
<thead>
<tr>
<th>Date</th>
<th>October 22, 2020</th>
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</table>
| **Summary** | Fee-for-service Medicaid 1915(c) waiver case managers and service coordinators may suspend face-to-face service coordination visits. This is a temporary policy change that extends through November 30, 2020. This policy applies to:  
  - Community Living Assistance and Support Services  
  - Texas Home Living  
  - Deaf-Blind with Multiple Disabilities  
  - Home and Community-based Services  
  - General Revenue Service Coordinators  
  - Community First Choice Service Coordinators  
  - Pre-admission Screening and Resident Review Habilitation Coordinators  
  Case managers, service coordinators, and habilitation coordinators are encouraged to complete visits due through Nov. 30, 2020. These can be done by phone, telehealth, or telemedicine. |
CLASS: Telehealth Guidance

**Date**  
October 22, 2020

**Summary**  
Community Living Assistance and Support Services (CLASS) telehealth flexibilities, initially effective March 15, 2020, have been extended through November 30, 2020. The following CLASS professional and specialized therapy services are available by telehealth:

- Physical therapy
- Occupational therapy
- Speech and language pathology
- Recreational therapy
- Music therapy
- Behavior support
- Dietary services
- Cognitive rehabilitation therapy

Acceptable telehealth formats are synchronous audiovisual interaction or asynchronous store and forward technology. Use these with synchronous audio interaction between the client and the distant site provider.

**Link**  

HCS and TxHmL: Respite and CFC PAS/HAB

**Date**  
October 21, 2020

**Summary**  
In a temporary policy change effective March 27, 2020, HHSC lifted the prohibition on service providers of respite and Community First Choice (CFC) personal assistance services/habilitation (PAS/HAB) from living in the same home as the person receiving Home and Community-based Services (HCS) and Texas Home Living (TxHmL) program services. This temporary change has been extended through November 30, 2020.

This policy change will provide access to needed services for people living in their own or family’s home. A person’s spouse or a minor child’s parent is still prohibited from being a paid service provider of these services due to prohibition guidelines found in the following:

Program providers must complete the required background checks for all service providers. They must follow:

- 40 Texas Administrative Code, Part 1, Subchapter D and N
- HCS and TxHmL Rules, §9.177 (n) and (o)
- §9.579 (r) and (s)
- HCS and TxHmL Billing Guidelines (PDF) Section 3400 for service provider qualifications

**State Requests DSRIP Extension**

<table>
<thead>
<tr>
<th>Date</th>
<th>October 16, 2020</th>
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<tbody>
<tr>
<td><strong>Summary</strong></td>
<td>The Texas Health and Human Services Commission (HHSC) asked the Centers for Medicare &amp; Medicaid Services (CMS) to extend the Delivery System Reform Incentive Payment (DSRIP) program funding for one year.</td>
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**New Emergency Rule to Increase Licensed Hospital Space**

<table>
<thead>
<tr>
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<tr>
<td><strong>Summary</strong></td>
<td>HHSC issued a new emergency rule to allow a licensed hospital to temporarily designate a specific part of the hospital for use as an off-site facility by another hospital, and to allow another licensed hospital to apply to use that space for inpatient care as an off-site facility under its license. The new emergency rule includes forms for both hospitals to utilize the emergency rule. Hospitals must submit the form to operate an off-site facility under these restrictions to <a href="mailto:infohflc@hhs.texas.gov">infohflc@hhs.texas.gov</a> and receive written approval from HHSC prior to using an off-site facility for inpatient care. HHSC may approve an application at its sole discretion and may require an inspection or additional documentation prior to approval. HHSC may withdraw its approval to use a facility at any time. HHSC’s new emergency rule replaces a similar rule set to expire October 19, 2020.</td>
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Chemical Dependency Treatment Facility Requirements

**Date**  
October 16, 2020

**Summary**  
Under new emergency rules, effective October 17, 2020, licensed chemical dependency treatment facilities (CDTFs) may temporarily adjust their usual operation requirements related to telehealth and telemedicine, maximum counselor caseloads, service delivery through two-way, real-time internet or telephone communications, documentation deadlines, and treatment planning and service provision.

Additionally, under a new emergency rule, effective October 17, 2020, certain licensed chemical dependency counselor (LCDC) interns with more than 1,000 hours of supervised work experience are now temporarily permitted to provide services in person or through two-way, real-time internet or telephone communications; certain qualified counselor intern supervisors are also now temporarily permitted to provide supervision through two-way, real-time internet or telephone communications to reduce the risk of transmission of COVID-19 and ensure that LCDC interns and their supervisors are able to continue working and providing treatment to their patients during the COVID-19 pandemic.

**Links**  

Long-Term Care Providers: Point-of-Care Antigen Testing

**Date**  
October 21, 2020

**Summary**  
HHSC published Provider Letter 20-46, Reporting Guidance for Long-Term Care Providers – Point-of-Care Antigen Testing, for nursing facilities and assisted living facilities. The provider letter outlines responsibilities related to reporting COVID-19 test results for providers conducting point-of-care (POC) antigen tests within their facilities. This letter is not intended for use by providers who do not conduct COVID-19 POC tests in their facility. Providers who do not conduct COVID-19 POC tests in their facility may refer to PL 20-37.

**Link**  
**ICF and ALF Providers: Expansion of Reopening Visitation**

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<tr>
<td>Summary</td>
<td>HHSC adopted new expansion of reopening visitation emergency rules for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) providers and assisted living facilities that require facilities to offer certain types of limited indoor and outdoor visitation as well as essential caregiver visits. HHSC also published Provider Letter 20-43, COVID-19 Response - Expansion of Reopening Visitation, for ICF/IID providers and Provider Letter 20-42, COVID-19 Response - Expansion of Reopening Visitation, for assisted living facilities. The letters describe the process for requesting the required limited indoor and outdoor visitation as well as the requirements for essential caregiver visits.</td>
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**HCSSA and DAHS Providers: Updated FAQs**

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<tr>
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<tbody>
<tr>
<td>Summary</td>
<td>HHSC has published updated COVID-19 frequently asked questions (FAQs) for home and community support services agencies (HCSSAs) and day activity and health services (DAHS) facilities.</td>
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**Home Health and Hospice Agencies: CLIA Waiver Information**

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<td>Summary</td>
<td>As COVID-19 testing becomes more available, HHSC recognizes it will be important for home health and hospice agencies and assisted living facilities to apply for a clinical laboratory improvement amendment (CLIA) waiver as part of their overall preparedness efforts. Unless an agency currently provides laboratory services in accordance with 26 TAC §558.284, the agency will need to apply for a CLIA waiver to offer and perform certain COVID-19 testing for employees and clients directly.</td>
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GET COVID-19 VACCINE PLAN DRAFT

The Texas Department of State Health Services (DSHS) submitted the state’s draft vaccine plan to the federal government. The 37-page document discusses the state’s organizational structure, the vaccine’s distribution and handling, vulnerable populations, communications, and safety considerations.


COVID-19 TEST TRAINING AND FAQS

The Texas Division of Emergency Management has created a short training on the BinaxNOW test kits. The Binax 100 training is intended for non-medically trained people who will be conducting COVID-19 testing using the BinaxNOW Ag card. The BinaxNOW COVID-19 Ag Card is a rapid point-of-care antigen test that detects the presence of antigens in people infected with the virus that causes COVID-19. This test has been approved for use under an Emergency Use Authorization by the Food and Drug Administration. This free, online training is available now. Register here.

Omnicare has put together COVID-19 point-of-care testing FAQs for healthcare professionals.

Link: https://www.preparingtexas.org/lms/LMSViewCourse.aspx?Course=49

TEXAS LAUNCHES ANTIBODY STUDY

DSHS announced it is collaborating with researchers at The University of Texas Health Science Center at Houston on a large COVID-19 serological testing assessment. The effort aims to determine the proportion of people throughout Texas who have COVID-19 antibodies, indicating a past infection and presumably some degree of immune protection.
HHSC 2020 COVID-19 Impact Survey

**Date**: October 21, 2020  

**Summary**: To fully assess all the impacts of the pandemic on HHSC providers, HHSC is requesting providers complete an upcoming survey that will inform the agency of the financial, utilization, and process impacts to organizations due to COVID-19. All survey responses will remain anonymous. By taking this survey, providers will help HHSC develop policies and secure funding that aims to mitigate the short-term and long-term impact of COVID-19 on providers. On October 26, 2020, providers will receive an email that will include a link to the online survey.


Federal Updates

**Provider Relief Funds & Medicare Loans**

**Date**: October 8, 2020  

**Summary**: The United States Department of Health & Human Services (HHS) distributed FAQs clarifying that providers cannot use COVID-19 Provider Relief Fund (PRF) distributions to repay payments made under CMS’ Accelerated and Advance Payment programs. These FAQs correct CMS’ press release on new repayment terms for accelerated and advance payments, which incorrectly stated that providers could use PRF funds to repay the Medicare loans. CMS’ press release has been updated to reflect the correction.

CMS Expands Medicare FFS Telehealth Services

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<thead>
<tr>
<th>Date</th>
<th>October 14, 2020</th>
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<tbody>
<tr>
<td>Summary</td>
<td>CMS expanded the list of telehealth services that Medicare Fee-For-Service will pay for during the COVID-19 public health emergency (PHE). CMS added 11 new services to the Medicare telehealth services list since the publication of the May 1, 2020, COVID-19 Interim Final Rule with comment period (IFC). Medicare will begin paying eligible practitioners who furnish these newly added telehealth services effective immediately, and for the duration of the PHE. These new telehealth services include certain neurostimulator analysis and programming services, and cardiac and pulmonary rehabilitation services. The list of these newly added services is available at: <a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</a>.</td>
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Updated Medicare FAQs

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Summary</td>
<td>CMS updated COVID-19 FAQs for Medicare providers and Medicare fee-for-services (FFS) billing.</td>
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Medicare Payment COVID-19 Diagnostic Testing

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>Summary</td>
<td>CMS announced new actions to pay for expedited COVID-19 test results. CMS previously took action in April 2020 by increasing the Medicare payment to laboratories for high throughput COVID-19 diagnostic tests from approximately $51 to $100 per test. CMS announced that, starting January 1, 2021, Medicare will pay $100 only to laboratories that complete high throughput COVID-19 diagnostic tests within two calendar days of the specimen being collected. Also, effective January 1, 2021, for laboratories that take longer than two days to complete these tests, Medicare will pay a rate of $75.</td>
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Medicare Beneficiaries Survey Data

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<td>Summary</td>
<td>CMS released data showing that 21% of Medicare beneficiaries report forgoing non-COVID-19 care due to the pandemic, and nearly all (98%) of beneficiaries have taken preventative measures to keep themselves safe from the virus. According to the survey, the most common type of forgone care because of the pandemic was dental care (43%), followed by regular check-up (36%), treatment for ongoing condition (36%), and diagnostic or medical screening test (32%). The most common reason cited for forgoing care was not wanting to risk being at a medical facility (45%). In addition to forgoing care and preventative health behaviors, the survey asked about the impact of the pandemic on daily life and well-being, availability of telemedicine appointments, access to technology, and sources of information about the pandemic.</td>
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CDC Guidance and Report

Smoking Added to Risk List

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<tr>
<td>Summary</td>
<td>The Centers for Disease Control and Prevention (CDC) updated its guidance related to conditions that pose an increased risk of severe illness from the virus that causes COVID-19. The new guidance now adds smoking to the list of conditions that also includes conditions such as cancer, chronic kidney disease, heart conditions, and obesity.</td>
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## Age Group Transmission Dynamics

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<tbody>
<tr>
<td><strong>Summary</strong></td>
<td>A new CDC study looked at percent positivity by age group. Among the 767 hotspot counties, researchers identified that an increased percent positivity among younger populations preceded an increase in positive tests among older adults. The study highlights the need to control transmission among young adults.</td>
</tr>
<tr>
<td><strong>Link</strong></td>
<td><a href="https://www.cdc.gov/mmwr/volumes/69/wr/mm6941e1.htm?s_cid=mm6941e1_w">https://www.cdc.gov/mmwr/volumes/69/wr/mm6941e1.htm?s_cid=mm6941e1_w</a></td>
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