MMHPI COVID-19 Regulatory & Reimbursement Newsletter
Letter to Providers #4: State and Federal Updates – April 16, 2020

With federal and state health care policies changing rapidly in response to COVID-19, the Meadows Mental Health Policy Institute (MMHPI) is issuing COVID-19 Regulatory & Reimbursement Newsletters to support providers as they navigate this new terrain. In this newsletter, we highlight several recent changes to regulatory and reimbursement rules. We will be distributing these newsletters on a regular basis during the pandemic to provide information on federal, state, and local regulatory and reimbursement changes.

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@texasstateofmind.org.

Contents
Texas Updates .................................................. 2

Telehealth Expansion Waiver .................................................. 2
School and Health Related Services (SHARS) Provided Through Telemedicine or Telehealth ............................................... 3
Emergency Rule to Increase Supply of Direct Care Providers in Nursing Facilities ............................................. 3
Claims for Telehealth Service for Occupational, Physical, and Speech Therapy ............................................. 4
COVID-19 Update for Intellectual and Developmental Disability and Behavioral Health Services Contracted Providers ............................................. 4
COVID-19 Emergency Guidelines for Narcotic Treatment Programs .................................................. 5
Correction to “New COVID-19 Diagnosis Code U071 to Be a Benefit of Texas Medicaid and the CSHCN Services Program Effective April 1, 2020” .................................................. 6
Update to “Prior Authorization Requests Extended Due to COVID-19 Public Health Emergency” .................................................. 6
Scheduled Drugs Renewal Waiver Extended .................................................. 7
Governor Abbott Extends Disaster Declaration For COVID-19 to All Counties .................................................. 7
Hospital Staffing Support Requests .................................................. 7

Federal Updates .................................................. 8
Guidance for COVID-19 Telehealth Grants .................................................. 8
CMS Announces Expanded Coverage for Essential Diagnostic Services Amid COVID-19 Public Health Emergency

Applicability of Diagnoses from Telehealth Services for Risk Adjustment in Medicare Advantage

HHS to Begin Immediate Delivery of Initial $30 Billion of CARES Act Provider Relief Funding.

CMS Acts to Ensure Healthcare Facilities Can Maximize Frontline Workforces to Confront COVID-19 Crisis

New Federal Reserve Lending Program

CMS Issues New Wave of Infection Control Guidance Based on CDC Guidelines to Protect Patients and Healthcare Workers from COVID-19

Non-Emergent, Elective Medical Services and Treatment Recommendations

Weekly CDC COVID Report

CDC Social Media Toolkit

Free Self-Care Resource for Health Workers

Policing in a Pandemic: A Virtual Peer Support Series

Texas Updates

Telehealth Expansion Waiver

<table>
<thead>
<tr>
<th>Date</th>
<th>April 9, 2020</th>
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<tbody>
<tr>
<td>Summary</td>
<td>Governor Abbott waived regulations to expand telehealth options for COVID-19 response. Now, a smart phone or any audio-visual, real-time or two-way interactive communication system qualifies as a telecommunications technology that can be used to provide certain telehealth services. These waivers apply to speech-language pathologists and audiologists, behavior analysts, hearing instrument fitters and dispensers and dyslexia therapists and practitioners.</td>
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School and Health Related Services (SHARS) Provided Through Telemedicine or Telehealth

Date: April 9, 2020

Summary: If a school that participates in the School and Health Related Services (SHARS) program provides instruction to a Medicaid-eligible student during this time (March 31 – May 4), the school may seek Medicaid reimbursement for SHARS services delivered through telemedicine or telehealth, assuming all other SHARS program requirements are met. The Texas Health and Human Services Commission (HHSC) will allow reimbursement for the following SHARS services to be delivered via telemedicine or telehealth when school districts have moved to virtual learning or any other educational model outside of the traditional school-based location:

- Audiology services
- Counseling services (psychologist or Master's level clinician delivered)
- Occupational therapy
- Physician services
- Physical therapy
- Speech therapy


Emergency Rule to Increase Supply of Direct Care Providers in Nursing Facilities

Date: April 9, 2020

Summary: Governor Abbott announced that HHSC adopted an emergency rule to temporarily allow more nurse aides to serve residents in long-term care facilities during the COVID-19 response. The emergency rule temporarily allows nursing facilities to hire people to provide nurse aide services without having to complete a full certification program in their first four months of employment.

Claims for Telehealth Service for Occupational, Physical, and Speech Therapy

<table>
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<tr>
<th>Date</th>
<th>April 14, 2020</th>
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<tbody>
<tr>
<td><strong>Summary</strong></td>
<td>Effective for dates of service March 15, 2020 through April 30, 2020, authorized occupational, physical, and speech therapy for clients of all ages may be delivered as a telehealth service. Telehealth therapy services must be delivered within the provision of current licensure requirements found in Occupational Therapy Rules, Physical Therapy Rules, and Speech-Language Pathologists and Audiologists Administrative Rules. Providers should use the 95 modifier to indicate remote delivery.</td>
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COVID-19 Update for Intellectual and Developmental Disability and Behavioral Health Services Contracted Providers

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<thead>
<tr>
<th>Date</th>
<th>April 10, 2020</th>
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| **Summary**   | The following new adjustment has been made to assist mental health, substance use, and (Intellectual and Developmental Disability) IDD HHSC-contracted providers:  
  • Not enforcing match requirements for IDD-behavioral health (BH) providers for the time period beginning at the onset of the disaster declaration until it is lifted.  
  The following adjustments have already been put into place to assist local authorities:  
  • Allowance for Local Intellectual and Developmental Disability Authorities (LIDDA) to transfer funding from crisis intervention to crisis respite services to meet an increased demand.  
  • Relaxing the Intellectual and Developmental Disability Authority Contract Notebook measures and targets.  
  • Relaxing the Mental Health Performance Contract Notebook measures and target expectations.  
  • Allowance for the expanded use of teleservices.  
  The following initiatives are underway to assist local authorities:  
  • Resulting from Texas receiving approval of a major disaster declaration, IDD/BH has applied for an Immediate Services Crisis Counseling Program Assistance and Training grant.  
  • Distribution of COVID-19 fiscal impact report templates to assess the pandemic’s statewide financial impact. If funding becomes available to |
support or offset costs/revenue losses due to COVID-19, HHSC will use the reports to inform decisions on allocating available funding.

- Continued work with regulatory partners to address requirements related to allowing teleservices in licensed substance use disorder programs.

Source

COVID-19 Emergency Guidelines for Narcotic Treatment Programs

Date April 10, 2020

Summary
HHSC provides guidance to licensed narcotic treatment programs (NTPs), also known as opioid treatment programs (OTPs). In response to the state of disaster declared in Texas and the United States of America relating to COVID-19, NTPs will now be permitted to treat patients with buprenorphine without a face-to-face exam, provide take-home doses of medication, postpone annual physical exams and drug tests, and accept electronic signatures to more effectively treat patients during this health emergency. In addition, NTPs are encouraged to use telehealth to treat patients and adhere to federal guidelines provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Drug Enforcement Administration (DEA).

This letter provides guidance related to personal protective equipment (PPE) shortages, electronic signatures, telemedicine in narcotic treatment programs, and take home medications.

Link
Correction to “New COVID-19 Diagnosis Code U071 to Be a Benefit of Texas Medicaid and the CSHCN Services Program Effective April 1, 2020”

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<tr>
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<tbody>
<tr>
<td>Summary</td>
<td>Texas Medicaid &amp; Healthcare Partnership (TMHP) published a correction to their article titled “New COVID-19 Diagnosis Code U071 to Be a Benefit of Texas Medicaid and the CSHCN Services Program Effective April 1, 2020,” originally published on March 27, 2020. The original article indicated an incorrect date of service of February 20, 2020. The correct date of service is on or after April 1, 2020, for diagnosis code U071 to be a benefit of Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program for reporting Novel Coronavirus Disease, COVID-19.</td>
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Update to “Prior Authorization Requests Extended Due to COVID-19 Public Health Emergency”

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<td>Summary</td>
<td>TMHP posed an update to their article titled, “Prior Authorization Requests Extended Due to COVID-19 Public Health Emergency,” originally posted on March 31, 2020. The update is that the extended prior authorizations (PAs) have been expanded to include PAs due for recertification between March 1, 2020 through May 31, 2020. To help ensure continuity of care during the COVID-19 response, HHSC has directed TMHP to extend existing PAs for 90 days.</td>
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Scheduled Drugs Renewal Waiver Extended

**Date** | April 9, 2020
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**Summary** | Governor Abbott approved the Texas Medical Board’s request to extend a state law waiver, allowing providers to telephonically renew scheduled drugs (such as opioids) for patients with chronic pain through May 8, 2020. The extended waiver continues to allow for telephone refills of a prescription for treatment of chronic pain by a physician with an established chronic pain patient. Phone renewal of prescriptions for scheduled drugs for chronic pain ordinarily is prohibited. The previous waiver expired on April 10, 2020.

**Link** | [http://www.tmb.state.tx.us/dl/7D3A48DF-0865-B252-79FB-CC0FF804C9DD](http://www.tmb.state.tx.us/dl/7D3A48DF-0865-B252-79FB-CC0FF804C9DD)

Governor Abbott Extends All County Disaster Declaration For COVID-19

**Date** | April 12, 2020
---|---
**Summary** | Governor Abbott issued a proclamation extending his Disaster Declaration for all Texas counties in response to COVID-19. Originally issued on March 13th, the Disaster Declaration provides the state a number of resources to effectively serve Texans as the Texas continues to mitigate the spread of COVID-19.


Hospital Staffing Support Requests

**Summary** | Texas hospitals can request staffing support for COVID-19 through Texas.gov. Hospitals should fill out the form (see below link) at Texas.gov to enter their specific staffing needs. The state will provide hospitals with a list of those who have offered to provide the requested support through the Texas.gov portal. Hospitals will be responsible for contacting the volunteers and finalizing arrangements.

**Link** | [https://txt.texas.gov/covid19/dshs/mvsr/](https://txt.texas.gov/covid19/dshs/mvsr/)
Federal Updates
Guidance for COVID-19 Telehealth Grants

<table>
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<tr>
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<tr>
<td>Summary</td>
<td>The Federal Communications Commission (FCC) started vetting applicants for the $200 million in telehealth grants authorized by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Use the FCC’s updated guidance (link below) to apply for the COVID-19 Telehealth Program.</td>
</tr>
<tr>
<td>Link</td>
<td><a href="https://www.fcc.gov/covid-19-telehealth-program">https://www.fcc.gov/covid-19-telehealth-program</a></td>
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CMS Announces Expanded Coverage for Essential Diagnostic Services Amid COVID-19 Public Health Emergency

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<tr>
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<tr>
<td>Summary</td>
<td>The Centers for Medicare and Medicaid Services (CMS), together with the Departments of Labor and the Treasury, issued guidance to ensure Americans with private health insurance have coverage of COVID-19 diagnostic testing and certain other related services, including antibody testing, at no cost. This includes urgent care visits, emergency room visits, and in-person or telehealth visits to the doctor’s office that result in an order for or administration of a COVID-19 test. Most of the frequently asked question (FAQ) document is focused on direct COVID-19 care. However, Question 13 is related to plans and issuers use of telehealth to mitigate the impact of the public health emergency. The response provides, in part: “The Departments strongly encourage all plans and issuers to promote the use of telehealth and other remote care services, including by notifying consumers of their availability, by ensuring access to a robust suite of telehealth and other remote care services, including mental health and substance use disorder services, and by covering telehealth and other remote care services without cost sharing or other medical management requirements.”</td>
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## Applicability of Diagnoses from Telehealth Services for Risk Adjustment in Medicare Advantage

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<tr>
<td>Summary</td>
<td>CMS is stating that Medicare Advantage Organizations and other organizations that submit diagnoses for risk adjusted payment are able to submit diagnoses for risk adjustment that are from telehealth visits when those visits meet all criteria for risk adjustment eligibility. It is important for enrollees in Medicare Advantage to be able to receive clinically appropriate services via telehealth, and CMS appreciates all the necessary steps Medicare Advantage Organizations are taking to help providers and members cope with the pandemic.</td>
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## HHS to Begin Immediate Delivery of Initial $30 Billion of CARES Act Provider Relief Funding

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<td>Summary</td>
<td>The Department of Health and Human Services (HHS) began the delivery of the initial $30 billion in relief funding to providers in support of the national response to COVID-19 as part of the distribution of the $100 billion provider relief fund provided for in the CARES Act. The $100 billion of funding will be used to support healthcare-related expenses or lost revenue attributable to coronavirus and to ensure uninsured Americans can get the testing and treatment they need without receiving a surprise bill from a provider. The initial broad-based distribution of the relief funds will go to hospitals and providers across the United States that are enrolled in Medicare. Facilities and providers are allotted a portion of the $30 billion based on their share of 2019 Medicare fee-for-service (FFS) reimbursements. These are payments, not loans, to healthcare providers, and will not need to be repaid.</td>
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[https://www.hhs.gov/provider-relief/index.html](https://www.hhs.gov/provider-relief/index.html) |
CMS Acts to Ensure Healthcare Facilities Can Maximize Frontline Workforces to Confront COVID-19 Crisis

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<td>Summary</td>
<td>CMS temporarily suspended a number of rules so that hospitals, clinics, and other healthcare facilities can boost their frontline medical staffs as they fight to save lives during the COVID-19 pandemic. These changes affect doctors, nurses, and other clinicians nationwide, and focus on reducing supervision and certification requirements so that practitioners can be hired quickly and perform work to the fullest extent of their licenses. The new waivers sharply expand the workforce flexibilities CMS announced on March 30.</td>
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New Federal Reserve Lending Program

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<td>Summary</td>
<td>The Federal Reserve took additional actions to provide up to $2.3 trillion in loans to support the economy. This funding will assist households and employers of all sizes and bolster the ability of state and local governments to deliver critical services during the coronavirus pandemic. The Main Street Lending Program will enhance support for small and mid-sized businesses that were in good financial standing before the crisis by offering 4-year loans to companies employing up to 10,000 workers or with revenues of less than $2.5 billion. Principal and interest payments will be deferred for one year. Firms seeking Main Street loans must commit to make reasonable efforts to maintain payroll and retain workers. Firms that have taken advantage of the Small Business Administration’s Paycheck Protection Program (PPP) may also take out Main Street loans.</td>
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<tr>
<td>Link</td>
<td><a href="https://www.federalreserve.gov/newsevents/pressreleases/monetary20200409a.htm">https://www.federalreserve.gov/newsevents/pressreleases/monetary20200409a.htm</a></td>
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CMS Issues New Wave of Infection Control Guidance Based on CDC Guidelines to Protect Patients and Healthcare Workers from COVID-19

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<td><strong>Summary</strong></td>
<td>CMS has issued a series of updated guidance documents focused on infection control to prevent the spread of COVID-19 in a variety of inpatient and outpatient care settings. The guidance, based on Centers for Disease Control and Prevention (CDC) guidelines, will help ensure infection control in the context of patient triage, screening and treatment, the use of alternate testing and treatment sites and telehealth, drive-through screenings, limiting visitations, cleaning and disinfection guidelines, staffing, and more. The guidance is designed to empower local hospitals and healthcare systems, helping them to rapidly expand their capacity to isolate and treat patients infected with COVID-19 from those who are not.</td>
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Non-Emergent, Elective Medical Services and Treatment Recommendations

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<th>Date</th>
<th>April 7, 2020</th>
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<td><strong>Summary</strong></td>
<td>CMS recently updated recommendations to postpone non-essential surgeries and other procedures to conserve critical healthcare resources and limit exposure of patients and staff to COVID-19. Developed in collaboration with medical societies and associations, the recommendations outline a tiered approach for state and local officials, clinicians, and delivery systems to consider to prioritize services and care to those who require emergent or urgent attention to save a life, manage severe disease, or avoid further harms from an underlying condition.</td>
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CMS National Stakeholder Calls on COVID-19

**Summary**
CMS has been hosting regular calls with a variety of clinicians, hospitals, other facilities, and states in an effort to keep stakeholders updated on their COVID-19 efforts. The recordings and transcripts are being posted at the below link.

**Link**
https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/PodcastAndTranscripts

Weekly CDC COVID Report

**Summary**
The CDC is now releasing weekly COVIDView reports. This report provides a weekly summary and interpretation of key indicators that have been adapted to track the COVID-19 pandemic in the United States.

**Link**

CDC Social Media Toolkit

**Summary**
The CDC created a social media toolkit to help localize efforts in responding to COVID-19. This toolkit provides messages and graphics to help:
- Ensure current, correct messaging from a trusted source
- Create collateral materials
- Share resources

All graphics and suggested messages are available for use on social media profiles and web pages. All social media content is public domain and free to use by anyone for any purpose without restriction under copyright law.

**Link**

Free Self-Care Resource for Health Workers

**Summary**
Reality Based Wellness is offering a free resource for hospital staff dealing with stress, anxiety or depression during the current crisis. People should register with their employee email address. Reality Based Wellness offers sessions on anxiety, sleep improvement, and stress reduction for frontline and critical care workers.

**Link**
https://app.proj-terra.com/
Policing in a Pandemic: A Virtual Peer Support Series

The Meadows Mental Health Policy Institute (MMHPI) and Caruth Police Institute (CPI) recognize that the COVID-19 pandemic represents one of the biggest policing challenges in modern times. At a time when the public is taking measures to protect family and loved ones from exposure to the Coronavirus, first responders face the uncertainty of community exposure and in turn the fear of exposing their loved ones. In addition, first responders are facing increased workloads as they adapt to policing and emergency response models in a pandemic. This compounds the dynamic nature of first responder stress and fatigue at a time health, wellness, and resiliency are more critical than ever. To provide an immediate resource to first responders, we have established the Policing in Pandemic Virtual Peer Networking Series. MMHPI and CPI will host weekly interactive online events including nationally recognized peer specialists, health and wellness experts, and first responder wellness providers in a digital platform that provides anonymity to officers to join online, share experiences, hear from their peers, and get real time resources to address the impact of this new normal.

April 16: 22Kill CEO Tempa Sherrill
April 23: Blue HELP founder Steven Hough
April 30: PERF Executive Board Member, CPI Executive Board Chair, and Irving Police Chief Jeff Spivey joined by Chief Greg Stevens of Rockport Police Department

All of the events are at 6:00 PM CST. Please join us at: https://zoom.us/j/806383664. (The same zoom link will be used for the entire series.)