



pennsylvania

DEPARTMENT OF HUMAN SERVICES
OFFICE OF MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES

MEMORANDUM

TO: All Behavioral HealthChoices Managed Care Organizations (BH-MCOs), Fee-For-Service (FFS) Providers, and County Mental Health Authorities – Statewide

FROM: Kristen Houser
Deputy Secretary *Kristen Houser*
Office of Mental Health and Substance Abuse Services

RE: COVID-19 Frequently Asked Questions (FAQs)

DATE: March 25, 2020

PURPOSE:

The purpose of this memorandum is to issue Frequently Asked Questions (FAQs) for Behavioral Health Medicaid covered programs related to the COVID-19 disaster emergency declaration.

COVID-19 FREQUENTLY ASKED QUESTIONS (FAQs):

- 1. Question:** Behavioral Health (BH) providers are concerned about how they will retain staff during quarantine/outbreaks. Is the Office of Mental Health and Substance Abuse Services (OMHSAS) taking steps to allow providers to continue delivering services?

OMHSAS Response: Health care services, including BH services, are life-sustaining services and therefore should remain available. OMHSAS has released guidance on expanded telehealth services during the emergency disaster declaration, which will allow staff to continue working during social distancing and stay at home or shelter in place conditions. The “OMHSAS COVID-19 Telehealth Expansion” document is available at the following link: <https://www.dhs.pa.gov/providers/Providers/Pages/Coronavirus-Provider-Resources.aspx>

2. **Question:** Is the Department of Human Services (DHS)/OMHSAS considering waiving regulations given the disaster emergency declaration declared by the Governor?

OMHSAS Response: Yes. OMHSAS is reviewing regulations and policies to determine which regulations, if any, need to be suspended based on the needs of our stakeholders. Further guidance will follow on specific regulatory suspensions

3. **Question:** What should be the response if psychiatrists are unavailable due to illness?

OMHSAS Response: Primary contractors and their BH-MCOs should work with providers to ensure there are plans in place for service coverage, including psychiatric services, during the disaster emergency declaration period. BH providers are encouraged to collaborate to ensure psychiatric access during the emergency disaster declaration period. In addition, the Pennsylvania Department of State (DOS) has issued suspensions of regulatory requirements to relax requirements for out-of-state providers to temporarily provide services in Pennsylvania. The Full PA DOS guidance is available here:
<https://www.dos.pa.gov/Pages/COVID-19-Waivers.aspx>

4. **Question:** Will BH providers who are unable to provide face-to-face services through the FFS delivery system be able to continue to provide services?

OMHSAS Response: OMHSAS has expanded services that are available through telehealth. The “OMHSAS COVID-19 Telehealth Expansion” document is available at the following link:
<https://www.dhs.pa.gov/providers/Providers/Pages/Coronavirus-Provider-Resources.aspx>.

5. **Question:** What is the appropriate response if individuals in a residential service need to be isolated or quarantined?

OMHSAS Response: Counties should have contingency plans in place for when there is an emergency for residential services. Providers of residential services should also have emergency plans in place, in coordination with the counties where they are located. Providers of residential services should implement their emergency plans. Expanded telehealth services as outlined in the “OMHSAS COVID-19 Telehealth Expansion” document can also be used to provide services to individuals in residential settings. For specific recommendations regarding requirements for isolation, consult the Pennsylvania Department of Health (<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Coronavirus.aspx>) and the Centers for Disease Control and Prevention (CDC) (<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>)

6. **Question:** Is the state able to issue waivers regarding requiring face-to-face contacts for Blended Case Management and allow 100% of contacts to be telephonic during the emergency disaster declaration?

OMHSAS Response: On March 15, 2020, OMHSAS expanded the use of telehealth to address service issues for the duration of the disaster emergency declaration. OMHSAS removed the limitations on the number and percentage of services that can be provided through telehealth. During the disaster emergency declaration period, telehealth contacts can be counted toward face-to-face service contact.

7. **Question:** Will OMHSAS allow phone-based service provision for psychiatric rehabilitation?

OMHSAS Response: Audio-visual technology is the preferred method of service delivery for the duration of the disaster emergency declaration. However, if that technology is unavailable, telehealth can be provided by telephone (voice only).

- 8. Question:** Will OMHSAS be waiving the limits on the number of individuals permitted to participate in mental health out-patient groups (12) or D&A out-patient groups (10) due to possible staff shortages?

OMHSAS Response: On March 16, 2020, the White House COVID-19 Taskforce recommended that individuals “avoid gathering in groups of more than 10 people.” In addition, Governor Wolf and the Secretary for PA Department of Health, issued information to cancel or postpone in-person group events with 10 or more participants. At this time, OMHSAS will not be supporting a waiver for increased group sizes.

- 9. Question:** Since it is likely that additional coordination will be needed with Physical Health, will the state allow for reimbursement of coordination activities during the emergency disaster declaration period?

OMHSAS Response: Coordination activities with physical health continue to be reimbursable through administrative funds.

- 10. Question:** How can individuals get their medication from the pharmacy if they are ill?

OMHSAS Response: The Office of Medical Assistance Programs (OMAP) is actively working on ways to increase access to medication from pharmacies. OMHSAS will provide updates as they become available. All updates for the Department of Human Services are located here:
<https://www.dhs.pa.gov/providers/Providers/Pages/Coronavirus-Provider-Resources.aspx>

- 11. Question:** What if pharmacies begin to run out of medications manufactured overseas?

OMHSAS Response: OMHSAS is not aware and does not expect any medication shortages at this time but will continue to monitor the situation.

12. Question: BH providers are concerned that BH crisis lines (hotlines, peer support talk lines, warmlines) may be overburdened as anxiety around COVID-19 continues to grow. Is there consideration on the state level to setting up a warmline for individuals to call who have Coronavirus concerns?

OMHSAS Response: OMHSAS is monitoring the volume of calls received on BH crisis lines and will consider the need for setting up a warmline. There are several support lines available, including:

- SAMHSA Disaster Distress Line: 1-800-985-5990 or text “TalkWithUs” to 66746
- Crisis Text Line: Text “PA” to 741741
- Optum Public Crisis Line: 866-342-6892

13. Question: Can the timeliness for member notification related to denial of services, complaints and grievances be modified?

OMHSAS Response: The Department is seeking a waiver of some of the requirements associated with the complaint and grievance requirements. As with any identified emergency in which it is determined that requirements need to be modified due to a safety concern, OMHSAS will support the decision of the Primary Contractor/BH-MCO to implement its emergency plan that may include initiating alternative practices in the interim of approval of a waiver. Any modifications implemented, and the reason for the modifications, need to be clearly documented in every Complaint/Grievance case record in which the modification was implemented, including documentation that this was communicated with the member. Additionally, although prior OMHSAS approval is not necessary, the OMHSAS Quality Assurance Risk Management (QARM) Director (Jocelyn Maddox) and the appropriate QARM coordinator needs to be notified of these modifications.

QM Contacts		
Director	Jocelyn Maddox	jomaddox@pa.gov
CBH QARM Coordinator	Jacob Faust	jacfaust@pa.gov
CCBH QARM Coordinator	Christine Bayuk	cbayuk@pa.gov
MBH QARM Coordinator	Jennifer Baumgardner	jebaumgard@pa.gov
PerformCare QARM Coordinator	Jennifer Baumgardner	jebaumgard@pa.gov
VBH QARM Coordinator	Jeff Funston	jfunston@pa.gov

14. Question: Will in-person complaint/grievance panel requirements be waived?

OMHSAS Response: As with any identified emergency in which it is determined that requirements need to be modified due to a safety concern, OMHSAS will support the decision of the Primary Contractor/BH-MCO to implement its emergency plan that may include initiating alternative practices in the interim of approval of a waiver. As per Appendix H, OMHSAS permits panels to meet telephonically. Videoconference or telephonic reviews must be offered if an in-person review cannot be accommodated when requested by the member. Any modifications, and the reason for the modifications, need to be clearly documented in every Complaint/Grievance case record in which the modification was implemented, including documentation that this was communicated with the member. Additionally, although prior approval is not necessary, the OMHSAS QARM Director (Jocelyn Maddox) and the appropriate QARM coordinator needs to be notified of these modifications.

15. Question: Will a monetary stipend for telephonic attendance be allowable?

OMHSAS Response: OMHSAS has not issued any requirements on monetary stipends for individuals participating in a Complaint/Grievance hearing. This is a business decision of the Primary Contractor/BH-MCO.

16. Question: Does the temporary telehealth expansion also apply to Drug & Alcohol (D&A) services?

OMHSAS Response: Yes, the temporary measures outlined in OMHSAS Memorandum dated 03/15/20 “Telehealth Guidelines Related to COVID-19” apply to mental health as well as D&A services provided to Medical Assistance (MA) beneficiaries.

17. Question: Will Alternative Payment Arrangements (APA's) be permitted to help support and sustain providers during the emergency and will their approval be expedited?

OMHSAS Response: APA's consistent with the HealthChoices Behavioral Health Agreement Section II-7.M.3, will be reviewed on a case by case basis and approved as appropriate within 24 hours to help support and sustain providers during the emergency.

18. Question: Will there be flexibility in the review of HealthChoices Reinvestment Plans to allow funding for the purchase of secure telehealth equipment and software, or third-party contracts for these services?

OMHSAS Response: Yes.

19. Question: Will Reinvestment Plans that outline assistance in emergency solvency plans be acceptable during this emergency?

OMHSAS Response: Reinvestment requests outlining assistance in emergency solvency plans received during this time will be reviewed on a case by case basis and approved as appropriate and as quickly as possible.

20. Question: During this time of reduced outpatient clinic activity there is a corresponding reduction in revenue. Some clinics are asking if there is a problem with reducing hours.

OMHSAS Response: Primary Contractors and BH-MCOs should work with providers to ensure that individuals receive the services they need and that services are delivered in the format that is needed during this emergency. This may require innovation, such as expanding the use of telehealth and delivering services in the home. Providers should also ensure that there are sufficient office and clinic hours available to meet the needs of established and new patients. To keep staff safe, in addition to social distancing, providers may look for ways to allow staff to work from home and continue to practice.

21. Question: Are the BH providers considered Health Services that are allowed to remain open?

OMHSAS Response: Yes.

22. Question: The OMHSAS Memorandum dated 03/15/20 “Telehealth Guidelines Related to COVID-19” appears to allow telehealth flexibility only for those participants who are quarantined, self-quarantined or “possible risk of exposure”. Is this an accurate reading?

OMHSAS Response: No. The intent of the memorandum is to allow services to be provided through telehealth for all MA beneficiaries when clinically appropriate. The OMHSAS Memorandum states “This expansion applies to behavioral health services delivered to MA beneficiaries via FFS or through a Behavioral Health HealthChoices Managed Care Organization (BH-MCO).”

23. Question: Does the OMHSAS Memorandum dated 03/15/20 “Telehealth Guidelines Related to COVID-19” apply to Medicare beneficiaries?

OMHSAS Response: DHS-OMHSAS does not have any jurisdiction over Medicare. CMS is the oversight authority for Medicare.

24. Question: Why are 992XX codes not listed in the Telehealth Bulletin OMHSAS-20-02, Attachment A?

OMHSAS Response: The codes listed in the bulletin are for FFS. As outlined in OMHSAS Memorandum dated 03/15/20, “Telehealth Guidelines Related to COVID-19”, services that can be provided are not limited to the codes listed in the bulletin during this emergency. For BH HealthChoices, BH-MCOs have always had the flexibility to decide which codes to allow.

25. Question: Does the state allow services to be delivered over the phone if the patient does not have a mobile device or computer that would enable videoconferencing?

OMHSAS Response: As outlined in OMHSAS Memorandum dated 03/15/20, “Telehealth Guidelines Related to COVID-19”, telephone only services may be utilized when audio/video technology is not available.

26. Question: Will BH-MCOs’ telehealth rates remain the same as face-to-face rates?

OMHSAS Response: The rates for services provided under Managed Care are determined by the BH-MCOs. Please contact your BH-MCOs for this information.

27. Question: Can clinicians work from home?

OMHSAS Response: During this disaster emergency declaration period, services can be provided using telehealth. Provider agencies can determine how they are able to provide services using telehealth, while ensuring that service needs are met. This may include permitting clinicians to work from home

28. Question: Does each individual mental health clinician seeking to deliver mental health services via telehealth need to submit an Attestation Form?

OMHSAS Response: No, only the provider agency needs to submit an Attestation Form.

29. Question: Does the telehealth expansion apply to Peer Support Services?

OMHSAS Response: Yes, OMHSAS expanded telehealth services to BH providers beyond those identified in bulletin OMHSAS-20-02, including Certified Peer Specialists.