

MMHPI COVID-19 Regulatory & Reimbursement Newsletter

Letter to Providers #14: State and Federal Updates – June 26, 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@mmhpi.org.

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Texas Updates

HHSC Updates to FAQs

Behavioral Health Providers

Date	June 19, 2020
Summary	<p>The Texas Health and Human Services Commission (HHSC) updated COVID-19-related frequently asked questions (FAQs) for behavioral health providers. New FAQs include:</p> <ul style="list-style-type: none"> • Q. What is the anticipated date for nursing facilities to open back up? A. For up-to-date information on nursing facilities, visit HHSC’s Nursing Facilities webpage. • Q. What changes is HHSC considering post-COVID-19 to service delivery modes, such as continued use of telephone and telehealth options? A. A variety of providers have given HHSC anecdotal reports of improved client engagement related to using the telephone and telehealth to provide services. HHSC welcomes providers to share their experiences and recommendations by emailing behavioralhealth_covid-19@hhsc.state.tx.us. • Q. When will providers be notified regarding an extension of telephone and telehealth approved services for general revenue-funded and Medicaid-funded clients? A. General revenue-funded programs allow for more flexibility. HHSC staff continues to work with our Medicaid partners to allow for ample notification of any return to face-to-face service provision in the community. Notifications about Medicaid determinations can be found on the TMHP website. • Q. Is there a limit to the number of clients for group counseling sessions via telehealth (similar to the limit of 16 for face-to-face sessions)? A. Per 25 Texas Administrative Code §448.901, group counseling sessions are limited to a maximum of 16 clients regardless of the mode of service delivery.
Link	https://hhs.texas.gov/sites/default/files/documents/services/health/behavioral-health-services-covid-faq.pdf

Intermediate Care Facilities for Individuals with an Intellectual Disability / Related Conditions

Date	June 22, 2020
Summary	<p>HHSC posted COVID-19 updates and questions answered by the Long-Term Care Regulation Division and the Department of State Health Services (DSHS) for Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IDD) providers. Questions answered include:</p> <ul style="list-style-type: none"> • Q. Some CII intake specialists are wanting staff information, including names, when self-reporting. Can we just provide details and not names and then provide information to the surveyor when they are on campus to not violate their HIPAA rights? <p>A. Yes –we will reach out to CII staff to ensure they understand what information is needed when you make a self-reported incident for a positive case of COVID-19. You are not required to provide the personal information of staff who test positive.</p> • Q. Does a resident who is being quarantined after returning from a home visit have to stay in their bedroom? <p>A. No, the CDC guidance only recommends that individuals be restricted to their bedroom if they are confirmed or suspected of having COVID-19. Being in quarantine after returning from a home visit does not automatically mean they are confirmed or suspected of having COVID-19; rather it means that they had the potential for being exposed to COVID-19 and should be kept away from others while they are under observation. The individual may visit common areas but the ICF will have to determine how to accomplish this safely. Some things to consider:</p> <ul style="list-style-type: none"> ○ Can the individual visit the common areas and still be separate from other individuals who are not under quarantine? ○ Can at least 6 feet of distance be maintained between the individual under quarantine and the other individuals? ○ Are all individuals wearing a cloth face covering when they are out of their bedrooms? ○ Are all individuals practicing hand hygiene, covering coughs and sneezes and properly discarding used tissues? ○ Is the facility frequently cleaning and disinfecting high-touch surfaces and equipment? ○ Is the facility monitoring for signs and symptoms at least three times a day (each shift)? ○ Does the facility have a plan for what to do if the individual starts having signs or symptoms of respiratory illness?

Link | http://www.tmhp.com/News_Items/2020/06-June/Recording%20of%20June%2022%20ICF%20COVID-19%20Q%20A%20Provider%20Webinar%20Available.pdf

State Hospitals and State Supported Living Centers Create Pen Pal Programs

Date	June 23, 2020
Summary	<p>Several state supported living centers (SSLCs) and state hospitals in Texas are using pen pal programs to help their residents and patients stay connected with their communities during the pandemic. Residents of SSLCs include people with intellectual and developmental disabilities, and patients of state hospitals include people with mental health issues. Socialization is an important part of maintaining good mental health. Due to COVID-19, group activities, communal dining, and visits with relatives and volunteers have been limited to prevent the spread of the virus.</p> <p>Pen pal programs at several state hospitals and SSCLs allow members of the community to send encouraging letters and cards to residents and patients. Volunteers can send positive messages, drawings, or stories about what they are doing for fun. Volunteers throughout Texas have already sent more than 900 cards and letters, and some have received responses as part of the program, which facility staff help to coordinate.</p> <p>People who are interested in volunteering can fill out a volunteer application here.</p> <p>For information about how to join the pen pal program, e-mail VolunteerHHSC@hhsc.state.tx.us to learn about the participating facilities which include Austin State Hospital, Austin State Supported Living Center, Richmond State Supported Living Center and San Antonio State Hospital.</p>
Link	https://hhs.texas.gov/about-hhs/communications-events/news/2020/06/state-hospitals-state-supported-living-centers-create-pen-pal-programs-during-covid-19-pandemic

Federal Updates

FAQs about Families First Coronavirus Response Act and Coronavirus Aid, Relief and Economic Security Act Implementation

Date	June 23, 2020
Summary	The Centers for Medicare & Medicaid Services (CMS) posted FAQs regarding implementation of the Families First Coronavirus Response Act (FFCRA), the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), and other health coverage issues related to Coronavirus. The Department of Labor (DOL), the Department of Health and Human Services (HHS), and the Department of the Treasury (DOT) jointly prepared the FAQs. The FAQs answer questions from stakeholders to help people understand the law and benefit from it.
Link	https://www.cms.gov/files/document/FFCRA-Part-43-FAQs.pdf

Updated FAQs on Provider Relief Fund

Date	June 22, 2020
Summary	<p>HHS updated its FAQs on Provider Relief Fund payments with an emphasis on reporting requirements in the terms and conditions. New FAQs include:</p> <ul style="list-style-type: none"> • The Terms and Conditions state that Provider Relief Fund payments will only be used to prevent, prepare for, and respond to coronavirus and shall reimburse the Recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus. What expenses or lost revenues are considered eligible for reimbursement? (Modified 6/19/2020) • An organization has prescription sales as part of its revenue. Can these sales be captured in the data submitted as “gross sales or receipts” or “program service revenue?” (Modified 6/22/2020) • Can a healthcare provider that has a primarily Medicaid-focused practice that received a small initial General Distribution payment, but forewent applying for an additional General Distribution payments, now apply for the Medicaid Targeted Distribution? (Added 6/19/2020) • Can a healthcare provider that has not billed Medicaid/CHIP during the eligibility window (January 1, 2018 to December 31, 2019), but is a Medicaid/CHIP enrolled provider, apply for a Medicaid Targeted Distribution payment? (Added 6/19/2020)
Link	https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/faqs/index.html

Medicare and Medicare Advantage will Cover COVID-19 Tests for Nursing Home Residents and Patients

Date	June 19, 2020
Summary	CMS announced that beginning July 6, 2020 both traditional Medicare and Medicare Advantage plans will cover diagnostic COVID-19 laboratory tests for nursing home residents and patients through the remainder of the public health emergency.
Link	https://www.cms.gov/files/document/se20011.pdf

CMS Data Fact Sheet

Date	June 22, 2020
Summary	CMS released a fact sheet that shows disparities among Medicare beneficiaries who became ill with COVID-19. The data sources for the snapshot are Medicare Fee-for-Service (FFS) claims data, Medicare Advantage (MA) encounter data, and Medicare enrollment information. The data shows that more than 325,000 Medicare beneficiaries were diagnosed with COVID-19 between January 1 and May 16, 2020 and nearly 110,000 were hospitalized. The snapshot breaks down COVID-19 cases and hospitalizations for Medicare beneficiaries by state, race/ethnicity, age, gender, dual eligibility for Medicare and Medicaid, and urban/rural locations.
Link	https://www.cms.gov/files/document/medicare-covid-19-data-snapshot-fact-sheet.pdf

Emergency Department Visits for Life-Threatening Conditions Declined Early in Pandemic

Date	June 22, 2020
Summary	A new study by the Centers for Disease Control and Prevention (CDC) shows emergency department visits dropped by 23% for heart attacks, 20% for strokes, and 10% for hyperglycemic crises in the first 10 weeks after the COVID-19 public health emergency declaration. Researchers captured 73% of the nation's ED visits from the CDC's National Syndromic Surveillance Program and local partners and compared numbers from January 5 to March 14, 2020 to those from March 15 to May 23, 2020. The researchers said public health and health care professionals must publicly reinforce the importance of timely care for medical emergencies and give assurance that emergency departments are implementing infection prevention and control guidelines.
Link	https://www.cdc.gov/mmwr/volumes/69/wr/mm6925e2.htm

Mental Health Impact of COVID-19 Pandemic Study

Summary	<p>Researchers at the National Institute of Mental Health (NIMH) are conducting an online research study to learn about how stressors related to the COVID-19 virus affect mental health over time. The study hopes to better understand the experiences of participants during this difficult time. Participation involves completing online questionnaires every two weeks, for six months. The questionnaires take about 20 minutes to complete. You must be at least 18 years old to participate. Participation is voluntary, and you may withdraw at any time. Compensation is not provided.</p> <p>Please click here for more information and to begin participating. You may call 240-665-0697 or email NIMHResearchVolunteer@nih.gov with any questions.</p>
Link	https://nimhcovidstudy.ctss.nih.gov/