

MMHPI COVID-19 Regulatory & Reimbursement Newsletter

Letter to Providers #5: State and Federal Updates – April 24, 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.

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Texas Updates

Claims for Telehealth Service for Occupational, Physical, and Speech Therapy for the Children with Special Healthcare Needs Services Program

Date	April 21, 2020
Summary	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 for the Children with Special Healthcare Needs Services (CSHCN) Program. 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.
Link	http://www.tmhp.com/News_Items/2020/04-April/04-21-20%20Claims%20for%20Telehealth%20Service%20for%20Occupational,%20Physical,%20and%20Speech%20Therapy-CSHCN.pdf

COVID-19 Telehealth Guidance on Nursing Services for Specified Waiver Programs

Date	April 21, 2020
Summary	<p>Due to COVID-19, nursing services can be provided by telehealth. For people enrolled in specified waiver programs (see below), the Health and Human Services Commission (HHSC) allows a nursing assessment and a comprehensive nursing assessment through telehealth. The nursing service must be done within the scope of the nurse's license and standards of practice. The program provider must not direct a nurse to complete an assessment using telehealth if the nurse deems it inappropriate. The registered nurse who completes the assessment has the sole discretion to determine if this method can be used. In the fee-for-service Medicaid 1915(c) waiver programs, nursing services must be provided in accordance with:</p> <ul style="list-style-type: none"> • Texas Occupations Code, Chapter 301 (Nursing Practice Act); • 22 TAC Chapter 217 (relating to Licensure, Peer Assistance, and Practice); • 22 TAC Chapter 224 (relating to Delegation of Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel for Clients with Acute Conditions or in Acute Care Environments); and • 22 TAC Chapter 225 (relating to RN Delegation to Unlicensed Personnel and Tasks Not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions).

Until HHSC provides notice otherwise, this applies to:

- Community Living Assistance and Support Services (CLASS)
- Deaf-Blind with Multiple Disabilities (DBMD)
- Texas Home Living (TxHmL)
- Home and Community-based Services (HCS)

Link

http://www.tmhp.com/News_Items/2020/04-April/04-21-20%20COVID-19%20Telehealth%20Guidance%20on%20Nursing%20Services%20for%20CLASS,%20DBMD,%20HCS%20and%20TxHmL.pdf

Governor Abbott Issues Executive Order Establishing Strike Force to Open Texas

Date	April 17, 2020
Summary	<p>Governor Abbott issued three new executive Orders to begin the process of reopening Texas, while revising hospital capacity and certain social distancing guidelines. Within the orders, select activities and services that pose minimal-to-no threat of spreading COVID-19 are allowed to reopen using a "Retail-To-Go" model, certain restrictions on surgeries have been loosened, and schools will remain closed for the remainder of the 2019-2020 academic year.</p> <p>Governor Abbott's Executive Order (GA-15) relates to hospital capacity and personal protective equipment (PPE) needed for the COVID-19 response. The order loosens restrictions on surgeries put in place by Governor Abbott in March. Beginning at 11:59pm on April 21 through 11:59pm on May 8, all licensed health care professionals and all licensed health care facilities must continue to postpone all surgeries and procedures that are not medically necessary to diagnose or correct a serious medical condition of, or to preserve the life of, a patient who without timely performance of the surgery or procedure would be at risk for serious adverse medical consequences or death as determined by a patient's physician. However, the following are excluded:</p> <ul style="list-style-type: none"> • Any procedure that, if performed in accordance with the commonly accepted standard of clinical practice, would not deplete the hospital capacity or the PPE needed to cope with COVID-19; and • Any surgery or procedure performed in a licensed health care facility that has certified in writing to HHSC that the facility: (1) will reserve at least 25% of its hospital capacity for treatment of COVID-19 patients, accounting for the range of clinical severity of COVID-19 patients; and (2) will not request any PPE from any public source — whether federal, state, or local — for the duration of the COVID-19 disaster.

Link | <https://gov.texas.gov/news/post/governor-abbott-issues-executive-order-establishing-strike-force-to-open-texas>

HHSC Guidance Letter and Frequently Asked Questions (FAQs) Related to Executive Order GA-15

Date	April 17, 2020
Summary	Governor Abbott issued Executive Order GA-15 on April 17, 2020, concerning the postponement of surgeries and procedures in certain circumstances. HHSC posted a related guidance letter and frequently asked questions (FAQs).
Links	Letter: https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-20-1007.pdf FAQs: https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/ga-20-0002.pdf

Texas Medical Board Adopts Emergency Rules Related to Executive Order GA-15

Date	April 21, 2020
Summary	Following Governor Abbott’s issuance of Executive Order GA-15, the Texas Medical Board’s Executive Committee adopted rules on an emergency basis to enforce the Governor’s Executive Order which continues the postponement of certain surgeries and procedures as outlined in the order.
Link	http://www.tmb.state.tx.us/dl/E9A13965-D2DA-9492-805E-AA7FA6F8FB8B

COVID-19 Response Plan for Intermediate Care Facilities (ICFs) Published by Long-Term Care Regulatory

Date	April 20, 2020
Summary	HHSC Long-term Care Regulatory has published a COVID-19 Response Plan for Intermediate Care Facilities for Individuals with an Intellectual Disability (ICFs/IDD). The document provides guidance to ICFs/IDD on response actions in the event of a COVID-19 exposure.
Link	https://hhs.texas.gov/sites/default/files/documents/services/health/coronavirus-covid-19/icf-covid-19-plan.pdf

Governor Abbott Announces \$38 Million In Federal COVID-19 Emergency Funding for Local Governments

Date	April 15, 2020
Summary	<p>Governor Abbott announced that his Public Safety Office (PSO) will provide \$38 million in federal funds to local units of government in Texas. These funds come from the Coronavirus Emergency Supplemental Funding (CESF) Program authorized under the federal Coronavirus Aid, Recovery, and Economic Security Act (CARES Act).</p> <p>Jurisdictions may use this funding to prevent, prepare for, and respond to the coronavirus. Allowable projects and purchases include, but are not limited to, overtime, equipment, supplies, training, travel expenses, and addressing the medical needs of inmates in local and tribal jails and detention centers.</p> <p>Interested jurisdictions may access the Public Safety Office's eGrants grant management website at https://eGrants.gov.texas.gov to register and apply for funding.</p>
Link	https://gov.texas.gov/news/post/governor-abbott-announces-38-million-in-federal-covid-19-emergency-funding-for-local-governments

Mobile Testing Sites

Date	April 20, 2020
Summary	<p>Governor Abbott announced that the Texas National Guard will mobilize more than 1,200 personnel as part of COVID-19 mobile testing teams. The 45-member teams will be mobilized in various parts of the state providing greater access to medical testing. The areas for these mobile testing teams will be identified by the Department of State Health Services (DSHS) with the first two of the 25 teams deployed to Fredericksburg and Floresville. The remaining 23 teams will be deployed to additional locations based on assessments made by DSHS.</p>
Link	https://gov.texas.gov/news/post/governor-abbott-texas-national-guard-announce-covid-19-mobile-testing-sites

Alternate Addresses for Off-Site Facilities in Response to COVID-19

Date	April 20, 2020
Summary	In response to the COVID-19 public health emergency, hospitals that have received approval from HHSC via the COVID-19 Off-Site Facility Application can add alternate physical addresses for temporary off-site facilities. HHSC will route the HHSC-approved COVID-19 Response Off-Site Facility Applications to the Texas Medicaid & Healthcare Partnership (TMHP) for processing and notification. Medicare-enrolled hospitals that are active with TMHP will have the Off-Site Facility location added as an alternate physical address. Providers that are not active with TMHP or those who are not Medicare-enrolled will need to complete the Public Health Emergency Enrollment Application process to enroll the approved off-site facility location.
Link	http://www.tmhp.com/News_Items/2020/04-April/04-20-20%20Alternate%20Addresses%20for%20Off-Site%20Facilities%20in%20Response%20to%20COVID-19.pdf

Enhanced Federal Medicaid Match for Supplemental Payments Programs

Date	April 20, 2020
Summary	HHSC clarified how the enhanced federal Medicaid matching rate authorized by the Families First Coronavirus Response Act is applied to Medicaid supplemental payment programs. The enhanced federal matching rate will apply to expenditures that were incurred Jan. 1 through June 30 or longer, if the emergency period is extended.
Link	https://rad.hhs.texas.gov/sites/rad/files/documents/hospital-svcs/efmap-prog-det-notice.pdf

Request for Approval to Temporarily Implement Emergency Rate Increases for Certain Providers in response to COVID-19

Date	April 15, 2020
Summary	HHSC requested approval from the Office of Governor and the Legislative Budget Board to increase reimbursement rates for several providers and services to support access and safety during the emergency declaration related to COVID-19. Proposed reimbursement rate increases span multiple provider types and programs. Detailed information regarding the fiscal impact and proposed approach to rate increases proposed for each program or provider can be found in the link below.

Link | <https://static.texastribune.org/media/files/b7e75aa7187de06531f9f7ea9ad8b7ca/Rate%20Letter%20HHSC-2020-A-630%20Request%20for%20Approval%20to%20Temporarily%20Impl....pdf>

Federal Updates

Senate Approves \$484B Relief Fund

Date	April 21, 2020
Summary	The U.S. Senate unanimously approved a \$484 billion agreement, known as the Paycheck Protection Program and Health Care Enhancement Act to deliver more pandemic aid to small businesses and health care providers, in addition to expenses related to COVID-19. The Act will provide \$310 billion for the depleted Paycheck Protection Program, and \$75 billion in additional funds for hospitals and health care providers in Provider Relief Fund established under the CARES Act. The U.S. House of Representatives will consider the package next.
Link	American Hospital Association Special Bulletin: https://www.tha.org/Portals/0/files/COVID-19/AHASBCOVIDLegislation3.5SenateApproves-042120.pdf?ver=2020-04-21-231123-340

FAQs on Medicare Fee-for-Service (FFS) COVID-19 Billing

Date	April 17, 2020
Summary	<p>The Centers for Medicare and Medicaid Services (CMS) released updated FAQs on COVID-19 Medicare fee-for-service (FFS) billing. FAQ categories include the following:</p> <ul style="list-style-type: none"> • Payment for Specimen Collection for Purposes of COVID-19 Testing • Diagnostic Laboratory Services • Hospital Services • Ambulance Services • Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) • Expansion of Virtual Communication Services for FQHCs/RHCs • Revision of the Home Health Agency Shortage Area Requirement for Visiting Nursing Services Furnished by RHCs and FQHCs • Medicare Telehealth (Please note that these FAQs do not include flexibilities that might be exercised under the CARES act) • Physician Services • Home Infusion Services

- Accountable Care Organizations (ACOs)
- Cost Reporting
- Opioid Treatment Programs (OTPs)
- Inpatient Rehabilitation Facility Services
- Skilled Nursing Facility Services
- General Billing Requirements
- Home Health
- Drugs & Vaccines under Part B
- Medicare Payment to Facilities Accepting Government Resources
- Oxygen
- Temporary Department of Defense Sites
- Military Treatment Facilities (MTFs)

Link

<https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>

CMS Merit-based Incentive Payment System (MIPS) COVID-19 Clinical Trials

Date

April 20, 2020

Summary

CMS is encouraging clinicians who participate in the Quality Payment Program (QPP), such as physicians, physician assistants, nurse practitioners, and others, to contribute to scientific research and evidence to fight the COVID-19 pandemic. Clinicians may now earn credit in the Merit-based Incentive Payment System (MIPS), a performance-based track of QPP that incentivizes quality and value, for participation in a clinical trial and reporting clinical information by attesting to the new COVID-19 Clinical Trials improvement activity. This action will provide vital data to help drive improvement in patient care and develop innovative best practices to manage the spread of COVID-19 within communities.

Link

<https://www.cms.gov/newsroom/press-releases/trump-administration-champions-reporting-covid-19-clinical-trial-data-through-quality-payment>

CMS Guidance on Non-Emergent Health Care

Date	April 19, 2020
Summary	CMS issued updated guidance on providing essential non-COVID-19 care to patients without symptoms of COVID-19 in regions with low and stable incidence of the virus. The recommendations update earlier guidance provided by CMS on limiting non-essential surgeries and medical procedures. If states or regions have passed the Gating Criteria (symptoms, cases, and hospitals) announced on April 16, 2020, they may proceed to Phase I. The guidelines can be found at the link below.
Links	Announcement: https://www.cms.gov/newsroom/press-releases/cms-issues-recommendations-re-open-health-care-systems-areas-low-incidence-covid-19 Criteria: https://www.whitehouse.gov/openingamerica/#criteria

New Nursing Homes COVID-19 Transparency Effort

Date	April 19, 2020
Summary	CMS announced new regulatory requirements that will require nursing homes to inform residents, their families and representatives of COVID-19 cases in their facilities. CMS will now require nursing homes to report cases of COVID-19 directly to the Centers for Disease Control and Prevention (CDC). This information must be reported in accordance with existing privacy regulations and statute. This measure augments longstanding requirements for reporting infectious disease to state and local health departments. Finally, CMS will also require nursing homes to fully cooperate with CDC surveillance efforts around COVID-19 spread.
Link	https://www.cms.gov/newsroom/press-releases/trump-administration-announces-new-nursing-homes-covid-19-transparency-effort

CMS Amends Certain Activities Related to the Health Insurance Exchange Quality Rating System, QHP Enrollee Experience Survey, and Quality Improvement Strategy

Date	April 18, 2020
Summary	CMS is easing burden on Qualified Health Plans (QHPs) during the public health emergency. CMS directed plans that are eligible to report for the Quality Rating System and the Quality Improvement Strategy programs to discontinue collecting clinical quality measure data. Eligible QHPs can discontinue reporting in June 2020 for

display on Exchange websites for the 2021 Open Enrollment period. CMS will continue to accept QHP Enrollee survey data submissions for this year, given that the survey administration is already underway.

Link <https://www.cms.gov/files/document/covid-qrs-and-marketplace-quality-initiatives-memo-final.pdf>

New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

Date	April 17, 2020
Summary	<p>To support Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), and their patients, Congress and CMS made changes to requirements and payments during the COVID-19 Public Health Emergency, including:</p> <ul style="list-style-type: none"> • New payment for telehealth services, including how to bill Medicare • Expansion of virtual communication services • Revision of home health agency shortage requirement for visiting nursing services • Consent for care management and virtual communication services • Accelerated/advance payments
Link	https://www.cms.gov/regulations-and-guidanceguidancetransmittals2020-transmittals/se20016

New Waivers for Inpatient Prospective Payment System (IPPS) Hospitals, Long-Term Care Hospitals (LTCHs), and Inpatient Rehabilitation Facilities (IRFs)

Date	April 15, 2020
Summary	<p>CMS released guidance on implementation of several provisions of the CARES Act, including provisions related to Inpatient Prospective Payment System (IPPS) Hospitals, Long-Term Care Hospitals (LTCHs), and Inpatient Rehabilitation Facilities (IRFs). The guidance states the Medicare add-on will apply retroactively to January 27 for relevant COVID-19 discharges.</p>
Link	https://www.cms.gov/regulations-and-guidanceguidancetransmittals2020-transmittals/se20015

Veterans Affairs, Facebook, and American Red Cross Provide Portal Video Calling Devices to Veterans, Caregivers, and Families

Date	April 15, 2020
Summary	The U.S. Department of Veterans Affairs (VA) began making Portal from Facebook devices available, as of April 15, to veterans and their caregivers and families to reduce isolation and improve social connectedness at home. In support of veterans' mental health and social connection, VA partnered with Facebook to provide more than 7,400 devices, while the American Red Cross Military Veteran Caregiver Network will store and ship them in pairs to qualifying veterans, along with their caregivers or families. The partnership was initiated by the PREVENTS office, which is charged with supporting the Executive Order task force responsible for the development and implementation of the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide.
Link	https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5422

FAQs on Monitoring COVID-19 Patients at Risk for Suicide

Summary	The Joint Commission has issued a new FAQ on standards for monitoring patients at high risk for suicide who have known or suspected COVID-19. Patients determined to be at high-risk for suicide must be under continuous observation with the ability to immediately intervene using one-to-one observation – one qualified staff member to one high-risk patient.
Link	https://www.jointcommission.org/standards/standard-faqs/hospital-and-hospital-clinics/national-patient-safety-goals-npsg/000002287/

Personal Protective Equipment App

Summary	The American Hospital Association (AHA) announced a partnership with various groups to launch Protecting People Everywhere, an app-powered initiative that matches individuals and organizations donating personal protective equipment with local hospitals based on need. The HealthEquip app also will track personal protective equipment (PPE) donations and manage shipping through UPS to hospitals. The AHA is sharing the app with hospitals through its 100 Million Mask Challenge. Hospitals and donors can register their PPE needs and supplies. Click here to register, and see this video guide and FAQ for additional information. Hospitals and health systems can begin registering and submitting requests for PPE immediately.
Link	https://www.health-equip.com/

Cybersecurity Guidance for Teleworking

Summary	In response to a recent spike in cyberthreats that exploit telework technologies, AHA and the American Medical Association distributed guidance on protecting a remote work environment from cyber criminals. The resource offers actions to strengthen home or hospital-based computers, networks and medical devices from the rise in COVID-19-themed security threats and attacks.
Link	https://www.ama-assn.org/system/files/2020-04/cybersecurity-work-from-home-covid-19.pdf

CDC Training for Health Care Professionals

Summary	The CDC has gathered training materials for health care professionals during the COVID-19 emergency, including webinars, videos, and online courses. Topics include clinical care and infection control, personal protective equipment, and non-pharmaceutical interventions to slow the spread, and emergency preparedness and response.
Link	https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html

Updates on Provider Relief Funds

The following three relief fund items were included in previous newsletters; we have revised each item in response to updated federal guidance.

Provider Relief Fund

Date	April 10, 2020 – Updated April 23, 2020 (<i>Initially included in Newsletter #4</i>)
Summary	<p>The CARES Act provides \$100 billion in relief, known as the Provider Relief Fund, to hospitals and other healthcare providers on the front lines of the coronavirus response. This funding will support healthcare-related expenses or lost revenue attributable to COVID-19 and ensure uninsured Americans can get testing and treatment for COVID-19.</p> <p>The Department of Health and Human Services (HHS) began the delivery of the initial \$30 billion in relief funding to providers. Texas expects to receive a little over \$2 billion in payments to 24,307 providers and systems from this initial distribution.</p> <p>The initial distribution of funds will go to facilities and providers across the United States that received Medicare fee-for-service (FFS) reimbursements in 2019. Facilities and providers are allotted a portion of the \$30 billion based on their share of total</p>

Medicare FFS reimbursements. These are payments, not loans, to providers and will not need to be repaid.

Distribution details for the remaining \$70 billion in the Provider Relief Fund include the following:

- General allocation: an additional \$20 billion of the Provider Relief Fund is allocated for general distribution to Medicare facilities and providers impacted by COVID-19, based on eligible providers' 2018 net patient revenue
- Targeted allocations:
 - High impact areas: \$10 billion will be allocated for a targeted distribution to hospitals in areas that have been particularly impacted by the COVID-19 outbreak
 - Treatment of the uninsured: Every health care provider who has provided treatment for uninsured COVID-19 patients on or after February 4, 2020, can request claims reimbursement through the program and will be reimbursed at Medicare rates, subject to available funding. Steps will involve enrolling as a provider participant, checking patient eligibility and benefits, submitting patient information, submitting claims, and receiving payment via direct deposit. Providers can register for the program on April 27, 2020, and begin submitting claims in early May 2020. For more information, visit [coviduninsuredclaim.hrsa.gov](https://www.hhs.gov/coviduninsuredclaim).
 - Rural providers: \$10 billion will be allocated for rural health clinics and hospitals
 - Indian Health Service: \$400 million will be allocated for Indian Health Service facilities and distributed on the basis of operating expenses

Links

Additional allocations: <https://www.hhs.gov/about/news/2020/04/22/hhs-announces-additional-allocations-of-cares-act-provider-relief-fund.html>

<https://www.hhs.gov/about/news/2020/04/10/hhs-to-begin-immediate-delivery-of-initial-30-billion-of-cares-act-provider-relief-funding.html>

<https://www.hhs.gov/provider-relief/index.html>

Portal: <https://covid19.linkhealth.com/#/step/1>

Coronavirus Relief Fund

Date	April 1, 2020 – Updated April 16, 2020 <i>(Initially included in Newsletter #3)</i>
Summary	<p>The CARES Act established the \$150 billion Coronavirus Relief Fund. Of the \$150 billion, \$139 billion is allocated to state governments in the 50 states, with allocations based on population and no state receiving less than \$1.25 billion. Texas expects to receive a little over \$11.2 billion. The money allows state and local governments to make payments for programs that:</p> <ol style="list-style-type: none"> 1. Are necessary expenditures incurred due to the COVID-19 emergency; 2. Were not accounted for in the budget most recently approved as of March 27, 2020 for the state or local government; and 3. Are incurred from March 1, 2020 to December 30, 2020. <p>Fund assistance is generally provided directly to state governments. However, local governments serving a population of at least 500,000 may elect to receive funds directly from the Department of the Treasury (DOT), which reduces the state allocation. The DOT projects these direct payments to be available to 18 cities and counties in Texas, totaling \$3.2B (City of Austin, Bexar County, Collin County, Dallas County, City of Dallas, Denton County, El Paso County, City of El Paso, Fort Bend County, City of Fort Worth, Harris County, Hidalgo County, City of Houston, Montgomery County, City of San Antonio, Tarrant County, Travis County, Williamson County). Eligible local governments must have submitted a certification to the DOT by 11:59 p.m. EDT on April 17, 2020 to receive direct payment.</p> <p>Payments are due from the DOT not later than 30 days after enactment of the CARES Act, which is expected to be April 26.</p>
Links	<p>https://crsreports.congress.gov/product/pdf/R/R46298</p> <p>https://home.treasury.gov/policy-issues/cares/state-and-local-governments</p>

Accelerated and Advance Payment Program

Date	March 28, 2020 – Updated April 16, 2020 <i>(Initially included in Newsletter #2)</i>
Summary	<p>CMS announced an expansion of its Accelerated and Advance Payment Program for Medicare providers and suppliers, to ensure they have the resources needed to combat COVID-19. This program expansion, which includes changes from the CARES Act, is one way that CMS is working to lessen the financial hardships of providers facing extraordinary challenges related to the COVID-19 pandemic. CMS is expanding the program for all Medicare providers throughout the country during the public</p>

health emergency related to COVID-19. The payments can be requested by hospitals, doctors, durable medical equipment suppliers and other Medicare Part A and Part B providers and suppliers.

The advance and accelerated payments are loans that providers must pay back.

Links

<https://www.cms.gov/newsroom/press-releases/trump-administration-provides-financial-relief-medicare-providers>

<https://www.cms.gov/newsroom/press-releases/cms-approves-approximately-34-billion-providers-accelerated-advance-payment-program-medicare>

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 30: PERF Executive Board Member, CPI Executive Board Chair, and Irving Police Chief Jeff Spivey joined by Chief Greg Stevens of Rockport Police Department
Please join us at 6:00 PM CST at: <https://zoom.us/j/806383664>.