## Meadows Institute COVID-19 Regulatory & Reimbursement Newsletter Letter to Providers #59: State and Federal Updates – June 4, 2021

## Contents

Texas Updates2
87 <sup>th</sup> Texas Legislative Updates2
Updates on Flexibilities
Multiple Medicaid COVID-19 Flexibilities Extended Through May 31
Renewals and Benefit Request Extension to End4
CSHCN: COVID-19 Telehealth and Telemedicine Extensions4
CSHCN: Guidance for New and Initial Prior Authorizations5
Chemical Dependency Treatment Facility Training Requirements
New COVID-19 Vaccine Authority Emergency Rule and Updated FAQs for HCSSA Providers6
Vaccine Updates6
COVID-19 Vaccine Status Not a Requirement for Services6
Texas Vaccine Ordering Process and Pfizer Storage Updates7
Notice of Relief Funding for Texas Child Care Providers7
Federal Updates7
Vaccine Updates7
Patterns in COVID-19 Vaccination Coverage, by Social Vulnerability and Urbanicity7
Rural Health Vaccine Funding8
Reported Cases of Heart Conditions8
National Month of Action to Mobilize Vaccinations9
FDA Authorizes Additional Monoclonal Antibody for Treatment of COVID-199

As with much of what we have collectively encountered throughout the global coronavirus pandemic, when the Meadows Mental Health Policy Institute started compiling the rapidly changing COVID-19 regulations in the spring of 2020, we never imagined where we would eventually end up. We did not anticipate gathering 59 issues worth of nearly weekly updates. Now, with the state and country facing fewer cases of COVID-19, the decrease in hospitalizations, and several key regulations slated to be permanent (see information on HB 4, included below), the Meadows Institute has determined this will be the last issue of our *COVID-19 Regulatory & Reimbursement Newsletter*.

# Meadows Institute COVID-19 Regulatory & Reimbursement Newsletter #59 June 4, 2021

We are also pleased to share that beginning in August 2021, we will launch a new newsletter. The *Telemental Health Regulatory & Reimbursement Newsletter* will be a tele-behavioral health focused newsletter and will include updates on recent policies, regulations, and best practices at both the federal and state levels.

As always, our COVID-19 newsletters, along with additional information on mental health resources, are posted here: <u>https://mmhpi.org/work/covid19/</u>. If you would like to have additional organizations added to our distribution list or if you would like to be removed from our distribution list for the upcoming *Telemental Health newsletter*, please email Rachael McLaughlin at <u>rmclaughlin@mmhpi.org</u>.

## **Texas Updates**

### 87<sup>th</sup> Texas Legislative Updates

Date	May 31, 2021
Summary	<ul> <li>The 87th Legislative Session ended with a positive outlook for the treatment of mental illness. Governor Abbott has 20 days after May 31, 2021 to decide on the following bills:</li> <li>HB 4 (Price): makes COVID-19 flexibilities related to telemedicine and telehealth permanent, including Medicaid reimbursement for certain behavioral health services delivered by telehealth or telephone (audio only).</li> <li>HB 5 (Ashby): establishes a Broadband Development Office within the Comptroller's Office charged with creating a broadband development map, a state broadband plan, and a broadband development program to incentivize the expansion and adoption of broadband across Texas.</li> <li>SB 672 (Buckingham): adds Collaborative Care to Texas Medicaid, for both children and adults, to increase access to behavioral health services integrated in primary care.</li> <li>SB 64 (Nelson): establishes the Texas Law Enforcement Peer Network with the goal of ending the epidemic of law enforcement officer suicides.</li> </ul>
	<ul> <li>SB 49 (Zaffirini): adopts eight recommendations from the Judicial Commission on Mental Health, including a requirement for the Texas Commission on Jail Standards to adopt reasonable rules requiring inmate access to prescription medication that is determined necessary by a health professional for the care, treatment, or stabilization of an inmate with mental illness.</li> <li>The 2022-23 General Appropriations Act, <u>SB1</u> (Nelson), provides more than \$8.1 billion in behavioral health funding across 25 state agencies, including:         <ul> <li>\$86 million to open beds at newly constructed state hospital capacity (Kerrville, San Antonio, and Houston);</li> </ul> </li> </ul>

3

- \$30 million for new community mental health beds in urban and rural areas;
- \$145 million for four behavioral health grant programs;
- \$118.5 million for the Texas Child Mental Health Care Consortium (a \$19.5 million increase);
- Over \$1 million for a new peer support network to help address law enforcement officer suicide, established through Senator Nelson's SB 64.
- In addition, **HB2**, the 2021 supplemental budget provides \$276.5 million from the Economic Stabilization Fund to finish construction at the Austin and San Antonio State Hospitals, and \$44.75 million for planning and land acquisition to build a new state hospital in Dallas.

Overall, for the 87th Legislative Session, 1,073 House and Senate bills passed out of 6,927 filed.

#### **Updates on Flexibilities**

#### Multiple Medicaid COVID-19 Flexibilities Extended Through May 31

Date	May 28, 2021
Summary	<ul> <li>The following Medicaid and Children's Health Insurance Plan (CHIP) COVID-19</li> <li>flexibilities have been extended through June 30, 2021: <ul> <li><u>Correction to 'COVID-19 Guidance: Targeted Case Management Through Remote Delivery'</u></li> <li><u>Waiver Extension for DME Certification and Receipt Form</u></li> <li><u>Claims for Telephone (Audio-Only) Behavioral Health Services</u></li> <li><u>Claims for Telephone (Audio-Only) Medical Services</u></li> <li><u>SHARS Services Provided Through Telemedicine or Telehealth</u></li> <li><u>Claims for Telephone (Audio-Only) Early Childhood Intervention Specialized Skills Training</u></li> <li><u>Claims for Telephone (Audio-Only) Nutritional Counseling Services</u></li> </ul> </li> </ul>
Link	https://www.tmhp.com/news/2021-05-28-multiple-medicaid-covid-19-flexibilities- extended-through-june-30-2021

Date	June 3, 2021
Summary	During the Public Health Emergency, HHSC has been automatically extending CHIP renewals without members having to take action to continue CHIP coverage. CHIP renewals will be extended one final time. Renewals due in June 2021 will be extended until either October, November, or December 2021. Members will receive a notice informing them of the extension and new coverage end date. CHIP members whose coverage ends in July 2021 or later will go through the regular eligibility determination process.
	In addition, HHSC continues to require CHIP, STAR, STAR Health, STAR Kids, STAR+PLUS Managed Care Organizations (MCOs), Dual Demonstration Medicare- Medicaid Plans (MMPs), and Dental Maintenance Organizations (DMOs) to extend the timeframe to 30 days for a member to request continuation of benefits for adverse benefit determinations going into effect through June 30, 2021, after which time this extension will end. Effective July 1, 2021, members will have the federally- required timeframe to request continuation of benefits, which is the later of 10 days from the date the MCO notice of adverse benefit determination is mailed or the date services will change.
Link	https://www.hhs.texas.gov/sites/default/files/documents/services/health/coronavi rus-covid-19/mcs-covid-19-info-handout-june-3-2021.pdf

#### Renewals and Benefit Request Extension to End

CSHCN: COVID-19 Telehealth and T	Telemedicine Extensions
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Date	May 28, 2021
Summary	As part of its continued response to COVID-19, the Children with Special Health Care Needs (CSHCN) Services Program will provide reimbursement for previously identified telemedicine and telehealth services through June 30, 2021, unless the federal public health emergency ends sooner.
	For more information, call the TMHP-CSHCN Services Program Contact Center at (800) 568-2413.
Link	https://www.tmhp.com/news/2021-05-28-cshcn-covid-19-telehealth-and- telemedicine-extensions-through-june-30-2021

Date	May 28, 2021
Summary	This is an update to the article titled, " <u>Guidance for Providers Regarding New and initial Prior Authorizations</u> ," which was posted on July 2, 2020. To help ensure continuity of care during the COVID-19 response, HHSC has directed TMHP to move forward with processing new and initial prior authorization requests, including recertification requests, by relaxing document submission timeframes for providers that are unable to provide certain required documentation during the COVID-19 emergency.
	<ul> <li>This direction will remain in effect through June 30, 2021. The guidance applies to all Children with Special Health Care Needs (CSHCN) Services Program services requiring prior authorization. Examples of such documentation include:</li> <li>CSHCN Services Program Provider Manual-required timely signatures from physicians and other providers;</li> <li>Client signatures;</li> <li>Up-to-date visit with primary care or ordering physician; and</li> <li>Certification of timely face-to-face visits.</li> </ul>
Link	https://www.tmhp.com/news/2021-05-28-covid-19-guidance-new-and-initial- cshcn-prior-authorizations

#### **CSHCN:** Guidance for New and Initial Prior Authorizations

#### **Chemical Dependency Treatment Facility Training Requirements**

Date	May 27, 2021
Summary	HHSC posted <u>GL 21-3000-A</u> regarding the extension of emergency rules related to abuse, neglect, and exploitation and nonviolent crisis intervention training requirements in Chemical Dependency Treatment Facilities (CDTFs). Effective May, 27, 2021, the emergency rules are extended for 60 days and temporarily permit licensed CDTFs to provide abuse, neglect, and exploitation training and nonviolent crisis intervention training through live, interactive, instructor-led, electronic means, or by face-to-face, in person training.
	Please read the letter at the link below. If you have questions, contact <u>HCR_PRT@hhs.texas.gov</u> .
Link	https://www.hhs.texas.gov/about-hhs/communications- events/news/2021/05/emergency-rule-amendments-abuse-neglect-exploitation- nonviolent-crisis-intervention-training

New COVID-19 Vaccine Authority Emergency Rule and Updated FAQs for HCSSA Providers

Date	May 28, 2021
Summary	HHSC Long-term Care (LTC) Regulation has published <u>Vaccine Authority for Home</u> <u>Health and Hospice Agencies</u> . The emergency rule allows Home and Community Support Services Agency (HCSSA) providers to purchase, store, and transport the COVID-19 vaccine for the purposes of vaccinating clients and staff.
	In addition, HHSC LTC Regulation published an updated <u>Frequently Asked Questions</u> <u>About COVID-19</u> for home and community support services agencies.
Links	https://www.hhs.texas.gov/about-hhs/communications- events/news/2021/05/new-covid-19-vaccine-authority-emergency-rule-home- health-hospice-providers
	https://www.hhs.texas.gov/about-hhs/communications- events/news/2021/05/updated-covid-19-faqs-hcssa-providers-may-28

## **Vaccine Updates**

#### **COVID-19 Vaccine Status Not a Requirement for Services**

Date	May 28, 2021
Summary	In accordance with Governor Abbott's <u>Executive Order No. GA-35</u> , providers must not require clients to provide documentation of their COVID-19 vaccine status as a condition to receive any Texas Medicaid service. Details are available on the <u>TMHP</u> <u>website</u> .
Link	https://www.hhs.texas.gov/about-hhs/communications- events/news/2021/05/covid-19-vaccine-status-not-a-requirement-services

#### **Texas Vaccine Ordering Process and Pfizer Storage Updates**

Date	May 17, 2021
Summary	The Department of State Health Services (DSHS) updated their <u>guidance</u> on Vaccine Order Requests and information on <u>vaccine shipments</u> . In addition, the U.S. Food and Drug Administration (FDA) recently updated its Pfizer COVID-19 <u>emergency use</u> <u>authorization (EUA)</u> regarding storage/handling and packaging. With the new Vaccine Allocation and Ordering System ordering process, providers do not need to specify between first and second doses in their order. Currently, deliveries of vaccine orders are taking approximately two weeks from the time orders are placed.

## Notice of Relief Funding for Texas Child Care Providers

Date	May 27, 2021
Summary	The Texas Workforce Commission issued a <u>Notice of Relief Funding for Texas Child</u> <u>Care Providers</u> on May 26, 2021. Funding will be available to eligible licensed and registered child care providers (centers and family care) to help address the business challenges caused by COVID-19.
Link	https://www.hhs.texas.gov/about-hhs/communications- events/news/2021/05/notice-relief-funding-texas-child-care-providers

## **Federal Updates**

#### **Vaccine Updates**

#### Patterns in COVID-19 Vaccination Coverage, by Social Vulnerability and Urbanicity

Date	May 28, 2021
Summary	Disparities in county-level vaccination coverage by social vulnerability have increased as vaccine eligibility has expanded, especially in large fringe metropolitan (areas surrounding large cities, <i>e.g.</i> , suburban) and nonmetropolitan counties. By May 1, 2021, vaccination coverage among adults was lower among those living in counties with lower socioeconomic status and with higher percentages of households with children, single parents, and persons with disabilities. Outreach efforts, including expanding public health messaging tailored to local populations and increasing vaccination access, could help increase vaccination coverage in counties with high social vulnerability.
Link	https://www.cdc.gov/mmwr/volumes/70/wr/mm7022e1.htm?s_cid=mm7022e1_w

#### **Rural Health Vaccine Funding**

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Date	May 26, 2021
Summary	The Health Resources and Services Administration (HRSA) announced details on its funding opportunity for the Rural Health Clinic Vaccine Confidence Program. The program's purpose is to support rural health clinics as they work toward improving vaccine confidence, counter vaccine hesitancy, and help with access to the vaccine in rural communities that are experiencing low COVID-19 vaccination rates. Eligible applicants include Medicare-certified rural health clinics. For more information about the funding opportunity, visit HRSA's webpage. Questions on the program can be sent to <u>RHCVaxConfidence@hrsa.gov</u> .
Link	https://www.grants.gov/web/grants/view-opportunity.html?oppId=333783

## **Reported Cases of Heart Conditions**

Date	May 27, 2021
Summary	The Centers for Disease Control and Prevention (CDC) issued information to vaccine providers about the increased cases of myocarditis and pericarditis that have been reported in the United States after mRNA COVID-19 vaccination (Pfizer-BioNTech and Moderna). Reported cases have occurred predominantly in male adolescents and young adults 16 years of age and older. Onset was typically within several days of mRNA COVID-19 vaccination and occurred more often after the second dose than the first. In most cases, patients who presented for medical care responded well to medications and rest, and had a prompt improvement of symptoms. The reports are rare given the number of vaccine doses administered. CDC published <u>clinical considerations</u> as well as <u>resources for the public</u> regarding these reports.
	CDC and its partners are actively monitoring these reports by reviewing data and medical records to learn more about what happened and to see if there is any relationship to COVID-19 vaccination. Please report all cases of myocarditis and pericarditis post COVID-19 vaccination to the <u>Vaccine Adverse Event Reporting</u> System. CDC continues to recommend COVID-19 vaccination for everyone 12 years of age and older, given the greater risk of COVID-19 illness.
Link	https://www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html

Date	June 2, 2021
Summary	The National Month of Action will be mobilizing national organizations, local government leaders, community-based and faith-based partners, businesses, employers, social media influencers, celebrities, athletes, colleges, young people, and thousands of volunteers. The initiatives will include making it easier to get vaccinated and advancing equity by providing free childcare for people getting vaccinated and extending hours at pharmacies across the county. In addition, many employers and businesses are offering incentives for vaccinations and providing their workers paid-leave for vaccinations. More information on these initiatives and others can be found <u>here</u> .
Link	https://www.whitehouse.gov/briefing-room/statements-releases/2021/06/02/fact- sheet-president-biden-to-announce-national-month-of-action-to-mobilize-an-all-of- america-sprint-to-get-more-people-vaccinated-by-july-4th/

#### **National Month of Action to Mobilize Vaccinations**

## FDA Authorizes Additional Monoclonal Antibody for Treatment of COVID-19

Date	May 26, 2021
Summary	FDA issued an EUA for the investigational monoclonal antibody therapy sotrovimab for the treatment of mild-to-moderate COVID-19 in adults and pediatric patients (12 years of age and older weighing at least 40 kilograms [about 88 pounds]) with positive results of direct SARS-CoV-2 viral testing and who are at high risk for progression to severe COVID-19, including hospitalization or death. This includes, for example, individuals who are 65 years of age and older or people who have certain medical conditions.
Link	https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19- update-fda-authorizes-additional-monoclonal-antibody-treatment-covid-19