

# Behavioral health provider COVID-19 information

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HCA's Division of Behavioral Health and Recovery (DBHR) created this guidance document, based on the questions presented during the weekly webinars and emails. Check this document regularly because things change in a few hours with Federal and state government guidance.

## General information

- People who do not have health insurance should see if they qualify for free coverage. They can enroll in Medicaid year-round through Washington's Health Benefit Exchange ([www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)). If they need an individual health plan, they have until April 8 to sign up for a health plan by calling the exchange at 1-855-923-4633. After April 8, they must qualify for a special enrollment to get covered. If someone is uninsured and does not qualify for any insurance, find a local community clinic ([www.wacommunityhealth.org](http://www.wacommunityhealth.org)).
- For more information related to Insurance go to: [Health insurance and COVID-19 FAQ](#) .

## Telehealth

- Medicaid will cover a variety of telephonic and technology strategies in lieu of in-person visits to support evaluation, assessment and treatment of individuals. These strategies may include: telemedicine for HIPAA compliant, interactive, real-time audio and video telecommunications, which is already covered; and other forms of telehealth, such as online digital exchange through a patient portal; and telephone calls. FaceTime; Skype; or email.
- Health Care Authority is promoting Zoom technology for telehealth because it is HIPAA compliant and interfaces with many electronic health record platforms. As such, HCA is distributing a number of Zoom licenses. Please go to [Telehealth technology licenses-Providers](#) to submit an application for a Zoom license. If you already have Zoom capabilities you can use your own account. You are not required to use one of the HCA-purchased Zoom licenses. If you are a non-licensed staff person, you are still eligible to apply for the Zoom license by entering 00000000 into the credential number field on the form.
- If you have questions about guidance for telehealth platforms specifically, please review the [Telehealth brief for COVID March 2020](#) or [Behavioral Health policy and billing COVID-19](#) .
- There is telehealth guidance specific to Opioid Treatment Programs and office-based opioid treatment providers (DATA 200 waiver prescribers) within the following two HCA guides: [Office-based opioid treatment covid-19 FAQ](#) or [Opioid treatment program FAQ](#)
- Court hearings are allowed via video for involuntary treatment.
- Verbal consent, with documentation, is acceptable at this current time. Training will be provided to help with the framework of those conversations and the points that need to be addressed. Until the training is available document the information shared with the client and clients verbal consent including date and time. When we return to normal ways of doing business the client would sign the consent.

## Claims billing

- When billing for outpatient BH services using telemedicine to conduct visit use the "GT" modifier or the "02" POS.
- Use the "CR" modifier when using other forms of telehealth, such as online digital exchange through a patient portal; and telephone calls. FaceTime; Skype; or email.
- Please see [Information about COVID-19](#) for more information about billing.
- The agency policy is to reimburse for telehealth services equivalent to the payment for the Evaluation and Management billed if it were conducted in-person.

- There is no limit restriction on the number of phone calls you can bill.

## Block grant

SAMHSA has not extended any funding timelines for grants. All funding timelines within contracts will not be able to be changed, however DBHR will work with providers to make modifications to deliverables as appropriate.

To meet the goals and objectives in contracts, providers may need to adjust their plans related to services provided under block grant funding. HCA-DBHR will try to respond as quickly and flexibly as possible to help providers meet the goals and objectives of their contracts.

- For prevention, let us know via email to your prevention manager what adjustments will need to be made if a program is not going to happen or if there will be an adjustment to the timeframe that was originally planned. We are also encouraging creative thinking for using virtual technology to continue services as able to support communities and families.
- For treatment, we want to be flexible with the community treatment providers, tribal agencies and staff. We hope that all treatment and tribal programs can be innovative in service delivery to help ensure important substance use disorder (SUD) treatment continues.
- For recovery support (RSS), training events, fidelity reviews and continuing education activities as well as Town Halls will be conducted virtually to the greatest extent possible. In-person training events by RSS staff or contracted providers will be suspended during this emergency.
  - Peer Bridgers, Housing and Recovery through Peer Services (HARPS), Recovery Support services/resources can continue to meet the needs of the individuals they serve through telephonic and social distancing criteria.
  - Tribal staff who continue to provide RSS services may use electronic methods to continue connecting with individuals.

## Substance Use Disorder prevention and mental health promotion services

- Funding timelines remains the same, but modifications can be made within the goal of the grants.
- Programs utilizing funding will need to be modified or rescheduled to happen before the grant funding deadline respective of each funding source.
- We understand that some prevention trainings, parenting education programs, and school programs will be suspended.
- Let your prevention manager know via email what adjustments will need to be made if a program is not going to happen or if there will be an adjustment to the timeframe that was originally planned.
- If you are not able to meet contract deliverables, we have not made any global extensions or exceptions at this time. COVID-19 is impacting providers similarly across the state but given the uniqueness of communities, the circumstances are often different depending upon the community. If needed, please request an exception or extension directly with your PSM. We want to support you and will work with you as much as possible.
- Purchase of technology to help support virtual programming/strategies options are allowed.
- We are encouraging creative thinking for using virtual technology to continue services as able to support communities and families. So far we've heard a number of creative options like hold meetings virtually, get files organized, prepare for upcoming site visits, training/professional development, clean-up Minerva, plan ahead for the next year, connect via phone with coalition members, etc. Please

## Residential situations (sub-acute stabilization facilities, supervised group living facilities, transitional residential services facilities, semi-independent living facilities, Oxford Houses, recovery residences and alternative family homes)

- There is information on [the DOH website](#) that explain staffing, resident care and best practices for addressing Covid-19 within residential facilities and group living environments. Remember to contact your

[local public health office](#) to find out if there is any protocol to follow if someone who should be quarantined is refusing to adhere.

## Medications for the treatment of Opioid Use Disorder

- Medications for the treatment of opioid use disorder are considered an essential public health service, and medically necessary treatment. All settings offering opioid treatment should make plans to stay open and continue to operate in most emergency scenarios and to accept new individuals as much as possible.
- An Opioid Treatment Program must consult with both the Washington State Opioid Treatment Authority and their A DATA 2000 waiver prescriber before making decisions to cease operations.
- If your agency cannot continue to admit new individuals for opioid use disorder treatment, please refer clients to a [Washington State opioid treatment program](#) ; or refer the person to the [Washington State Recovery Helpline's Medications for Opioid Use Disorder locator](#) to find other office based opioid treatment providers in their area.
- Care must be coordinated for the people you serve who may be receiving medically necessary treatment elsewhere (Medications for physical health conditions, medications for the treatment of psychiatric diagnosis, medications for the treatment of opioid use disorder.)
- Additional carries are available for methadone clients during the COVID-19 public health emergency. Contact the Opioid Treatment Program you are working with to discuss your coordination needs, the Opioid Treatment Program can give you guidance on what behavioral health agencies are allowed to do during the COVID-19 public health emergency.
- Review our [Opioid Treatment Program FAQs](#).

## Recovery support services

- Medicaid reimbursable Peer Support Services to individuals experiencing MH or SUD can continue through telephonic or technology based platforms; however, peer services will still need to be ordered on the treatment plan. All Peer Support Services must be provided under the supervision of an appropriately credentialed senior practitioner. Provider agencies must submit a clinical supervision plan to HCA describing how they will implement and operationalize clinical supervision of all staff with less than a Master's Degree in a BH field. Those plans should be submitted to the HCA/DBHR COVID mailbox: [HCADBHRBHCVID19@hca.wa.gov](mailto:HCADBHRBHCVID19@hca.wa.gov) with the Subject line: "Supervision Plan". HCA/DBHR staff will review the plans and may require follow-up details, if needed. Providers will be notified when their plans have been approved. When plans are approved, the approval will be retroactive to the date of submission.
- Foundational Community Supports (FCS) also known as supportive housing and supported employment services provided under the 1115 Medicaid Transformation Demonstration waiver can also continue using telephonic and technology based platforms.
- Homeless outreach through Projects for Assistance in Transition from Homelessness (PATH); Peer Pathfinders, Forensic PATH (F-PATH), Housing and Recovery through Peer Services (HARPS); Forensic HARPS (F-HARPS) should continue to connect those most vulnerable with housing and shelter. To meet the goals and objectives in contracts, providers may need to adjust their plans related to delivering these important services. HCA-DBHR will try to respond as quickly and flexibly as possible to help providers meet the goals and objectives of their contracts.
- All RSS providers are eligible to receive Zoom Licenses and are encouraged to submit applications using the link provided previously.

## Problem gambling services

Problem gambling treatment providers are encouraged to use telehealth and are also eligible for Zoom Licenses following the application process stated previously.

## General safety guidance

- The main symptoms are pretty specific regarding people who have been exposed is: fever, cough, or short of breath. The screening questions are: Are you feeling well today, have you had a cough, have you had a fever, do you have any trouble breathing. When someone can answer “yes” to these question that we are asking people to call their primary provider. We encourage everyone to get in touch with their local health jurisdictions and know what resources they have available and know what guidance they are giving if somebody shows up showing any of these symptoms. The Centers for Disease Control has a [screening tool](#) that may be helpful for additional screening information.