Behavioral health provider COVID-19 Information

HCA’s Division of Behavioral Health and Recovery (DBHR) created this guidance document, based on the questions presented during the weekly webinars and emails. Please see the BH FAQ available at our COVID 19 website. Please check it regularly because things change in a few hours with federal government guidance and we are still working toward a stable policy.

General Information

Providers must submit a plan to HCA describing how they will implement and operationalize clinical supervision of all staff with less than a Master’s Degree in a behavioral health field. This plan must be sufficiently detailed to address when and how staff will receive clinical supervision. The plan should be submitted to the HCA/DBHR COVID mailbox HCADBHRBHCOV19@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.

Behavioral health professionals in bordering cities must be licensed in the State of Washington in order to provide BH treatment services to Washington residents during COVID19. Go to the Department of Health (DOH) website and under the tab for Healthcare Providers they will have information about how to apply for licensing. You will need to enroll with the client’s payers as required by their policy.

Health Care Authority is not responsible for the requirements for commercial carriers. Our policies have been a consideration for the direction provided by the Office of Insurance Commissioner. Also ONEHEALTH PORT is developing a FAQ that will provide guidance to providers on policy and billing requirements for commercial carriers and Medicare C and Medicaid.

Telehealth

- After COVID 19, if you are not able to get a client’s signature regarding treatment services providing through telehealth sessions or they do not return for treatment services or they refuse to sign just indicate such in the client’s chart notes.
- Mental health intake assessment can be completed by phone if a client does not have a device/connection which supports telehealth technology.
- Medicaid and Non-Medicaid Behavioral Health counselors/staff can use texting to provide services? Use G2012 code when billing.

Billing

- Outpatient Groups should be billed as normal. Include and “02” for place of service, with a modifier of CI.
- Health Care Authority is adopting the Medicare code G2012 as “texting” used for check-ins. Please refer to the billing guide and FAQs for complete instructions on how to submit claims.
- There are not specific instructions for tribal facilities when billing for telehealth services. Just follow the instructions in part I-III in the Billing Guide as applicable to the client and program under which you are providing services.

(4/20/2020)
Involuntary Treatment

- Mobile crisis teams, like the Designated Crisis Responders (DCRs), are considered Tier 2 providers for PPE Allocation purposes. See PPE Prioritization of Allocation.

General Safety Guidance

- Please check with your Human Resources department and the local health jurisdiction to find out if notification should be provided to staff or clients if someone has a positive COVID test.
- Provider requests for Personal Protective Equipment will be determined by Joint Incident Command.
- Remember to limit the number of people interacting with a client as much as possible and masks should be conserved per Department of Health or CDC instructions.