

# 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 <u>BH FAQ</u> available at our <u>COVID-19</u> 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

<u>Success Stories</u> – We would love to hear how you are meeting challenges, how you are finding successes by continuing to organize your communities, or ways you continue your treatment activities using telehealth platforms, or how you are continuing to help people with their recovery. Send your stories to <a href="https://docs.wa.gov">HCADBHRBHCOVID19@hca.wa.gov</a> with the subject line: *Success Stories*.

<u>DBHR All Provider Webinars</u> – Beginning May 19, 2020, DBHR All Provider Webinars will be held every other week. The bi-weekly schedule is June 16<sup>th</sup>, June 30<sup>th</sup>, July 14<sup>th</sup>, July 28<sup>th</sup>, August 11<sup>th</sup>, and August 25<sup>th</sup>. To register go to: DBHR All Provider Webinar.

<u>Washington Listens</u> - In response to the COVID-19 pandemic, the state is starting up Washington Listens. Washington Listens will provide non-clinical support to people experiencing elevated stress due to COVID-19. Anyone in the state can call Washington Listens. The person calling will speak to a support specialist and receive information and connection to community resources in their area. The program is anonymous and no identifying information is maintained. When a caller reaches out to Washington Listens, their call is routed to a live person for assistance. People who staff Washington Listens will receive basic training needed to provide support to individuals during the COVID-19 pandemic. Providers and tribes who are partnering to provide support to individuals statewide are:

- Crisis Connections
- American Indian Community Center
- Colville Tribe
- Okanogan Behavioral HealthCare

- Community Integrated Health Services
- Swinomish Tribe
- Frontier Behavioral Health
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<u>Zoom</u> – Zoom issues should be emailed to <u>zoom@hca.wa.gov</u>. To apply for a license go to <u>ZOOM License</u>.

<u>Broadband Survey</u> – go to <u>www.commerce.wa.gov/building-infrastructure/washington-statewide-broadband-act</u>

<u>Broadband Resources</u> – The latest newsletter from <u>BroadbandUSA</u>, the publication of Dept. of Commerce, National Telecommunication & Information Administration, is chock full of info from Commerce/NTIA as well as links to updates/news from States; there are 2 links under WA State in the news.

## Telehealth/Telemedicine

<u>Availability after COVID-19</u> - Telemedicine had been available prior to COVID19 and additional policies to support the delivery of care through other telehealth modalities during the pandemic were developed. There is no intent to discontinue these policies after the COVID-19 emergency state is terminated. We expect changes to occur, but transition will be implemented in way that is not disruptive to access to care through these modalities. Transition and future policies will be a collaborative effort between the agency, providers and MCOs, and anything moving forward will need to be HIPPA compliant.



<u>Ramping down plan</u> - There are no planned changes at this time. We are remaining flexible as the Governor has not declared the state of emergency as being over. HCA will provide communications well in advance of any changes.

<u>Telehealth reimbursement</u> - There will be no change to the reimbursement level as it is an agency decision, unless changes are made by CMS.

<u>Laptop availability</u> - You have until June 15<sup>th</sup> to request a laptop. To request a laptop please go here and complete your attestation/apply: Requesting Laptops for Telehealth

<u>Flexibility in telehealth regulations</u> – HCA is watching for information from the Center for Medicaid and Medicare changes in regulations for telehealth to be extended for a year after the COVID-19 emergency

<u>Phone issues</u> – HCA encourages providers to refer clients to case management services with the MCO for issues related to acquiring cell phones. Providers can also still send phone requests to the <a href="https://hca.wa.gov">hca.wa.gov</a>; while we can't guarantee there will be more phones available, at least we will have the request in case more phones become available.

<u>Telehealth when youth visit another parent out of state</u> - Reminder: Washington state requires a provider who is practicing from another state, including our border states, and using telehealth to provide care to a Washington resident to be licensed in Washington State. Each state has its own laws and rules about the licensure requirements to use telehealth from a site outside that state. Therefore, a Washington-based provider who renders services using a telehealth modality to someone who is living in another state must be compliant with that state's licensure laws or rules regarding the provision of that service. Washington state's rules are not applicable. The state where the recipient lives has the authority.

#### Prevention

<u>SAPST training</u> – The next virtual SAPST is scheduled for July 14-17. Sign up through the ATHENA Calendar page: <u>Prevention Skills Training.</u>

Suicide Prevention Grants - HCA applied for the COVID-19 Emergency Response for Suicide Prevention Grant.

### Prevention Resource -

- Resources to Support Student Well-Being & School Safety
- The Washington Healthy Youth (WHY) Coalition <u>website</u> and its <u>Facebook page</u> with up-to-date resources for parents during times of stress.
- UW forefront wellbeing suicide prevention series

#### **Treatment**

Medicaid eligible increase – since April 1st, the daily average increase in Medicaid enrollment is 1205 per day.

#### **Treatment Resources -**

- Certification training
  - National Certification Commission for Addiction Professionals (NCC AP)
  - National credential and endorsement exams
  - State Licensure
- Behavioral health financial assistance
  - o Billing FAQ
- Supervision plans as required by the Medicaid BH state plan
  - o <u>Email HCADBHRBHCOVID19@hca.wa.gov</u> with the Subject line: *Supervision Plan*. We will contact you if there are any questions about your plan.



- Weekly call WA Opioid Treatment Program-COVID-19 planning
  - o Every Thursday from 1:30 to 2:45 p.m. (360) 407-3811; Access code 8923139#

# **Recovery Support Services**

<u>Phones</u> – Available resources to help homeless clients receive phones can be found at <u>Washington Government Cell</u> <u>Phone Providers.</u>

Resources from the housing & homelessness calls through the Washington low income housing alliance -

- FCC's Lifeline Program Offers Discounts for Phone and Broadband Service
- COVID-19 Resources Page.
- Zero-interest loans
- FAQs and Clarifications regarding LIHEAP and LIRAP.
- Washington State Office of Attorney <u>General eviction moratorium complaint page</u>
- The Dept. of Health is soliciting applications for Emergency Language and Outreach Service Contracts
- General pandemic health info in over 30 languages.
- The Unemployment Law Project.

#### Housing resources -

- National Low Income Housing's COVID page
- Department of Commerce COVID-19 information
- Washington Low Income Housing Alliance COVID-19 resources
- Washington 211
- Washington LawHelp
- Washington homeownership resources
- Dept of Commerce's "Coordinated Entry Programs by County
- <u>COVID-19 Eviction complaint form</u> You can file a complaint via phone by calling 1 (833) 660-4877 and leaving a general message by selecting option 1.

# **General Safety Guidance**

<u>Contact tracing and HIPPA</u>- The local jurisdiction is responsible for contact tracing. They have trained contact tracers to perform the tracing. Patient names will not be used, usually the only identifying information will be the agency of where the patient was. It is the responsibility of the local jurisdiction to reach out to people not the agency.

<u>Testing numbers and barriers</u> - Testing numbers are flat for a couple of reasons. The major one is likely demand. Past guidance has stressed testing only persons with moderate or severe symptoms. Now people with mild symptoms and contacts of those with symptoms are prioritized. Social distancing has reduced community spread, reducing overall numbers of symptomatic persons, hence less demand. As well, not all providers or the public are aware of the broadened indications. In addition not all providers have had access to tests and PPE to perform them. Not that nasal samples can be self-performed with oversite, this barrier should be reduced as well.

## **Coordinate care donated:**

- 9111 masks
- 710 hand sanitizer bottles (8oz)
- 9821 Total PPE Items
- 42 providers (inclusive of FQHCs, health systems, BH providers)