

The Use of Telehealth in Behavioral Health and Recovery Services in Response to COVID-19

Washington State Health Care Authority

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Purpose for Today

- What is Telehealth?
- Review of SAMSHA (42CFR part 2) and HHS (HIPAA) Guidance during COVID-19
 - Considerations for substance use disorder (SUD) providers
- Technology platforms and documentation
- Other Considerations for Behavioral Health Service Delivery during COVID-19

What is Telehealth?

What is Telehealth?

- **Telehealth:** The use of telecommunications technologies to support distance primary health and behavioral health care; patient and professional health-related education; public health, and health administration.
- May be used to provide assessment, diagnosis, intervention, consultation, supervision and information across distance.
- **Telehealth is rapidly expanding in response to the health and safety concerns that are arising due to COVID-19.**
- Health care providers are able to serve individuals in good faith through everyday communication technologies, such as FaceTime, Skype, or telephone during the COVID-19 nationwide public health emergency.*

*<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>

Payment for Telehealth Services

- Medicare, Medicaid and most insurance companies are now reimbursing for services that are completed via telehealth.
- Starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, **Medicare** will make payment for professional services furnished to beneficiaries in all areas of the country in all settings, eg - any healthcare facility and in their home.
- **Medicaid** can reimburse for telehealth services otherwise covered face-to-face.
- **Medicaid** guidelines require all providers to practice within the scope of their State Practice Act.
- The HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by **federal healthcare programs**.

Benefits of Using Telehealth in Response to COVID-19

- Individuals practicing social distancing or required to quarantine are at increased risk of anxiety and depression, substance use, and social isolation.
- Telehealth supports social distancing to reduce spread of the virus while maintaining social connectedness and supporting continuity of care.
- Telehealth supports consumer education –
 - Conveying information from trusted resources can help to calm anxieties
 - Important to provide “facts” to counter “fiction”
 - Reduces the likelihood of individuals participating in activities and behaviors that could increase risk of exposure.

Review of HHS (HIPAA) Guidance During COVID-19

HHS Guidance on Telehealth and HIPAA

- [“Notification of Enforcement Discretion for telehealth remote communications during COVID-19 nationwide public health emergency”](#) issued in March 2020.
- The Office of Civil Rights (OCR) at HHS will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.
- A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patient.

HHS Guidance on Telehealth and HIPAA

- Typically, health care providers using video communication products should provide such services through technology vendors that are HIPAA compliant and will enter into HIPAA business associate agreements (BAAs) in connection with the provision of their video communication products.
- **Under this Notice*, however, OCR will not impose penalties against covered health care providers for the lack of a BAA with video communication vendors or any other noncompliance with the HIPAA Rules that relates to the good faith provision of telehealth services during the COVID-19 nationwide public health emergency.**

Special Considerations for the Use of Telehealth by SUD Providers

SAMHSA Guidance - 42 CFR, Part 2

- There has been an increased need for telehealth services, including the provision of telephonic contacts with clients. In such instances, providers may not be able to obtain written patient consent for disclosure of substance use disorder records.
- The prohibitions on use and disclosure of patient identifying information under 42 C.F.R. Part 2 would not apply in these situations to the extent that, as determined by the provider(s), a medical emergency exists.*
- Coronavirus Aid, Relief, and Economic Security Act (CARES) Act signed on 3/27/2020 aligns 42 CFR Part 2 with HIPAA regulations.
- Permits a single patient consent for sharing of their SUD-related health data with their care provider. The consent also covers re-disclosure of the health data to covered entities and business associates as defined under HIPAA and Part 2 treatment programs within the context of healthcare treatment, payment and operations. For example, the doctor who obtained the initial consent could include SUD treatment and prescribing information in a referral to a specialist.

*[SAMHSA: Covid-19 Emergency Response & 42 CFR Part 2 Guidance](#)

Continuity of Opioid/Medication-Assisted Treatment

The DEA has relaxed the Ryan Haight Act requirements to allow for more flexible buprenorphine prescribing via telehealth. Now buprenorphine can be prescribed via telehealth just like any other medication.*

As of March 16, 2020, and for as long as the Secretary's designation of a public health emergency remains in effect, DEA-registered practitioners in all areas of the U.S. may issue prescriptions for all schedule II-V controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice;
- The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system; and
- The practitioner is acting in accordance with applicable Federal and State laws

* [https://www.dea.gov/diversion.usdoj.gov/coronavirus.html](https://www.dea.gov/diversion/usdoj.gov/coronavirus.html)

Continuity of Opioid/Medication-Assisted Treatment

SAMHSA has taken steps to simplify access to medication-assisted treatment, issuing [guidance](#) expanding flexibility for opioid use disorder treatment.

States that have declared an emergency can request an exception to allow stable patients in a treatment program to receive 28 days of medication for their opioid use disorder.

A state also may request a 14-day supply for patients who are less stable in their treatment. SAMHSA has published FAQs on medication-assisted treatment during this crisis.

Priorities For Remote Service Delivery to Individuals with SUD

- Review available [harm reduction services](#) including
 - 1) Access to alcohol, Narcan, etc. to prevent overdose or dangerous withdrawal
 - 2) Access to bleach kits, supplies
- Review access to Medication-Assisted Treatment
- Review access to Recovery Supports such as on-line [AA](#) or [NA](#) meetings
- Identify any mental health, isolation or re-traumatization that is or may emerge. Ask if program staff can call to check-in daily.
- Assist in accessing phone and technology for remote access as available and appropriate.
- Know what healthcare appointments have been cancelled so you can ask how consumers are managing with the conditions to be addressed at these appointments. Assist in rescheduling appointments as needed and with remote access if possible.

Technology Platform and Documentation

Technology Platform

- HCA has contracted with Zoom.com for a HIPAA/42 CFR Part 2 compliant telehealth service.
- Zoom licenses are meant to support providers in continuity of care during the COVID-19 pandemic. There are a limited number of licenses; as a result, HCA is prioritizing requests for those who do not currently have telehealth capabilities.
- HCA has built an online application for requesting this service. To request a Zoom license, providers complete [HCA's online application](#)*
- HCA will contact providers via email with instructions once an application is approved.
- HCA has posted [Zoom telehealth FAQs](#) for providers to learn more about using ZOOM.

[*https://fortress.wa.gov/hca/request-for-zoom-license/](https://fortress.wa.gov/hca/request-for-zoom-license/)

Tips to Consider When Using Technology*

- Providers choosing to use products that are not HIPAA compliant should inform consumers that there may be privacy risks... make sure the individual is agreeable to remote communication.**
- Test the process and have a back-up plan – connections can be disrupted with heavy volume.
- While many homes have bandwidth and wireless plans, when multiple individuals are all home working and taking classes online, watching movies, gaming, etc., there can be a lot of competition for that bandwidth.
- If a staff person is contacting an individual for the first time, the staff person should introduce him or herself and show a badge to verify who they are, and ask the individual to introduce him or herself as well.

* <https://nrtrc.org/content/blog-post-files/Telehealth-Quick-Start-Guide.pdf>

** <https://www.hca.wa.gov/assets/billers-and-providers/Clinical-policy-and-billing-for-COVID-19-FAQ.pdf>

Documentation Practices

- **Documentation and record keeping:** Continue maintaining an electronic record for each consumer and document to the highest of your capability based on your interaction, including any assessments or treatment plans. Ensure your staff are kept abreast of policy or billing changes as states adopt and expand access so that documentation is in compliance.*
- **Documentation of visits should include the following:**
 - Consumer's location/Provider's location
 - That the encounter was conducted via telehealth
 - Date/Start and stop time
 - That the consumer consented (unless otherwise documented)
 - Any other providers involved, including presenter
 - Brief summary of the contact – purpose and outcome
 - Reason for using telehealth (medical or otherwise)**

*NCBH, *Best Practices for Telehealth During COVID-19 Public Health Emergency, Updated March 19, 2020*

**NRTRC, *Quick Start Guide to Telehealth During the Current Public Health Emergency, March, 2020*

Other Considerations for Behavioral Health Service Delivery during COVID-19

Service Delivery Considerations during COVID-19

- For consumers receiving supportive housing services in particular, providers should do wellness checks and assess which consumers are high risk. Consider:
 - Length of time housed
 - Active substance use
 - Social Isolation
 - History of self-harm, suicidality
 - Untreated mental health symptoms
 - Potential for domestic violence
- Use telephone or web-based interface to check on high risk consumers daily when possible
- For high risk consumers, where home visits are needed, the priority is on ensuring staff and consumer safety!

*Some of this material was developed using CSH and Pathways to Housing Covid-19 Guidance

When Telehealth Isn't an Option

Options to consider when telephonic or web-based check-ins aren't possible:

- Check with other providers the consumer is connected to
- Outreach to consumer's friends or family
- Secure cell phone with pre-paid plan for consumers, if possible
- Explore securing web-based communication devices such as a tablet
- Stop by if needed - follow the CDC guidelines and considerations for home visits that follow!

Home Visit Staffing Considerations

- Identify staff with no health related vulnerabilities of their own, AND
- Restrict home visits to staff who have **1)** NO signs and symptoms of respiratory infection, **2)** not traveled internationally to countries with sustained community transmission, **3)** no known contact with someone with or under investigation for COVID-19, or are ill with respiratory illness.
- Determine if you reside in a community where community-based spread of COVID-19 is occurring
- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work
- See: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Home Visit Protocol Considerations

- **Before entering** anyone's home, sanitize your hands so you don't bring germs in
- **Before entering**, ask about each of the following specific symptoms consumer and others may have (**fever, cough, shortness of breath**) at the doorway when you arrive
- Keep face-to-face visit as brief as possible
- Keep 6 feet away from all individuals in the home
- Wash hands immediately upon exit of the home

Home Visit Protocol Considerations Continued

Be prepared: Have the following supplies with you for your home visit:

- 1) Hand sanitizer if available
- 2) Clorox/cleaning wipes OR disinfectant spray/paper towels
- 3) Garbage bags to dispose of dirty gloves/tissues/wipes
- 4) Mask to be given to people who are actively coughing or feverish
- 5) Water bottle for yourself to stay hydrated
- 6) Soap, toilet paper, & garbage bags if available for consumers who don't have these supplies

Home Visit Protocol Considerations Continued

If someone exhibits symptoms during a Home Visit:

- 1) Cough + Fever = Offer a mask and refer to their health care provider or Urgent Care
- 2) Cough + Shortness of Breath = Call primary care provider, local health department and/or 911
- 3) Cough + Fever + Shortness of Breath = Call primary care provider, local health department and/or 911

This may vary by local guidance.

Individual Treatment Priorities

- Acknowledge that these are scary and strange times
- Educate consumers on what the virus is
- Review with consumers the protocols to minimize risk
 - Social distancing
 - Hand washing
 - Cleaning
 - Assure consumer they won't lose housing if they do have a confirmed case of COVID-19 (as you are able to and based on jurisdictional directives).
 - Assist in accessing food, fluids, toiletries, garbage bags and cleaning supplies
 - Ensure adequate supply and refills for needed medications
- Leave written materials and flyers

Individual Treatment Priorities Continued

- Assess how much food individual has and if they need help getting food. Share resources on how to get meals and food bags.
- Ask about safety plan: does s/he know who to call and what to do if they aren't feeling well?
- Ask what s/he will do with their time and if they have people they can talk to via phone? Ask if they need things like books/tv/radio/crossword puzzles/deck of cards.
- Ask if they have an emergency contact that we can take to update our files. Ask for current email address and phone number at every visit to verify it is correct.
- If there is a pet in the home, are there enough supplies? Is there an emergency plan for coverage if consumer gets sick and needs to be hospitalized?

Supported Employment Provider Priorities

- Check in frequently with those you are serving through SE about the status of their employment.
- For those who continue to work, discuss how current place of employment is exercising precautions to reduced risks of exposure to COVID-19.
- Determine if SE consumer is receiving all available services required to help them maintain stabilization of their health and behavioral health conditions.
- Check in with SE consumer's behavioral health care provider to determine their practices and protocols in serving those at high risk.
- Provide benefits counseling related to changes in income that may occur as a result of loss of employment.
- Reinforce education around precautions to reduce risk of exposure both in an out of the work place.
- Leave written materials and flyers.

Supervision Considerations

- Telehealth technologies allow for continued supervision via web-based platform or telephone.
- Document supervision as normally documented, adding that supervision occurred via web-based platform or telephone.
- Consider offering supervision daily given the prioritization of services to identified high-risk individuals.
- Consider both increased individual and team supervision so that resources and emerging best practices can be shared broadly and coordinated with other provider systems.
- Consider appointing 1-2 staff as the leads on assisting consumers with urgent access to clinicians and providers.
- Ensure supervisors are accessing updates from Public Health, CDC and HUD, when applicable.

Supervision Considerations

- Continuously educate yourself and your staff with local, state and federal updates on safety guidelines, resources, services and supplies using the following links:

[WA State Healthcare Authority Covid-19 Information](#)

[Local Health Departments Interactive Map](#) – Find updates on Covid-19 that are specific to your community here.

[TAC Covid-19 Resources-](#) Find links to current Covid-19 updates for HUD, HHS, HUD, CDC, SSA, US Veteran Affairs, USICH and those of national organizations.

* To open link, click anywhere on it, right click and scroll down to “Open Hyperlink”.

Questions?

Keep in touch with TAC!

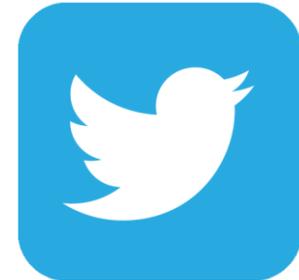


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