



Community Behavioral Health: Provider Notice Coronavirus-Related Guidance for CBH providers March 16, 2020 (Updated March 18, 2020)

Community Behavioral Health (CBH) is monitoring Commonwealth and federal updates and actively working with OMHSAS, DDAP, and PA-DHS to ensure continued support for our members and behavioral health service delivery system. CBH is also following both the Philadelphia Department of Public Health and CDC evolving recommendations to mitigate the COVID-19 outbreak.

CBH is aware of the unprecedented challenge of simultaneously balancing compliance with rapidly evolving public health mandates, member needs, dynamic HR requirements, and established Medicaid billing rules.

In any large healthcare system—but especially in these times—maintaining availability of acute care beds and Emergency Department access is crucial and will continue to be a guiding goal in cross-system and City service coordination throughout the period of impact.

Medicaid Regulations

The [declaration of a National Emergency](#) is anticipated to quickly bring sweeping changes to Medicaid billing rules. Both OMHSAS and CBH are waiting for these provisions to propagate. Updates will be available from both the [OMHSAS](#) and [CBH](#) websites. Providers should anticipate changes are forthcoming, including:

- Flexibility on service setting
- Telehealth
- Permitting out-of-state clinicians to practice
- Suspension of CMS enforcement activity

Telehealth Considerations

The face-to-face nature of behavioral health treatment brings the most immediate challenge regarding social distancing. As such, many providers have raised the possibility of utilizing telehealth in an expedited manner. OMHSAS has worked quickly to issue new guidelines on the coverage of telehealth services (please see [this OMHSAS Bulletin](#)). Providers are advised to refer to the OMHSAS link for details; however, providers should note that key changes being made include:

- Permitting telephonic contact when video is inaccessible
- Removing requirement for support staff to be onsite with the member during the encounter
- Expanding the practitioners and settings in which telehealth can be used
- Expanding the services that are permitted to deliver telehealth in-home.

Please note that, per the new guidelines for Telehealth from OMHSAS, providers must submit attestation to OMHSAS:

“Providers that are currently approved to provide services through telehealth technology may immediately begin to implement the expanded use of telehealth. Providers that are not currently approved to provide services through telehealth technology may immediately begin to implement the use of telehealth; however, new providers are still required to submit the Attestation Form as required by Bulletin [OMHSAS-20-02](#). The Attestation Form must be submitted within 5 business days of initiating telehealth. When submitting an attestation to RA-PWTBHS@pa.gov for the COVID-19 state of emergency, please identify in the subject line ‘COVID-19 Emergency’.”

In order to help track requests, CBH should be included as well by forwarding the request via email to Kimberly.Doyle@phila.gov.

CBH Provider Policy and Operational Changes to Date

CBH expects that providers who begin to utilize telehealth as put forward in the March 15, 2020 OMHSAS Bulletin will document the session/therapeutic intervention per typical progress note guidelines. In addition, CBH expects the following additional elements in telehealth documentation:

- Documentation via date and time of explicit consent to treatment (verbal) for ongoing telehealth modality
- Rationale for use of telehealth with each member for whom this service is utilized
- Member phone number used for the session

- How the session/intervention was conducted: phone, videoconference
- Start/end times for sessions
- Individuals present for the session

Additional, policy has been changed regarding BHRS to address the evolving environment of school delivery services, and CBH is committed to finding options to assist all providers. (See [CBH Provider Bulletin 20-05](#))

Compliance with Public Health Recommendations

CBH and DBHIDS have been implementing our own Continuity of Operations plan to support our internal operations and best position ourselves to help our members and providers. Until further notice, CBH has suspended all in-person meetings but will continue daily operations including provider contact via teleconferencing. CBH will continue to work to preserve all daily business operations and will inform the network of alternative arrangements.

The potential impact of COVID-19 suggests the most important long-term action for member and staff wellbeing is likely to fully adopt all suggested public-health guidance. CBH is working to mitigate impact to providers that act responsibly in enacting appropriate sanitary and social distancing policies. As these accommodations are implemented, providers should contact both CBH and the OMHSAS regional office to notify and seek guidance. It is particularly important to maintain documentation of decisions made and relevant supporting documentation such as public health announcements or written communication, including and as per the following recently issued OMHSAS and HHS documents:

- [Guidance from the Department of Human Services \(DHS\), Office of Office of Mental Health and Substance Abuse Services \(OMHSAS\) regarding Coronavirus Disease 2019 \(COVID-19\)](#) (March 14, 2020)
- [County Mitigation Plan: OMHSAS Essential Functions](#) (March 14, 2020)
- [Telehealth Guidelines Related to COVID-19](#) (March 15, 2020)
- [Telehealth Attestation](#) (March 15, 2020)
- [HHS Operational and Logistical Needs Survey](#) (March 15, 2020)

Communication Regarding COVID-19

Providers are asked to update both OMHSAS and CBH regarding COVID-19 preparations and impact. OMHSAS is asking providers to contact their local regional office, and CBH is collecting responses at the following email address: Kimberly.Doyle@phila.gov.

Responses should include:

- Updates from providers regarding continuity of programming and operations
- Recommendations from providers about suspension/waivers regarding specific state regulatory requirements (with citations if possible)

Communication and Advocacy Across the Commonwealth

CBH has been actively collaborating daily with all other state Behavioral Health Managed Care Organizations (BH-MCOs) and with OMHSAS. As the novel coronavirus (COVID-19) outbreak evolves, providers are inquiring about our pandemic readiness and the ability to maintain service levels. Providers are understandably concerned about staff safety, retention, continuity of care for members, and the financial stability of the HealthChoices behavioral health delivery system during this outbreak.

We have been closely monitoring state and federal direction on best practices and will continue to communicate relevant updates. In addition, county and BH-MCO leadership from across the Commonwealth have been meeting regularly, and we want to keep you abreast of the recommendations we are making to DHS leadership.

We are currently seeking approval of the following from DHS, in conjunction with other BH-MCO's across Pennsylvania:

1. Ability to provide payment to providers based upon alternative funding mechanisms beyond typical fee-for-service arrangements in order to ensure continuity of funding and, as such, continuity of operations. We understand that ability to answer financial issues allows for greater attention to the epidemic's impact as it emerges and better hope to sustain the treatment delivery system long-term.
2. Flexibility regarding complaints and grievances administrative requirements for responsiveness should barriers present themselves with an increase of work-from-home employees.

Encounter Data

Since the Medicaid system is built upon person-level encounter data via submission of claims, this must remain a priority for providers and CBH. There is strong potential that there could be alternative payment structures that may dictate different provider submissions of claims and other data. For now, providers should maintain the status quo regarding submission of claims. Moving forward, providers should be prepared for other types of information and data submission.

The COVID-19 outbreak will pass, and the preservation of our behavioral health safety net is essential to the long-term wellbeing of our members.

Meeting Member Needs

Philadelphia is recognized as one of the top behavioral health systems in the country, and we lean on that legacy of promoting recovery and resilience at this crucial time. Providers should develop and implement continuity of operation plans for viral outbreaks. [SAMHSA has a guidance manual](#) to assist, and both the Commonwealth and County may request submission of these plans for services where continuity may need to be coordinated.

Key Elements of a Continuity of Operations Plan (COOP)

- Consider the essential resources needed to keep your business operating.
- Consider the effects on business operations if absenteeism were 25-40%.
 - Refer to employment law resources which have released guidance on compliance with US workplace law during this outbreak
- Identify and cross-train employees to perform essential roles in the case of severe staffing shortages.
 - Consider which employees would most likely be absent if schools close.
 - Identify alternate staff to fill essential positions.
- Plan how to communicate and coordinate with employees, customers/clients, and suppliers during emergencies.
- Consider trigger points to:
 - Reduce operations to core business activities with a diminished workforce
 - Temporarily reduce business services
 - Shorten hours of operation
- Consider on-site housing arrangements for employees performing critical roles, if this were to become necessary.