



Community Behavioral Health: Provider Notice Provider Coronavirus Information Update March 17, 2020 (Updated March 18, 2020)

Essential Nature of Healthcare and Impact on Operations

A number of providers have reached out to the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) and Community Behavioral Health (CBH) following Mayor Kenney’s COVID-19 press conference on March 16, 2020, to inquire if behavioral health treatment providers are within the “essential” classification, per the mayor’s comments. **All healthcare, including behavioral health and intellectual disability services, is considered essential.**

The strong recommendations around social distancing present an immediate challenge for all providers. First and foremost, we encourage providers to fully factor in the health and wellbeing of their members and staff as we all navigate this rapidly evolving situation, and we encourage providers to follow the ongoing guidance from the Philadelphia Department of Public Health (PDPH) and the Centers for Disease Control (CDC) regarding how to best ensure safety. Due to the volume, variety, and complexity of the CBH provider network, CBH has not taken a role in whether providers should “close” physical access during the COVID-19 pandemic, as access to services (especially the more intensive, acute, and crisis-oriented services) remains crucial to meet the needs of Philadelphians.

Even if providers have made the difficult decision to suspend physical access to their service locations, limit face-to-face contact with members, and/or reduce staffing, it is crucial that continuity of care be undertaken, especially for the most vulnerable members and/or those who are experiencing symptoms of behavioral health crisis. To this end, providers—at the very least—must determine how they will remain operational to address and support:

1. Individuals enrolled in their care who are experiencing crisis. This planning **cannot** simply be to go to the nearest Crisis Response Center or Emergency Department (though that can always be a safety-driven part of the plan for acute crisis), but, rather, must include ways that the provider of record will respond via telehealth support, interventions, and ongoing monitoring.
2. Medication management, since medication can and often is refilled remotely, should be a priority for any suspension of services, especially a prolonged one.

3. Other ongoing clinical services, where staffing and technology infrastructure will support.

Wide Options via Telehealth

Please note that this section expands upon and updates the “Telehealth Considerations” section of the March 16, 2020, Provider Notice titled [“Coronavirus-Related Guidance for CBH Providers.”](#)

CBH is committed to ensuring our members continue to receive as much continuity of service—with limited interruptions or delays—as is possible due to COVID-19. As mentioned in the March 16, 2020, Provider Notice, this includes making it easier for providers to deliver services by temporarily modifying certain policy conditions and expanding coverage to include additional forms of telehealth service delivery. These changes are designed to facilitate access for members. [OMHSAS guidance released on March 15, 2019](#), supports a broad range of clinical staff who can perform functions via HIPAA-secure telephonic connections and goes beyond the typical video-based Telehealth options.

In short, clinically billable functions that were to be provided via face-to-face interaction can now be considered for replacement with telehealth approaches for the duration of the pandemic. OMHSAS has worked quickly to issue new guidelines that will be in effect at least for the next 90 days regarding the coverage of telehealth services (please see OMHSAS’ [“Telehealth Guidelines Related to COVID-19,”](#) [OMHSAS Bulletin 20-02](#), and the [Telehealth Attestation Form \(.docx\)](#)). Providers are advised to refer to the OMHSAS links 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.

Informing OMHSAS and CBH About Continuity of Operations

Additionally, it is critically important to keep OMHSAS and CBH informed of any operational changes providers are experiencing, such as changes in hours of operation, suspending intakes, closures of service locations and/or levels of care, etc. Per the OMHSAS Memorandum entitled "[Guidance from the Department of Human Services \(DHS\), Office of Office of Mental Health, and Substance Abuse Services \(OMHSAS\) regarding Coronavirus Disease 2019 \(COVID-19\)](#)," OMHSAS strongly recommends that providers contact them, ideally prior to making any changes in continuity of operations. If you have not done so already, please alert the OMHSAS Southeast Field Office, per item #4 in the OMHSAS Memorandum; you can contact the OMHSAS Southeast Field Office by email at wburton@pa.gov.

Also, providers are encouraged to internally track expenses that are specifically incurred related to their response to COVID-19 (e.g. new phone technology, safety masks/clothes, etc.).

Please contact your CBH Provider Relations Representative if you have any regarding this Notice, or forward an email to Kimberly.Doyle@phila.gov.

In-Person Interpretation Requests

Providers utilizing telehealth options are asked to inform CBH of changes to visitor policies prohibiting the use of in-person interpretation and changes to appointments where in-person interpretation was previously scheduled. Please utilize CBH.Interpretation.Services@Phila.gov for this communication:

CBH will be exploring other interpretation platforms, including the potential use of telephonic interpretation, as information becomes available.

Sincerely,
David T. Jones, DBHIDS Commissioner
Donna E. M. Bailey, CBH Interim CEO