



# Maintaining access to care during the COVID-19 emergency

## Governor's Executive Order N-55-20

April 2020

Behavioral Health

Department of Health Care Services



# WebEx Tips

- Please use either computer or phone for audio connection.
- Please mute your audio if not speaking.
- Feel free to use the chat room to send a question or comment during the presentation (not Q&A)
- Use the Raise Your Hand button to be called upon.
- Test: top of screen, click on participants, say hello!



# Introduction

- Provide maximum flexibility and maintain safety, quality and access
- Tools
  - Executive Orders
  - 1135 and 1115 Waivers
  - Disaster State Plan Amendment
  - DHCS Authority and Guidance through Frequently Asked Questions (FAQs) and Information Notices (INs)



# Guidance in place

- Most SMHS, DMC-ODS, and DMC services are allowable by telephone and telehealth
- Streamlined provider enrollment, licensing, application fee waivers, credentialing, including at alternative sites
- Flexibility for medications for addiction treatment (MAT): methadone take-homes, buprenorphine evaluation by telephone
- Extended deadlines for beneficiaries to request state fair hearings and appeals
- See [DHCS COVID-19 Response website](#) for up-to-date FAQs and information notices.



# Executive Orders – N-43-20 and N-55-20

Provides DHCS with flexibility to respond to  
the COVID-19 emergency



## Flexibility for AOD facilities (1 of 2)

- Described in BH IN 20-018:
  - Deadline extensions for applications
  - No consent requirement prior to telephone/telehealth services
  - Licensure fee waivers, initial and renewal\*

\*DHCS authority independent of executive order



## Flexibility for AOD facilities (2 of 2)

- Described in BH Information Notice 20-017:
  - Increased bed capacity
  - Flexibility for initial licensure and Drug Medi-Cal certification
  - Initial and Biennial Virtual Inspections
  - Virtual criminal background checks\*

\*DHCS authority independent of executive order



# Flexibility for MH certification programs (1 of 2)

- Described in BH Information Notice 20-014:
  - Applies to Adult and Children’s Residential Mental Health Programs:
    - Short-Term Residential Therapeutic Programs (STRTP),
    - Community Residential Treatment Systems/Social Rehabilitation Programs (CRTS/SRP),
    - Community Treatment Facilities (CTF),
    - Special Treatment Programs (STP).



# Flexibility for MH certification programs (2 of 2)

- Allows programmatic and operational flexibility related to staff scheduling and staffing ratios
- Allows administrative flexibility related to on-site reviews, including postponing or allowing virtual reviews.



# Flexibility for Driving Under the Influence (DUI) programs

- Described in BH Information Notice 20-016:
  - Allows DUI educational programs to receive grant or other funding in lieu of raising fees
  - Suspends DHCS on-site inspections for initial or renewal of license and allows virtual inspections
  - Allows blanket leave of absences for participants if DUI program operations are suspended.



# Additional flexibilities

- Permits a patient to receive psychiatric medication without a written signature
- Provides Alcohol or Other Drug (AOD) counselors an extension of the five (5) year requirement to complete their certification if the ability to become certified is impacted by COVID-19
- Permits DHCS to reimburse counties a higher percentage of SMHS administrative costs, in excess of 15 percent of direct service costs.
  - Similar flexibility can be implemented administratively for DMC-ODS and DMC State Plan administrative costs.



# Pending requests

The following slides review federal requests awaiting review and approval



# Pending 1115 Waiver Requests (1 of 2)

## **Flexibilities requested but not yet approved include:**

- Waive 16-bed limitation on payment of federal financial participation for patients in Institutes for Mental Diseases (IMDs) during the emergency:
  - Facilitate temporary increases in bed capacity for affected beneficiaries
  - Allow facilities that are IMDs (or that become IMDs by temporarily increasing capacity above 16 beds) to claim for covered services
  - Includes situation where a hospital repurposes acute psychiatric beds and temporarily delivers IMD care in appropriate alternate settings.



# Pending 1115 Waiver Requests (2 of 2)

## **Flexibilities requested but not yet approved include:**

- Waive limitations on DMC-ODS residential treatment for clients affected by COVID-19:
  - 2 non-continuous 90-day stays per year
  - 30-day maximum stay for adolescents
  - 90-day maximum stay for adults
- Allow federal match for emergency housing in Whole Person Care pilots
- Allow higher interim payments for non-NTP services



# Disaster State Plan Amendment Requests

## **Flexibilities requested but not yet approved include:**

- Update interim payment methodology for county owned and operated specialty mental health providers
- Update interim payment and reimbursement methodology for county and non-county providers of non-NTP Drug Medi-Cal services
- Waive face-to-face requirement in Drug Medi-Cal State Plan to reimburse telephone and telehealth visits as if the service had been provided face-to-face
- Allow individual counseling visits in Drug Medi-Cal State Plan
- Remove limit of six prescriptions per month in Fee for Service Medi-Cal



# Pending 1135 Waiver Requests (1 of 2)

## **Flexibilities requested but not yet approved include:**

- Payment for services in specific mental health facilities providing services in alternative settings.
- Flexibility on submitting claims later than 12 months from the date of service.
- Financial disallowances for noncompliance with documentation standards would be suspended for services with dates of service between March 1, 2020, through the end of the state public health emergency.



# Pending 1135 Waiver Requests

## **Flexibilities requested but not yet approved include:**

- Flexibility on minimum service hours and group visit requirements for outpatient and residential SUD treatment
- Flexibility on utilization controls for dates of service within the emergency period.
- Delay of Network Adequacy Certification and External Quality Review activities.
- Adult Residential Treatment Services and Crisis Residential Treatment Services may meet the face-to-face requirement by telehealth or telephone.
- Waive requirement for client signatures on treatment plans, timeliness requirements to determine medical necessity.
- Other requests may be found on the [DHCS COVID-19 Response website](#).



# Questions?