



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?