**DBHR COVID-19 call for behavioral health providers**

April 14, 2020

**Updates from HCA** –Michael Langer

* Transfer of individuals in Western State Hospital
* Have put out quite a few Zoom licenses
* Medication Take Back question follow-up
  + Have reach out to DEA, April 26 has been canceled. Not rescheduled at this point.
  + DEA expects to send out info later this month for communities to use
* Prevention providers
  + List of developer approved EBP adaptations posted on Athena
  + See slides for list of trainings & resources
* Supervision plans required by Medicaid BH State Plan
  + providers must submit plan to HCA describing how they will implement and operationalize clinical supervision of all staff with less than a Masters in a BH field
  + Plan must be sufficiently detailed to address when and how staff will receive clinical supervision.
  + All plans to be sent to [HCADBHRBHcovid19@hca.wa.gov](mailto:HCADBHRBHcovid19@hca.wa.gov) with subject line *Supervision Plan*
* BHI Telehealth Rapid Response – Training & TA Plan
  + Coordinated statewide plan for rapid training & TA
  + See slide for details. More info coming soon.
* Loaner laptop application
  + <https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/request-laptop-telehealth-during>
  + Requests reviewed daily
  + Who can request: Medical providers, behavioral health providers, and recovery based-organizations who do not have access to a laptop (or the resources to obtain one) for the purposes of offering their services through telehealth.
* Weekly WA OTP COVID19 Planning call
  + Thurs 1:30-2:45
  + (360) 407-3811, Code:8923139#
* BH Financial Assistance
  + MCO final action plans due to HCA tomorrow
  + HCA is monitoring MCO performance on processing requests and outstanding claims

**Patient & Staff Care –** Dr. Charissa Fotinos

* Priority for PPE was updated in last couple days on [DOH website](https://www.doh.wa.gov/emergencies/coronavirus)
  + Residential BH and designated crisis are now Tier 2 (previously Tier 3)
  + This means you will still go thru local health jurisdiction to make request
  + <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PPEPrioritizationofAllocation.pdf>
  + Prioritize areas with symptomatic people

**Q&A**

* We’ve learned that some providers (Providence, CHAS) are not honoring releases of information from clients unless they are signed in person. We were instructed during the HCA forum by DBHR to write “consent obtained via telephone due to pandemic.”  Concerned now that not everyone is on board with the HCA directive.
  + Thanks for bring to attention. Assume you are requesting information from other provider, and they’re not honoring because patient consent was verbal
  + Will work thru WSHA to get info out to hospitals about guidance about release of records
* Been getting information about patient- versus clinic-initated calls. Is there a definition somewhere, and how is COVID impacting? Has to do with telephone call if the clinic reaches out to patient versus patient calling us – and being able to bill for those. Specifically BH visits.
  + We will consider acknowledging modifications to language that describes the codes
* Telehealth & billing – when doing tele with HIPAA compliant two-way, if not listed as available for GT modifier, do leave it out or use the GT modifier
  + If it is true HIPAA compliant two-way telemedicine, then we want you to use GT, even if platform is not specifically listed in SERI
* Do we know what racial breakdown of virus is in WA state? Plan to reach out to affected communities?
  + We have not had enough tests to test everyone who is symptomatic. Will reflect those who are able to get tested, so reflect access to care.
  + Distribution of cases in WA align with demographics so far. Vast majority so far of cases & deaths among white. Proportionately higher deaths in Hispanic.
  + About 30% of test info does not have race listed
  + Not seeing huge disparities that other states are seeing, but may not have adequate info to show that yet
* Are jails providing MOUD eligible for laptops?
  + We have on the application qualifiers that must be checked to move onto second application step – recommend checking those 4 qualifiers to see if eligible
  + Does not guarantee, but encourage to apply
  + [Laptop application page](o%09https:/www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/request-laptop-telehealth-during)
* There is confusion between the initial survey and the application. Do you have plans to reach out to those who responded to the survey? Would be helpful to send the application directly to providers who completed the survey.
  + No, we will not be sending. Have a link that we’ve provided for folks. Time is at a premium, so we need providers to fill out the application
* Can zoom be used on multiple devices?
  + Zoom licenses are attached to email address, not device specific. We will double check, but should be able to use on multiple devices. However, can only be logged in on one device at a time on a single account.
* If we’re providing services thru Zoom (HIPAA telemedicine with tele & video), do we use POS & GT modifier, what if the client only uses audio (not video)?
  + If that’s the way it’s transpiring, you would use the telemedicine code with 02 place of service
  + Need to look at definition in RCW. Will clarify.
* Are verbal ROIs (release of information) being accepted at this time?
  + Yes, that’s what 42cfr says
* We coordinate practicum placement of SUD-PT (SUD Professional Trainees). Due to COVID, placement is difficult. Any way to help get students into sites?
  + Will reach out to provider association to get feedback
  + Work with commission to see if they can educate trainees or do remote supervision
* Will DOH be providing testing for RTFs (residential treatment facilities)?
  + Will take that question back to DOH
* Is Google Voice accepted as a HIPAA compliant only during COVID?
  + Google is not HIPAA compliant, to best of knowledge
* Will facilities get fair hearing with MCOs (question from last week)? Any movement with MCOs on increasing rates or options other than loans to keep providers whole?
  + To second question, have detailed guidance doc with MCOs. Know utilization has dipped a lot. There is money in the system that we can push out. In an effort to do so quickly and organized way, have developed process to ID providers with urgent financial needs and get money out. Have given MCOs timeline to work out arrangement with providers on that. Action plans from MCOs due tomorrow to HCA.
  + Alice Lind: encourage providers to reach out with issues around billing and finance thru emails previously mentioned [HCAmcprograms@hca.wa.gov](mailto:HCAmcprograms@hca.wa.gov)
  + Teresa Claycamp: there are an array of options you may want to discuss. Providers should figure out what will work for you in the short term, what do you need to get thru this crisis.
* How has access to WISe services been impacted?
  + Different by provider and region. Encouraging telehealth for all services where that is possible
  + Can follow-up with specific providers if having trouble in your area
* If we have staff with less than Masters, such as Peer Counselors, when are Supervision Plans due to HCA? Are MCOs monitoring if these have been submitted?
  + DBHR wants them as soon as possible. MCOs not monitoring
* Can Idaho providers provide services for WA residents?
  + If not licenses in WA, DOH will utilize emergency volunteer license process to allow out of state providers to offer services. Then need get waiver to bill, and trying to expedite those provider agreements thru
  + Would also need agreement with MCO and complete their process
* Do SUDPs need weekly supervision or to submit plans?
  + Supervision is primarily for MH services and requirements in MH state plan. For SUD, for SUD Peers and SUD-PTs, would refer to DOH

**Will continue calls thru at least the rest of April. Find** [**registration information here**](https://content.govdelivery.com/accounts/WAHCA/bulletins/285c1af)**.**