

Behavioral Health Coronavirus – COVID-19 Frequently Asked Questions

Updated 4/9/20

Q: The city/county my agency provides service in has issued a Directed Health Measure (DHM) restricting all group gatherings to under 10 individuals. Does this affect my agency?

A: DHMs may include or exempt certain provider types, so need to be reviewed carefully in detail. At this time, DHHS will not impose greater restrictions than allowed by DHMs.

Q: What are the effective dates for the exceptional allowances regarding telehealth/telephone service delivery related to COVID-19?

A: For DBH-funded services, the allowances identified in this FAQ are in effect for services delivered on or after March 1, 2020, and will remain in effect until further notice.

Q: Our services are being delivered via telephone and/or telehealth due to COVID-19 concerns. How do we obtain written consent for services?

A: Documentation such as consents to treat, HIPAA privacy notices and other required consents/forms required by federal or state regulation are still required in the clinical chart. Whenever possible, providers are encouraged to attempt to secure signatures from consumers prior to service initiation using mail or other secured electronic means. If this is not possible, providers can document verbal consent to treat in the patient's record. In the case that verbal consent is obtained, the provider is expected to secure consumer signature on all relevant forms as soon as possible.

Q: We are exploring the possibility of buying a telehealth platform. Has there been any guidance related to 42CFR and use of telehealth platforms?

A: The Substance Abuse Mental Health Services Administration (SAMHSA) has guidance to 42CFR and HIPAA. The link is the FAQ resource section.

Q: How fluid might re-authorizations (continued stay) be in the near future?

A: For the Divisions of Behavioral Health and Medicaid and Long-Term Care, there are no changes to clinical eligibility related to admission and discharge criteria anticipated at this time.

Q: Some businesses are dispersing “essential employee” letters for staff to carry. Is this something the state is issuing? How do I know if I need to issue this for my employees?

A: The Department of Health and Human Services (DHHS) does not issue essential employee letters nor has DHHS issued any expectation that employers do this. Essential businesses/personnel are defined by DHMs issued at a city, county or state level. If there are questions regarding essential staff or business, the issuing health department should be contacted.

Q: Would it be possible that the Substance Abuse and Mental Health Services Administration (SAMHSA) might make additional funds available?

A: At this time the Department is monitoring for all potential emergency funding and parameters that may be available through state or federal emergency declarations.

Q: My agency provides residential mental health or substance use disorder services and we have a consumer who has tested positive for covid-19. How do we safely quarantine that consumer and how do we continue to provide services to consumer/other consumers?

A: Please go to: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>.

This CDC link provides a broad range of guidance including information on infection control and quarantine measures.

Q: How does my agency support patients and/or staff in getting tested for COVID-19?

A: Contact your local/county health department to report the positive test and follow the guidance they provide. Services can be provided using telehealth (EO 20-10). See EO's and FAQs at the link below:
<http://dhhs.ne.gov/Pages/Coronavirus.aspx#SectionLink6>

Q: How does my agency access personal protective equipment (PPE) and how are providers designated as priority/essential population for PPE? Are residential providers a priority for PPE?

A: Contact your local/county health department to access PPE. The local health departments will provide a PPE request form. Residential mental health and substance use disorder facilities providing 24 hour care are included when prioritizing PPE through the local/county health departments.

Q: We are delivering Medication Management appointments via limited office visits, Telehealth and/or by telephone. Some phone appointments do not meet the 15 minute time to be able to bill. Is there any thought to doing fractions of this for billing? Is this a service that the provider could add up all the time in the month to maybe reach the requisite time? The provider states that not all patients would even hit that but could it be an option?

A: Service expectations should continue to be met for service encounters and services submitted for reimbursement must be delivered in accordance with existing service definitions and units of service.

The Medication Management unit of service is 15 minutes. Telehealth and phone appointments are permissible routes of service delivery. At this time, DBH is not fractioning the 15 minute unit nor moving to a cumulative unit.

Q: Is there any guidance on how providers will be paid for current over-produced units?

A: Annually, the DBH and Regional Administrators address current year over/under expenditures and utilization going in to Quarter 4 of the Fiscal Year. This process is currently underway.





Q: Can we bill for a full day of Day Rehabilitation if the five hours has not been achieved via teleservices?

A: Although service delivery may be through alternative means such as smaller, isolated groups, teleservices or telephone, service expectations should continue to be met for service encounters and services submitted for reimbursement must be delivered in accordance with existing service definitions and units of service.

At this time, DBH is not fractioning units of service for Day Rehabilitation. Units of service are half day (3 hours) or full day (5 hours) units.

Additional/New Behavioral Health Resource Material

HHS COVID-19 Behavioral Health Resources

<https://asprrtracie.hhs.gov/technical-resources/115/covid-19-behavioral-health-resources/99>

SAMHSA Training and Technical Assistance Resources

<https://www.samhsa.gov/sites/default/files/training-and-technical-assistance-covid19.pdf>

National Council

https://www.thenationalcouncil.org/wp-content/uploads/2020/03/NCBH_COVID19_Guidance_for_BH_Facilities.pdf?daf=375ateTbd56

DHHS COVID-19 Behavioral Health FAQs

<http://dhhs.ne.gov/Documents/COVID-19%20Behavioral%20Health%20FAQ.pdf>

Behavioral Health Education Center of Nebraska (BHECN) – Telehealth Training Module 1 hr.

<https://www.unmc.edu/bhecn/education/telehealth/telehealth-module1.html>

SAMHSA-HRSA Center - Telebehavioral Health Training and Technical Assistance

<https://www.integration.samhsa.gov/operations-administration/telebehavioral-health>

PESI – Telehealth for Mental Health Professionals: Distance Therapy Training

https://catalog.pesi.com/item/52191/?fbclid=IwAR1_v-4iFSXdcDB1bkenxka5OwURfcdO8eVseGXZ2LIngdzw n2vM17RENrc

CAMFT – Telehealth, HIPAA, and Compliant Telehealth Platforms

<https://www.camft.org/Resources/Legal-Articles/Telehealth-HIPAA-and-Compliant-Telehealth-Platforms>


Telebehavioral health institute – COVID-19 Telehealth Best Practices – Webinar

<https://telehealth.org/webinar/covid/>

Person Centered Tech – Free Practice Resources to Enable Quick Telehealth Adoption

https://personcenteredtech.com/?utm_source=Person%20Centered%20Tech%20Newsletter&utm_campaign=efd469216a-%20frontpage_quickstart_guide_announce&utm_medium=email&utm_term=0_e9b2dcace3-%20efd469216a-125883169&goal=0_e9b2dcace3-efd469216a-%20125883169&mc_cid=efd469216a&mc_eid=4047a3ad0e

SAMHSA – Homeless and Housing Resource Network (HHRN) – COVID-19 Resources for Providers of Homeless Services – Centers for Disease Control and Prevention (CDC)



The CDC's [webpage on resources to support people experiencing homelessness](#) offers links to interim guidance for homeless shelters, cleaning and disinfection recommendations, and information on screening clients for respiratory infection symptoms.

Health Resources and Services Administration (HRSA)

- HRSA provides [answers to frequently asked questions](#) about COVID-19, ranging from funding and other resources to information collection.
- [HHS announced HRSA awards](#) of \$100 million to 1,381 health centers across the country with funding provided by the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020.

U.S Department of Housing and Urban Development (HUD)

HUD's Office of Special Needs Assistance Programs and their federal, state, and local partners share daily updates highlighting new COVID-19 prevention and response resources targeted to homeless providers. [Click here](#) for more information or to sign up for the Daily Resource Digest.

- [COVID-19 Response and Homelessness: An Action and Resource Guide](#)
- [Shelter Management During an Infectious Disease Outbreak](#)
- [Essential Services for Encampments During an Infectious Disease Outbreak](#)

National Association for Community Health Centers (NACHC) – weekly webinars

[Register](#) for upcoming webinars and access recordings of past webinars.

National Health Care for the Homeless Council (NHCHC)

NHCHC maintains a [webpage on COVID-19 resources](#), including a link to its archived webinar on Coronavirus and the HCH Community: Status Updates, Available Guidance, Local Preparations, and Outstanding Issues.

Corporation for Supportive Housing (CSH)

CSH provides [COVID-19 guidance for supportive housing providers](#), highlighting new COVID-19 prevention and response resources targeted to homeless providers. [Click here](#) for more information or to sign up for the Daily Resource Digest.

- [COVID-19 Response and Homelessness: An Action and Resource Guide](#)
- [Shelter Management During an Infectious Disease Outbreak](#)
- [Essential Services for Encampments During an Infectious Disease Outbreak](#)

NASADAD Public Resources

<https://nasadad.org/covid-19-resources/>

DBH FAQs link

<http://dhhs.ne.gov/Documents/COVID-19%20Behavioral%20Health%20FAQ.pdf#search=Behavioral%20Health%20FAQ>



Updated 3/22/20

The Division of Behavioral Health (DBH) is committed to providing innovative leadership and support to all stakeholders within the behavioral health system. Along with you, our key partners, we are navigating an uncharted path as we face the reality of COVID-19 and its impact on all Nebraska citizens and communities. It is our top priority to ensure consumers of behavioral health services continue to have access to assessment, treatment and rehabilitative services during this most challenging time. It is equally important that mental health and substance use healthcare providers are armed with the necessary flexibility to serve consumers in a safe and effective way. We understand that providers serve individuals with complex needs, many of whom experience comorbid issues that place them at a high risk to contract COVID-19 if precautions aren't adhered to.

In an effort to provide information and further guidance on accommodations being made to service delivery standards, the DBH is issuing this FAQ. DBH would like to assure key partners that our intent is to provide a framework and guidelines that allow our system to operate in a manner that fosters creativity, innovation and flexibility as we work to provide a therapeutic and supportive treatment and recovery environment for individuals experiencing a mental illness and/or substance use disorder.

Given the uncertainty of the days ahead, it is not possible to anticipate and address every scenario a provider or consumer may face. The service system includes a full continuum of services ranging from assessment, to outpatient and intermediate intensity services to residential and inpatient care. The application of the guidance below must be contextualized to the interventions expected of each service, the service setting and unique consumer needs. In order to provide the greatest degree of flexibility and applicability to all service types, guidance is best left broadly stated.

Unless otherwise stated, the information contained in this document is only meant to provide guidance to services funded and/or governed by the Division of Behavioral Health via direct contracts or through contracts with the Regional Behavioral Health Authorities. Inquiries related to services, funding or policies governed by other Divisions, such as the Division of Public Health, the Division of Children and Family Services and/or the Division of Medicaid and Long-Term Care's Heritage Health services will need to be directed to those specific Divisions. The DBH will continue to engage with other Divisions and, when appropriate and allowable, work to align funding, service delivery and policy decisions specific to the COVID-19 response to reduce administrative burden for our contractors and to support a service delivery system that is least disruptive for Nebraska consumers. In order to accomplish this and remain nimble in our ability to be responsive to changing guidance over time, process and policy exceptions granted by the DBH may become more or less restrictive over time.

We encourage all providers to visit the Department's COVID-19 webpage, <http://dhhs.ne.gov/Pages/Coronavirus.aspx> for information and to find other FAQs for our Divisions.

Q: I have a contract directly with the Division of Behavioral Health. Due to COVID-19 impact, I may not be able to meet specific deliverables or timelines identified in my contract. What are my options for resolution?

If you are concerned about contractual performance that may be impacted by COVID-19 responses, please reach out to your identified contract manager at DBH. Where allowable by state or federal guidance, contract amendments or other appropriate accommodations may be considered to resolve concerns.

Q: Can providers of behavioral health services deliver services via telehealth to limit exposure to COVID-19?

The DBH has allowed some routine services, such as outpatient therapy, to be delivered via telehealth in accordance with existing service definitions. In response to COVID-19, the DBH is expanding the services allowed to be delivered via telehealth. With limited exceptions, all assessment, treatment and rehabilitative services currently funded by the DBH can be provided through telehealth in order to support continuity of care for consumers.

It is understood that telehealth may not be an appropriate service delivery option for all consumers or all services. Most facility-based services, such as those in the list below, would not be adequately delivered via telehealth. While some components of facility-based services may not be delivered via telehealth, it may be necessary to deliver some elements of these service via telehealth during this time.

- Inpatient Services
- Crisis Stabilization
- Mental Health and Substance Use Disorder Residential Services
- Mental Health Respite
- Social Detoxification
- Hospital Diversion
- Day Treatment

Q: How can providers and consumers stay protected when in-person service delivery is most appropriate and/or necessary?

Providers can continue to deliver in-person services, as necessary, to meet the needs of consumers. This may be due to the type of service being delivered or due to the complexity of a consumer's treatment need. In these cases, the safety of consumers, families and service providers are critical. The DBH strongly encourages providers to implement individualized screening practices consistent with CDC guidance in an effort to limit exposure risk. More specifically, prior to services being delivered in the home or community, we suggest that you call ahead and ask the consumer/family screening questions directed at limiting the spread of an illness. Consider the following questions for the consumer/family:

- Is anyone in the household is currently sick (fever over 100.4, cough, trouble breathing, sore throat, etc.)?
- Has anyone in the household been in close contact with anyone known to have COVID-19 or anyone under investigation for COVID-19?
- Has anyone in the household traveled in the last 14 days recently to an at-risk area (including any international travel or travel to US communities with community transmission)?
- Does anyone in the family have an underlying health condition?



When necessary to provide in-person services, preventative measures such as wearing of personal protective equipment, limiting personal contact and practicing safe distancing will be critical. Further information on CDC-recommended practice for healthcare providers can be found on the CDC website—see links below.

Q: If telehealth is not an option for the delivery of behavioral health services, can providers deliver services via telephone?

When behavioral health services cannot be provided in-person or via telehealth, telephonic service delivery will be allowed during this time. For purposes of this FAQ, guidance related to telehealth delivered services can be applied to telephone-based service delivery.



Q: Are service expectations the same for services delivered in person compared to those delivered via-telehealth/telephone?

To the greatest extent possible, services delivered via telehealth or telephone should be comparable in intensity, duration and content to those delivered in person. It is understood some service elements (i.e. group-based care) may be more complicated or otherwise not conducive to being delivered via telehealth. In these cases, providers may identify alternative interventions, as appropriate, to meet the consumer's need. Services provided are to be rendered in a clinically appropriate, recovery-oriented manner, be directly related to the consumer's treatment and/or rehabilitation plan and evidence delivery of active treatment or rehabilitation interventions regardless of the delivery method.

Q: Are documentation expectations different when delivering services via telehealth or telephone?

In addition to existing documentation standards for services funded through the DBH, providers will need to document the rationale for delivery of telehealth/telephonic services as an appropriate method for each consumer. In addition, all documentation needs to clearly identify which interventions (service or service components and dates of service) were delivered via telehealth or telephone.

Q: Is there any specific code that needs to be entered in the Centralized Data System (CDS) or Electronic Billing System (EBS) to identify a service as delivered via telehealth or telephone?

There is no change to current data entry practices in CDS or EBS for services delivered via telehealth or telephone. The consumer clinical chart should clearly identify when services are delivered via telehealth or telephone.


Q: How do providers ensure confidentiality is protected while providing services via telehealth or telephone and/or while working remotely?

Providers must ensure compliance with state and federal confidentiality requirements when providing services in person, via telehealth or telephone. Providers who are working remotely must be able to protect the health information of the consumers served, including ensuring documentation is protected and that no unauthorized person has access to protected health information, up to and including being able to hear or see the content of service delivery.

As always, providers may use certified HIPAA-compliant technology platforms for the delivery of telehealth services. DBH will also abide by any COVID-19 specific federal guidance issued related to confidentiality, practice standards, etc. Specifically related to telehealth standards, please refer to: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>. Links to federal guidance issued as of the date of this FAQ can be found below for reference.

Q: Can I still bill for a service if I cannot meet minimum service expectations due to measures taken to prevent exposure, consumer/provider illness or due to related workforce challenges?

For many providers, service expectations will continue to be met for most service encounters. When services are delivered via telehealth or telephone, it may not be realistic to meet all service expectation standards, especially for high-intensity services or for specific intervention types. When services cannot be delivered to the full service expectation, the provider will document the specific barriers that were identified and attempts to resolve. Providers may also identify appropriate "substitute" interventions to best match consumer needs with available service delivery options during this time. For example, if group therapy cannot be adequately delivered via telehealth, additional individual sessions may be considered.



It is anticipated providers may experience intermittent or persistent workforce challenges as a result of COVID-19 prevention efforts or other related factors. When experienced on an intermittent basis with low or limited impact to the overall service provided, the provider should document the barrier(s) to the provision of those specific service elements. Reimbursement can be requested when a majority of the service expectations have been met.

The DBH recognizes providers are continually assessing their ability to meet consumers' treatment and rehabilitative needs both on a short- and long-term basis. Should workforce challenges persist or create a situation that cannot ensure clinically appropriate service delivery or consumer/staff safety, the provider will decide the most appropriate course of action up to and including referring the consumer to alternative services.

Q: A service my agency provides has been “closed”, per CDC guidance on social distancing. Can I continue to bill during the period of closure?

It's important to understand the meaning of closed. Providers have continuity of operation plans or business interruption plans for unusual or disaster-related events. An office location may no longer be open, but the office services continue through remote or virtual offices and telephonic forwarding to a staff person working from home. It's important that consumers are aware of and understand if their services are truly interrupted or closed and the alternate method of delivery available to them. If a service provider closes or suspends the provision of services and does not continue to provide approved services through alternative means such as via telehealth or telephone, no reimbursement will be issued. In this situation, the provider should make referrals to alternative providers/ services to continue to meet the needs of the consumer. Notification of service suspensions/closures will need to be communicated to appropriate agencies.

If the agency is moving services from office or facility-based access to telehealth or telephonic delivery, the guidance listed throughout this document is applicable.

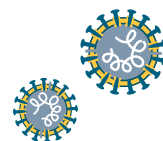
Q: My agency is concerned about limiting exposure risk to our current consumer population and staff. Is it necessary to reduce or delay admissions into service or delay consumer discharges?

All providers should be assessing program capacity and making determinations on admission and discharge practices based on factors including available workforce, community spread, known COVID-19 exposure or other factors.

To ensure consumers continue to receive the most appropriate and effective interventions necessary to meet their needs, each service provider should assess consumer needs and continue to deliver services, as appropriate, in person or via telehealth or telephone. If admission is not available to the consumer, interim services or referrals to alternative services/providers should be made immediately on behalf of the consumer.

Q: Are providers still required to document service registrations and/or authorization requests and billing entry in the Centralized Data System (CDS) and Electronic Billing System (EBS) during this time?

CDS and EBS are web-based platforms that operate 24 hours per day, 7 days per week; there are no changes to data entry expectations regarding registered and/or authorized service encounters.



Q: Provider productivity related to workforce shortage and/or consumer illness is expected to significantly decrease, leading to lower unit-based reimbursement. Can alternative reimbursement methods be considered?

The DBH is currently exploring funding options that will support providers in continuing to deliver appropriate and necessary treatment and rehabilitation services to consumers with behavioral health needs. The DBH will work with the Regional Behavioral Health Authorities or with our direct contractors on available reimbursement options in the current COVID-19 environment; changes to provider contracts (if needed) will be handled through the contracting Region(s).

For providers of assessment, treatment and rehabilitation services under direct contract with the DBH, any necessary changes to funding methods will be discussed between the provider and the assigned DBH contract manager.

Q: Due to workforce shortages, my agency cannot meet staffing ratio standards as required by the Division of Public Health-Licensure. What do I do?

The DBH cannot address questions related to oversight of other Divisions. Please reach out to the Division of Public Health for further guidance.

Q: My agency serves consumers that are funded by DBH/Regions and also Medicaid-eligible consumers. Does the guidance above apply to all Medicaid-eligible consumers?

The guidance contained in this document can only be applied to services rendered to consumers as funded by the DBH and/or the Regions. Other Divisions will need to address any exceptional allowances being provided in response to COVID-19. The DBH will continue to engage with other Divisions and, when appropriate and allowable, work to align funding, service delivery and policy decisions specific to COVID-19 response to reduce administrative burden for our contractors and to support a service delivery system that is least disruptive for the citizens of Nebraska. This may lead to changes in practice or policy exceptions allowed by the DBH; FAQ documents will be updated with any changes so key partners will always have access to current guidance.

Q: If there is plausible exposure (close contact) and or COVID-19 positive test results for consumers who have received services at my agency, what steps do I take?

Please notify your Regional Behavioral Health Authority or DBH contract manager and also notify your local health department to determine needed actions. Notification to consumer guardians, if applicable, should also be made immediately. For Centers for Disease Control (CDC) requirements and guidelines, please visit their website for additional guidance on how to monitor yourself and keep others around you healthy.

<https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html>

Q: I have questions that are not addressed here—who should I contact?

Please submit all COVID-19 questions related to DBH-funded and/or governed services to:
DHHS.BehavioralHealthDivision@nebraska.gov.





CDC Resources Links:

<https://www.cdc.gov/>

Healthcare Facilities Resources: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

Healthcare Professionals Resources: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

Symptoms and Testing: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/index.html>

Federal Guidance related to COVID-19:

<https://www.hhs.gov/sites/default/files/hipaa-and-covid-19-limited-hipaa-waiver-bulletin-508.pdf>

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

<https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf>

Other Information:

Resources for Community Partners:

The Nebraska Family Helpline is available 24/7 to parents and families. Any problem, any time: 1-888-866-8660.

The Nebraska Network of Care is a web-based resource that promotes wellness, recovery and resilience through libraries of information, lists of services and supports, and other helpful tools.

<https://portal.networkofcare.org/Sites/Nebraska?state=nebraska>

Food Distribution Programs:

The Department's Food Distribution Program is working with local schools and food banks to ensure there is no disruptions in service. The Division is working with federal and state partners to make sure children can access a nutritious food program at school or through sites typically utilized through summer lunch programs. Contact your school, local food pantry or Community Action Program at <https://canhelp.org/> for local information.

As the impact and related response protocols are ever evolving, information provided in the FAQ document will continue to be updated to remain in compliance with federal and state guidance and the changing healthcare landscape. As such, the DBH encourages providers, consumers and stakeholders to routinely check the information contained below to ensure awareness of current practice expectations.