



**Bulletin ID: 123**

**Bulletin Title: COVID-19 Provider Guidance**

**1) Purpose.**

Coronavirus (COVID-19) is compounding health and health care challenges facing some of the District of Columbia's (DC's) most vulnerable residents. COVID-19 has disrupted connections to behavioral health providers and social support networks for individuals with mental illness and/or substance abuse disorders. First responders – such as law enforcement, emergency medical technicians, mental health crisis teams, and health practitioners – are also experiencing stress due to COVID-19.

This bulletin provides guidance to ensure access and quality behavioral health care during the COVID-19 public health emergency and includes resources in the following areas:

- recommended safety protocols;
- continuity of care;
- business operations; and,
- additional support.

Providers are encouraged to obtain information and updates on COVID-19 from the Centers for Disease Control (CDC), available [here](#). DC COVID-19 information and updates are available [here](#).

**2) Applicability.** DBH-certified mental health and substance use providers.

**3) Contact Person.** Assigned Provider Relations Specialist.

**4) Definitions.**

- (1) COVID-19:<sup>1</sup> illness caused by a virus that can spread from person to person; the virus that causes COVID-19 is a new coronavirus that has spread throughout the world; COVID-19 symptoms can range from mild (or no symptoms) to severe illness.
- (2) Medication assisted treatment (MAT):<sup>2</sup> the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose.
- (3) Personal protective equipment (PPE):<sup>3</sup> used every day by healthcare personnel (HCP) to protect themselves, patients, and others when providing care. PPE helps protect HCP from potentially infectious patients and materials, toxic medications, and other potentially dangerous substances used in healthcare delivery.

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<sup>1</sup> <https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf>

<sup>2</sup> <https://www.samhsa.gov/medication-assisted-treatment/treatment>

<sup>3</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

- (4) Telehealth:<sup>4</sup> a mode of care that delivers healthcare services through two-way, real-time interactive video-audio communication for the purpose of evaluation, diagnosis, consultation, or treatment. Eligible services can be delivered through telemedicine when the beneficiary is at an originating site, including home, while an eligible “distant” provider renders and bills for the services.

\*\*Pursuant to the DC Council’s COVID-19 Response Emergency Amendment Act of 2020, the Department of Health Care Finance will reimburse providers for audio-only telephone visits throughout the public health emergency and until 60 days after the end of a public health emergency declared by the Mayor, as allowable under federal law.

## 5) Bulletin.

### Recommended Safety Protocols

#### *Personal Protective Equipment (PPE)*

DC Health recommends that all healthcare facilities implement plans to conserve PPE for DC’s most vulnerable patients, frontline healthcare workers, and first responders. Healthcare facilities should also implement engineering and administrative control measures in conjunction with the following DC Health recommendations:

[Recommendations for Conserving the Supply of Personal Protective Equipment in DC Additional Personal Protective Equipment \(PPE\) Guidance: Case Examples for Usage.](#)

DC Health also published [COVID-19 Healthcare Facility PPE Assessment Form](#). The purpose of this form is to assess the current PPE needs of the DC healthcare system. Please submit only one form on behalf of your facility.

#### *Workplace Environment*

DC Health published guidance on HCP exposure, monitoring, and work restrictions for COVID-19. HCP includes all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials. This guidance applies to all healthcare facility settings, with increased provisions for those working in skilled nursing facilities due to their vulnerable population. This guidance [here](#) is based on currently available data about COVID-19.

On April 25, 2020, DC Health published updated guidance for employers of HCPs, which includes recommendations related to universal masking and eye protection and HCP exposure, monitoring, and work restrictions for COVID-19, available [here](#). Recommendations regarding

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[https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page\\_content/attachments/Telemedicine%20Guidance%203.19.2020%20%281%29.pdf](https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/attachments/Telemedicine%20Guidance%203.19.2020%20%281%29.pdf)

which HCP are restricted from work may not anticipate every scenario and may change as the local response progresses.

The CDC has also published guidance on cleaning and disinfecting healthcare facilities, available [here](#).

## **Continuity of Care**

### *Medication Maintenance*

SAMHSA published MAT-related COVID-19 guidance, available [here](#). Of particular interest to providers are SAMHSA's FAQs on provision of methadone and buprenorphine for the treatment of Opioid Use Disorder in the COVID-19 emergency, available [here](#).

DHCF published temporary pharmacy program changes due to COVID-19, available [here](#). Effective March 20, 2020, DHCF informed prescribers and pharmacy providers of the DC Medicaid & Alliance Programs that in response to the COVID-19 pandemic, DHCF authorizes a 90-day supply of maintenance medications and a 30-day supply for non-maintenance medications.

### *Pharmacy Co-Pays*

DHCF has a process in place for pharmacies to waive co-pays for Medicaid Fee for Service beneficiaries during the pharmacy point of sale claim adjudication that has been in effect since 2013. Please review the transmittal [here](#) which details the steps required by the pharmacy to waive the copay.

Effective Jan 1, 2020, DC Medicaid no longer charges a \$1 co-pay for MAT prescriptions. DHCF published guidance on eliminating the \$1 copayment for MAT prescriptions [here](#).

### *Telemedicine*

DBH worked in collaboration with DHCF to modify telemedicine requirements to facilitate service delivery to individuals with behavioral health concerns during the COVID-19 health emergency. Effective March 12, 2020, Emergency and Proposed rulemaking was adopted to modify the DC Telehealth Reimbursement Act of 2013. The rule allows providers to bill for behavioral health services provided to beneficiaries in their homes through telemedicine. Access to behavioral health services in the beneficiary's home will help to ensure the health, safety, and welfare of our consumers, clients, and provider staff. DHCF's published telemedicine guidance documents are available [here](#).

## **Business Operations**

### *Business Resources*

The District's Economic Recovery Team (DERT) is working proactively to plan and coordinate how DC will restart business activity and support our workforce. DERT made resources for businesses available [here](#).

The Mayor's Office has also created a resource page for businesses and non-profits, available [here](#). This resource page provides information on mortgage and rent savings; Certified Business Enterprises; unemployment benefits; mass gatherings; utilities; insurance; business registration and permitting; and, tax filing deadline extension.

## **Additional Support**

### *Weekly Provider Update Meetings*

The DBH Director leads weekly live web sessions to update our provider network about the District's monitoring and response to COVID-19 as it relates to consumers, clients, and DBH services. For questions about these live web sessions, or to be added to the sessions, contact Marina Soto at (202) 671-3180 or [marina.soto@dc.gov](mailto:marina.soto@dc.gov).

### *Virtual Learning Opportunities*

DBH encourages providers to take advantage of existing eLearning opportunities available [here](#). This includes several hundred behavioral health web courses and links to additional training resources, including those related to COVID-19. DBH is also prioritizing the conversion, to a virtual platform, of courses necessary for the continuation of specific services.

### *Mental Health Hotline*

The Access Helpline is operating a Mental Health Hotline for individuals seeking support related to COVID-19. Consumers who call the Access Helpline's main number (1-888-793-4357) can speak to a licensed clinician. This 24/7 telephone line is staffed by behavioral health professionals who can refer a caller to immediate help or ongoing care.

### *Children and Adolescent Mobile Psychiatric Service*

The Children and Adolescent Mobile Psychiatric Service (ChAMPS) continues to operate unchanged. ChAMPS provides on-site immediate help to children facing a behavioral or mental health crisis whether in the home, school or community. These 24/7 on-call, mobile emergency services are available by calling (202) 481-1440.

*CPEP (Community Psychiatric Emergency Program)*

DBH's 24/7 services (Access Helpline, Comprehensive Psychiatric Emergency Program, and Community Response Team) continue to operate unchanged. The Assessment Referral Center operates on a normal schedule out of our 35 K Street, NE location where the Urgent Care Clinic and pharmacy continue operations, uninterrupted. Howard Road and the court Assessment Center also maintain their usual operating hours, providing onsite and telehealth services.

*SAMHSA Emergency Grant for Mental and Substance Use Disorders During COVID-19*

DBH was approved for an emergency federal grant to implement a multi-pronged, evidence-based, and evidence-informed approach to treating individuals with mental health or co-occurring disorders who are impacted by COVID-19. This emergency federal grant includes expanded access to crisis intervention services, services to address grief and loss, treatment, recovery support services, and expanded access to these services through telehealth. This emergency federal grant will be delivered by sub-grantees.

**Additional Recommendations to Support Provider Access and Continuity of Care**

- I. Access to Services
  - a. Post your modified operating hours at the entrance of your facility. Update your organization's voice mail, after-hours answering services, and website with your modified operating hours.
  - b. Provide emergency contact numbers and supervisory contact information to consumers in case they cannot access an assigned community support worker or case manager. This contact information can be sent through text or provided to the consumer in advance.
  - c. Ensure consumer contact information is up to date in your electronic health record and iCAMS. This information is critical to ensure continuity of care.
  - d. Ensure consumers have an identified shelter if homeless or alternative locations where individuals can be located, all providers should leave their contact information with each shelter point of contact.
  - e. Ensure client enrollment in DC's Health Information Exchange (CRISP) so hospitalization(s) are known to the provider.
  
- II. Create a Checklist/Monitoring Tool for Essential Needs - Consumers have essential needs that community support staff and care managers can review and monitor during the pandemic to promote stability.
  - a. Food - Ask whether consumer has access to essential needs such as food, clothing, and shelter. Assist consumer with accessing resources to address essential needs. Monitor consumers' Supplemental Nutrition Assistance Program (SNAP) to ensure the benefit is being adequately delivered.
  - b. Benefits – New applications for benefits are being accepted by DHS online. Customers who receive SNAP, Temporary Assistance for Needy Families, Medicaid, Alliance and other public benefits provided by DHS, do not need to take any action at this time to continue receiving existing benefits that would otherwise expire during

the COVID-19 State of Emergency. These benefits will be automatically extended. More information is available [here](#).

- c. Telephone Access - Ask your consumer if he or she has a telephone to access care through telemedicine. Free cellular phone services such as SafeLink and Assurance have extended the amount of available minutes during this public health emergency. Behavioral health providers should assist consumers with applying for free telephones. Here are links to free cellular phone services for eligible consumers:
  - [SafeLink](#)
  - [Assurance Wireless](#)
- d. Medication - Ensure your consumer has an adequate supply of medication. (See above: Continuity of Care, Medication Assistance).
- e. Emergency Contacts - Update emergency contacts and HIPAA forms so providers can contact family and community partners as needed.
- f. Develop Routine Schedule - Establish regular check-in dates/time, location, or call-in schedule, this will help to ensure you are able to reach the consumer or determine if next line of contact is needed. Ensure check-in schedule is documented in your electronic health record for continuity of care. Encourage outreach to day service centers and homeless community service providers to establish a relationship with these entities.
- g. Mental Health Matters - Increase monitoring of emotional well-being. Utilize a screener to understand changes in well-being, anxiety, depression under the direction of a qualified health practitioner.
- h. Stay Connected to Community - Utilize Peer Operated Centers for additional support.

6) **Related Bulletins/Policies/Regulations.** N/A

7) **Exhibits.** N/A

**Approved By:**

**Barbara J. Bazron, Ph.D.**  
**Director, DBH**



4/28/2020

**(Signature)**

**(Date)**