Behavioral Health & Homelessness Statewide Unified Response Group (BHHSURG)

COVID-19 UPDATE

Interim COVID-19 Guidance to Providers and Stakeholders for Behavioral Health and Homelessness Services

Purpose of Guidance

The Hawaiʻi Department of Health's Behavioral Health Administration (DOH/BHA) in partnership with the Governor's Coordinator on Homelessness and the Department of Human Services' Homeless Programs Office (DHS/HPO) has prioritized the control of the spread of coronavirus disease (COVID-19) in Hawaiʻi among behavioral health and homeless populations while ensuring continuity of coverage of essential services including behavioral health and homelessness services.

These three entities along with City and County agencies will be coordinating as the Behavioral Health and Homelessness Statewide Unified Response Group (BHHSURG) in response to COVID-19. Together, these entities oversee the majority of the state's behavioral health and homelessness services systems. Other partners will be added to help coordinate and lead the response as needed. Behavioral health and homelessness services remain essential during this worldwide pandemic, and will be vital far beyond its resolution because of the pandemic's economic, social and psychological impacts. The purpose of this document is to provide unified guidance and support to staff and providers across the behavioral health and homelessness services systems of Hawaiʻi during the COVID-19 pandemic.

Behavioral Health and Homelessness Services are Essential

- Behavioral health and homelessness (BHH) services are essential. These services are essential for overall well-being during times of calm but especially during times of anxiety such as during a pandemic. As part of our BHH ʻohana, we all bear the crucial kuleana to facilitate access to such services.

- Mental health and substance use services are essential not only for current clients, but also because of new clients as a result of the pandemic, e.g. bereavement, depression, post-traumatic stress disorder, and substance use when friends or relatives become seriously ill or die. Mental health professionals and social workers are essential to help reduce panic associated with a pandemic.

- Homelessness services are essential during a pandemic as these populations are often the most vulnerable and at risk.

Providers are Called to Ensure Continuity of Care

- Especially during an emergency period or an epidemic, staff and providers of behavioral health and homelessness services is called to serve in ensuring access to all these essential services. Behavioral

health and homelessness services are asked to continue to operate with continuous coverage as much as possible and to make use of telehealth and other non- Face to Face options where you are able. During this period, staff and providers should make all efforts to maintain minimum levels of coverage where they are able.

● Staff and provider safety is of utmost importance. We ask all to be mindful of the safety and protection of clients and staff through maximum physical distancing and hygiene practices and implement necessary preventive, containment, and mitigation measures to reduce the spread of COVID-19.

● This guidance will be reassessed on a regular basis and adjusted accordingly.

Ensure Access to Medications

● **Follow-up with a client's medication stock:** With the risk of lockdown and quarantine and with limited capacity by patients for self care, providers should seek to follow-up with patients on the adequacy of their medication stock.

● **Seek exceptions to OTPs:** Most patients on an Opioid Treatment Program (OTP) are required to come in daily to receive their medications. As a provider, you may seek individual or blanket exceptions from SAMHSA to decrease pickup schedules and reduce the number of in-person visits. Go to these links to make those requests and view official guidance:
    ○ https://otp-extranet.samhsa.gov/login.aspx?ReturnUrl=%2f
    ○ https://www.samhsa.gov/sites/default/files/otp-guidance-20200316.pdf

● **Telemedicine for controlled substances:**

    ○ After the US Secretary of Health Azar designated a public health emergency on January 31, 2020, DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation under certain conditions.

    ○ For more information, see: https://www.deadiversion.usdoj.gov/coronavirus.html

● **Withdrawal symptoms:** The Hawaii Health and Harm Reduction Center (HHHRC) has developed excellent guidance around substance detox and withdrawal procedures available here: https://health.hawaii.gov/camhd/files/2020/03/HHHRC_DetoxWithdrawal_3-19-2020.pdf

Providers May Bill for Telehealth Services

● All telehealth services are allowable and expanded use of telehealth for as many procedures and services as possible are encouraged. Unless specifically established otherwise, telehealth services may be billed as if they were face to face within contract parameters.

● As a payer of health services, BHA divisions and other BHH-SURG payors may choose to establish and calibrate telehealth billing policies and procedures as needed.

● As a provider of health services, BHA providers who bill MedQUEST to seek reimbursement for telehealth services should follow MedQUEST policies and procedures regarding telehealth reimbursement, such as:

- ○ Adhering to State of Hawaiʻi definition of telehealth of sessions having both audio and video. Audio alone is not sufficient for billing services as telehealth.

- ○ Billing appropriately using CPT and HCPCS codes for telehealth services. See MedQUEST attachment on eligible CPT and HCPCS billing codes here:

    - ■ https://health.hawaii.gov/camhd/files/2020/03/MQD-FFS_17-01A-with-Attachment-A.pdf

    - ■ https://health.hawaii.gov/camhd/files/2020/03/MQD-QI-2007-FFS-20-03-Tele-Health-Payment-Guidance-for-FQHCs.pdf

- ○ At this time, we are unaware of when audio calls without video are reimbursable by payors including MedQUEST.

- All HPO services are essential. HPO will allow the option of providing homeless outreach and case management for applicable services telephonically for regularly scheduled appointments, check ins, and follow up services. For households without access to a phone homeless outreach providers are to set up drop-in centers near identified encampments and/or partner with other government agencies to assist with administering services.

Ensure Continuity of Coverage of Services with Teleworking Employees

Emergency remote work/telework in response to social distancing and the COVID-19 pandemic should be done wherever possible. Programs are encouraged to identify essential vs no-essential staff as a way toward mitigating prolonged contact. Generally:

- "Essential" employees are required to report to their worksite and continue to perform work as usual. They may be able to perform work remotely if deemed appropriate by their supervisor.

- "Nonessential" employees that can telework should work from their alternate/remote worksite for this specific period, follow their normal working hours, and follow their supervisor's direction. They may be directed by their supervisor to report to the work if the situation changes and/or be reassigned other duties within their job description and classification that can be completed remotely.

- As much as possible, programs and centers should welcome visitors by appointment only. Face to Face services should be limited to those activities that are not feasible to conduct remotely or through telehealth options. HIPAA and 42 CFR restrictions have been significantly relaxed for these purposes.

- As much as possible, work to hold all meetings by phone or video conference (e.g., treatment team meetings, community meetings, workgroups).

Governor's Coordinator for Homelessness (GCH)

- Effective March 18, 2020, staff of the Governor's Coordinator on Homelessness are working remotely. The office can be reached at (808) 586-0193 or by email at GOV.homelessness@hawaii.gov.

- Daily shelter vacancy reports will continue to be sent out and staff will continue to be available for issues related to Ohana Zones contract monitoring and oversight.

Identify BHH Services That Can Be Provided Remotely

Behavioral health and homelessness services are essential and all providers in this system of care help ensure continuity of coverage of all services, either in person or through telehealth. BHH-SURG will continue to identify and issue subsequent guidance on which services can potentially be done remotely through telehealth arrangements. Again, some in-person services must still be offered in order to ensure patient-centered continuity of care for vulnerable patients or patients without connectivity.

Implement Infection Control Measures

Protect Frontline Workers

- Frontline workers are those who engage with clients within a 6-foot distance. These workers need to be prepared to protect themselves and their clients, provide health education information, and help direct their clients to care as necessary (see box).
- Staff interacting with symptomatic clients (see below) should wear face masks with face shields. If face shields are unavailable, wear a regular face masks plus reusable protective goggles and sanitize the goggles after each use.
- When feasible, employers should limit which staff interact with patients presenting with symptoms or with those rooms assigned for those with symptoms. Staff interacting with patients should wear PPE.
- Check for the latest CDC guidelines on PPE including how to don and doff PPE.

Ensure Adequate Stocks of PPE

- Assess current stock of PPE including masks, face shields, gloves, tissues, alcohol-based hand sanitizer, and soap.
- Provide supplies for respiratory hygiene and cough etiquette, including at least 60% alcohol-based hand sanitizer, tissues, no touch receptacles for disposal, and facemasks at entrances, waiting rooms, and patient check-ins.
- **If there is a shortage of masks,** alternatives such as bandanas, towels, handkerchiefs, scarves, and other clothes that are routinely washed each day can be used if properly covering both the mouth and nose.
- Soap and water are adequate even **in the absence of alcohol-based hand sanitizer.**
- If toilets or handwashing facilities are not available nearby, provide access to portable latrines with handwashing facilities for encampments of more than 10 people.

Ensure Facility Hygiene and Maximum Physical Distancing

- Maintain facility hygiene through frequent disinfection and implementation of maximum physical distancing between clients.
- Disinfect any room where an individual with symptoms has occupied. You can use household chlorine bleach diluted in water (about 5 tablespoons per gallon of water), alcohol solutions, or most common EPA-registered household disinfectants.

- For clients with mild symptoms, ensure maximum physical distancing through:
  - An isolated room; or
  - Creating physical barriers or buffers using curtains; and
  - Pursuing a "head-to-toe" sleeping arrangement.
  - Refer to guidance below on when to refer clients and workers for testing.

Refrain From Clearing Encampments

- Unless individual housing units are available, refrain from clearing encampments during community spread of COVID-19. Clearing encampments can cause people to disperse throughout the community and break connections with service providers. This increases the spread for infectious disease. All populations should be encouraged to shelter in place in locations with adequate ventilation and maximum physical distancing.

- Encourage people staying in encampments to set up their tents/sleeping quarters with at least 12 feet x 12 feet of space per individual.

- Ensure nearby restroom facilities have functional water taps, are stocked with hand hygiene materials (soap, drying materials) and bath tissue, and remain open to people experiencing homelessness 24 hours per day.

- If toilets or handwashing facilities are not available nearby, provide access to portable latrines with handwashing facilities for encampments of more than 10 people.

Selected Frequently Asked Questions (FAQs)

Visit https://health.hawaii.gov/camhd/bhhsurg-covid19-guidance/ for a longer list of FAQs.

1. How do we refer our clients to receive appropriate testing for COVID-19?

If your client meets the following criteria, they should be referred for testing to private labs or DOH for testing. The criteria for testing continues to get updated over time.

Clinical Features		
Fever **OR** signs/symptoms of lower respiratory illness (e.g. cough, SOB, hypoxemia – beyond patient's own baseline)	**AND**	Any person (incl Health care personnel-HCP) who in the last 14 days before symptom onset has had close contact* with a lab-confirmed COVID patient
Fever **AND** signs/symptoms of lower respiratory illness (e.g. cough, SOB, hypoxemia – beyond patient's own baseline)	**AND**	Any HCP or occupation that places person in contact with travelers** without an alternate diagnosis (negative influenza test, negative molecular respiratory panel)
Fever **AND** signs/symptoms of a community-acquired lower respiratory illness (e.g. cough, SOB, hypoxemia – beyond patient's own baseline) **requiring hospitalization**	**AND**	A history of travel from affected geographic areas *** in the last 14 days before symptom onset OR Radiographic findings compatible with a viral pneumonia and no alternative diagnosis
Part of a cluster of 2 or more cases of an acute respiratory illness within a 72 hour period	**AND**	Congregate living setting with a large proportion of older adults and persons with co-morbid medical conditions (e.g. skilled nursing facility, senior-assisted living facility, homeless shelter)

Credit: Queen's Medical Center

2. If my client meets the criteria for testing, should I transport my client?

If your client meets the criteria for testing, case managers should not provide transport to clients to prevent possible exposure and spread of COVID-19. Case managers should arrange for transportation through emergency medical services.

3. If my client does not need to get tested, may I transport my client?

If your client does not meet the criteria for testing, then you may still transport your client. In that situation:

- ❏ The frontline worker should wear a mask and gloves
- ❏ Ensure that your client puts on a face mask snugly
- ❏ Transport your patient for the service that they need
- ❏ Perform hand hygiene and sanitize the vehicle after transportation.

4. What if a client who visited my program is found to be infected with COVID-19?

- If your client is later confirmed to have COVID-19 and if the case manager develops either a fever or other respiratory symptoms, the case manager should seek testing as they fulfill the criteria noted above.
- Identify which staff was in close contact with the client (within 6 feet for a prolonged period) and:
  - o Notify those staff
  - o Inform them of the testing criteria (i.e. if they have at least one symptom)
  - o If these staff have at least one, they should get tested.
- Refer to CDC guidelines for hygiene.
- Clean all frequently touched surfaces in the workplace, such as workstations, countertops and doorknobs. Use regular cleaners and follow the directions on the label.

5. What if a staff member is exposed to or diagnosed with COVID-19 ?

- Exposed health care workers are considered part of critical infrastructure and should follow existing CDC guidance.

- If your staff member fulfills the criteria for testing because of contact with a confirmed COVID-19 case and displays at least one symptom (see criteria above), then they should be tested.

- If your staff member was in close contact (within 6 feet for a prolonged period) but is asymptomatic, then they do not need to be tested though they should continuously self monitor their symptoms. This staff member may continue to work provided they remain asymptomatic. This staff member should self-monitor including taking their temperature before each work shift.

6. What are the privacy rules if a client discloses that they have COVID-19?

42 CFR Part 2

- **Waiver:** Pursuant to both federal and state declarations of the state of emergency, SAMHSA has deemed that the COVID-19 is a bona fide medical emergency that justifiably inhibits normal procedures required to obtain written patient consent. COVID-19 pandemic is therefore a bona fide emergency that allows providers to release information to medical personnel without consent if necessary.
- **Obtaining consent:** Providers should nevertheless make an effort to keep their clients informed, including obtaining verbal consent and informing the patient of how their information was obtained/disclosed.
- **Typical documentation needed:** Providers must nevertheless document in the patient's record the name and affiliation of the medical personnel receiving the information, the name of the individual making the disclosure, the date and time of the disclosure, and the nature of the emergency. See this SAMHSA resource for more information.

HIPAA

- HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information that is necessary to carry out their public health mission. Therefore, the Privacy Rule permits covered entities to disclose needed protected health information without individual authorization:

   - **To a public health authority, such as the CDC or the DOH** that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability. This would include the reporting of disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions.

   - **To persons at risk of contracting or spreading a disease or condition** if other law, such as state law, authorizes the covered entity to notify such persons as necessary to prevent or control the spread of the disease or otherwise to carry out public health interventions or investigations. See 45 CFR 164.512(b)(1)(iv).

- For health care providers, Secretary of the U.S. Department of Health and Human Services (HHS) Alex M. Azar declared a public health emergency on January 31, 2020, and exercised the authority to waive sanctions and penalties against a covered hospital that does not comply with selected provisions of the HIPAA Privacy Rule *for hospitals only*. See here for more information on the [limited waiver of the Privacy Rule](#).

- HIPAA applies only to health care providers or providers performing a health care services or function including billing for health care services.

Stay Up to Date with Latest Information

Substance Abuse and Mental Health Services Administration (SAMHSA)

- Disaster Planning Handbook for Behavioral Health Treatment Programs
  https://store.samhsa.gov/system/files/sma13-4779.pdf
- SAMHSA OTP Guidance
  - COVID-19 Guidance for Opioid Treatment Programs https://www.samhsa.gov/node/728046/
  - https://www.samhsa.gov/sites/default/files/otp-guidance-20200316.pdf
  - https://www.samhsa.gov/sites/default/files/otp-covid-implementation-guidance.pdf
- 42 C.F.R. Part 2 during the COVID-19 pandemic:
  https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf

Centers for Disease Control and Prevention (CDC)

- Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings
  https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
- General infection prevention and control recommendations for COVID-19
  https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
- Interim Guidance for Homeless Shelters
  https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html

Centers for Medicare & Medicaid Services (CMS)

- Press Release on FAQs:
  https://www.cms.gov/newsroom/press-releases/cms-publishes-first-set-covid-19-frequently-asked-questions-faqs-state-medicaid-and-childrens-health
- COVID-19 FAQs for State Medicaid and CHIP agencies:
  https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/covid19/index.html
- Current Emergencies Website:
  https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page

Telehealth Resource Centers (TRCs)

- National Telehealth Resource Center https://www.telehealthresourcecenter.org/

- Pacific Basin Telehealth Resource Center at the University of Hawaiʻi: http://www.pbtrc.org/

Hawaii Department of Health (DOH)

- https://hawaiicovid19.com/