

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

Purpose of Guidance

The Hawai'i 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 Hawai'i among behavioral health and homeless populations while ensuring continuity of coverage of essential services including behavioral health and homelessness services.

This guidance is supposed to provide clarity and direction on administrative and contractual processes given the current pandemic. Please see below for entity-specific guidance.

Department of Health, Behavioral Health Administration

Adult Mental Health Division

The Adult Mental Health Division (AMHD) is committed to offering our providers flexibility to address the COVID-19 Pandemic. The AMHD is allowing Community Based Case Management (CBCM) telehealth including the use of telephone and video as appropriate. The AMHD Clubhouses (psychosocial rehabilitation programs) will be providing services via telehealth. Staff will contact clubhouse members to inform them of this change. Although, clubhouses are providing telehealth services, they will provide lunch meals daily as needed as well either by delivery or pick up.

Alcohol and Drug Abuse Division

The Alcohol and Drug Abuse Division (ADAD) is committed to supporting substance use disorder (SUD) Continuum of Care (COC) treatment and recovery support service providers in their administration of services to clients during the COVID 19 pandemic.

ADAD has delivered guidance and links to resources, specifically regarding federal direction for Opioid Treatment Programs on the protocols of take-home doses of MAT for stable and less than stable clients, prescribing protocols for integrating telehealth in the MAT prescribing process for methadone, buprenorphine and other MAT prescriptions.

Guidance has also covered prioritizing the health and safety of staff and clients by expanding the use telehealth for treatment services, as necessary and whenever possible. ADAD has provided clarification and resources for the use of multiple applications of telehealth (telephonic and video conferencing) and the various services for which telehealth may be functional for. on the encouraging and facilitating all meetings by phone or zoom, as necessary and whenever possible.

Child and Adolescent Mental Health Division

The Child and Adolescent Mental Health Division (CAMHD) is committed to continuity of care for Hawaii's youth and families during the COVID-19 pandemic. This is being accomplished by 1) sustaining all Family Guidance Center functions through telehealth services whenever possible and 2) supporting our providers in the flexible delivery of their essential services. We recommend the use of telehealth for all services whenever possible and tele-visitation between families and youth being supported in residential programs allowing these programs to shelter in place. CAMHD has furnished providers with additional telehealth resources. Furthermore, CAMHD is working to develop additional resources in anticipation of future needs. Finally, further guidance is provided by the Behavioral Health and Homeless Statewide Unified Response Group through weekly calls and posted resources.

Developmental Disabilities Division

On March 27, 2020 the Developmental Disabilities Division (DDD) received approval from the Centers for Medicare and Medicaid (CMS) to implement Hawaii's application for the 1915(c) Home and Community Based Services Appendix K for Emergency Preparedness and Response. The CMS approval activates the flexibilities in Hawaii's Appendix K application that are available under the Medicaid 1915(c) authority available during the duration of the federally-declared disaster for COVID-19. The Appendix K Operational Guidelines, inclusive of service and programmatic guidance, will be available soon on the DDD website for COVID-19. Any updates to the Appendix K Operational Guidelines will be announced to providers by email from the DDD Community Resources Branch. Providers should check the link often for new postings or updates. The DDD COVID-19 page will include all information related to service authorization, billing guidance, and any new billing codes or rates. New billing codes for services such as telehealth and will be added as they are approved by the MedQUEST Division.

Department of Human Services, Homeless Program Office

HPO recognizes the challenges providers are facing during the Novel Coronavirus Disease 2019 (COVID-19) pandemic. To support all HPO contracted providers with their continuity of operations plans, HPO will be modifying current contractual and payment requirements as specified below.

Performance Measures and Outcomes (PMO), staff-to-client ratios and regular staffing patterns, and required face-to-face encounters and contacts will be suspended until further notice. HPO will allow the option of providing telephonic outreach, case management appointments, check-ins, and follow-up services. For households without access to phone service, homeless outreach providers should set up drop-in centers near identified encampments and/or partner with other government agencies to assist with administering services.

The final two quarters of PMO-based payments will be paid in full for the remainder of each provider's current supplemental contract. Providers will not be able to recapture any PMO payments that were not met during the first and second quarters. Providers may now mail payment requests to HPO for any outstanding quarterly or monthly payment requests identified on the payment schedule and payment requests for third and fourth quarter PMOs. Providers should not send their final 5% payment request unless notified by their assigned Program Specialist.

Providers are responsible to submit all quarterly and final financial reports as scheduled, and shall continue data entry into the appropriate HMIS as required by HPO and the local Continuum of Care (CoC). The Provider shall refund to the State any funds unexpended or expended inappropriately.

Office of the Governor's Coordinator on Homelessness

The Office of the Governor's Coordinator on Homelessness (GCH) is committed to offering flexibility in the use of Ohana Zone funds to address the COVID-19 pandemic, including any contract or budget modifications to expand the scope of work for contracted County providers. Ohana Zone funds were intended to be flexible to allow these funds to meet the needs of homeless individuals, and we believe the use of Ohana Zone funds during this time of crisis is consistent with the Legislature's intent for this funding.

Examples of contract flexibility may include using Ohana Zone funds to support isolation spaces, transportation, hygiene facilities and services for the homeless, staffing costs to address the pandemic, and other costs as needed to expand capacity of existing homeless programs. Expanded crisis services related to the COVID-19 pandemic response will be tracked separately from any existing performance measures. Counties should work with any subcontracted providers to arrange for temporary contract flexibility or budget modifications as needed.

GCH strongly encourages each County to consider using a portion of their Ohana Zone funds to support the immediate crisis needs of people experiencing homelessness. GCH is requiring a written response from each County to document the plan for using Ohana Zone funds to enhance the COVID-19 response for people experiencing homelessness in their community. In the event that Ohana Zone funds will not be used for this purpose, a written response describing how the County will be utilizing other funding sources to meet these needs is required.