



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION**  
3627 KILAUEA AVENUE, ROOM 101  
HONOLULU, HAWAII 96816

In reply, please refer to:  
File:

March 17, 2020

To: All CAMHD Contracted Providers  
Via E-Mail

Dear Providers,

Thank you for your ongoing commitment to providing quality mental health care to our youth during this time of COVID-19 pandemic. We have been receiving many questions from providers and we will try to provide guidance when we can. Much of the situation is fluid and will require a flexible response on all our parts.

1. Should we transition services to telehealth to promote social distancing?
  - a. Yes. You may have heard that we are transitioning to a standard of Telehealth as the “default” method of service delivery. This means that all services that can be done safely and effectively using Telehealth should be done that way instead of in-person. A notice to the FGC clinical leads and staff went out on Friday acknowledging this new standard. At this time, all mental health services by telehealth should be provided using video technology to ensure Medicaid reimbursement. Please ask service providers to document in the progress note that the session was done using telehealth.
2. What should be included in a telehealth consent form?
  - a. In this current environment, the CAMHD and the CMS are granting discretion to continue providing services. An existing signed consent for regular services is sufficient for providing ongoing CAMHD services via telehealth. All agencies should inform families that they have the right to decline telehealth services and receive services face-to-face only when they are available.

When transitioning to telehealth services from in-person please review the most common or serious risks including; risk of failure of the technology resulting in delays or complications during the visit, risk of clinically important information being not heard or viewed remotely, risk of breaches in established security resulting in loss of privacy and data. The notice should be given that telehealth visits are not being recorded. Again, it should also be made clear that families can opt-out of using telehealth

services and that this decision carries the risk of delay of care. At this time, the CAMHD does not have a telehealth template for you to use.

3. Can we bill for telephone contacts?
  - a. We are not prepared to issue any new guidance about what can be billed for. There are many nuances around the issue of telephone only contact and what is and is not allowed. Rather than get into these sticky issues we want to stress the adoption of the telehealth “default” model of service delivery. In-person services can and should be replaced with virtual face-to-face contact whenever possible to avoid transmission of COVID-19. Reimbursement is the same whether the service is done in-person or virtually.
  
4. For out-of-home placements (residential programs and transitional family homes), what do we do if a youth test positive for COVID-19?
  - a. Responses to this situation will vary depending on the program, the youth involved and the situation in the community. In any case, please let the CAMHD know if any resident or staff at your location tests positive for COVID-19. Programs need to begin to consider the possibility that a youth infected with COVID-19 may need to remain in the out-of-home placement. This would require the staff to isolate the youth and takes steps to mitigate the spread of infection within the program, much as we already do when a resident in a program contracts a typical cold or flu. Movement of staff in and out of the facility could be reduced and some staff may want to pack an overnight bag with them in case they need to stay over at the program longer than anticipated. It could also be possible that if the virus spreads widely, there may be too few staff willing and able to come to work to keep the program running safely. In this case, the program may need to close for some time and we would work to find safe dispositions for the youth. Now is the time to discuss how you would handle various scenarios. It also should be stated that parents can opt-out of voluntary treatment at any time and the state or federal government could also step in to make decisions for us that are in the best interest of the community at large. As you can see, we are suggesting that programs prepare for a wide variety of outcomes.
  
5. Will the Therapeutic Crisis Homes (TCH) or the Transitional Family Homes (TFH) be asked to stop accepting youth?
  - a. At this time, we plan to keep services open and available as widely as possible. We do not anticipate asking the TCH or the TFH programs to stop accepting youth.

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A few additional things to note:

1. Providers have access to provider memos and answers to FAQs related to COVID-19 on the CAMHD website: <https://health.hawaii.gov/camhd/covid-19-memos-faqs/>
2. Youth and families have access to client memos on the CAMHD website: <https://health.hawaii.gov/camhd/covid-19-updates/>

Sincerely,

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CAMHD  
Medical Director  
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