DATE: March 16, 2020

TO: All DBH Contracted Treatment and Recovery Support Providers

FROM: Nora Bock, Deputy Director for Community Treatment, Division of Behavioral Health

RE: Immediate Provider Guidance on Treatment and Recovery Support Services Impacted by COVID-19 Community Response

This is the first formal correspondence from the DBH to treatment and recovery support providers regarding our response to the COVID-19 pandemic. It includes preliminary guidance for immediate action at the agency level and for assuring stability of clients during this time, while minimizing staff and client exposure to potential infectious illness.

We know there are also fears of fiscal viability during this uncertain period of workforce availability and a shift in clinical focus from rehabilitation to maintenance/stabilization. **There will be additional guidance forthcoming to address billing and fiscal issues.** However, please be assured that we intend for CCBHOs to continue billing PPS. Providers still using FFS billing should bill services as per usual, but know that the Division is planning to offer fiscal support to mitigate revenue losses.

**Thank you for your continued leadership and stabilizing influence on the response to this public health emergency.** While not inclusive of all possible precautions/preparations, the DBH offers the following general guidance and recommendations (you may well be past these points):

1. Follow guidance issued by legitimate and accurate resources. Educate your staff with this information. The sources are constantly being updated. Check back often.
   c. MO DMH: [https://dmh.mo.gov/disaster-services/covid-19-information](https://dmh.mo.gov/disaster-services/covid-19-information)

2. Implement policies and procedures regarding infection control and any pandemic (or applicable) protocols.
3. Take inventory of supplies and determine what specific supplies are needed (and in what quantity/sizes/etc.).

4. Outreach your health department to get updated local information and determine if they have specific guidance for your setting and to inquire about access to needed supplies.

5. Contact healthcare coalition to request supplies. You can also send requests to DMH who, in cooperation with the Office of Administration, is attempting to identify additional supply sources. Send requests to nora.bock@dmh.mo.gov. This effort is being led by Debbie McBaine.
   
   a. The Missouri Department of Health and Senior Services announced new state guidance for tapping into the state’s personal protective equipment reserve. To meet the state’s threshold, a hospital or health care provider must demonstrate that they have exhausted normal supply chain sources and anticipate that normal patient care may need to be altered to contingency levels.
   
   b. All resource requests must be submitted through the organization’s respective health care coalition. Coalitions will validate and manage requests. The process is outlined on the DHSS COVID-19 web page. DHSS will batch and process all requests received by 8 a.m. each Wednesday.
   
   c. Missouri coalitions include the following:
      
      - Highway Patrol Troop A/Region A Mid-America Regional Council - kcrhcc@gmail.com
      - Highway Patrol Troop C/St. Louis Area Regional Response System - COVID-19@ewgateway.org
      - Nonurban Missouri/Missouri Hospital Association - nonurbanmohcc@mhanet.com

6. Implement screening procedures for staff and clients to determine immediate level of carrier risk (exposure to known positives, specific symptoms, travel to/from identified outbreak areas). Please see current information on risk assessment by country at https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html. The Department issued the attached screening form last week that could be adapted for other settings.

7. Assess capabilities of staff to communicate with clients electronically (phone, telehealth, text, e-mail).

8. Develop statement for public and clients regarding your current and intended efforts in responding to the COVID-19 event and how they can contact your agency. Provide general stress and anxiety management guidance and links to simple, accurate public health information (i.e., what to do if they think they are symptomatic).

9. Conduct staffing meetings to determine:
   
   a. Clients at most risk of increased symptoms given extensive media coverage of COVID-19.
   
   b. Clients in highest need of continuing to access medical and psychiatric appointments.
   
   c. Clients in need of medication refills in the next 2-3 weeks. Consider extending prescriptions as clinically appropriate.
   
   d. How and when to transition clients at most risk to telehealth services.
The DBH recognizes that services are delivered in a variety of settings and that your general level of preparedness for such events can vary widely within and between agencies and sites. As it relates to service provision:

- **Plan to minimize and/or eliminate routine face-to-face interactions** with clients. If “standing” appointments can be rescheduled, please consider doing so. Consider the discontinuation of group services or explore other options for conducting virtual group sessions. The DBH is working to make any needed changes to CIMOR to make billing easier, while capturing the overall impacts to services from this COVID-19 event.

- **Plan to conduct general check-ins and/or briefer interventions via electronic means.** It is our expectation that CMS will be significantly expanding interpretation of what “telehealth” encompasses and increased flexibility allowed in using electronic means of intervention. This is the general shift from a rehabilitative focus to one of more maintenance and stabilization.

- **When conducting services via atypical means, document start/stop times, service provider, mode of communication, and note the type of service provided.** Some rules associated with documentation and timelines will be relaxed (more specific information to come).

- **Recognize our obligations toward providing appropriate privacy and security in client exchanges.** A few tips:
  - Devices should only connect on a secure network.
  - If using unsecure methods of communication, like unencrypted email, adopt reasonable safeguards and obtain informed consent from the patient that the patient understands the risks of unsecure transmissions and agrees to that method of contact.
  - Avoid use of public Wi-Fi, if possible.
  - Avoid the use of PHI (personal health info) on devices where the security of the transmission is unknown.
  - Consider how you identify yourself (agency, role) on devices where the security is unknown. For example, “Jane, this is Dick, are you OK and do we need a phone call today?”; not, “Ms. Smith this is Dr. Jones, are you having symptoms of schizophrenia today? If so, call Main Street Clinic.”
  - Agency devices should be password protected.
  - When using video, take steps to ensure others cannot see or hear the exchange.
  - Secure apps include: WhatsApp, Doxy.me, VSee, Thera-Link.com, wcounsel.com. You may be aware of others.
  - Obtain advice from your agency leadership and legal consultants.

- **Document any and all extraneous expenses** associated with your COVID-19 response — it is possible that relief funds may become available in the future via different avenues. You’ll want to be prepared to request those as soon as possible.

- **Practice social distancing.** If you are continuing to deliver in-person services at any location, do whatever possible to reduce the number of people in waiting rooms, group rooms, etc.
  - Consider moving the configuration of chairs/seating to maximize space between individuals.
o Provide hand sanitizer, disinfectant wipes, etc. as needed to reduce risk of transmission.
o Be cognizant of pens, clipboards, or other common articles that are used by multiple individuals and consider alternatives or enhanced cleaning efforts.

- You may determine, based on guidance from the local health department, board of directors, etc. that changes to your admission and discharge policies are appropriate. The DBH recognizes that you may find it necessary to stop new admissions, release some clients/residents earlier than expected, or take some other population management measures. We ask that you do everything possible to provide appropriate resources (crisis line numbers, how to reach clinical staff, etc.) to impacted clients.

- Please provide appropriate guidance to callers to your agency that may need direction about how to access resources should your agency be inaccessible. It is recommended that you offer them the number to the local ACI line (versus accessing their local emergency department if in behavioral health crisis, though this may be appropriate in high-risk situations).

- You may find it necessary to “retool” your workforce given changes in service provision. Consider what work may require fewer qualifications and cross train in the case of worker absences. Consider other options for credentialed staff who may conduct outreach, general check-ins/crisis prevention (instead of providing routine groups, individual counseling, etc). The DBH will be approving some flexibility in the qualifications of staff to provide select services (more information forthcoming).

- If you are part of an initiative that has part of your workforce in other settings (e.g., hospital, clinics, justice-settings), please consult your written agreements about emergency situations and outreach to them to determine if immediate changes are required either because of their policies or yours.

To reiterate, there is more detailed guidance in development regarding temporary program and billing changes. These will be released as soon as possible. We stand firmly in support of your efforts to promote client stability, worker safety, and fiscal viability during this time of national uncertainty.

NB

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