

APRIL 2020 COVID-19 EDITION

Due to the ongoing pandemic, this issue compiles COVID-19 related policies and resources. However, we have a couple non-COVID related items outlined first. Additionally, the [March 2020 COVID-19 edition](#) is available for historic references and resources.

2020 Census

The 2020 Census is underway, although the field data collection has been suspended due to COVID-19, households can still report their count online at <https://my2020census.gov/>. The census is only done every 10 years and is important because the data is used to determine congressional representation and districts; the funding distribution of more than \$675 billion of federal funds used for hospitals, fire departments, and many other critical programs; and provides data that will impact your community until the next census. [The Census Bureau has reported that](#) over half of all households in the country have responded during the self-response phase of the census. Please encourage your staff and clients to complete the census if they have not already. The [Census Bureau has released press kits](#) to help with the effort of informing communities of the importance of completing the census and extended the timeline to 10/31/2020 due to COVID-19.

Process to Resolve Outstanding Accounts Receivable

ODM and MHAS released guidance in a [MITS Bits](#) to assist BH providers with resolving account receivable issues dating back to July 2018. The Ohio Council has been strongly urging ODM to create a mechanism for providers to resolve aged accounts receivables (AR) in order to improve their overall financials and bring in revenue duly earned but unpaid due to lingering claims payment challenges both providers and Medicaid MCOs continue to experience.

The MITS Bits outlines the specific details providers are asked to submit in spreadsheets to the [ODM Provider Complaint Form](#) which ODM is using to track provider reports and MCO follow-up. Please add "A/R" at the beginning of your agency's name, (for example "A/R - BH Agency's Name"). Entering a complaint through this link and with the "A/R", will allow ODM to better track and review the status of payment issues. ODM will work with the MCO to respond to the provider submitted claims AR within 10 days - and to reprocess claims that can be paid. If the claim(s) was appropriately denied and can be corrected (e.g., wrong modifier), ODM may request the MCO to allow the provider to correct and resubmit the claim(s), **even if outside of timely filing limits**. Finally, ODM will consult with the provider to determine if all issues have been resolved with each MCO prior to closing the respective complaints(s). Spreadsheets for all MCOs do not have to be submitted

simultaneously, but it is important to ensure you do not send duplicate information. This is a time-limited opportunity available through **June 30, 2020.**

COVID-19 Federal Policy and Financial Resources

Federal Legislation Status

The U.S. Congress has acted on four separate legislative measures in response to the COVID-19 national public health emergency. The first three efforts have been enacted and signed into law. The fourth measure, [H.R. 266](#), the *Paycheck Protection Program and Health Care Enhancement Act*, was [signed into law](#) on 4/24/2020.

These legislative measures are:

- On March 6, 2020, H.R. 6074, the [Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020](#), was passed - an emergency effort to provide \$8.3 billion to support global and domestic relief efforts. This bill includes the waiver removing restrictions on Medicare providers allowing telehealth services regardless of where the beneficiary is located.
- On March 18, 2020, H.R. 6201, [the Families First Coronavirus Response Act](#) was signed into law. Key aspects of the bill included provisions aimed at addressing the domestic outbreak and supporting individuals and families, such as paid sick leave, insurance coverage of coronavirus testing, nutrition assistance, and unemployment benefits.
 - FFCRA focuses on three areas of interest to employers:
 - Emergency FMLA expansion
 - Emergency paid sick leave
 - Corresponding tax credits for paid sick and paid family medical leave
 - The law requires employers with 50 to 500 employees to provide a certain amount of paid sick and paid leave to employees affected by COVID-19, and it provides affected employers with a corresponding employment tax credit. The law also temporarily expands Family and Medical Leave Act (FMLA) requirements to offer protected leave related to the coronavirus.
 - **FFCRA Exclusion of "Health Care Providers" Who May be Excluded for Paid Sick Leave or FMLA** The Department of Labor provided more [guidance on FFCRA](#), specific to the definition of "health care providers" that may be excluded for paid sick leave and expanded FMLA authorized under the bill, the [excerpt from the FFCRA FAQ](#) will be helpful. As drafted, we believe MHAS certified organizations would be considered either "clinics" or "any similar institution, employer, or entity." Reading this in tandem with the Department of Homeland Security's definition of essential health care provider and Ohio's definition of essential health care providers, home care services provider that explicitly include mental health and substance use providers within the healthcare definition would support this reading.
 - *See #56: Who is a "health care provider" who may be excluded by their employer from paid sick leave and/or expanded family and medical leave?*
 - For the purposes of employees who may be exempted from paid sick leave or expanded family and medical leave by their employer under the FFCRA, a health care provider is anyone employed at any doctor's office, hospital, health care center, clinic, post-secondary educational institution offering health care instruction, medical school, local health department or agency, nursing facility, retirement facility, nursing home, home health care provider, any facility that performs laboratory or medical testing, pharmacy, or any similar institution, employer, or entity. This includes any permanent or temporary

institution, facility, location, or site where medical services are provided that are similar to such institutions.

This definition includes any individual employed by an entity that contracts with any of the above institutions, employers, or entities institutions to provide services or to maintain the operation of the facility. This also includes anyone employed by any entity that provides medical services, produces medical products, or is otherwise involved in the making of COVID-19 related medical equipment, tests, drugs, vaccines, diagnostic vehicles, or treatments. This also includes any individual that the highest official of a state or territory, including the District of Columbia, determines is a health care provider necessary for that state's or territory's or the District of Columbia's response to COVID-19.

- On March 25, 2020 the U.S. Senate unanimously passed H.R. 748, [the Coronavirus Aid, Recovery and Economic Security \(CARES\) Act](#), a sweeping legislative package that provides upwards of \$2 trillion in resources to support extraordinary public health spending; immediate cash relief for individual citizens; a broad lending program for small business; targeted relief for hard-hit industries, [and a host of other provisions](#). The [bill](#) can be viewed here along with a [section by section](#) overview of its provisions. [Vorys has summarized key details](#) related to this provision of the CARES Act.

The CARES Act provides immediate relief to businesses suffering from the economic impacts associated with the COVID-19 pandemic.

- Title I provides aid to small businesses with fewer than 500 employees and other small entities and created the [Paycheck Protection Program \(PPP\)](#) to provide loans and loan forgiveness to eligible entities impacted by COVID-19. \$350 billion was available through the SBA and used to provide eligible small businesses and nonprofits with a guarantee on a loan up to \$10 million. This loan can be forgiven and can include up to eight weeks of payroll (not including 1099 employees), rent, utilities, and other essential operating expenses. 75% of the funds received must be used for payroll costs. Forgiveness will be reduced proportionally to any layoffs, as well as any reductions in salary above 25%. The loan forgiveness application process is through the financial institution used for application, at this time we are awaiting additional guidance on the loan forgiveness requirements. The application period opened on 4/3/2020 and the funds appropriated for PPP were exhausted in less than 2 weeks, with applications no longer being accepted starting 4/16/2020.
- An [updated FAQ on the PPP](#) was released on 4/23/2020. The update stemmed from backlash resulting from large corporations accessing significant funding through the PPP. The updates clarify the applicability of affiliation rules; definition of small business - including the continued application of the small business concern that evaluates business by industry based on either number of employees or annual budget; and notably, clarifies eligibility for small businesses that operate as publicly traded organizations with access to capital markets will not likely be eligible for the PPP as they have other liquidity options. Organizations that may have received PPP funds inappropriately under this new guidance can return the loan in full before May 8th without penalty. This guidance is expected to provide better use and distribution of funds as expected by Congress and the Trump administration. It should both free up additional funds and be combined with the \$310 billion that was authorized by Congress on 4/23/2020.
 - [Vorys has summarized key details and questions about the PPP loans.](#)
 - [Manatt has created a guide for small businesses to obtain a PPP loan.](#)

- [US Treasury website on PPP and other CARES Act programs](#)
- Title IV provides a more broadly applicable emergency relief fund that provides traditional, non-forgivable loans up to \$2.5 million for medium and large businesses with between 500 and 10,000 employees impacted by COVID-19. The program is known as the [Main Street Lending Program](#). [The Federal Reserve issued a release](#) with additional guidance and links to term sheets for the Main Street Lending program which provides loans for small and mid-sized businesses.
 - MSLP will enhance support for small and mid-sized businesses that were in good financial standing before the crisis by offering 4-year loans to companies employing up to 10,000 workers or with revenues of less than \$2.5 billion in 2019. Principal and interest payments will be deferred for one year. Eligible banks may originate new Main Street loans or use Main Street loans to increase the size of existing loans to businesses. Banks will retain a 5 percent share, selling the remaining 95 percent to the Main Street facility, which will purchase up to \$600 billion of loans. Businesses seeking Main Street loans must commit to make reasonable efforts to maintain payroll and retain workers. Borrowers must also follow compensation, stock repurchase, and dividend restrictions that apply to direct loan programs under the CARES Act. Businesses that have taken advantage of the PPP may also take out Main Street loans.
 - [Vorys has summarized key details of the MSLP](#)
 - The Federal Reserve is now expected to release the application and final rules for the Main Street Lending Program by May 1st. We will share updates as they become available.
- Title VIII included \$100 billion in Public Health and Social Service Emergency Fund appropriations also known as the “Provider Relief Fund”. This funding does not have to be repaid.
 - \$30 billion was distributed starting 4/10/2020 to providers based on 2019 Medicare reimbursements. Starting April 10, 2020, facilities and providers that received Medicare fee-for-service reimbursements in 2019 began receiving payments via direct deposit from Optum Bank with HHSPAYMENT as the payment description. No initial action was required by providers to receive this funding, however within 30 days of receiving the payment, providers must sign an attestation confirming receipt of the funds and agreeing to the [terms and conditions of payment](#).
 - HHS began releasing an additional \$20 billion of the Provider Relief Fund to providers with smaller Medicare revenue beginning 4/24/2020. A portion of providers will automatically be sent an advance payment based off the revenue data they submit in CMS cost reports. Providers without adequate cost report data on file will need to submit their revenue information to a [portal](#) for additional general distribution funds. Payments will go out weekly, on a rolling basis, as information is validated, with the first wave being delivered by 4/24/2020.
 - The [CARES Act Provider Relief Fund Payment Attestation Portal](#) is open. **Providers who have been allocated a payment from the provider relief fund must sign an attestation confirming receipt of the funds and agree to the terms and conditions within 30 days of payment.**
 - More information about this funding and the distribution of the remaining dollars allocated in Title VIII of the [CARES Act is available here](#).
- On April 24, 2020, President Trump signed into law H.R. 266, the Paycheck Protection Program and Health Care Enhancement Act. This legislative measure provides \$484 billion in additional resources to support existing COVID-19 emergency response programs, previously authorized by the FFCRA and the

CARES Act. Up to \$320 billion will be allocated to replenish the Paycheck Protection Program (PPP), including a \$60 billion set aside for smaller banks and credit unions that typically support smaller and minority owned businesses. It also adds \$50 billion for the Economic Injury Disaster Loans (EIDL), \$10 billion for the emergency disaster loan grants, and will expand the eligible business definition to include farms and ranches. The measure also includes \$75 billion for hospitals and health care providers, with a significant portion of that targeted for rural hospitals. And there is \$25 billion in the plan for virus testing.

- With this additional funding, the SBA announced it would begin accepting applications for the PPP on 4/27/2020 and continue processing existing applications. The EIDL program has not yet released information on opening for new applications.
- Separately, both chambers and the White House continue to work on an additional emergency economic stimulus bill. Issues that were not addressed in this latest funding package (H.R. 266) are expected to be outlined in the coming weeks. We anticipate this will include resources directed toward state and local governments; support for mid-size businesses, particularly those in the healthcare sector; and additional supports for food, housing and unemployment supports. The National Council is leading an effort to urge Congress to provide \$38.5 billion directly to behavioral health care providers as part of the essential healthcare workforce. Please continue to reach out to your elected officials about these critical needs.

Federal Relief Tax Credits and Deferring Payroll Tax Payments

Our partners at the Vorys law firm have released an alert on [Claiming Federal Relief Tax Credits and Deferring Payroll Tax Payments](#) that describes the opportunities made available to employers to conserve cash in both the FFCRA and CARES Act. These opportunities may be most impactful for midsize and larger businesses.

As stated in the alert, organizations that receive the paycheck protection program (PPP), may not also defer Employer Social Security Tax. However, the IRS has clarified that employers who obtain a PPP loan are still entitled to defer payments and deposits of Employer Social Security Tax that are required to be made through the date the lender issues a decision to forgive the loan, but the employer may not defer deposits and payments required to be made after such date. Amounts deferred by an employer on or before the date any portion of the PPP loan is forgiven may continue to be deferred through the generally applicable extended payment deadlines.

FCC Telehealth Program

On April 2nd, the Federal Communications Commission (FCC) released an order establishing the [COVID-19 Telehealth Program](#), which offers eligible providers the chance to broaden their reach and impact. The COVID-19 Telehealth Program will provide \$200 million in funding, appropriated by Congress as part of the CARES Act, to help health care providers - including eligible community mental health and substance use treatment providers - fund technology and equipment to bolster service delivery via telehealth. The program will provide immediate support by fully funding telecommunications services, information services and devices necessary to deliver connected care services to patients at their homes or mobile locations. The program will last until the funds have been expended or the pandemic ends.

USDA Opens Second Application Period for Distance Learning and Telemedicine Grant Program

The U.S. Department of Agriculture (USDA) announced it is opening a second application window for funding under the [Distance Learning and Telemedicine](#) grant program. This program helps rural communities use the unique capabilities of telecommunications, including telemedicine, to connect and overcome the effects of remoteness and low population density. The [application](#) is open now until 7/30/2020 and members in rural areas are encouraged to apply.

The Office of Inspector General at the U.S. Department of Labor releases Unemployment Insurance Fraud Alert

So many people are filing for unemployment and the systems are overwhelmed, people are frustrated and becoming more and more concerned about when and how they will get through to file their claims that they are prone to being taken advantage of. The Office of Inspector General at the U.S. Department of Labor released the following [DOL-OIG Unemployment Insurance Fraud Alert](#).

Fraudsters are perpetrating numerous schemes related to the COVID-19 pandemic. In one scheme, scammers have offered to help individuals file claims for unemployment benefits. The scammers then ask for personal information including social security numbers and dates of birth. The scammers may ask you to provide payment, or your credit card information, in assisting you in filing or qualifying for your unemployment benefits. You do not need to pay anyone to file or qualify for your benefits.

Unsolicited calls, social media platforms, and door-to-door visits are several ways that individuals have been targeted.

Be aware that your personal information may be used fraudulently without your permission.

Victims of these scams face potential harm. The personal information the scammers collect may be used to commit identity theft to file fraudulent unemployment insurance claims.

If you would like to report an allegation of fraud involving unemployment insurance or other U.S. Department of Labor activities or programs, please contact the OIG Hotline at: [OIG Complaints](#) or 202-693-6999 or 1-800-347-3756.

CARES Act Updates SUD Confidentiality Regulations

Embedded in the CARES Act was a controversial change to SUD Confidentiality requirements commonly referred to as 42 CFR Part 2. While many healthcare and behavioral health care professionals felt this change, which largely brings SUD confidentiality in line with current HIPAA requirements, was long overdue and will improve clinical care and access to treatment. However, many in the SUD field have significant concerns this change will result in more discrimination, criminalization, employment challenges, and barriers for accessing care. The language does include increased penalties for discrimination to address this concern. Hall Render Law Firm provided a good [brief explaining these changes](#), including a discussion of the how the new authority will interact with various state PDMPs. HHS has one year from the enactment of the CARES Act or until March 27, 2021 to develop implementing regulations.

HHS Releases Additional Guidance Relaxing Privacy Rules

The Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) released a [Notification of Enforcement Discretion](#) for telehealth services during the COVID-19 national emergency. The notice describes how OCR will exercise its enforcement discretion to not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.

HHS released additional [guidance](#) stating it won't penalize covered entities or business associates that share protected patient information intended for public health and health oversight activities during the COVID-19 nationwide public health emergency.

OIG Responds to Question About BH Providers Making Telehealth Technology Available to Patients

On behalf of the Ohio Council, the National Council for Behavioral Health submitted a question to the Office of Inspector General (OIG) to seek guidance during the COVID-19 emergency measures regarding BH providers making technology available to patients in order to support their access to telehealth during this public health emergency due to anti-kickback concerns. Through the [OIG' FAQ during the COVID-19 Emergency](#) responded by recognizing that some vulnerable patient populations may not own or have access to the necessary technology or data services to facilitate telehealth services. As such, the following was stated, in part, "In the limited context of the COVID-19 outbreak and in light of certain flexibilities in coverage for various telehealth and other virtual services payable by Federal health care programs, we believe the provision of a cell phone, service or data plan, or both (individually or collectively, "Telecommunications Technologies") by a mental health or substance use disorder provider to a patient likely presents a sufficiently low risk of fraud and abuse so long as the arrangement includes the following safeguards: (i) the provider determines in good faith that the patient is in financial need in advance of providing the Telecommunications Technologies; (ii) the provider determines in good faith that the patient requires Telecommunications Technologies to access medically necessary services related to his or her mental health or substance use disorder treatment; (iii) all services furnished using the Telecommunications Technologies are medically necessary, which lowers the risk of overutilization or inappropriate utilization; (iv) the provider uses the third party's funding solely for Telecommunications Technologies; (v) the provider does not market the Telecommunications Technologies (e.g., offer or provide free phones to generate business); (vi) the provider offers the Telecommunications Technologies only to "established patients" as that term is defined under 42 C.F.R. § 1001.952(bb); and (vii) the provision of the Telecommunications Technologies is limited to the time period subject to the COVID-19 Declaration, requiring the return of the cell phone, cessation of payment for the patient's service or data plan, or both, after the time period subject to the COVID-19 Declaration." The definition of "established patient" referenced above is from an existing Safe Harbor definition which includes a patient that has initiated contact to become a patient of the healthcare provider or previously was a patient of the provider. Use the link above to read the full response.

White House Releases Guidelines for Opening Up America Again

President Trump unveiled [Guidelines for Opening Up America Again](#), a three-phased approach based on the advice of public health experts. These steps will help state and local officials when reopening their economies, getting people back to work, and continuing to protect American lives. The Guidelines also outline responsibilities of government, employers, and individuals. Within each of the three phases, there are recommendations for employers, individuals, and guidelines for specific types of employers. These guidelines

have been provided to support state and local officials, with the understanding each state will have responsibility and control of their own individual plan.

COVID-19 State Policy and Resources

Governor Announces Responsible RestartOhio Plan

Governor DeWine officially unveiled the "[Responsible RestartOhio](#)" plan on April 27, 2020 outlining the steps employers and consumers must take to re-open certain businesses and updates expectation for existing responsible business practices. The Governor's [COVID-19 Responsible Protocols](#) which was modified on April 28th, outlines 5 things all businesses will be expected to follow: 1) **Require face coverings for employees** and recommend them for clients/customers at all times; 2) **Conduct daily health assessments** by employers and employees (self-evaluation) to determine if "fit for duty;" 3) **Maintain good hygiene** at all times - hand washing, sanitizing and social distancing; 4) **Clean and sanitize** workplaces throughout workday and at the close of business or between shifts; and 5) **Limit capacity** to meet social distancing guidelines. **Social distancing** includes establish maximum capacity at 50% of fire code and use appointment setting where possible to limit congestion.

On April 29th, the Governor and Lt. Governor provided further clarification on the requirement for face coverings for businesses. The [COVID 19 Responsible Protocols](#) were updated again after we shared them yesterday. The current guidance reads, "**Require face coverings for employees and recommend them for clients/customers at all times.**" Lt. Governor Husted today reemphasized that face coverings are required for employers and employees while on the job.

Exceptions for employers and employees include when:

- An employee in a particular position is prohibited by a law or regulation from wearing a face covering while on the job
- Wearing a face covering on the job is against documented industry best practices
- Wearing a face covering is not advisable for health purposes
- If wearing a face covering is a violation of a company's safety policies
- An employee is sitting alone in an enclosed workspace
- There is a practical reason a face covering cannot be worn by an employee

If any of these exceptions apply to a business or employee, written justification must be provided upon request. Additionally, during a presentation for [Responsible RestartOhio Plan for Healthcare Providers](#) there was further discussion about changes in patient flow, waiting rooms, and common areas to support social distancing and face coverings. Note that the slide on the COVID19 Protocols used in the slide deck was not the current version due to changes made by the Governor after the presentation was finalized. During that presentation, it was inferred that healthcare providers – as businesses - would be wearing face coverings and using PPE conservation measures to limit use of N95 masks to those individuals that have suspected or active COVID-19 conditions.

The [Responsible RestartOhio Plan for Healthcare Providers](#) presentation also covered hospital infrastructure planning including designated zones and local coalition that bring hospitals, health departments, and congregate care settings together. This strategy will be important to support treatment surge capacity and quarantine when hotspots develop. Additionally, the presentation outlined strategies for using, prolonging, preserving, and measuring PPE, testing capacity, and contact tracing strategies. The final part of the presentation reviewed clinical guidelines for managing surgeries, procedures, and outpatient services. Patient

engagement, education, and office flow practice changes were discussed to support the safe RestartOhio plan.

The broader Responsible RestartOhio plan identified [sector specific operating requirements](#) that will allow a few select business types to reopen including expanding health care services (surgery and diagnostic procedures not requiring overnight stays, physician offices, and dentists) beginning May 1st; manufacturing, distribution, and construction as well as general offices beginning May 4th; and Consumer Retail and Services beginning May 12th. Each of these specific sector operating requirements adds additional requirements and recommends best practices for these businesses to open. When possible, individuals that are working from home are encouraged to continue to work from home. Governor DeWine reiterated that the stay at home order is still in place, social gathers will remain limited to fewer than 10 people, and [specific businesses and operations remain closed](#). Governor DeWine indicated May will be a critical month and goal is to accelerate Ohio's COVID-19 testing capacity to 22,000 tests per day by the end of the month and to expand contact tracing through state and local health departments by hiring 1,750 community health workers. These two additional strategies along with the COVID-19 Responsible Protocols are expected to allow for more business openings in the coming weeks assuming the COVID-19 data remains stable.

The Governor's plan was developed in concert with his Business Advisory Council and is a slow, measured approach he's been describing for a couple weeks. Earlier on Monday, April 27, a group of 33 House Republicans released the [Open Ohio Responsibly Framework](#). It recommends allowing [all businesses](#) to open starting Friday with the caveat that they modify their operations (increased spacing between tables, marks on the floor near checkouts, masks for employees). This approach assumes businesses will self-police, follow general guidelines, and encourages social distancing, hand hygiene, and increased cleaning and sanitizing. However, all nine Senate Democrats [signed a letter on April 24th](#) that asked DeWine not to reopen Ohio until the state was able to conduct widespread testing, require mask wearing in public, create clear guidelines for businesses, set up whistleblower protections and have sufficient child-care facilities open. On April 28th, [House Democrats released their Responsible Restart Ohio Recommendations](#) that included 10 main areas of focus, but primarily focuses on a slow and planful opening to avoid an increase a resurgence of the virus.

House 2020 Economic Recovery Task Force

Ohio House Speaker, Larry Householder, assembled an Economic Recovery Task Force focused on recommending a potential framework for recovery efforts. The Ohio Council submitted [this memo](#) to the task force in an effort to advocate for the recovery needs of behavioral health providers and provide specific suggestions to accomplish this including a number of funding options and policy considerations for long-term stabilization.

The House 2020 Economic Recovery Task Force has met via videoconference as representatives from, a number of business owners have testified before the Task Force. Talbert House President and CEO Neil Tilow [testified](#) regarding the impact of the pandemic on community behavioral health providers and outlined recommendations to support providers. Many businesses have urged House members to find a way to allow economic activity to resume for all business sectors in the state within weeks. While some want to see businesses open quickly, others are recommending a focus on building consumer confidence though a slower roll out.

The Task Force has received an overwhelming amount of input from the business community through this process and is working to release recommendations. The House 2020 Economic Recovery Task Force Chair Zeltwanger is reviewing member recommendations/solutions for inclusion in the Task Force report to the Governor.

Meanwhile, as discussed above, a subset of House Republicans submitted a letter to the Governor with various provisions to more rapidly open all business sectors they wished to be considered by Governor DeWine to restart businesses. Separately, [House Democrats released their Responsible Restart Ohio Recommendations](#) that included 10 main areas of focus, but primarily focuses on a slow and planful opening to avoid an increase of resurgence of the virus. Given the differing positions, it will be interesting to see if the bi-partisan Task Force can achieve consensus to put forth a plan for the Governor.

SAMHSA Awards Ohio \$2 Million Emergency Grant to Address MH and SUD During COVID-19

Ohio received notification of being awarded a \$2 million SAMHSA Emergency Grant to address MH and SUD during COVID-19. The OhioMHAS [grant application](#) calls for funds to be primarily distributed to support direct services related to crisis services, including mobile crisis teams, children mobile response stabilization services, crisis stabilization centers, crisis hotline services/call centers or quarantine centers to assist Ohio's children and adults with Serious Mental Illness (SMI), Substance Use Disorder (SUD), and co-occurring SMI and SUD as a result of COVID-19, as well as healthcare providers and those experiencing new onset of behavioral health conditions.

Funding will be split into the three required categories:

1. 70% of direct services funding must be used to provide direct services to those with serious mental illness, those with substance use disorders (SUDs) and those with co-occurring SMI and SUD;
2. 20% of direct service funding must be used for all other individuals with mental disorders less severe than SMI; and
3. 10% of direct service funding must be used for healthcare practitioners with mental disorders (less than SMI) requiring mental health care as a result of COVID-19.

Providers will be responsible for data collection using GPRA for all grant recipients. There is an abbreviated planning process due to the emergency nature of the funding. OhioMHAS is working through the six regional ADAMH Board Collaboratives to identify the initial planning and budget with each of the six regions to receive \$309,383. Initial regional budgets were due to OhioMHAS by Thursday, April 23rd. Providers engaged in regional crisis service planning are encouraged to reach out to your Board(s) to understand what opportunities are being considered and how funding will be utilized.

CMS Partially Approved Ohio's 1135 Waiver

On April 23rd, CMS notified Ohio it had partially approved Ohio's 1135 Waiver, including the Appendix K requests. CMS explained that items included in the CMS blanket waivers do not require states to submit those items in the 1135 waiver. In [approving Ohio's 1135 waiver](#), Ohio is permitted to temporarily suspend Medicaid FFS prior authorization requirements; rely on provisional, temporary provider enrollment practices when a practitioner or group is enrolled with Medicare or another state Medicaid authority; provide services in alternative settings that are not currently licensed to provide the covered services in order to expand capacity; provide state plan amendment flexibilities regarding submission deadlines and public notice; temporarily allow services under HCBS services to be provided in settings that may not have been determined HCBS approved sites; and made all changes retroactive until March 1, 2020 and set the expiration date and the termination of the public health emergency. CMS indicated it is still working with ODM on several other measures and requests that were sought but not yet approved. This includes addressing third party liability issues related to telehealth services.

ODM Suspension of Renewals, Redeterminations; Continuous Coverage and Reinstatements

Ohio Medicaid issued a notice ([MEPL no. 150](#)) that provides information and guidance on suspension of Medicaid eligibility renewals, redeterminations, and other processes. It also states that individuals who had their Medicaid coverage end on or after March 18th will have their coverage reinstated and will remain eligible for Medicaid through the end of the emergency declaration. Please read the linked MEPL for specific details and share with your case management teams and/or benefit coordinators.

MHAS Released SOR Funding Guidance and FAQ

MHAS released written guidance for ADAMH Boards indicating SOR funding is flexible to assist in responding to the needs of patients. Funding already awarded to your community can be redirected to activities within the funding restrictions as needed. Funding can also be used to support telehealth services through equipment for providers of services and to support clients residing in all types of recovery housing in need of additional supports. Please review the [funding flexibility guidance](#) and [FAQ](#). Then, work with your project lead to identify ways to redirect funding to support clients and organizations in adapting to the current circumstances. Implement any needed changes as soon as necessary and if you have questions please email your project lead or Ellen.Augspurger@mha.ohio.gov. Please continue to connect with your Boards around flexible use of funding, including this guidance on SOR funding.

MHAS Releases Notice for Additional SOR Funding Options

On April 28, MHAS released a [Notice of Additional Funding Options](#) to ADAMH Boards regarding use of SOR funding for Federal FY 2020 (through Sept 30, 2020). According to the notice, MHAS seeks to support Boards to begin or expand existing local projects involving mobile crisis for opiate use disorder, funding for new mothers with opiate use disorder, facilitation of behavioral health training in evidence-based practices and/or facilitation of training in program sustainability, planning, and technical assistance for partner agencies. Providers are strongly encouraged to reach out to your local Board(s) to discuss this opportunity. Boards must submit requests to **MHAS by May 22, 2020**.

MHAS Releases Housing and Residential Guidance

MHAS, in collaboration with ODH, released resources to support housing operators and residential treatment providers in supporting individuals and staff during the COVID-19 pandemic. MHAS created some housing guidance for shared and congregate living facilities, based on CDC guidance and your input.

- [Providers by County](#)
- [Supporting Providers in Group Living Situations During COVID-19](#)
- [Supporting Residents in Group Living Situations During COVID-19](#)
- [Special Population Isolation Activities During COVID-19](#)

MHAS Emergency Rules and Rule Waiver Process

On April 10th, Governor DeWine signed an [executive order](#) revising certain MHAS PASSAR screening, residential licensure and OTP rules in response to the COVID-19 pandemic. All rule changes are effective April 10, 2020 and a [summary of the rules changes](#) has been provided. Impacted rules include: [5122-21-03](#) Pre-

admission screening and resident review (PASRR) for nursing facility applicants and residents with serious mental illness; [5122-30-20](#) Qualifications of operator and staff; [5122-30-25](#) Skilled nursing care and changes in a resident's health status; [5122-30-27](#) Transfer and discharge rights; [5122-40-05](#) Personnel; [5122-40-07](#) Program policies and patient records; [5122-40-09](#) Non-medication services; [5122-40-11](#) Toxicology; and [5122-40-12](#) Disaster plan.

Additionally, MHAS released guidance to support a [Waiver Request Process](#). During the COVID-19 pandemic, MHAS is considering waivers for many licensure and certification requirements found in the Ohio Administrative Code. In order to expedite the process, the Department has set up the process outlined in the guidance for all certified providers, residential facilities, and private psychiatric facilities to follow and is exclusively for COVID-19 related waivers only. Please use this [COVID-19 Waiver Application](#) to request a waiver due to the pandemic. Any waiver related to normal operations should be addressed directly with the surveyor, the licensee or certified provider typically works with. Issues related to actual license or certification expiration dates or timelines were addressed in recently enacted HB 197 and should not be submitted via waiver request. Please address any questions regarding license or certification dates to: LicCert@mha.ohio.gov.

CSWMFT Board - Executive Order Filing Emergency Rules

As the result of an [Executive Order](#) issued by Governor Mike DeWine on April 4, 2020, the CSWMFT Board filed emergency rule [4757-5-13](#). The rule will remain in effect until August 4, 2020. The emergency amendments to Rule 4757-5-13 expand access to teletherapy services for clients by: clarifying that no training is *required* prior to providing teletherapy, however, the rule does require that licensees provide services only if they can competently provide such services; it waives the requirement to hold a face to face meeting in-person or via video prior to rendering services; allows for verbal consent when written consent cannot be obtained; and it follows federal guidance regarding HIPAA compliant technology. These changes align with changes to Ohio's Medicaid rules and OhioMHAS rules.

The CSWMFT Board recognizes many licensees are learning new ways of providing services, which can be challenging. The change to OAC Rule 4757-5-13 offers important flexibility in meeting the needs of clients. However, the code of ethics and scopes of practice remain unchanged. Licensees must continue to practice in ways that ensure client care is not compromised. An example is supervision. Licensees required to be supervised when diagnosing and treating should be receiving supervision regularly as required in the rules. Supervision can occur via video or over the phone.

Ohio Chemical Dependency Professional Board Emergency Files Rule

On April 27, Governor DeWine signed an [Executive Order](#) authorizing the Ohio Chemical Dependency Professional Board to emergency file [OAC 4758-6-15](#) to allow supervision of certified chemical dependency assistants to be provided by telephone or videoconferencing. The rule change authorizes the Board Executive Director to authorize supervision through technology during declared states of emergency and under certain conditions.

Ohio Bureau of Workers Compensation Payment Distributions

Governor Mike DeWine asked the Ohio Bureau of Workers' Compensation (BWC) to give up to \$1.6 billion to Ohio employers to help ease the economic impact of COVID-19 on Ohio's economy and business community. The proposed amount equals 100% of the premium employers paid in policy year 2018. As in previous years, the dividend is possible because of strong investment returns on employer premiums, a declining number of claims each year, and prudent fiscal management. BWC provides workers' compensation insurance to more than 248,000 private and public employers in Ohio. BWC prepared a [Frequently Asked Questions](#) document to provide information about the COVID-19's impact on BWC operations.

BWC's Board of Directors approved this request and last week mailed all Ohio employers the \$1.6 billion in dividend payments previously approved by the BWC Board and recommended by the Governor and BWC Administrator earlier this month. Employers should have received a check in an amount that is equal to 100% of their 2018 premium payment. Checks were mailed the week of April 20, 2020.

Updated Telecom Resources - LifeLine Phones - COVID-19 Emergency Coverage Policies

OhioMHAS compiled a [detailed reference sheet](#) to assist the behavioral health community in removing barriers to individuals accessing telehealth services. This reference sheet includes information on accessing free wi-fi hotspot locations and temporary policies adopted by telecommunications companies and the Lifeline program to provide additional assistance to phone, Internet, or cell services during the COVID-19 pandemic at no extra cost.

Ohio Office of Small Business Relief

On April 7th, Lt. Governor Husted announced the creation of the Office of Small Business Relief (OSBR) (<https://businesshelp.ohio.gov/>) within Ohio Development Services Agency (DSA) to identify ways to support Ohio's 950,000 small businesses. The OSBR's initial role will primarily be providing information about federal programs and providing coordinated resources through the existing Small Business Development Center, Minority Business Development Center, Procurement Technical Assistance Centers and Manufacturing Extension Partnership programs. We anticipate that DSA will continue to support existing programs (and potentially develop new programs) supporting small businesses, such as the existing Ohio Capital Access Program and the Ohio Collateral Enhancement Program.

Ohio AG Dave Yost, 34 Other States Seek Help for Homeowners Impacted by COVID-19

Ohio Attorney General Dave Yost and 34 other attorney generals recommended action to help homeowners in letters sent to the [Federal Housing Finance Agency \(FHFA\)](#) and the [Department of Housing and Urban Development \(HUD\)](#). As part of the CARES Act, FHFA and HUD have already adopted streamlined processes for borrowers affected by COVID-19 to enter into forbearance plans for 180 days, which allow borrowers to pause mortgage payments for a limited time. Currently, once the forbearance period ends, borrowers are asked to either repay the missed payments in a lump sum or enter into a more permanent loss mitigation solution. Because an unprecedented number of borrowers will need help at essentially the same time, the letters recommend moving the forbore (or missed) payments to the back of the loan term. That would allow immediate relief for homeowners and reduce borrower confusion and concern, while limiting the strain on the

mortgage servicing industry. The protection of the CARES Act applies only to federally backed mortgages, which make up approximately 62% of the mortgage market. Borrowers who are not covered should contact their mortgage servicer (the company to which they send their monthly payment) to determine whether it is offering any relief during the pandemic. The [AG news release](#) also offers a checklist for borrowers to understand if they are eligible for mortgage relieve.

Unemployment Compensation Update

ODJFS, in an effort to streamline claims processing and expedite payment, has implemented a new weekly claim filing process starting on April 26, for Ohioans who have been approved to receive unemployment benefits. Individuals filing weekly claims should do so on the day of the week based on the first letter of their last name:

- A through H: Sunday
- I through P: Monday
- Q through Z: Tuesday
- All - Wednesday through Saturday.

Over these last five weeks, ODJFS has distributed more than \$926 million in unemployment compensation payments to more than 376,000 claimants. Questions and answers regarding coronavirus (COVID-19) and the impact on unemployment benefits can be found here: <https://unemploymenthelp.ohio.gov/>.

Additionally, ODJFS announced that starting Friday, April 24, Ohioans who are unemployed as a result of the coronavirus (COVID-19) pandemic but who don't qualify for regular unemployment benefits can begin pre-registering for the Pandemic Unemployment Assistance (PUA), a new federal program that covers many more categories of workers. In addition, more than 400,000 unemployment claimants in Ohio began receiving weekly \$600 supplements this week in addition to their regular benefits as a part of the new federal Pandemic Unemployment Compensation (PUC) program. The weekly supplements are available through July 25 and will appear on claimants' pay stubs with the designation "FAC." Both the PUA program and the PUC supplements are authorized by the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act.

To pre-register for PUA benefits, Ohioans should visit unemployment.ohio.gov and click on "Get Started Now." The benefit amount will be similar to traditional unemployment benefits, plus an additional \$600 per week through July 25. The pre-registration tool will allow individuals to get in line early and pre-register their account, so that as soon as the agency has the technical ability to process their claims in May, they can log in and complete their paperwork.

For those eligible, PUA benefits will be retroactive to the date they qualified, as early as February 2. The program will provide up to 39 weeks of benefits to many who historically have not qualified for unemployment benefits, such as self-employed workers, 1099 tax filers, part-time workers, and those who lack sufficient work history. Individuals who have exhausted all regular unemployment and any weekly extensions also may be eligible for the program. Anyone with questions should call (833) 604-0774.

UST Provides COVID-19 Employer Toolkit

UST has assembled the top COVID-19 employer resources in order to equip nonprofits with valuable insight on the latest COVID-19 legislative updates, as well as helpful employer checklists and best practices. [Download the COVID-19 Employer Toolkit.](#)

When you download the COVID-19 Toolkit, you will get valuable insight on the latest legislative updates, as well as helpful employer checklists and communication templates. Plus, you can access an on-demand webinar that discusses the latest COVID-19 HR guidance and best practices.

The Toolkit includes the following:

- Webinar Recording: COVID-19 Regulatory Updates & FAQs
- Families First Coronavirus Response Act
- Sample Emergency Family and Medical Leave Policy
- Sample Emergency Paid Sick Leave Policy
- Federal and Select State Resources
- Telecommuting Checklist
- Sample Work from Home Policy
- Furlough Letter Template (COVID-19)
- Blog: When Business Threats are Contagious
- SBA Disaster Assistance in Response to the Coronavirus

Still have questions? You can get a free 30-day trial of UST HR Workplace, powered by ThinkHR. This cloud-based HR platform offers a live expert hotline, 300+ online compliance courses, compensation tools, employee handbook builders and employee classification step-by-step guides. [Set up your ThinkHR trial today!](#)

Telehealth & Billing

Medicaid Telehealth Webinar

ODM and MHAS hosted a webinar at the beginning of the month providing additional guidance for delivering and billing for telehealth services. Prior to the training a [March 31, 2020 MITS BITS](#) was released adding TBS Hourly and Per Diem Services to the allowed services provided via telehealth. During this training it was clarified that texting is allowed as an asynchronous activity under telehealth. Additional guidance on the use of texting in telehealth was released in a [BITS on April 22, 2020](#). This guidance instructs providers that only the time spent by the practitioner reviewing information during the session and interacting with the client is included in time-based or encounter billing. The determination of which services are best provided through asynchronous activity is up to the clinical judgment of the provider and based on client needs. The training: *Delivering Behavioral Health Services Via Telehealth* is available on the BH redesign site. [View the Slides](#) | [View the April 2nd Webinar Recording](#)

- Questions related to changes to OhioMHAS interactive videoconferencing policy as well as questions related to clinical and technical implementation of telehealth, please email COVID19BHTelehealth@mha.ohio.gov.
- Questions about the Medicaid coverage, billing, and reimbursement under the new policy can be submitted to BH-Enroll@medicaid.ohio.gov.

Medicaid IT System & Billing Updates

- ODM and MCO IT system changes were implemented on April 15, 2020 to accept the GT modifier on all services provided via telehealth. BH providers were given time to configure IT systems to include the GT modifiers after April 15th. The MCO will process claims with or without the GT modifier for telehealth services while the transition with coding changes are made. **Providers do not need to hold**

billing or modify IT systems by April 15th. Rather, MITS, the MCOs, and MyCare plans are now ready to accept the GT modifier on all claims delivered by telehealth. Providers are encouraged to act in good faith to make system adjustments and begin including the GT modifier as soon as is reasonable. This information was released in an [April 14th, 2020 MITS Bits](#). The [Telehealth Billing Codes for Provider Type 84s and 95s](#) and the [Medicaid BH Provider Manual](#) were updated to reflect this change.

- ODM released an updated [COVID-19 Emergency Telehealth Rule Summary of Updated Guidance](#). ODM has further expanded access to telehealth delivery throughout the general Medicaid program, which is reflected in the memo and summary documents. Please remember the majority of the changes described in this guidance apply to the standard Medicaid medical benefits.
- The ODM Telehealth [Frequently Asked Questions](#) were updated on 4/13/2020, including specific instructions for BH providers on how to interpret the MHAS and ODM telehealth emergency rules on page 10.
- This information and further resources have been posted to the [ODM COVID-19 webpage](#). Additional questions and feedback regarding Medicaid policy should be sent to medicaid@medicaid.ohio.gov. MHAS certified providers can send questions to BH-Enroll@medicaid.ohio.gov.

Medicaid Managed Care Prior Authorization Guidance

ODM released guidance on [prior authorization requirements for Medicaid Managed Care Plans \(MCPs\)](#) during the state of emergency. Effective 3/27/2020 MCPs will defer medical necessity determinations to providers. Under this guidance providers have three options: continue to submit authorization requests with clinical documentation; seek administrative authorization as described in the guidance; or bypass prior authorization and not request authorization. Regardless of the option you selected, providers must use clinical judgment in determining medical necessity for services being provided, document evidence for continued stay, and for SUD services follow the ASAM guidelines.

The options providers have at their disposal for prior authorization:

1. **Maintain the current course**: Continue to submit prior authorization requests and include clinical documentation. The plans will process these and provide a prior authorization number. This will help ensure medical necessity and prevent retrospective reviews/takebacks later.
2. **Seek administrative authorization**: Request an administrative authorization using the method described in the chart below for each plan. An administrative authorization can be provided quickly. It gives notice to the plan that their member is receiving services and gives the provider an authorization number for their claim submission. A minimum number of member identifiers are needed, including name, date of birth or Medicaid ID number, diagnosis, and for inpatient admissions, the date of admission and expected date of discharge. Having the number on the claim will minimize claims denial errors.
3. **Bypass prior authorization**: No authorization is required. If a provider does not obtain a prior authorization of any kind, the claims will continue to pay without the authorization. However, keep in mind that plan systems are being updated quickly to allow claims to pay without prior authorization. All plan systems will be updated no later than April 20, to allow for claims payment without prior authorization. Providers and plans must work together when a claim is inappropriately denied due to system changes.

Medicare

CMS Guidance on Medicare Fee-For-Services Billing

CMS issued an [updated FAQ on FFS billing on 4/9/2020](#). This guidance is primarily targeted towards hospital and laboratory services. *Unfortunately, no additional changes have been made to expand the eligible providers of Medicare services or allow for additional audio only telephone services at this time.* The most current information on telephone only services, applies specifically to virtual visits and e-visits, not regular services. [See page 2 of this fact sheet](#). Information on what qualifies as a virtual visit is available in [this fact sheet](#), these are limited to E&M service practitioners. [This FAQ](#) defines virtual visits and e-visits in question 16. Virtual visits have distinct CPT codes (CPT codes 98966 -98968; 99441-99443) from regular E&M services. Most BH providers are not set up for e-visits, but you may be able to do virtual visits.

However, there were some changes that may impact your organization.

- Federally Qualified Health Centers (FQHCs) are now able to provide online digital E&M services through the use of patient portals. The FAQ provides more information on this change starting on page 17.
- Starting on page 33 information is provided for the add-on codes Opioid Treatment Programs (OTPs) should use for take-home medications and the thresholds for billing the weekly bundled payment rates for Medicare FFS.

Medicare Telehealth Resources

- [Center for Connected Health Policy, The National Telehealth Policy Resource Center](#)
- [CCHP's webpage on Telehealth Coverage Policies in the time of COVID-19](#): A summary of the telehealth delivered services that are covered by various public and private payers and the associated requirements, incorporating changes made by [HR 6074](#), [HR 748](#), [CMS guidances](#) and other published materials, as well as the recently released [CMS interim final rule](#). It includes a chart that details telehealth policy both pre-COVID-19 and now during COVID-19, as well as details on the latest updates regarding HIPAA, the prescription of controlled substances and Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) policy.
- [CCHP's crosswalk between Regulation, & CMS Guidance](#): Changes in [Center for Medicare and Medicaid Services](#) (CMS) policy have become nuanced and sometimes confusing, with some changes being communicated in a guidance document, while others are detailed in a lengthy interim final rule. CCHP has created a crosswalk chart that features some of the most significant telehealth policy changes made in both documents and provides a quick reference guide to access the source of the relevant policy changes.
- Also of note regarding Medicare POS selection: Providers are allowed to report POS code that would have been reported had the service been furnished in person so that providers can receive the appropriate facility or non-facility rate and use the modifier "95" to indicate the service took place through telehealth. POS code 02 will also still be accepted and pays the facility rate.

Medicare/Medicaid COB

We have received a number of coordination of benefit (COB) issues with Medicare since Medicare telehealth requires audiovisual communications and does not cover telephone only, e-mail, or texting which are now options under Medicaid. Medicaid is covering many more services when they are delivered through

telehealth, including a number of previously uncovered services that are covered by Medicare. If a claim is submitted to Medicare with modifier 95 for Medicare-allowed telehealth service, Medicare will pay and Medicaid will pay its share. In MITS under current circumstances and business rules, if a claim submitted to Medicare is denied for non-coverage of telehealth, it would also be denied by Medicaid for non-coverage. Currently, providers can utilize the ODM claim appeals process (Form 6653) to seek payment for telehealth claims that are not covered by Medicare but payable under Ohio Medicaid. Similarly, with the MCOs providers can use each MCO claims appeals process to seek payment for telehealth services not covered by Medicare but now payable under Medicaid. ODM is working with DXC (MITS vendor) and the MCOs to expedite Medicaid payment for these telehealth services and eliminate need for MITS 6653 process/MCO claims appeals processes for any impacted claims.

Commercial Plans - Telehealth Coverage

- *Aetna* published a [list of approved BH telemedicine services](#). However, they are not allowing telephone calls as telehealth for some services, you'll want to review the linked list for which services require audio and video (they call that televideo) and which allow audio only. They also published their [BH provider communication around COVID-19 changes](#). This communication includes a link to an [FAQ](#).
- *Anthem*: For 90 days effective March 17, 2020, [Anthem's affiliated health plans](#) will waive member cost shares for telehealth visits, including visits for mental health or substance use disorders, for our fully-insured employer plans, individual plans, Medicare plans and Medicaid plans, where permissible. Cost sharing will be waived for members using Anthem's authorized telemedicine service, LiveHealth Online, as well as care received from other providers delivering virtual care through internet video + audio services. Self-insured plan sponsors may opt out of this program.
- [Cigna's Telehealth Guidance for Behavioral Health Providers](#) Behavioral telehealth sessions are available to patients with Cigna coverage and are administered in accordance with their behavioral health benefits. Prior to rendering services, you should verify behavioral health benefits and eligibility for all plan types, including services administered by a third-party administrator, by calling the number on the back of the patient's ID card. An "S" identifier on the bottom left of the card can help you identify which of your patients have services administered by a third-party administrator. While telephonic sessions are not typically covered in accordance with our Medical Necessity Criteria, we are making an exception during this interim period. You may provide telephonic sessions to patients who do not have access to technology to participate in telehealth sessions, as appropriate.
- *Medical Mutual* has a provider [FAQ on telehealth during COVID](#). Q16 outlines telehealth requirements and allowing telephonic visits only as telehealth.
- [UHC/Optum Expanded Provider Telehealth Access](#) UnitedHealthcare is waiving the Centers for Medicare and Medicaid's (CMS) originating site restriction and audio-video requirement for Medicare Advantage, Medicaid and commercial members from March 18, 2020 until June 18, 2020. Eligible care providers can bill for telehealth services performed using interactive audio/video or audio only, except in the cases where we have explicitly denoted the need for interactive audio/video such as with PT/OT/ST, while a patient is at home. Optum also published a [FAQ for providers](#).

Telehealth Resources and Guidance

The Ohio Council has created a [guide of telehealth resources](#) and suggestions that includes links from various sources related to selecting a vendor and operational guidance for using telehealth.

Accessing Supplies and Personal Protective Equipment

Cleaning supplies, sanitizer and PPE are in high demand for all healthcare providers, including hospitals. The following is the best guidance and creative problem solving available currently for obtaining supplies from reputable sources.

- Contact your local health department(s) or emergency management agency (EMA). To request access to cleaning supplies and personal protective equipment. Here's the list of [Ohio County Emergency Management Directory](#).
- Reach out to local schools (K-12, colleges/universities, cosmetology), restaurants, bars, salons, specialty medicine (dentists, veterinarians, etc.), and through your organization's social media account(s) to inquire about availability of supplies for purchase or donation.
- The State of Ohio is asking residents and businesses who can donate PPE, or any other essential service or resource, to email together@governor.ohio.gov. Please share on your websites and via social media.
- [Ohio Manufacturers Retooling and Repurposing to Create PPE](#) - alternative sources for some PPE items. Items available here include face shields, hand sanitizer, cotton (reusable) face masks, gowns, non-cotton face masks, gloves, and other items.
- [JobsOhio has created a PPE Database](#) (scroll down the page) which includes information on manufacturers, distributors, and potential contract manufacturers to connect with PPE resources.
- #GetUsPPE is a grassroots movement founded by physicians and medical researchers on the frontlines of the COVID-19 pandemic. They are working to ensure healthcare facilities have access to supplies they need. Several members have had success with this site. <https://getusppe.org/request/>
- A local company, Aunt Flow, is currently leveraging their network and resources to help provide PPE. Right now, they have available FDA Approved Masks. You can learn more and [order HERE](#). Order limits are currently 2,000. If you have questions or need larger orders, please contact Claire Coder at claire@auntflow.org.
- An Ohio-based company members can contact for N95 masks is Accord Medical Staffing at (440) 205-1930 or www.accordmedstaffing.com. Please contact Ashley with questions at: ashleyg@accordmedstaffing.com.
- [WB Mason](#): This company appears they have hand sanitizer, thermometers, and surgical masks. Shipments appear to be 2-3 weeks.
- Thermometers: Through our discussion with MHAS and OPS, they have provided us with a source to purchase no-touch thermometers, <https://healthlabs.com/>. They currently have stock and are able to ship supplies quickly. It is recommended to order through their website. Questions can be sent to Jeff Li at Jeff@ihealthlabs.com.
- Report any unscrupulous vendors or price gouging to the [Attorney General](#).

Clinical Resources

MHAS Launches COVID CareLine

MHAS, in partnership with RecoveryOhio launched the COVID Careline to provide emotional support for Ohioans who are experiencing stress, anxiety, fear, sadness and loneliness amid the COVID-19 pandemic. Ohioans may call **1-800-720-9616** to connect with trained counselors for 24/7 support. The Careline is staffed by credentialed counselors in Ohio from 8:00AM-8:00PM, 7 days a week who have been trained to provide

free, confidential support for a wide range of needs, including mental health concerns, substance use, problem gambling, and more. Calls outside these hours will roll over to the National Suicide Prevention Lifeline. Individuals experiencing an acute crisis can still reach out to the Ohio Crisis Text Line (keyword 4HOPE to 741 741) or the National Suicide Prevention Lifeline (1-800-273-8255). Find more information, and sample social media posts, at <http://mha.ohio.gov/careline>.

Ohio's Strive for Five Challenge

On April 13th OhioMHAS, Recovery Ohio, and local behavioral health partners launched "Strive for 5" this month. This is a new, statewide awareness campaign to help individuals and families cope with feelings of stress, anxiety, and isolation by connecting with others. The campaign encourages all Ohioans to reach out, connect and comfort each other while we all work our way through the COVID-19 crisis and physical distancing.

The challenge is simple: individuals find five people in their life who they will check-in with via phone, email, chat, social media, video, etc., every day for 30-days. The state has made a variety of social media messages and other campaign resources available at: OHSTRIVE5.org, or by sending an email request to: creativeserviceteam@mha.ohio.gov. Use the hashtag #OHStrive5.

MHAS Issues Medical Clearance for Psychiatric Hospitalization Guidance

MHAS released a new guidance document, [Medical Clearance for Psychiatric Hospitalization-Considerations With the COVID-19 Pandemic Emergency](#), to assist providers and psychiatric hospitals (state and private) considering additional strategies and options for obtaining medical clearance. The current COVID-19 Pandemic Emergency in Ohio requires serious consideration of the best use of available medical resources and efforts are underway to preserve hospital emergency departments (ED) and bed capacity to meet the needs of those with suspected and confirmed COVID-19 infection and with the predicted upcoming "surge" in cases within the coming weeks. Persons in a behavioral health crisis and in need of psychiatric hospitalization have often received medical clearance using ED resources. Given the present circumstances, use of the ED for such patients may present risks for their health, as many with chronic and persistent mental health conditions have co-existing chronic medical conditions that place them at an increased risk for severe illness should they develop COVID-19. Providers are encouraged to use this guidance document to engage your local psychiatric hospitals and state hospitals as well as local health care providers to consider alternatives to protect client, staff, and the public in general.

MHAS Hospital Services Policy Updates

The Ohio Council has been working collaboratively with MHAS to address policy issues related to crisis services and involuntary admission procedures. Today, OhioMHAS issued two policy updates that we hope will be helpful to members. We are continuing conversations regarding pink slips procedures with private psychiatric hospitals as well and encourage providers to use the OhioMHAS e-News Now with this guidance to continue or begin conversations with your hospital partners.

Guidance for Pink Slips for Involuntary Admissions: During COVID-19 scanned, copied, and validated electronic signatures are acceptable forms of written statement under ORC 5122.10 (B) for admissions to OhioMHAS Regional Psychiatric Hospitals.

Health Officer Requirements for CPR and First-Aid: During COVID-19 it is recommended that health officer requirements in CPR and basic first-aid training be accomplished in a streamlined manner through the use of electronic resources and acknowledgement of review of the training information. This will allow for these important trainings to be provided to health officers in a timely and efficient manner to facilitate both their on-boarding and maintaining health officer status.

Suggested materials to accomplish these trainings (equivalent alternatives would be acceptable) include:

- CPR training: Hands-Only CPR: <https://www.redcross.org/take-a-class/cpr/performing-cpr/hands-only-cpr>
- Introduction to First Aid: <https://www.healthline.com/health/first-aid>

Crisis Services and Suicide – Telehealth Strategies

Our partners at the Suicide Prevention Foundation shared this [Telehealth Tips for Managing Suicidal Clients During the COVID-19 Pandemic](#) developed by the New York State Psychiatric Institute.

And, the Suicide Prevention Resource Center webinar, [Treating Suicidal Patients during COVID-19: Best Practices and Telehealth](#) is now available!

Trauma Informed Care

MHAS, in partnership with ODH has released resources for healthcare providers and local health districts on trauma related to the COVID-19 epidemic, including recognizing signs and symptoms of trauma and secondary trauma. These resources can be found on the coronavirus.ohio.gov website or by [clicking here](#).

National Institute of Mental Health Releases Sharable Resources on Coping with COVID-19

The outbreak of [COVID-19](#) is stressful for many people. People respond to stress in different ways, and it is normal to experience a range of emotions, including fear, anxiety, and grief. Sharing accurate information about COVID-19 and strategies for coping can be an effective way to manage stress and connect with others. NIMH has created a nice compilation of [shareable resources](#) that feature NIMH experts discussing coping strategies and the mental health impact of COVID-19 in news stories, radio interviews, and videos. We encourage you to look through these and share with your teams, clients, family, and community as appropriate.

Center on the Developing Child COVID-19 Resources

The Center on the Developing Child at Harvard University recently released [Guide to COVID-19 and Early Child Development](#). This guide pulls together information on COVID-19, what it means for child development, and easy-to-share resources that can help parents and caregivers, as well as childcare providers, pediatricians, and others who work with families.

Intimate Partner Violence and Child Abuse Considerations During COVID-19

As the COVID-19 pandemic continues, Americans are required to stay home to protect themselves and their communities. However, the home may not be safe for many families who experience domestic violence, which may include both partners and children. Violence in the home has an overall cost to society, leading to

potentially adverse physical and mental health outcomes. To help families and communities address intimate partner violence and child abuse health concerns, see the Substance Abuse and Mental Health Services Administration's [Intimate Partner Violence and Child Abuse Considerations During COVID-19](#) resource document.

Resources on Social Isolation and Loneliness

The Coalition to End Social Isolation and Loneliness, of which the National Council is a member, developed [resources](#) to support efforts to reduce social isolation during the COVID-19 pandemic. Resources include ways to safely help elderly people, taking care of your own behavioral health, and more.

ODE Resources for Students, Families, and Educators

The [Ohio Department of Education Coronavirus Information page](#) is regularly updated with resources to support students, families, and educators with distance or digital learning, information about continued school closures, graduation requirements and events, family resources, and many other things. Note this site also provides information and an interactive map of available [school nutrition programs](#) and has been updated with summer food service programs. State Superintendent Paulo DeMaria recently shared this [video message](#) following the announcement that schools would remain closed through the remainder of this academic year. ODE is also working on resources to support opening of schools in the future, which will be posted to this site when available.

COVID-19 State Orders and Guidance

Orders

- [All Public Health Orders related to COVID-19](#)
- [March 9, 2020 Governor Mike DeWine declared a state of emergency](#) after the Ohio Department of Health (ODH) was informed of 3 confirmed cases of COVID-19 in Cuyahoga County. This order allows state departments and agencies to better coordinate in their response, expedite resource deployment, and activates the Emergency Operations Center so that communication and planning is centralized.
- [The Ohio Department of Health and the Ohio Department of Veterans Services issued an order](#) restricting visitors and all non-essential staff from nursing homes and assisted living facilities.
- [DYS Stakeholder Letter Restricting Visitors](#)
- [DRC Notice of Updates Regarding COVID-19](#) restricting visitors and non-essential staff.
- [Limiting Mass Gatherings](#): Executive Order prohibits gatherings over 100 people with few exceptions. Exceptions to the order include airports, medical facilities, restaurants, shopping malls and religious services.
- [Amended Mass Gatherings Order](#) Prohibits gatherings of more than 50 people
- [School Closure Order](#)
- [Amended School Closure Order](#)
- [Order Closing In-House Dining at Restaurants and Bars](#)
- [Order for ODJFS to establish temporary pandemic childcare centers](#)
- [Emergency Rules Expand Access to Behavioral Health Services Using Telehealth](#)
- [Stay at Home Order](#) – prohibits gathering outside of a single household.
- [Amended Stay at Home Order](#)

- [Stay at Home FAQ](#)
- [Health insurance coverage flexibility order](#)
- [Order](#) aiding small businesses with mortgage and rent payments
- [Order revising MHAS PASSAR screening, residential licensure and OTP rules](#)
- [Elective Surgery Order, Mental Health CareLine](#)

Ohio Council Staff Contact Information

The Ohio Council Staff are working remotely, but we want to make sure you can reach us. If you need help - have questions - or ideas to share, use the below emails to contact us:

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We are impressed and incredibly grateful to each of you for your continued efforts to continue to provide mental health and addiction treatment services to your clients while also supporting your staff. Continue to rely on us to provide you with updated information and advocacy while we are working remotely. Do not hesitate to call or e-mail us. And, remember to take time for self-care - staying mentally and physically healthy needs to also be a priority. Together, we will make it through these difficult days and weeks ahead.