

JUNE 2020 COVID-19 EDITION

Due to the ongoing pandemic this issue continues to contain primarily COVID-19 related policies and resources. However, there are non-COVID related items included at the beginning and end of this edition. Additionally, the [March 2020](#), [April 2020](#), and [May 2020](#) editions are 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](#) approximately 60% 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.

TODAY is the last day to Resolve Outstanding Accounts Receivable back to July 2018

ODM and MHAS released an updated [BH MITS Bits](#) on 5/20/2020 reminding providers of the opportunity to seek payment for aged accounts receivables. To date, only 18 organizations have used this opportunity. The Ohio Council has long advocated for this process and understand this will be the last opportunity to seek payment for services **dating back to July 2018**. The [BH MITS Bits](#) outlines the needed data format and does require submitting excel files for each MCO and by each organization's provider type (PT 84/95). ODM is using the provider complaint process to track and manage the AR issues. ODM has clarified that if you are working with an MCO on an existing claims projects, you should not use this process; however, if your organization has not made sufficient or timely progress in addressing AR issues - we encourage you to use this process. ODM is making this opportunity available until June 30th. This is the final opportunity to address outstanding AR back to July 2018.

COVID-19 Federal Policy and Financial Resources

Federal Economic Stimulus Legislation

While the House passed the HEROS Act in May, the Senate has expressed concerns with the \$3 trillion price tag and is continuing to take a wait and see approach based on impacts of current legislative efforts to support the economy as states re-open. Recent [reports](#) indicate the Senate will consider the next economic relief bill in mid-to-late July, after the recess for the July 4th holiday. As several states continue to battle increases in COVID-19 cases and every state faces steep budget shortfalls, the delayed action leaves state and local governments guessing about federal supports and resources as they strategize solutions.

In the meantime, Mental Health Liaison Group, of which the National Council is a founding member, [sent letters](#) to various Congressional leaders urging the inclusion of the Mental Health Access Improvement Act (S. 286/H.R. 945) in the next COVID-19 relief package. The bill would allow licensed mental health counselors and marriage and family therapists to bill Medicare for medically necessary behavioral health services, increasing the capacity of the behavioral health workforce to address the nation's mental health and addiction crises.

Paycheck Protection Program Flexibility Act – Updated Interim Rule and Loan Forgiveness Information

The U.S. Small Business Administration (SBA), in consultation with the U.S. Department of Treasury, issued new and revised guidance for the Paycheck Protection Program (PPP). This guidance implements the Paycheck Protection Program Flexibility Act (PPFSA), signed into law by President Trump on June 5, 2020, and expands eligibility for businesses with owners who have past felony convictions. Key updates include:

- The “covered period” for a PPP loan adjusted from June 30, 2020, to **December 31, 2020**.
- For loans made before June 5, 2020, borrowers and lenders may mutually agree to extend the maturity of such loans from two years to **five years**.
- The maturity for loans made on or after June 5, 2020 is **five years**.
- Those that **submit a loan forgiveness application to a lender within 10 months** after the end of the loan forgiveness covered period will not have to make any payments of principal or interest on the loan before the date on which SBA remits the loan forgiveness amount on the loan to the lender (or notifies the lender that no loan forgiveness is allowed).
- The SBA Administrator interprets the Act’s **60 percent payroll costs requirement** to be a proportional limit on non-payroll costs as **a share of the borrower’s loan forgiveness amount**, rather than as a threshold for receiving any loan forgiveness.
- The eligibility threshold for those with felony criminal histories has been changed. The **look-back period has been reduced from 5 years to 1 year to determine eligibility for non-financial felonies**. The period remains 5 years for felonies involving fraud, bribery, embezzlement, or a false statement in a loan application or an application for federal financial assistance. The application also eliminates pretrial diversion status as a criterion affecting eligibility.

SBA also released the PPP [Borrower Application](#), the [Lender’s Loan Guaranty Application](#), and filed [revisions to their first interim final regulation](#) that may answer some additional questions.

Additionally, the SBA released a revised more borrower-friendly PPP loan forgiveness applications, including a new EZ version which requires fewer calculations and less documentation for eligible borrowers. Both applications give you the option to use the original 8-week covered period (if your loan was made before June 5, 2020) or an extended 24-week covered period. Click below to access the updated applications and instructions.

- [Revised Full PPP Loan Forgiveness Application](#) (includes details on loan calculations)
- [Revised Full PPP Loan Forgiveness Application Instructions](#)
- [EZ Loan Forgiveness Application](#)
- [EZ Loan Forgiveness Application Instructions](#)

EIDL Loan Portal Reopened

The Small Business Administration (SBA) reopened the [Economic Injury Disaster Loan and EIDL Advance portal](#) to all eligible applicants experiencing economic impacts due to COVID-19. EIDL assistance can be used to cover payroll and inventory, pay debt, or other expenses. The interest rate is 3.75% for small businesses, 2.75% for non-profits and the term is for up to 30 years. The EIDL Advance can provide up to \$10,000 (\$1,000 per employee) in emergency funds to businesses that do not have to be repaid. SBA's EIDL and EIDL Advance are just one piece of the expanded focus of the federal government's coordinated response. Forgiveness is automatic on an EIDL Advance and if a borrower got both an EIDL Advance and PPP loan, the EIDL Advance is deducted from the forgivable amount of a PPP loan.

Main Street Lending Program

On June 8th, the Federal Reserve Board again expanded its [Main Street Lending Program](#) to allow more small and medium-sized businesses to be able to receive support. The Board lowered the minimum loan amount, raised the maximum loan limit, adjusted the principal repayment schedule to begin after two years, and extended the term to five years, providing borrowers with greater flexibility in repaying the loans. Specific changes include: Lowering the minimum loan size for certain loans to \$250,000 from \$500,000; Increasing the maximum loan size for all facilities; Increasing the term of each loan option to five years, from four years; Extending the repayment period for all loans by delaying principal payments for two years, rather than one; and Raising the Reserve Bank's participation to 95% for all loans. Updated documents and FAQ are available [here](#). The Federal Reserve Bank of Boston is the designated administrative agent and they have created a [Borrowers Webpage](#) where updated information is shared.

On June 15th, the Federal Reserve Bank of Boston hosted a webinar for potential borrowers ([PPT slides](#)) to provide information on the Main Street Lending Program (MSLP) and answered questions. Some remarkable takeaways included:

- [MSLP lender registration](#) opened on 6/15/2020. This was the first step to rolling out the program.
- Lenders were encouraged to immediately issue loans once registration is completed.
- Borrowers will apply for the MSLP directly with lenders. If you are interested in this loan, contact your lender to see if they have registered for the MSLP.
- Borrowers must complete a required program and lender documents (lenders will use their own forms for this program in addition to required Federal forms).
 - [Basic terms of MSLP](#)
 - Terms and requirements of lender (varies by lender)

- There are no grant/forgiveness provisions for this loan and no plans to make further adjustments the program
- The recording from the 6/15/2020 webinar is available [HERE](#).

Provider Relief Fund Payments and Guidance

The Provider Relief Fund created in the CARES Act has been authorized to distribute over \$175 billion dollars to a broad range of health care providers, including mental health and substance use disorder treatment providers. HHS then set parameters around how it will distribute the funds in an effort to ensure that funds are targeted to support the COVID-19 response. In doing this, HHS has essentially created different "pools" of funds with each "pool" having different criteria for distribution. For now, Ohio Council members will either be in the "General Distribution" fund pools that were released in two parts - Part 1: \$30 million automatic deposits based on Medicare claims and Part 2: \$20 million distribution based on provider reported revenue (still in process of distribution) - or the Medicaid/CHIP only distribution. Regardless of which path your organization receives funds; it appears HHS intends to distribute payment of at least 2% of your total revenue.

Accepting the Paycheck Protection Program Loan or any other COVID-19 federal loan program is not considered as a factor in receipt of the HHS Provider Relief Funds. The CARES Act deployed multiple strategies to support small businesses and healthcare providers separately.

Essentially, there are two paths for receiving provider relief funds that are NOT based on the revenue stream itself, but uses your status as a Medicare provider or Medicaid only provider to create provider groupings. The two paths are:

Path 1: General Distribution - distributed in two parts to providers with Medicare claims history. Total payment now understood to equal 2% of total patient care revenue.

- Part 1: \$30 billion immediately disbursed to providers based on Medicare claims via direct deposit beginning April 10th. For many BH providers, these payments were minimal. Providers were required to complete "attestation" portal to confirm receipt of payment by June 3rd.
- Part 2: \$20 billion to be disbursed to providers receiving a Part 1 payment based on submission of total patient care revenue data in "HHS CARES Act General Distribution" portal between April 27th and June 3. Payments may still be pending.
- Providers that did not submit revenue data via the HHS CARES Act General Distribution Portal before June 3 will miss the opportunity to access the additional funds. Advocacy efforts are underway to re-open the portal to all providers to submit information on their total revenue (including Medicaid claims) that may not have understood how HHS intended to use this information.

Path 2: Medicaid/CHIP Distribution - providers that did NOT receive a General Distribution fund payment, have billed Medicaid or Medicaid managed care claims between 1/2018 and 6/2020, and submit an application through the [HHS Cares Act Medicaid portal](#) providing organization information, claims revenue data, and banking information. Total payment to equal 2% of total patient care revenue.

As highlighted above, both paths are expected to result in payments of approximately 2% of the providers reported revenue. How quickly these funds will be released is currently not known. HHS has indicated the

second part of the General Distribution is being released in a rolling pattern as provider information is validated. A similar rolling release of funds is expected for the Medicaid/CHIP distribution.

ACT NOW! Provider organizations who billed Medicaid FFS or a Medicaid managed care plan between January 2018 and June 2020 (*and who did not bill Medicare*) and did not previously receive a Provider Relief Fund payment should review the Medicaid/CHIP Provider Relief Fund [Payment Forms and Guidance](#), [Application](#), and [Terms and conditions for the Medicaid Fund](#) to understand the information needed to apply. Then, immediately go to the HHS [Medicaid and CHIP Provider Relief portal](#) to submit provider information including revenue, client count, to apply for these funds. **The deadline to complete this is July 20, 2020.**

Several questions have been raised regarding how the [Terms and Conditions](#) outline allowable uses of the provider relief funds, which is fairly vague on acceptable uses, outside of the defined prohibitions. [This article](#) offers a reasonable explanation of acceptable uses and documentation to mitigate risk of violating the terms/conditions to reduce risk for paybacks.

CMS Expected to Use "Glide Path" In Removing COVID-19 Waivers

Speaking during a webinar hosted by the Healthcare Information and Management Systems Society, a senior CMS official indicated that CMS is likely to implement a "glide path" approach when removing temporary waivers put into effect during the COVID-19 pandemic, rather than applying a hard stop. CMS is currently analyzing administrative, claims and encounter data to better understand how Medicare and Medicaid beneficiaries have been accessing care and taking advantage of temporary flexibilities. Telehealth policy and payment changes were specifically mentioned as prime examples of policy changes that could be made permanent noting that telehealth visits have increased by 1,300% in the past year. This offers a positive and first hint at how CMS is approaching the COVID-19 waivers as the pandemic continues and signals efforts to sustain telehealth into the future - understanding Congress will still need to act in order to enable some provisions to remain in place permanently.

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.

As of June 17, 2020, more than 120 behavioral health provider organizations had been awarded funding through the \$200 million Federal Communications Commission (FCC) coronavirus disease 2019 (COVID-19) Telehealth Program. As of June 17th, the FCC has awarded about \$128 million in approved funding for 367 health care provider organizations in 42 states plus the District of Columbia. The average award is about \$349,393. 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 7/13/2020 and members in rural areas are encouraged to apply.

SAMHSA COVID-19 Training and Technical Assistance Resource

SAMHSA has released [additional updates and resources](#) to support providers during the COVID-19 pandemic. Resources are a compendium of trainings, guidance documents, and report compiled Mental Health, Addiction, and Prevention Technology Transfer Centers (MH-TTC, ATTC, and P-TTC), SMI Advisory, and National Centers of Excellence on Eating Disorders and Protected Health Information.

COVID-19 State Policy and Resources

[ODH Coronavirus Website](#) – Primary Source for All Ohio Information

Updated Health Orders

On May 29th, Governor DeWine announced several revised health orders signed by then ODH Director Dr. Amy Acton. The first order extended limits on mass gatherings to 10 people or less, required face coverings for businesses and all employees while recommending the general public wear face coverings, continued social distancing, extended general COVID-19 information business practices checklists, and continued the Responsible Restart Ohio requirements and recommendations for best practices for manufacturing, general office, and retail through July 1st. Additional orders remove restrictions on sales of liquor to out-of-state residences in selected counties in eastern Ohio and establishes guidelines for Responsible Restart Ohio for Child Care that became effective May 31st.

On June 2nd, the Governor released the Responsible Restart Ohio Guidance for Assisted Living Facilities and ICF/DDs that allowed outdoor visitation to occur beginning June 8th. The Governor announced that all healthcare providers may resume all surgeries and procedures. Healthcare providers are expected to continue to meet the following guidelines: Maintaining adequate inventories of PPE, supplies, equipment, and medicine; Creating a plan for the conservation and monitoring use of PPE, as well as other supplies and equipment that could include decontamination and reuse; Maintaining a reliable supply chain to support non-COVID-19 cases and to respond to an unexpected surge in COVID-19 cases, if needed; Defining processes for timely COVID-19 testing of patients and staff; and continuing the use of telehealth whenever possible.

- [Director's Updated and Revised Order for Business Guidance and Social Distancing](#)
- [Director's Order that Rescinds the Director's Order that the Sale of Spirituous Liquor be Restricted in Certain Instances in Certain Counties](#)
- [Director's Order that Reopens Facilities Providing Child Care Services, with Exceptions](#)
- [Responsible RestartOhio Guidelines for Outdoor Visitation at Assisted Living Facilities and ICF/DDs](#)

- [Ohio Department of Health Director's Order that Amends the Requirements for Non-Essential Surgeries and Procedures.](#)

School Re-opening Guidelines: On June 2nd, the Governor addressed school re-opening guidelines, which are not yet available. He stated he fully intends to have schools operating in the fall and reported his team is working closely with ODE and local school officials to develop broad health and safety guidelines. He reiterated that local school boards are solely responsible for setting the start date for schools and the health and safety guidelines will give local districts flexibility in designing their strategies and options for school operations in the fall. He acknowledged that a lot can change between now and August with regard to the virus so the Governor did not comment further on how school may look for students and families.

On June 8th, assisted living facilities and ICF/DDs could begin outdoor visitation. The decision to move forward with outdoor visitation for assisting living facilities and intermediate care facilities was made while considering requests from families and residents and considering the impact on the quality of life on how a prolonged loss of connection can have on an individual. Advocates and providers in the aging and development disabilities communities were also consulted, and guidelines for visitation were jointly developed by the Academy for Senior Health Sciences, Leading Age Ohio, the Ohio Assisted Living Association, the Ohio Health Care Association, and the Ohio Medical Director's Association. Because each facility is different, each facility can determine how to best implement outdoor visitation, however, at a minimum, all facilities must develop a policy that includes: Screening for temperatures and symptom-reporting for visitors; Scheduled hours and time limits for visits; Proper social distancing measures; Face coverings; Resident, family, and friend education about the risks of the spread of COVID-19.

Starting June 10th, aquariums, zoos, indoor sports facilities, indoor family entertainment centers, movie theaters, museums, playgrounds, public rec centers, and social clubs were able to reopen following the updated Retail, Consumer, Service & Entertainment Guidelines and other applicable additional guidance under the [Responsible Restart Ohio](#) plan.

Unemployment Insurance "Good Cause" Executive Order: On June 16th, Governor DeWine signed an [executive order](#) that expands the definition of good cause for refusing suitable work throughout the COVID-19 State of Emergency. "Good Cause" now includes the following situations:

- A medical professional recommends that an individual not return to work because that person falls into a category that is considered high-risk for catching COVID-19 by the Centers for Disease Control and Prevention and their employee cannot offer teleworking options.
- The employee is 65 years of age or older.
- There is tangible evidence of a health and safety violation by the employer that does not allow the employee to practice social distancing, hygiene, and wearing personal protective equipment.
- The individual has been potentially exposed to COVID-19 and subject to a quarantine period as prescribed by a medical or health professional.
- The individual must stay home to care for a family member who is suffering from COVID-19 or subject to a prescribed quarantine period by a medical or health professional

Minority Health Strike Force Announces Preliminary Recommendations

The Minority Health Strike Force was formed in April in response to the disproportionate impact of COVID-19 on African Americans who make up 14 percent of Ohio's population, but represent 26 percent of positive COVID-19 cases, 31 percent of COVID-19 hospitalizations, and 17 percent of COVID-19 deaths in Ohio.

Recommendations were created using feedback from the Strike Force's Health Care, Resources, Data, and Education subcommittees.

Examples of these recommendations include:

- Establishing culturally appropriate and accessible COVID-19 exposure notification services for communities of color.
- Expanding testing capacity and access for minorities and high-risk populations.
- Using data to prioritize resources in the communities that have the highest need.
- Developing and launching a statewide, culturally sensitive outreach campaign that educates African Americans and communities of color on COVID-19, health disparities, and social determinants of health.

One of the first charges of the strike force was to create an interim report. The interim report includes recommendations from four subcommittees and focuses on immediate action items to address COVID-19 and its impact on people of color. The strike force is comprised of four subcommittees: data and research; education and outreach; healthcare and resources. The strike force will issue another report early this summer that outlines longer term strategies.

- [COVID-19 Minority Health Strike Force Interim Report](#)

Health Disparities and Racism: The Governor expressed his continued concern with the well documented health disparities for African Americans and frustration that where you live likely determines your health outcomes. He discussed the efforts of the DeWine administration, with the support of the General Assembly, enacted in the budget to begin to address the premature mortality of African Americans. Specifically, he detailed efforts to remove lead paint, address infant and maternal mortality, expand home visiting services, provide additional resources to schools (Student Wellness and Success program), and mental health and addiction services. The Governor also discussed the work of the Minority Health Strike Force and indicated he is intensifying efforts in Ohio to improve issues of health and economic disparities, racism, and inequity. Specifically, the Governor spoke about the moral obligation to make changes. He indicated new plans to improve law enforcement access to quality training, enhancing transparency between the police and the public, recruiting more minorities to serve as peace officers, and adding more oversight to Ohio's law enforcement agencies to ensure accountability.

COVID-19 Testing Guidelines and Testing Sites

COVID-19 Testing Expansion: Effective June 11th, any individual, symptomatic or asymptomatic, is able to obtain testing for COVID-19. The state testing guidance was updated to reflect this change. Governor DeWine also announced a series of "pop-up" testing locations, beginning with six locations in Columbus. These temporary testing sites will be available all over the state, including in Cincinnati, Cleveland, Portsmouth, Dayton, Xenia, Columbiana, Akron, and other locations. Testing locations, including pop-up sites, will continue to be updated on the ODH Coronavirus interactive Testing and Community Health Centers map. Individuals are encouraged to call their healthcare provider or these testing sites to seek instructions for obtaining a test. Updated testing information and locations will be found on the [ODH Coronavirus Testing webpage](#).

There are several COVID-19 antibody tests being widely marketed. If you are using antibody testing, please be sure to validate the tests are FDA approved and make sure you research the products reliability. If you have COVID-19 testing questions, please contact your local health department.

COVID-19 Hotspots

Five southwestern counties (Montgomery, Green, Clarke, Hamilton, and Warren) reported significant upticks in COVID-19 cases during the week of June 15th. Over 200 workers at a Dole food processing plant tested positive. The National Guard and ODH teams coordinated with the health departments in these communities to increase testing and contact tracing to address virus spread. Individuals that have tested positive or those they have come into contact with are asked to self-quarantine for 15 days. More testing sites were developed in these communities. Information on pop-up testing sites is available in the resources section of the [ODH Coronavirus site](#).

Ohio has continued to see a rise in confirmed cases and hospitalizations, ICU admissions, and COVID-19 related deaths exceeded the 21- day average. The Governor continued to reiterate the importance of social distancing, wearing face coverings in public spaces, and good hand hygiene as critical actions we must all continue to follow to prevent the spread and development of additional hotspots. Three new PSAs were released to encourage these mitigation strategies: [I Believe - Face Masks](#), [I Believe - Social Distancing](#), and [Up to All of Us](#).

Hospital PPE Readiness Stockpile

Governor DeWine announced the creation of a new Hospital PPE Readiness Stockpile, which will be compiled and stored by Ohio hospitals throughout the state. Items in the PPE stockpile will be distributed to residents and staff at long-term care facilities should there be an increase in COVID-19 cases. Hospitals have begun to build a 30-day reserve of PPE based on several calculations, including the state's surge models, the number of residents and staff at Ohio nursing homes, as well as recent FEMA PPE allocations to each Ohio nursing home. Each hospital will have a different amount of stockpile that is calculated specifically for the region. The stockpile is a collaborative effort between the Ohio Hospital Association, hospitals throughout the state, and several state agencies, including the departments of Health, Medicaid, and Public Safety.

FY 21 Budget Update & State Personnel Cost Control Measures

At the beginning of the month, the Office of Budget and Management issued a statement on [Actions to Control State Personnel Costs](#). OBM updated FY 21 revenue projections and anticipates a \$2.45 billion budget shortfall. To address this shortfall, OBM and DAS will be implementing cost saving measures that reduce state personnel costs. It is important to note, these steps are consistent with steps taken during the Great Recession in 2008 - 2009.

Specifically, these actions include:

- The administration is requesting that the General Assembly adopt an amendment to institute a pay freeze and a freeze on step advancement for exempt employees for FY 21.
- Mandatory cost savings days program is being implemented for FY 21 for exempt employees. This will be accomplished by reducing exempt employees' bi-weekly wages for each pay period throughout the year in an amount equivalent to 80 hours (10 days) of unpaid leave, for an approximate 3.8 percent pay reduction.
- Cabinet Directors salaries will be reduced by 4 percent.
- The administration asked the organizations representing the state's collective bargaining employees to come to the table by June 15 to discuss ways to reduce bargaining unit personnel costs.

OBM Releases Ohio's May Financial Report

The Office of Budget and Management released the [May financial report](#) as well as a FY 2021 budget update. In May, state tax revenue was down 16%, which was a significant improvement over April when tax revenues were down 35%. Personal income tax collection has been delayed to July 15th which continues to be the largest category of decline. The unemployment rate retreated from 14.7 percent in April to 13.3 percent in May, as the number of unemployed decreased to 21.0 million, down from 23.1 million the month before. Medicaid caseload grew to 2.95 million or 4.8% above previous expectations. Overall Medicaid spending increased by \$266 million or 22%, but disbursement of funds was below estimated expenses by \$46 million due to timing of payment. In FY 2021, OBM now estimates a budget shortfall of \$2.45 billion. The Rainy-Day fund has a current fund balance of \$2.7 billion. OBM has already announced administrative cost containment strategies, including cuts to state personnel expenses, and state agencies were asked to submit revised budgets to OBM in early June. Federal COVID-19 Relief funds are still going through the appropriation process in the state legislature and will be important resources to help offset temporary loss of revenue due to unemployment and business closures due to the pandemic.

Unemployment Insurance

Ohio will borrow federal funds, with no interest charges, to meet its unemployment obligation during the COVID-19 pandemic. The state requested \$3.1 billion in borrowing authority from the U.S. Department of Labor. This is not an unprecedented situation, Ohio borrowed more than \$3.3 billion during the last recession and joins other states such as California and Texas in borrowing money during this crisis. The Governor acknowledged Ohio has a long-standing structural problem with our unemployment insurance program that has needed to be addressed for some time.

State COVID Related Legislation

- [HB 197 COVID-19 Omnibus Measure](#) (POWELL J, MERRIN D): To continue essential operations of state government and maintain the continuity of tax code and other essential health services in response to the declared health emergency related to COVID-19, to make appropriations, signed into law by Gov. and effective on 3/27/20.
- [SB 308 Civil Immunity](#) (M. Huffman): To revise the law governing immunity from civil liability and professional discipline for health care providers and healthcare workers during disasters or emergencies, to provide qualified civil immunity to service providers providing services during and after a government-declared disaster.
- [HB 606 Civil Immunity](#) (D. Grendell): To grant civil immunity to a person who provides services for essential businesses and operations for injury, death, or loss that was caused by the transmission of COVID-19 during the period of emergency declared by Executive Order 2020-01D, issued on March 9, 2020, and to declare an emergency.
- [HB 590 Price Gouging](#) (Crossman, Rodgers): To prohibit price gouging after a declaration of an emergency and to declare an emergency.
- [HB 580 Telehealth](#) (Liston, T. Patton): To require health plan issuers to cover telemedicine services during a state of emergency, and to declare an emergency.
- [House Bill 481](#) (Frazier): Authorizes conveyance of state-owned real property was signed by Governor DeWine on June 19th. In its final version, HB 481 became the final vehicle for capital re-appropriations totaling \$1.28 billion in addition to CARES Act funding for local governments totaling \$350 million.

- **HB 679 Telehealth** (Frazier, Holmes): To establish and modify provision to provide coverage for telehealth service. This bill looks to codify emergency telehealth rules filed by ODM and MHAS, modify state professional healthcare licensing boards to permit telehealth, and address insurance coverage.

As noted, both chambers are actively looking at legislation that would extend liability immunity to healthcare providers and other businesses due to COVID-19 exposure and resulting illness. Specific to immunity for healthcare providers, SB 308 (M. Huffman) and HB 606 (D. Grendell) were both passed by their respective chambers and referred to the appropriate committees. The Senate Judiciary Committee recently held hearings on the House-passed HB 606 while the House has not held any hearings on the senate-passed bill. Recent media reports suggest that the Senate may pass an amended HB 606 on Tuesday, June 30 – sending it back to the House for a concurrence vote. It is unclear whether the House will return for another legislative session since they have already recessed for the summer months and do not have plans to return until September. Statehouse observers opine that because the issue is important to Ohio businesses, the two-chambers will soon reach a consensus on a compromise measure and send it to the Governor for his signature.

Ohio Medicaid MCOs Cash Advance Repayments

We continued our advocacy with the Medicaid managed care plans to delay the cash advance repayment schedules while providers continue to stabilize from the impacts of COVID-19. We understand some providers are moving ahead with planned repayment schedules and would prefer to remove this liability from financial statements. Each of the MCPs have responded to our request to extend the cash advance repayment through August. We are grateful that 3 of the MCPs have agreed to honor this request for all providers and the other 2 MCPs will resume repayment in July but will consider individual provider needs on a case by case basis.

MCPs Resuming Repayment July 1st - With Option for Individual Provider Hardship Request

CareSource: CareSource intends to resume repayments on July 1st as scheduled. CareSource indicated they have and will continue to work with individual providers on cash advance repayments. Providers needing to restructure existing repayment agreements due to hardships are to contact Jonas Thom at: Jonas.Thom@caresource.com.

Molina: Molina Healthcare has indicated that some providers have resumed repayment of cash advances prior to July 1. As such, Molina plans to resume monthly repayments beginning 7/1 with the understanding that providers can individually request assistance due to their individual circumstances. If your organization has a hardship request and needs further support and delay in repayment, please contact Deanna Putman at: Deanna.Putman@MolinaHealthCare.com.

MCPs Delaying Repayment until September 1st

Buckeye: Buckeye will extend the delay in cash advance repayment until September 1st. Repayment will begin after that time.

Paramount: Paramount is agreeable to extending the "repayment pause" through August. Cash advance repayment will resume in September.

United Healthcare: UHC will extend the delay in cash repayment through August. Payments will resume in September 2020 for the cash advanced repayment.

If you have questions or need to reach the BH Directors at any of the MCPs related to the cash advance repayments or other issues, please use this [MCP Contact List](#).

Additionally, we have asked each MCP to consider opportunities to identify and refer individuals with behavioral health needs directly to BH providers during this timeframe. As schools, courts, CDJFS offices, and most referral sources are still working remotely or slowly returning to regular in person services, we suggested the MCPs could fill a role in helping individuals access care. All of the MCPs expressed an interest in this. The Ohio Council will continue to collaborate with the MCPs to support this effort and opportunities for improved data sharing.

BWC Payment Offers Second Payment Deferral

The Ohio Bureau of Workers' Compensation (BWC) is deferring Ohio employers' premium installments for the months of June, July, and August. Businesses will have the option to defer the monthly premium payments with no financial penalties. This is the second quarter that BWC has offered premium deferrals to support businesses during the pandemic.

Telehealth & Billing

Governor DeWine Signs Emergency Order Supporting Telehealth

On June 11th, Governor Mike DeWine signed [Executive Order 2020-23D](#) authorizing a number of emergency rule filings for the Departments of Medicaid, Mental Health and Addiction Services, Developmental Disabilities, Jobs and Family Services, and Aging. In reviewing the rules pertaining to MHAS certified providers, we will share a couple highlights:

Telehealth: The emergency rules appear to make very targeted language changes to remove face-to-face service requirements in order to continue to enable telehealth services for both MHAS and ODM.

Prior Authorization for MH/SUD Services: The ODM rule changes also reinstate prior authorization requirements as they existed prior to the COVID-19 pandemic emergency. It does NOT create new prior authorization requirements for MH or SUD services. We understand most providers have continued to send clinical documentation to support medical necessity of services even with the waiver of prior authorization requirements to avoid potential repayments following any retrospective review. With the known state budget shortfall, ODM is reinstating all prior authorization practices for all providers types.

ACT/IBHT Fidelity Reviews: The emergency rules retain requirement for a fidelity review but removes requirements for certain scores and onsite reviews during this time.

The emergency rules are posted on the [Register of Ohio](#) website and can be found at: [5122-29-10](#); [5122-29-29](#); [5160-8-05](#); [5160-27-02](#); [5160-27-04](#); [5160-27-05](#); [5160-27-08](#); [5160-27-09](#); and [5160-27-12](#).

This rule package demonstrates a commitment to maintaining extended access to services via telehealth (and telephone) into the future. Going forward, we appreciate more work is still needed to fully connect the previous emergency telehealth rules and this emergency rule package to support telehealth coverage and payment before the emergency rules expire on 7/19/2020.

ODM and MHAS Rule Updates to Support Access (and Telehealth)

On June 18th, ODM and MHAS released a [BH MITS Bits ODM and OhioMHAS Updates to Aid in BH Services Access](#) that outline the emergency rule changes specific to behavioral health. These rule changes are intended to support continued access to treatment services as we continue to adjust practices and support clients and staff with social distancing and safety as we move forward living with COVID-19. We continue to work with our federal partners to support efforts to extend the public health emergency or maintain access to telehealth and telephone-based services under the existing federal waivers well into the future.

Additionally, OhioMHAS has released a [COVID-19 Telehealth Frequently Asked Questions](#) document that may be useful.

Medicaid Coordination of Benefits for Telehealth Services

On June 12th, ODM and MHAS released a [BH Newsletter](#) with updated information on the process for submitting Medicaid telehealth claims when a client has third party insurance benefits with Medicare or private insurance plans. Providers must pursue payment from other payers prior to attempting to bill Medicaid (including managed care organizations) for telehealth services. Due to the varying definitions of telehealth the process for coordination of benefits has led to inappropriate denials when a third-party payer denies a claim as a non-covered service and it is then submitted to Medicaid.

Please reference the [ODM communication](#) for details on claims processing information for Fee-for-Service, Managed Care, and MyCare telehealth claims provided under the following circumstances:

- Procedure codes not covered for telehealth under Medicare or third-party coverage, but are available for telehealth delivery under Medicaid; and
- Procedure codes covered for telehealth under Medicare and Medicaid, but Medicaid telehealth offers broader applications of telehealth than Medicare does (for example, audio-only services not covered by Medicare or telehealth services delivered through asynchronous activities).

ODM Managed Care Behavioral Health Updates

ODM released a [BH MITS Bits on Medicaid Managed Care for Behavioral Health](#) describing policy changes that will be effective July 1, 2020. ODM will be reinstating prior authorization for services as they were in effect prior to the COVID-19 emergency health order. ODM is reinstating prior authorization for services across all provider types, not just Behavioral Health. No new behavioral health authorization procedures were added and the MCOs must continue to use ASAM criteria exclusively for SUD service authorization except for LOC 4.0. Further, ODM will continue to require the MCO to pay the FFS Medicaid rates for community behavioral health services. MCOs will no longer be required to pay FFS rates for out-of-network providers but could chose to offer single case agreements as necessary to support patient care.

Re-Opening Resources

Returning to Work - Employee COVID-19 Liability Waivers

Our partners at Vorys recently shared an updated brief discussing the [challenges with seeking COVID-19 liability waivers from employees](#) as part of your return to work practices. This brief walks through the concerns and offers some practical alternative approaches employers can consider. The brief also addresses waivers with independent contractors/vendors and customers. Separately, both the Ohio House and Senate have each passed legislation that would grant civil immunity related to COVID-19. The question now is which legislation [HB 606](#) or [SB 308](#) will be marked for action. [Vorys summarized the similarities and differences with each bill](#). See earlier report in the **State COVID Related Legislative Section**.

CMS Guidance to Support Reopening of Healthcare Facilities

CMS released a [guide for patients and beneficiaries](#) as they consider their in-person care options. During the height of the pandemic, many healthcare systems and patients postponed non-emergency, in-person care to keep patients and providers safe and to ensure the healthcare system capacity to care for COVID-19 patients. CMS is providing these recommendations to ensure that non-emergency healthcare resumes safely and that patients are receiving needed in-person treatment that may have been postponed due to the public health emergency.

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. On May 7th, [SAMHSA issued a letter](#) expressly confirming that behavioral health providers are indeed necessary treatment providers, delivering services that require the routine use of personal protective equipment, including masks and gloves. Providers can use this letter to support their efforts to access these PPE supplies from sites that are limited to "healthcare providers".

- 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 FDA Approved Masks available. 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 discussions with MHAS and OPS, they have provided us with a source to purchase no-touch thermometers. <https://ihealthlabs.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.
- A grassroots effort is underway to assist medical facilities, health care providers (including behavioral health care settings, ACFs, etc.), and first responders who do not have face masks available. [Operation Face Mask](#), launched by Air Force veteran and nurse Jenn Andrade and local partners, is recruiting individuals with sewing skills to donate homemade masks to be distributed. The group encourages donors to follow the [recommended guidance](#) from the CDC for sewing a homemade face mask. The group cannot pay for material, sewing supplies, shipping, or time, but welcomes any contributions. Masks may be mailed to Jennifer Andrade, P.O. Box 141415, Columbus, OH 43214. Click [HERE](#) to request masks.
- Report any unscrupulous vendors or price gouging to the [Attorney General](#).

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](#)
- [Stay Safe Ohio Order](#)
- [Order that Rescinds and Maintains Portions of the Stay Safe Ohio Order](#)
- [Urgent Health Advisory: Ohioans Protecting Ohioans](#)
- [Camp Safe Ohio Order](#)
- [Director's Order that Reopens Gyms, Dance Instruction Studios, and Other Personal Fitness Venues, with Exceptions](#) (expires at 11:59pm on July 1, 2020)
- [Director's Order that Provides Guidance for Baseball, Softball, Batting Cages, Golf Courses, Miniature Golf, Local and Public Pools and Aquatic Centers, Tennis Facilities, Skills Training for All Sports, and General Non-Contact Sports including Bowling Alleys, with Exceptions.](#) (expires at 11:59pm on July 1, 2020)
- [Director's Third Amended Order re: the closure of all K-12 Schools in State of Ohio.](#) (expires 11:59pm on June 30, 2020)
- [Director's Updated and Revised Order for Business Guidance and Social Distancing](#)
- [Director's Order that Rescinds the Director's Order that the Sale of Spirituous Liquor be Restricted in Certain Instances in Certain Counties](#) (expires at 11:59pm on July 1, 2020)
- [Director's Order that Reopens Facilities Providing Child Care Services, with Exceptions](#) (expires at 11:59pm on July 1, 2020)
- [Ohio Department of Health Director's Order that Amends the Requirements for Non-Essential Surgeries and Procedures](#)

Grant Opportunities

Controlling Board Actions - Grant Programs

Lt. Governor Husted outlined three new grant programs that were approved through the Controlling Board on June 1st. Ohio small businesses can learn more about these and other resources available through the Office of Small Business Relief and Development at Coronavirus.Ohio.Gov/BusinessHelp, under "Business and Nonprofit Support"

- *PPE Manufacturing Repurposing and Reshoring Grant* (\$20 million): Provides up to \$500,000 to small manufacturers to support efforts to repurpose their businesses to make PPE.
- *Minority Business Micro Enterprise Grants* (\$5 million): Provides up to \$10,000 to minority and women owned businesses impacted by COVID-19
- *Appalachian Growth Loan Program* (\$10 million): Offers small businesses in the 32-county Appalachian region impacted by COVID-19 with access to up to \$500,000 per business with low interest loans with

interest rates of less than 2% to help them re-open and sustain operations that support local communities and the local economy.

Multisystem Youth Grant Funding

Governor DeWine announced \$1 million in grant funding to Ohio's local Family and Children First Councils (FCFC). These grant dollars will help local FCFC's ensure that children can continue to connect with their loved ones and access essential medical and behavioral health services. While we are awaiting more specific details, we understand these funds can be used to purchase electronic equipment, web camera, digital hot spots, and minutes/data packages to support access to services or connect youth in foster care or residential treatment with family members.

Non-COVID Policy Resources

State and Federal Action to Reform Law Enforcement Practices

On June 16th, President Trump signed an [Executive Order on Safe Policing for Safe Communities](#) taking moderate steps forward to initiate law enforcement reform efforts in the wake of national protests highlighting systemic racism, police brutality, and violence. The Executive Order is intended to encourage law enforcement agencies to implement best practices and protect the communities they serve. President Trump affirmed the essential role of law enforcement officers providing critical protection to all Americans, and the nation's need to work collectively to strengthen relationships across our country. Under the Order:

- The Attorney General will allocate certain grant funding to only those law enforcement agencies that meet high standards, including around use-of-force and de-escalation, as credentialed by reputable independent bodies.
 - Provides incentives for law enforcement agencies to use a nationwide database to track terminations, criminal convictions, and civil judgments against law enforcement officers for excessive use-of-force, which will create accountability between agencies.
 - The Administration will prioritize training and other programs for police and social workers responding to incidents involving the individuals who are mentally ill, facing addiction, or homeless.
 - The Administrative agencies are directed to develop and propose new legislation to Congress to further the policies of the Order and build community engagement.

Specifically in the section addressing Mental Health, Addiction, and Homelessness, the order states, "As a society, we must take steps to safely and humanely care for those who suffer from mental illness and substance abuse in a manner that addresses such individuals' needs and the needs of their communities. It is the policy of the United States to promote the use of appropriate social services as the primary response to individuals who suffer from impaired mental health, homelessness, and addiction, recognizing that, because law enforcement officers often encounter such individuals suffering from these conditions in the course of their duties, all officers should be properly trained for such encounters." The order also requires HHS to survey community-support models addressing mental health, homelessness and addiction and within 90 days provide a summary of the survey in a report to the President on specific recommendations and appropriations to support widespread adoption of successful models. Ohio has a long history of collaborate policing initiatives, including many of the recent opiate related models (DART, QRT) and had an instrumental role in

the development and proliferation of Crisis Intervention Team (CIT) training. MHAS anticipates being actively engaged in advancing these best practice models through this endeavor.

On June 17th, Governor Mike DeWine and Attorney General David Yost presented new efforts in law enforcement reforms in Ohio. Governor DeWine has called on the Ohio General Assembly to pursue legislation that will focus on training, accountability, and transparency in order to build trust and improve community relations with law enforcement. The Governor stressed the need to commit to the process and staying the course in making systemic changes. Specifically, he called on the legislature to:

- Require all individuals/recruits pass a fitness of duty psychological exam before entering any police academy. This would include checking references to assess the recruits' character, fitness, and temperament.
- Create a permanent funding source for law enforcement training.
- Create a statewide Use of Force database, identify a standard definition of "use of force", and mandate reporting of all incidents involving use of force by all law enforcement agencies statewide.
- Ban chokeholds except in those extreme circumstances where the officer is justified in use of deadly force or life and death situations.
- Mandate independent review board for all cases involving use of deadly force and deaths occurring within law enforcement institutions. Further, mandate use of independent prosecution in these cases to remove conflicts of interest and increase transparency. The Governor also indicated he has instructed the Ohio State Highway Patrol to engage the Office of Criminal Justice Services in investigating any deadly use of force. Further, the State Highway Patrol has established a goal of all offices being equipped with body cameras, which are a best practice. The legislature was asked to examine efforts to support expansion of body cameras for all officers in all law enforcement agencies.
- Establish the Law Enforcement Oversight and Accountability Board to establish professional licensing of police officers, establish a code of ethics, and ability to revoke licenses and badge of officers that do not adhere to these practices.

Attorney General Dave Yost expressed support for the Governor's legislative recommendations and a commitment to achieving necessary reforms to create trust and transparency. He also spoke directly to law enforcement officers and encouraged them to engage in these difficult conversations, to identify officers that need additional training or may not have the psychological or character to serve the community, and support efforts to promote more training and professionalization of police officers.

The reforms outlined above were developed with feedback from the Ohio Legislative Black Caucus, Ohio Conference of NAACP, Ohio Chiefs of Police Association, Buckeye State Sheriffs' Association, Fraternal Order of Police, and others. Governor DeWine also reported he has spoken with Rep. Phil Plummer and Cindy Abrams that recently introduced legislation to reform law enforcement about these ideas. Both the Governor and Attorney General indicated additional actions to improve Ohio's overall criminal justice system will continue and more reforms are anticipated in the future.

As our communities continue to grapple with systemic racism, these conversations are a beginning that acknowledges the long-standing problems within our public safety structures and recommends some consensus reforms to law enforcement practices. Actions to improve law enforcement training, improve accountability, and provide more transparency are important. Building trust and community engagement will take time. This is a complex, multisystemic, multi-generational problem that will require complex, multiprong solutions consistently implemented and funded overtime to solve. We want to make sure your organizations are aware of the proposed policy changes and recommendations so that you can engage with and collaborate

with law enforcement agencies and local leaders in your community about how these reforms can help and what more is needed to achieve racial equity in practice.

Ohio Collaborative Community-Police Advisory Board

Governor DeWine discussed the Ohio Collaborative Community-Police Advisory Board that was formed in 2015 to create uniform minimum standards for Ohio's law enforcement agencies covering use of force, including deadly force, and hiring and recruitment. Governor DeWine shared that 79% of law enforcement officers work for a public safety organization that has voluntarily become or is in the process of being certified as operating under these standards; however over 400 law enforcement organizations have not chosen to pursue such certification and the Governor has asked the Department of Public Safety's Office of Criminal Justice Services to outreach to each of these agencies to assist them in seeking certification. The [2020 Collaborative Community-Police Advisory Board report](#) lists the certification status of all law enforcement agencies in the state and may be useful for providers seeking to support your community response to racial injustice and local community-police relationships.

The Governor also shared he has directed Ohio's Collaborative Community-Police Advisory Board to begin developing uniform minimum standards related to mass protests. The collaborative will examine issues surrounding best practices for interaction between law enforcement and crowds that fail to disperse, when tactics involving tear gas, pepper spray, and non-lethal projectiles are necessary and when these tactics should be considered excessive, and how to better protect members of the media from injury. These new standards would then be available for voluntary certification in the future.

Finally, the Governor announced that he will create a new Ohio Office of Law Enforcement Recruitment within Ohio's Office of Criminal Justice Services. This new office will support hiring of more minorities and women into law enforcement as a profession. This new position will support existing efforts by mayors, sheriffs, and police departments in their existing recruiting efforts.

The Governor shared that these steps are administrative actions that he can initiate immediately and expressed a commitment to further law enforcement reforms. He also indicated more needs to be done and he will continue to work with the Ohio General Assembly to enact legislative changes to pursue change and improve law enforcement accountability, transparency, training, and minority recruitment.

State Resources – Non COVID Related

Introduction to the Ohio Behavioral Health Information System (OBHIS)

The Ohio Behavioral Health Information System (OBHIS) is the OhioMHAS' upgrade to the OHBH system, a client-level episode of care information and outcomes reporting system. Providers certified or licensed by OhioMHAS to provide behavioral health services are required under [ORC 5119.61](#) and [OAC 5122-28-04](#) to report information on:

- all clients treated for a mental health or substance use disorder, when
- services are covered in whole or part by public funding through:
 - Medicaid
 - ADAMH Board
 - OhioMHAS

OhioMHAS hosted a webinar this month introducing next steps in the change from the OHBH system to the new OBHIS system. There is not a scheduled timeframe for this change yet, but the estimate given was in the next 3 months and it was indicated providers will receive sufficient notice. You can [register now for access](#) to the test site. Additional trainings will be provided in the future and the webinar from this will be available on the [MHAS site](#) along with the MHAS contact for questions.

OhioMHAS Applications Transitioning to New Platform

To streamline the process for providers and vendors who conduct business with the State of Ohio, OhioMHAS transitioned to a new web platform, which is designed to allow users to interact with a variety of state agencies in one location. Beginning June 22, users of OhioMHAS applications will be asked to create an OH|ID to access these systems. The OH|ID is powered by the [InnovateOhio Platform](#). OH|ID meets all federal and state digital security guidelines and is regularly audited to ensure all data and personal information remain private and secured.

OhioMHAS applications that will be transitioning to the new system include the following: eDIP, Community Linkage, LACCS, iPortal, LACTS, OBHIS, OPS Business Portal, OPS Orders, GFMS, Continuum of Care, CABHI, CFP, CURES Reporting, Eligibility Lookup, FEP, FTAMS, MATPDOA, OHYES, SOR, WEIRS, and GPRA. The current login system will remain available for a short time during the transition to the new system. Job aids and a video tutorial about how to set up your OH|ID are available [HERE](#). For questions or assistance, contact the OhioMHAS Helpdesk at 614.466.1463 or MHAHelpdesk@mha.ohio.gov.

OhioMHAS Set to Improve Licensure & Certification Process for Community Providers

On Saturday, June 27, OhioMHAS issued a [press release announcing](#) a series of action steps aimed at improving the licensure, certification and oversight process for community-based mental health and addiction service providers. The Department said the renewed effort is a result of a quality improvement process that revealed a backlog in on-site surveys and other process issues.

According to the press release, OhioMHAS has begun taking specific actions including:

- Adding staff and restructuring the licensure and certification team to improve efficiency and customer experience.
- Moving away from a paper-based record-keeping system to a technology-based management system.
- Installing new leadership in various positions to oversee the transformation.

This latest “customer-service” focused oversight effort comes on the heels of the Department’s implementation of its new online licensure and certification management tool in January.

OhioMHAS Grant Funds Statewide Mental Health First Aid Training Collaboration

Mental Health America of Northern Kentucky and Southwest Ohio has been awarded a \$1.25 million grant from OhioMHAS to fund a collaborative to develop a sustainable, statewide strategy to focus on the efficient delivery of [Mental Health First Aid](#) (MHFA) for Adolescents and Transition-Age Youth, Mental Health First Aid for Older Adults, Mental Health First Aid for Minority Populations, and Mental Health First Aid for Faith and Spiritual Communities. To schedule a virtual training for your group or organization, or for more information, please contact:

Adult Mental Health First Aid | Tori Ivan tivan@mhaohio.org
Youth Mental Health First Aid | Kathleen Oberlin oberlink2@gmail.com

Seventh Annual Trauma Informed Care Virtual Summit Materials Available

Handouts, presentations, and additional resources from the Seventh Annual Trauma Informed Care Virtual Summit that took place on May 19-20, 2020 are now available. Click [HERE](#) to view.

Ohio DRC presentation on the CQE process

On June 16, 2020 officials from the Ohio Department of Rehabilitation and Corrections (DRC) hosted a webinar and discussion on Ohio's Certificate of Qualification for Employment (CQE).

Ms. Irene Lyons with DRC's Office of Reentry offered a [power-point presentation](#) that explained the CQE process, DRC's role in supporting the process and discussed the benefits to employers and individuals of a CQE.

Notable recent changes to the CQE process include the establishment of a uniform court fee of \$50 per application and a 60-day period for the court to issue a decision.

ODE Summer Food Services Program

ODE estimates that more than 65,000 children a day are expected to take part in Ohio's Summer Food Service Program being offered at more than 1,500 sites across the state. Additional information, including an interactive map of food service sites, can be found at education.ohio.gov/kidseat or by calling 866-3-HUNGRY.

Other Resources – Non COVID Related

Ohio Council Statement on Racial and Health Equity

[The Ohio Council stands with our Black and minority communities](#) in their calls for justice and demand for change that will end inequity, oppression, and systemic racism. We accept our responsibility to seek policy and practice change that demand racial and health equity for members of our Black and minority communities.

Ohio Council School-Based Services Report

The Ohio Council finalized the School-Based Behavioral Health Services Summary report in June. While school-based services were disrupted in March due to COVID-19, the data and information from the surveys remains valid and demonstrates to a wide and growing range of services and partnership available in schools. For this survey we had 73 provider organizations respond to the survey and the findings demonstrate significant growth in school-based services. We are grateful to those of you that participated in this survey! While many school-based programs have been significantly downsized with schools being closed, we feel the information contained in this survey supports efforts to sustain funding for the Student Wellness and Success funding.

Key highlights from the 2020 Ohio Council survey include:

- The 73 organizations participating in the survey are delivering services in 2,603 school buildings in 498 school districts, charter schools, and ESCs.
- Compared to similar data collected last year, this represents a 48% increase in the total number of school buildings across Ohio receiving onsite prevention and/or treatment services from a community behavioral health organization.
- It means this cohort of community behavioral health organizations are currently providing services in approximately 70% of Ohio school buildings.

While COVID-19 has changed the way education and BH services have been provided this year, as schools, teachers, communities, and families prepare to return to school in the fall - however that looks - we know access to mental health services and supports will be essential. The survey shows exactly how valued these services were prior to the pandemic and we anticipate student needs will be even greater as we support schools in reshaping school climate and culture with the added stress of COVID-19.

- [2020 Ohio Council School-Based Services Executive Summary](#)
- [2020 Ohio Council School-Based Services Report](#)

ASAM Level of Care Certification

On June 1st, CARF International (CARF) and the American Society of Addiction Medicine (ASAM) announced that the [ASAM Level of Care Certification for SUD Residential Treatment](#) launched nationwide. CARF is accepting applications for certification from addiction treatment programs, and ASAM is offering quality improvement resources to treatment programs interested in attaining certification and improving patient care more broadly. The certification will provide an independent assessment of a treatment program's ability to deliver services consistent with The ASAM Criteria. CARF/ASAM Level of Care Certification can be obtained by any provider including those accredited by another national accreditation body.

On June 9th, a webinar was conducted introducing the ASAM certification and answering questions about the process. The recording and slides from the webinar are available [here](#) and a Q&A document is available [here](#).

ODH Release 2020-2022 State Health Improvement Plan

The Ohio Department of Health (ODH) has released the [2020-2022 State Health Improvement Plan \(SHIP\)](#) which is Ohio's roadmap to address the many challenges identified in the [2019 State Health Assessment \(SHA\)](#). Given the scope and complexity of Ohio's health challenges, the SHIP calls for cross-sector partnerships and alignment to meet a manageable set of measurable goals.

The SHIP is a tool to strengthen state and local efforts to improve health, well-being and economic vitality in Ohio. It is designed to focus on health equity and to improve performance on a wide range of topics, including community conditions, health behaviors and access to care. It also looks at the impact of housing, poverty, education and trauma on health. By improving these factors, gains in priority health outcomes like mental health and addiction, chronic disease, and maternal and infant health issues can be realized.

The SHIP was developed with feedback from 13 state agencies and nearly 180 stakeholders, including the Ohio Council. It is intended to be implemented by a network of public and private partners. Objectives and

strategies are listed as a menu to provide flexible options for communities and organizations as they develop their strategic plans. Additional information and resource can be found on the [ODH SHIP Resource Page](#).

Community Behavioral Health Providers are strongly encouraged to review the SHIP and seek to learn and engage in discussions with your local health departments and hospitals about your Community Health Improvement Plan (CHIP). This work is ongoing and behavioral health is essential to improving overall health.

NatCon Hill Day at Home

The [National Council for Behavioral Health](#) hosted its first ever virtual Hill Day on June 23 and 24. The two-day event consisted of a virtual policy institute (key note speakers, legislative briefings and breakout panel sessions) and a virtual advocacy event where participants communicated electronically and through social media to their members of Congress to urge support for funding and policies that support community behavioral health services. The Hill Day policy asks focused on the following matters:

- [Emergency Appropriation of \\$38.5 Billion for Mental Health and Addiction Treatment](#)
- [Crisis Stabilization and Community Reentry Act of 2020 \(S. 3312\)](#)
- [National Suicide Hotline Designation Act of 2020 \(H.R. 4194/S. 2661\)](#)

NIMH Report Highlights Advances In Autism Spectrum Disorder

The Interagency Autism Coordinating Committee, a federal advisory committee created by Congress to help accelerate progress in autism spectrum disorder (ASD) research and services, has released its [2019 Summary of Advances in Autism Spectrum Disorder Research](#). This publication provides summaries of 20 studies published in 2019 that represent the top advances in autism research.

The selected studies address topics such as screening and diagnosis, biology, risk factors, treatments and interventions, services, lifespan issues, and infrastructure and surveillance. The report highlights advances including: new insights into disparities in ASD diagnoses; predictors of language development in preschoolers with ASD; and the impact of various environmental factors on ASD risk.

Topics also include studies in areas of ongoing interest, such as:

- behavioral interventions for children with ASD,
- strategies to train therapists in publicly-funded mental health services,
- supports for transition-age youth and young adults, and
- ASD prevalence estimates in 4-year-old children

Creating an Ohio State Sentencing Database - Webinar

The Ohio Metropolitan Bar Association Consortium is presenting a virtual statewide discussion, [Creating An Ohio State Sentencing Database](#) on Monday, July 13th at Noon. The Bar Associations are committed to addressing institutional racism. One solution to reducing mass incarceration is a statewide sentencing database providing guidance to judges across Ohio. This interactive discussion will discuss the opportunities to advance this policy change. Use [this link to register](#) for the interactive event. Legal professionals can also [register for CLEs](#).

Ohio Council Staff Contact Information

The Ohio Council Staff are continuing to work 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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