COVID-19 SPECIAL EDITION – March 2020

**Due to the current pandemic crisis and the overwhelming amount of information,
the March 2020 *Ohio Council Insight* has been developed to be a one-stop resource for all COVID-19 related information as of the end of March.**

COVID-19 State Orders and Guidance

Orders

- [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.
- [School Closure Order](#):   All K-12 schools will be closed for at least three weeks beginning March 16th.
- [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](#)
- [Health insurance coverage flexibility order](#)

Essential Healthcare Workers

- The "[Stay at Home Order](#)" includes a definition of "essential business". Ohio has largely followed the guidance on essential business from the Department of Homeland Security.   **Healthcare and Public Health services are considered "essential" and Mental Health and Substance Use Disorder Providers are considered in the definition of "essential" healthcare services**. Further, the order also includes mental health and substance use disorder providers in the definition of "**home based care and services**" and "**residential facilities and shelters**".

Please be sure to read item #18 beginning on the bottom of page 8 that defines the "COVID-19 Checklist for Business/Employers" describing the steps essential business are expected to take to preserve the health and well-being of our essential workforce. You will want to review and revise your business practices to the degree possible to adopt these measures.

The Governor's office released a Stay at Home FAQ to help clarify essential business for the general public.

- CHC Addiction Services and Maryhaven have graciously shared examples of a letter to provide your staff to indicate they are essential healthcare workers that you may consider as samples. It's a good idea to make sure your employees have a copy of such a letter and/or have their workplace ID on their person if your organization issues ID badges.

Trusted Sources of Information – Bookmark & Share Widely

- **Ohio Department of Health**: http://coronavirus.ohio.gov/. Includes current data, interactive maps, and links to state and federal resources.
- **1-833-4-ASK-ODH (1-833-427-5634**) - helpline for non-behavioral health specific questions
- COVID-19 Prevention fact sheet
- MHAS BH specific COVID-19 Resources Webpage
- BH specific issues e-mail box: COVID19BH@mha.ohio.gov
- Federal https://www.coronavirus.gov/
- CDC COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/index.html

Guidance

- State Licensure Board COVID-19 Updates:
    - o The **Ohio Counselor Social Worker and Marriage & Family Therapy (CSWMFT) Board** has released Updated Teletherapy Guidance. This will support efforts by the DeWine administration, ODM, and MHAS to rapidly expand use of telehealth and telephone (audio only) services in response to this pandemic.
    - o The **State Medical Board** took steps to relax regulations requiring first in-person visits and posted a Telemedicine Guidance Update on 3/18/2020. This incorporates the DEAs guidance to allow prescribing of controlled substances during the pandemic via telemedicine without first seeing the patient in-person when specific conditions are met. The State Medical Board has also created a COVID-19 webpage that includes additional updates on physician licensing, which has been relaxed for out-of-state practitioners, continuing education, and elective procedures, PPE, and testing.
    - o The **State Pharmacy Board** has posted a number of accommodations and waivers on their website under "Recent Updates" to relax regulatory barriers in response to the pandemic. These include: COVID-19 Response Efforts - March 18, 2020; COVID-19 Response Efforts; Temporary Expansion of the Maximum Days Supply for Multiple Drugs in Single-Dose Containers; Nurses Personally Furnishing Non-Controlled Drug Samples; Delivery by Opioid Treatment Programs; Personally Furnishing Buprenorphine Products by Opioid Treatment Programs; COVID-19 Response Efforts - March 17, 2020
    - o The **Ohio Board of Nursing** has issued a statement on their website announcing relaxed licensure requirements to support nursing mobility.

- o The **Ohio Board of Psychology** has issued updated statements on their [website](#) regarding the use of telepsychology during the Coronavirus emergency.

- Accrediting Body Guidance on COVID 19
  - o *CARF*: [Message from the CEO](#): The safety and well-being of persons served, staff of accredited programs and services, and CARF surveyors are our priority. CARF has postponed all surveys with start dates of March 16 through April 30, 2020, to help with community transmission mitigation efforts. We continue to schedule for future on-site surveys, but recognize that such events are highly dependent on air travel; surveyor availability; and the course of COVID-19 and its impact on communities, health and human service organizations, and the persons served. We encourage everyone to continue [everyday preventive actions and to follow ongoing recommendations from state and local health authorities on social distancing](#) and sheltering in place, when and where possible, to prevent exposure to and spread of the virus.
  - o *COA* continues to monitor this challenging and constantly developing situation with COVID-19 and has focused the utmost attention on protocols needed to keep our entire COA community safe and healthy. COA has been following the guidance, recommendations, and mandates of federal, state, and local governmental and public health entities to ensure that we are taking the best course of action possible. [We have compiled some key informational resources and best practices for navigating the current landscape that we will continue to update](#). Based on the guidance received, COA will be suspending all volunteer travel and cancelling all Site Visits that were scheduled to begin the week of March 23, 2020. These restrictions will remain in place through the end of April and we will revisit and update them on an ongoing basis as more information becomes available.
  - o *The Joint Commission* recognizes the incredible challenge that health care organizations and front-line workers are facing with the COVID-19 crisis. The situation is changing rapidly, and recommendations have been changing with similar speed. We also understand that health care personnel are wading through a deluge of information. Therefore, we have created a [resource page](#) for health care professionals and organizations that provides only the information that best meets the needs of health care workers and leaders.

Opioid Treatment Providers Guidance

MHAS released guidance on 3/23/2020 related for OTPs. [This information is meant to support opioid treatment programs (OTPs)](#) relating to the corona virus (COVID-19) situation in Ohio.

The Ohio Board of Pharmacy has enacted waivers related to Opioid Treatment Providers (OTPs) and prescriber medication requirements and deliver options in light of COVID-19 available [HERE.](#)

Guidance for Residential Providers and Housing Operators

- [CDC Guidance to recovery housing operators and residential care facilities](#)
- [Ohio Recovery Housing COVID-19 Tools & Resources](#)
- [What Supportive Housing Providers Need to Know](#)
- If your residential program or housing units suspect someone may be ill, you are encouraged to immediately contact your local health department.
- [OhioMHAS State-operated Hospital Patient Screening Criteria](#)
- [Homeless Shelter Checklist](#)

- [DODD Guidance for Intermediate Care Facilities (ICF)](#) - this includes specific recommendations for self-quarantine and isolation for suspected and confirmed cases of COVID-19.
- [DODD COVID-19 Prevention for Waiver Providers of Multiple Residents in a Single Home](#) - this focuses on risk mitigation strategies including how to address community access.
- [CDC guidance for long term care facilities](#): This site includes a plethora of information on both risk mitigation and isolation protocols, which many of you have requested. It's not a perfect fit, but can be modified to your programs or housing operations and will be helpful to your planning.
- [CDC Discontinuation of Home Isolation for Persons with COVID-19 (Interim Guidance)](#)
- MHAS is continuing to work with the state Emergency Operations Center (EOC) and ODH on a statewide strategy for "recovery quarantine sites" that will be available for individuals that are homeless, residing in homeless shelters, ACFs, supported housing, recovery housing and/or residential treatment that may be diagnosed with COVID-19 or have symptoms consistent with COVID-19. MHAS is working alongside EMA, ODH, DAS, OHFA and other state partners to develop a clear pathway for people to receive medical services outside the hospital setting and move to the next safe place to support them in getting well and maintaining or seeking recovery. Director Criss reported the CDC is also updating guidelines for Housing and Residential treatment providers and more resources will be available soon.

COVID-19 Federal Guidance

CMS and other federal entities have released several guidance documents to assist states and health care stakeholders in responding to the COVID-19 emergency.

- **[CDC Launches Coronavirus Landing Page](#):** The CDC activated a [coronavirus.gov](#) webpage to provide information to the public on coronavirus symptoms, reducing transmission, reported COVID-19 cases, and resources for health care providers.
- **[CMS Medicare Provider Enrollment FAQs:](#)** CMS issued a set of FAQs to assist providers in understanding expedited enrollment processes available for Medicare.
- **[Medicaid Telehealth Resource:](#)** CMS developed a short resource providing an overview of Medicaid FFS telehealth options and sample payment structures.
- **[OCR Waiving HIPAA Enforcement](#):** HHS Office of Civil Rights announced it will waive potential penalties for HIPAA violations against health care providers who act in good faith in serving patients via everyday communications technologies, such as Skype or Facetime, during the national emergency.
- **[SAMHSA 42 CFR Part 2 Guidance](#)**: SAMHSA issued guidance which allows providers to share patient SUD diagnosis information that would normally be protected under 42 CFR Part 2 in instances of a bona fide medical emergency. Usage of the medical emergency exception must be documented by providers.
- **[SAMHSA OTP Guidance](#):** SAMHSA issued guidance allowing states with and without emergency declarations to allow Opioid Treatment Programs (OTPs) to provide 28 days of take-home medication to stable patients and 15 days of medication to less stable patients whom the OTP believes can responsibly manage this amount of medication.
- **[CMS Guidance on Postponing Elective Surgery:](#)** CMS issued guidance to stakeholders advising limitations on all non-essential planned surgeries and procedures, including dental procedures. The guidance provides a triaging method to assist with decisions in this area.
- **[CMS Extension of Reporting Periods for VBP, Quality Programs:](#)** CMS announced in a press release that it is implementing "extreme and uncontrollable circumstances" policy exceptions with regard to quality reporting and value-based purchasing programs. Programs with April and May 2020 deadlines

will be optional, and no data from January 1 through June 30, 2020 will be used in CMS calculations for those performance periods.

- **CMS Guidance to Catastrophic Coverage Plans:** CMS issued an FAQ clarifying that catastrophic coverage plans must include coverage of COVID-19 diagnosis and treatment under the Essential Health Benefits. CMS will waive enforcement actions against any such plan which provides COVID-19 services before patients pay the plan's deductible, and encourages plans and states to provide such pre-deductible coverage.
- **Updated Medicaid COVID-19 FAQs**: CMS updated its set of Medicaid FAQs on COVID-19 to include new topics, such as pharmacy, managed care, additional telehealth topics focused on FQHCs and RHCs, and 1115 waivers. Additional questions can be submitted to MedicaidCOVID19@cms.hhs.gov or sent directly to CMS Regional or Central office staff.
- **CMS Guidance to PACE Organizations**: CMS provided guidance to PACE organizations on infection control protocols, responsibility for providing COVID-19 testing, ability to limit PACE participants' visits to the PACE center to mitigate risk of COVID-19 transmission, and ability to relax Medicare Part D "refill to soon" edits to extend supply of prescription drugs.

COVID-19 State Department Resources

ODH Resources

- ODH COVID-19 website and call center provides up-to-date Information, data, and resources
  - ODH call center: 1-833-4-ASK-ODH (1-833-427-5634)
- Health and Wellness Resources Available for Coping with COVID-19 Pandemic - RecoveryOhio in partnership with the Ohio Department of Health has launched a resource page for adults coping with the COVID-19 pandemic. Created for adults 18 and older, this web page connects people to training opportunities, webinars, fact sheets, apps, support groups and more. Additionally, they have a resource page for families with information for parents and families during the COVID-19 crisis, ranging from family activity ideas to information about school nutrition programs.
- Learn at Home: New resources are now available to help parents with education resources.

MHAS Resources & Letters

- MHAS BH specific COVID-19 Resources Webpage - includes information from the CDC, ODH, disaster response and coping, managing stress and mental health, preparedness, housing and homelessness, and telehealth. As additional materials are developed they will be posted here. This will be a good site to bookmark for regular reference.
- Funding for BH Services via Telehealth
- MHAS Tips for Housing Providers
- MHAS Letter to State Hospitals
- MHAS Letter to Visitor Communication at State Hospitals
- State Hospital Visitor Screening
- State Hospital Employee Screening
- OhioMHAS has developed a social media toolkit for you or your agency to use on Facebook, Twitter, Instagram, and more. You may access the toolkit here: http://mha.ohio.gov/coronavirus (*scroll down the page - 3 header)*

ODM Resources

- Medicaid telehealth billing codes for provider type 84s and 95s available **HERE**
- ODM Telehealth FAQ

ODE Resources

- The Ohio Department of Education (ODE) released a webpage with COVID-19 Resources, Updates on School Nutrition distribution, and information to help children understand the current crisis.
  - CDC Resources for School Settings - includes information on school closings, FAQs, etc.
  - Zero to Three with tips for parents talking about coronavirus with their young children.

ODJFS Benefits and Supports

- ODJFS COVID-19 Response - FAQ (3/25/2020) This document provides information on SNAP/TANF, Workforce, Child Care, Child and Adult Protective Services, Child Support and other general information. May be useful to share with case management team leaders and service providers.
- The Center for Community Solutions has put together a short infographic on relaxed requirements for these programs. Please review and share with your teams.

State Contacts for BH Providers

OhioMHAS has created several centralized e-mail boxes to collect specific questions related to COVID-19 and to update their communications and planning. Providers are encouraged to use these e-mail boxes to share concerns and/or needs specific to behavioral health related continuity of care issues.

  - **General BH questions:**Covid19BH@mha.ohio.gov
  - **Housing Questions:** COVID19Housing@mha.ohio.gov
  - **OTP Questions:** OTP_COVID19@mha.ohio.gov
  - **MHAS Interactive Videoconferencing:** COVID19BHTelehealth@mha.ohio.gov
  - **Medicaid Telehealth Questions**: BH-Enroll@medicaid.ohio.gov.

Telehealth for Community Behavioral Health

The Ohio Department of Mental Health and Addiction Services (MHAS) and The Ohio Department of Medicaid (ODM) have filed emergency rules expanding services and relaxing restrictions for the provision of services through telehealth, including telephone only services effective 3/9/2020.

For MHAS certified organizations, all eligible providers of community behavioral health services are eligible to provide services via telehealth, which now includes the use of non-secure methods and telephone (audio only). Below is our recommendation on how to understand the emergency filed rule structure:

How to interpret the emergency filed rules:

1. First, read the emergency filed MHAS rule OAC 5122-29-31 expanding the definition and scope of interactive videoconferencing in its entirety.
2. Then, read ODM Rule OAC 5160-1-21 (C)(5), which states, **"Entities who provide services certified by the Ohio Department of Mental Health and Addiction Services (OhioMHAS) are subject only to paragraph (C) of this rule.** Requirements for these entities are covered in Chapter 5160-27 of the Administrative Code with the following modifications and suspensions."
3. Next, read the rest of ODM Rule OAC 5160-1-21 (C).
4. Then, for more detailed explanation, please read the: March 20, 2020 BH MITS Bits on Emergency Rules Expand Access to Telehealth Services and the ODM FAQ.
5. Review the ODM Telehealth billing codes for provider type 84s and 95s available HERE.

For 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.

Billing: It is very important for providers to continue to use the existing billing guidance. Providers should NOT add the GT modifier to services that are being added as new telehealth services under the emergency rules or use POS 02 for Medicaid claims. Providers do need to use the GT modifier for the services that already require it for telehealth/interactive video conferencing.

ODM is working with the MCOs to create a single, unified approach for billing and coding changes - that will be tested - and a timeline for those changes will be announced. Further, providers will NOT be required to resubmit these claims in the future once IT systems are updated to capture telehealth as the "method" of service delivery.

Medicaid Behavioral Health Services Available Using Telehealth

With the emergency rule in effect, OhioMHAS certified entities can bill Medicaid for delivering the following services via telehealth. All the Medicaid changes apply to Medicaid fee-for-service (FFS), Managed Care Plan (MCP), and MyCare Ohio Plan (MCOP) services.

*   Evaluation and management of new and existing patients
*   Psychiatric diagnostic evaluation
*   Psychotherapy (individual, group, and family)
*   Psychological testing
*   Smoking cessation
*   Community psychiatric supportive treatment (CPST)
*   Therapeutic Behavioral Services (TBS) and psychosocial rehabilitation (PSR). *Please note: TBS group service - hourly and per diem, as defined in 5160-27-06, is not included in the list of services that can be billed to Medicaid when delivered via telehealth*.
*   RN and LPN nursing services
*   SUD assessment

- SUD counseling (individual, group, intensive outpatient group, and partial hospitalization group)
- SUD case management
- Assertive community treatment (ACT)
- Intensive home-based therapy (IHBT)
- Peer recovery support
- Behavioral health crisis intervention
- SBIRT (screening, brief intervention and referral to treatment)
- Practitioner services rendered to individuals in SUD residential treatment
- Specialized Recovery Services (SRS)
- All associated add on codes, with the exception of interactive complexity

Medicaid telehealth billing codes for provider type 84s and 95s available **HERE.**

Medicare

- [Medicare Telehealth Update Fact Sheet](#) and [FAQ](#): Beginning on March 6, 2020, traditional Medicare-*administered by the Centers for Medicare & Medicaid Services (CMS)*-will temporarily pay clinicians to provide telehealth services for beneficiaries residing across the entire country. Medicare telehealth services **require interactive audio & video** and do not allow for telephone only services.
- Billing: Medicare did not make any expansion to eligible providers of Medicare services. The FAQ above indicates Medicare requires POS 02 for telehealth services.
- This guidance is for traditional Medicare only. Medicare Advantage plans have been encouraged to follow this guidance, but each plan has individual discretion. You will need to check with each MA plan prior to billing telehealth services.
- Here is [the list of eligible Medicare telehealth services](#).

Prescribing by Telehealth

- [DEA Coronavirus Information Page](#) - Telemedicine update declares that during the public health emergency, DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met: 1) The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice; 2) The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system; and 3) The practitioner is acting in accordance with applicable Federal and State law.
- The State Medical Board took steps to relax regulations requiring first in-person visits and posted a [Telemedicine Guidance Update](#) on 3/18/2020. This incorporates the DEAs guidance to allow prescribing of controlled substances during the pandemic via telemedicine without first seeing the patient in-person when specific conditions are met. The DEA guidance requires the telemedicine communication is conducted using **an audio-visual, real-time, two-way interactive communication system**, meaning prescribing cannot be provided by simple telephone call.
- Additionally, The State Medical Board has also created a [COVID-19 webpage](#) that includes links to local emergency management agencies (important contacts for PPE), local health departments, and additional updates on physician licensing, which has been relaxed for out-of-state practitioners, continuing education, and elective procedures, PPE, and testing.

HIPAA

- [OCR Notice of HIPAA Enforcement Discretion For Telehealth](): 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.
- Providers can use any audio or video non-public facing remote communication product that is available to communicate with patients;
- Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers;
- Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications; and
- Providers are to exercise professional judgment in the use of telehealth examinations.

Accessing Supplies and Personal Protective Equipment (PPE)

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, spa, tattoo parlors, specialty medicine (dentists, veterinarians, etc.) to inquire about availability of supplies for purchase or donation.
- 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]().
- Another Ohio-based company our 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.]()
- Report any unscrupulous vendors or price gouging to the [Attorney General]().
  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.

State Policy & Legislation

Ohio General Assembly Emergency COVID-19 Legislation

On Wednesday, March 25, the Ohio Senate unanimously passed and the Ohio House quickly concurred in an omnibus amendment to House Bill (HB) 197. The emergency legislation is expected to be signed by Governor Mike DeWine on Friday, March 27. Generally, the sweeping legislative measure is aimed at addressing important state and local mandates, codifying a host of executive orders and providing flexibility to health and human services system during the crisis.

Among the changes included in HB 197 were the following key provisions:

- Extension of the state's income tax deadline to July 15
- Change of the March 17 primary election to April 28 through mostly mail-in voting
- Waiver of state testing and accountability requirements for the 2019-20 school year
- Prohibits water service disconnections
- Extends timeline for professional license renewals
- Allows certain public entities to meet remotely
- Allows courts to extend statutes of limitations from March 9-July 30
- Allocates $20 million for certain ongoing state agency capital projects
- Delays Step Up To Quality requirements
- Codifies the governor's executive order on unemployment compensation
- Transfer authority to use the Budget Stabilization Fund
- Temporary authority through December 1, 2020 for the Director of Medicaid to support the health care workforce and providers during the crisis including strategies to avoid significant workforce shortages
- Allows graduates from nursing programs to receive temporary certificates from the Board of Nursing, allowing them to join the health care workforce immediately
- Permanent authority for certified registered nurse anesthetists to perform more duties in operative settings.

With the passage of Amended HB 197 the Ohio General Assembly does not have further sessions scheduled in the immediate future. However, Speaker Householder signaled his intent to stay engaged and continue to work on economic recovery efforts by establishing a Coronavirus Task Force. The aim of the task force will be to prepare Ohio's economy to restart quickly once the public health emergency resides.

Federal Policy & Legislation

Federal Emergency COVID-19 Legislation

The U.S. Congress has acted on three separate legislative measures in response to the COVID-19 national public health emergency. The first two efforts have been enacted and signed into law - while the third and most robust legislative package has been passed by the U.S. Senate, is expected to be advanced by the U.S. House today and signed by the President without delay.

These legislative measures in order of timing and fiscal significance 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.

- 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.

- On Wednesday, 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](). As noted earlier, the bill is expected to be passed by the U.S. House of Representatives on Friday, March 27, 2020 and signed into law by the President shortly thereafter. The [text of the bill]() can be view here along with a [section by section]() overview of its provisions.

The Families First Coronavirus Response Act (FFCRA) Provisions Impacting Employers

The Families First Coronavirus Response Act (FFCRA), signed into law on March 18, 2020, 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.

While the legislation affects private-sector employers with 50 to 500 employees, the Department of Labor (DOL) will issue regulations to exempt certain health-care providers and emergency responders from requirements that they offer paid family leave and paid sick leave. Small businesses with fewer than 50 employees could also be exempted, if such requirements would jeopardize the viability of the small business.

FFCRA will take effect within 15 days of enactment, i.e., no later than April 2, 2020. The provisions for paid sick and paid family leave, and tax credits created by the legislation, will sunset effective December 31, 2020.

The DOL is in the process of developing implementing regulations for the FFRCA, and we expect them to be released before April 2.

There are a number of provisions in the law that will directly impact many employers. [Vorys, Sater, Seymour and Pease LLP has outlined key portions of the bill]().

The National Council is monitoring developments and working with our contacts to provide a simple summary of the bill and critical components of the implementation regulations as soon as they are available.

Until that time, please reach out to your state DOL resource or contact for any pressing related matters. State Labor Office contacts are identified on the DOL Wage and Hour Division website: www.dol.gov/agencies/whd/state/contacts#MD.

Resources Related to the Family First Coronavirus Response Act (FFCRA)

Department of Labor COVID-19 Website - FFCRA Fact Sheets, FAQs, and posters

Treasury, IRS, and Labor Announcement on COVID-19 Sick and Family Leave and Tax Credits

CARES Act Summary as highlighted by the National Council

APPROPRIATIONS

The final Senate package includes new funding for health care providers to address the impact of COVID-19. These include:

- SAMHSA: $425 Million Emergency Allocation: This includes $250 million that the National Council requested be available for all community behavioral health organizations; $50 million for suicide prevention programs; $100 million for SAMHSA programs generally, and $15 million for tribes. Full details on how the funds will be distributed are not yet available.
- Coronavirus Relief Fund: $150 billion for states and local governments covering expenditures due to COVID-19. Each state will receive a minimum of $1.25 billion.
- Public Health and Social Services Emergency Fund: $100 billion in direct aid to health care institutions on the front line of the crisis - Per our reading of this line item, National Council members are eligible to receive funds from this allocation, at the discretion of the HHS Secretary.
- **SBA Paycheck Protection Program**: $350 billion to provide eligible small businesses and nonprofits with a guarantee on a loan up to $10 million. This loan could then be forgiven for up to eight weeks of payroll, rent, utilities, and other essential operating expenses. Forgiveness would be reduced proportionally to any layoffs, as well as any reductions in salary above 25%. Eligible organizations include those with 500 or fewer employees. Language in an earlier draft would have excluded Medicaid providers, but the National Council advocated against this provision and in the final version it was removed, meaning community behavioral health providers that receive Medicaid dollars are eligible to receive the loans.
- Small Business Administration Disaster Loans Program: $562 million to support small businesses that need financial support. Businesses may request an emergency advance of up to $10,000, which does not have to be repaid, even if the loan application is later denied. Eligibility for these loans includes private nonprofits and businesses with 500 or fewer employees, among others.
- Childcare Development Block Grant Childcare: $3.5 billion to childcare assistance for essential workers which may include behavioral health providers. This is determined at the state level.
- Distance Learning, Telemedicine, and Broadband Program: $25 million to improve distance learning and telemedicine in rural America. Includes additional $100 million funds to increase broadband access.
- Administration for Community Living: $955 million to support nutrition programs, home and community-based services, and protections for people living with disabilities.

- The CARES Act instructs the Treasury Secretary, through the Federal Reserve, to ensure that **nonprofit organizations and businesses between 500 and 10,000 employees** have access to a specific loan facility with loans not higher than two percent per year and no payments due for the first six months. In order to qualify, the eligible borrower must self-certify, among other things, that the loan is necessary to support the borrower's ongoing operations, the borrower will retain 90% of its workforce until September 30, 2020, and the borrower will not outsource or offshore jobs for a period of time ending two years after repayment of the loan.

POLICY CHANGES

The package also includes many policy changes designed to support employers and expand access to care. The National Council continues to analyze these sections and will provide further updates.

Provisions for Employers

- Emergency Unemployment Relief for Governmental Entities and Nonprofit Organizations provides payment to states to reimburse nonprofits, government agencies, and Native American tribes for half of the costs they incur through December 31, 2020 to pay unemployment benefits.
- Pandemic Emergency Unemployment Compensation provides an additional 13 weeks of unemployment benefits through December 31, 2020 to help those who remain unemployed after weeks of state unemployment benefits are no longer available.
- Allows employers and self-employed individuals to defer payment of the employer share of the Social Security tax they otherwise are responsible for paying to the federal government with respect to their employees. Employers generally are responsible for paying a 6.2-percent Social Security tax on employee wages. The provision requires that the deferred employment tax be paid over the following two years, with half of the amount required to be paid by December 31, 2021 and the other half by December 31, 2022.
- Employer shall not be required to pay more than $200 per day and $10,000 in the aggregate for each employee under FMLA
- Employer shall not be required to pay more than $511 per day and $5,110 in the aggregate for sick leave or more than $200 per day and $2,000 in the aggregate to care for a quarantined individual or child for each employee under paid sick leave provisions
- Allows employers to receive an advance tax credit from Treasury instead of having to be reimbursed on the back end
- **Short-Time Compensation Programs** provides funding to support existing "short-time compensation" programs, where employers reduce employee hours instead of laying off workers and the employees with reduced hours receive a pro-rated unemployment benefit. The federal government would pay 100 percent of the costs they incur in providing this short-time compensation through December 31, 2020. The legislation also provides $100 million in grants to states that enact "short-time compensation" programs to help them implement and administer these programs.
- Modification of Limitations on Charitable Contributions During 2020: Increases the limitations on deductions for charitable contributions by individuals who itemize, as well as corporations. For individuals, the 50-percent of adjusted gross income limitation is suspended for 2020. For corporations, the 10-percent limitation is increased to 25 percent of taxable income. This provision also increases the limitation on deductions for contributions of food inventory from 15 percent to 25 percent. Additionally, the legislation permits individuals to deduct up to $300 of charitable cash contributions, whether they itemize their deductions or not.

- Clarification on COVID Coverage via Medicaid: The final version includes language clarifying that individuals with Medicaid benefits that are not considered minimum essential coverage will still be eligible to get coverage for COVID-19-related expenses.
- **Confidentiality and Disclosure of SUD Records and Guidance on Protected Health Information:** Modifications have been made to 42 CFR Part 2 protecting SUD records. These records may now be shared with prior written consent; once consent is obtained, it is permissible for patient consent to be given once for all future uses for treatment, payment and health care operations.

CARES Act Resources

- The US Chamber CARES Act resource on many of the business-focused programs.
- The US Chamber: Coronavirus Emergency Loans: Small Business Guide and Checklist

Financial Resources

The Lt. Governor's office has updated "Resources for Economic Support" to include access to information for businesses, including SBA loans, and for individuals and families impacted by the COVID-19 pandemic. **Please share this site with your clients and staff. It offers a "one-stop" location for information and will be updated frequently. This will be critical as federal programs updates begin to roll out**.

Small Business Administration Economic Injury Disaster Loan Program

https://www.sba.gov/disaster-assistance/coronavirus-covid-19

Non-profit organizations in Ohio are eligible for low-interest loans through the SBA's Economic Injury Disaster Loan program. These loans may be used to pay fixed debts, payroll, accounts payable and other bills that can't be paid because of the disaster's impact. Interest rates for non-profits are 2.75% with long-term repayments in order to keep payments affordable, up to a maximum of 30 years

SharedWork Ohio

SharedWork Ohio is an alternative to layoffs for employers. It allows workers to remain employed and employers to retain their staff during times of reduced business activity. Under a SharedWork Ohio plan, employers reduce hours to avert a layoff. The participating employee works the reduced hours, and the Ohio Department of Job and Family Services provides an unemployment insurance benefit proportionate to their reduced hours. Interested employers should provide the Ohio Department of Job and Family Services with a list of participating employees and specify their normal weekly hours of work, not to exceed 40 hours and not including overtime. Part-time employees may be eligible, but all employees in an affected unit must have their hours reduced by the same reduction percentage.

Insurance Premium Assistance - Deferrals

Ohio Department of Insurance: ODI Director Jillian Froment issued an order that all health insurers are required to provide the option of deferring premium payments, interest free, for up to 60 calendar days from each original premium due date. This means that employers can defer their premium payments up to two months, giving them some relief on costs, while keeping their employees insured.

Ohio's Bureau of Workers' Compensation (BWC): To help businesses facing difficulties due to the COVID-19 pandemic, the Ohio BWC is announcing the deferment of insurance premium installment payments for March, April and May until June 1, 2020. For more information, visit bwc.ohio.gov.

CARES Act Analysis for Businesses

- CARES Act SBA Loan options produced by the Venable Law Firm offers a thorough analysis
- Resources for mid-size businesses (500 to 10,000 employees) in the CARES Act
- Resources for non-profits in the CARES Act

Unemployment Compensation Resources

- Coronavirus Related Unemployment Resources
- Ohio Unemployment Information: The Governor issued an executive order, which will grant the Ohio Department of Job and Family Services (ODJFS) with the authority to accept and grant requests for unemployment compensation suspending the normal 1-week waiting period. This order will also give relief to applicants who are not offered paid leave through their job, as well as those who have been quarantined by a medical professional, their employer, or whose employers must temporarily close. Those who apply for unemployment under these circumstances will be exempt from the requirement that they be actively seeking work.
- Understanding the Unemployment Compensation (UC) provisions of the Family First Coronavirus Response Act (FFCRA)
- Understanding the Unemployment Compensation (UC) provisions of the CARES Act

Cash Advance Repayment Status by MCO

- Buckeye - will voluntarily suspend BH provider cash payments for 60 days and will review this policy in 60 days. If you have questions, they may contact Laura Paynter at LPAYNTER@centene.com
- Caresource - will contact providers with cash advance repayment plans about delaying repayments for the next 60 days. If you have questions or have not been contacted reach out to Jonas Thom at Jonas.Thom@caresource.com
- Molina - will suspend repayment agreements for the next 60 days. Questions may be directed to Deanna Putmam at Deanna.Putman@MolinaHealthCare.Com
- Paramount - providers must request a pause in repayment and may forego two monthly payments with no penalty or outreach from Paramount requesting explanation related to the missed payments. Requests and questions may be sent to Linda Nordahl at Linda.NordahlLSWCCM@promedica.org
- UHC will allow providers to **pass a payment for March and April 2020**. The two additional payments can be made up by extending the repayment term two months. This option applies only to providers with existing Advance Payment recoupment plans in place. Contact Tracey Izzard to pause payments at tracey.izzard-everett@optum.com

Other Resources

Crisis Service Resources

- The Ohio Association of County Behavioral Health Authorities, in collaboration with, RecoveryOhio has posted the list of active 24/7 crisis phone numbers.
- The Ohio Suicide Prevention Foundation shared this Telehealth Tips for Managing Suicidal Clients During the COVID-19 Pandemic developed by the New York State Psychiatric Institute. Please share and use as appropriate.
- **Ohio Crisis Text Line :** Text keyword "4HOPE" to 741 741
- **OhioMHAS Help Line:** 1-877-275-6364 available M-F from 8:00AM – 8:00PM
- **Disaster Distress Helpline:** 1-800-985-5990 or Text "TalkWithUs" to 66746 open 24/7

ASAM Releases COVID-19 Resources and Convenes Taskforce

ASAM announced the convening of the ASAM Caring for Patients During the COVID-19 (CPDC) Task Force. The Task Force includes a national panel of experts that are recognized in the field of addiction medicine. They are rapidly producing comprehensive resources tailored to addiction medicine treatment within the context of the COVID-19 pandemic. Given the urgency of the situation, these resources will be delivered in real-time as they are developed. Current resources include support group participation, telehealth access for addiction treatment, adjusting drug testing protocols, and infection mitigation in outpatient settings. Resources coming soon include access to buprenorphine, access to methadone, and infection mitigation in residential settings. Click here to access the ASAM COVID-19 Resources.

National Council COVID-19 Resources for Members

The National Council has compiled a number of resources for providers to navigate the public health crisis, including information on conducting telehealth visits, acquiring personal protective equipment, and more. Check the resource page regularly for updates organized by issue area as policies and resources are changing rapidly.

SAMHSA Training and Technical Assistance Related to COVID-19

Vorys Coronavirus Task Force

Ohio Council Staff Contact Information

The Ohio Council Staff are currently 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:

Teresa Lampl, CEO
lampl@theohiocouncil.org
Cellphone: (740) 358-6567

Geoff Collver, Associate Director
collver@theohiocouncil.org
Cellphone: (202) 421-6033

Soley Hernandez, Associate Director
hernandez@theohiocouncil.org
Cellphone: (614) 205-7519

Brenda Cornett, Association Director for Administrative Services
cornett@theohiocouncil.org

Brenna Whiteside, Administrative Assistant
whiteside@theohiocouncil.org

We are impressed and incredibly grateful to each of you for the efforts you are making 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.