



*The Ohio Council  
Insight Newsletter*

## ***MAY 2020 COVID-19 EDITION***

Due to the ongoing pandemic this issue compiles 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 COVID-19 edition](#) and [April 2020 COVID-19 editions](#) are available for historic references and resources.

## **Behavioral Health Workforce Recognition**

In honor of Mental Health Awareness month, the Ohio Council partnered with several member organizations to create a [video recognizing the behavioral health workforce](#) as essential health heroes. We are excited to recognize the hard work that you all do every day to bring health, hope, recovery, and support to so many people. Thank you!

## **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.

## **Process to Resolve Outstanding Accounts Receivable**

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. After that, we do not expect we will be able to revisit this issue.

## Ohio Council COVID-19 Survey Results - Point in Time Comparison February - April 2020

The Ohio Council is continuing to track the impact COVID-19 has had on provider operations and financial stability. To support our continued advocacy, we developed a [Point in Time Comparison Summary](#) that looks at staffing lay-offs and furloughs, revenue impacts, and days cash on hand. The report documents how the pandemic has further strained provider resources, the impact of reduced service utilization even with expanded telehealth capacity, and continued cash flow challenges. We are continuing to use this information with state and federal policy makers to support changes and demonstrate the need for enhanced financial support. Thank you for your participation in the surveys we have conducted so far. Please share with your Board, staff, and community partners as you find appropriate.

## COVID-19 Federal Policy and Financial Resources

### Federal Economic Stimulus Legislation

On April 24, 2020, President Trump signed into law [H.R. 266](#), the Paycheck Protection Program and Health Care Enhancement Act. This legislative measure provides \$484 billion in additional resources to support existing COVID-19 emergency response programs, previously authorized by the FFCRA and the CARES Act. Up to \$320 billion will be allocated to replenish the Paycheck Protection Program (PPP), including a \$60 billion set aside for smaller banks and credit unions that typically support smaller and minority owned businesses. It also adds \$50 billion for the Economic Injury Disaster Loans (EIDL), \$10 billion for the emergency disaster loan grants, and will expand the eligible business definition to include farms and ranches. The measure also includes \$75 billion for hospitals and health care providers, with a significant portion of that targeted for rural hospitals. And there is \$25 billion in the plan for virus testing.

### HEROES Act

The House Democrats introduced the Health and Economic Recovery Omnibus Emergency Solutions Act or the HEROES Act on May 19th in an effort to jump start negotiations with the Senate Republicans on the next economic stimulus package. The \$3 trillion bill has a significant focus on sending resources to states and local governments as well as pumping resources into social programs and Medicaid to support everyday Americans and families being hit hard through the economic crisis. The [Alliance for Strong Families and Communities full summary](#) is an easy to read review of the provisions in the bill. A few additional provisions in the bill that will be of interest to members include:

- **SBA Paycheck Protection Program (PPP) - Expanded for Larger Non-Profits** - Creates a new set aside of funds, setting aside 25% of all funds specifically for nonprofits. Of that 25%, "not more than half" can go to nonprofits with more than 500 employees. There doesn't appear to be a cap on number of employees for nonprofits. It also extends the covered period for PPP loans to Dec 31, 2020. They could be stretched over 24 weeks instead of the eight weeks originally passed in the CARES Act. Businesses and organizations that receive PPP loans would be allowed to defer payroll tax payments.

- **Main Street Loan Program** - The Federal Reserve would set up a low-cost loan option tailored to unique needs of nonprofits, including the ability to defer payments. This does allow loan forgiveness for nonprofits that serve low-income communities.
  - The Federal Reserve Bank of Boston released information on upcoming [Main Street Lending Program webinars](#). The Federal Reserve is still working on the infrastructure to make the program operational and is receiving bipartisan pressure to accelerate efforts to make these funds available. There is a scheduled webinar specifically for Borrowers on June 3rd. Register by using the link above and scrolling down to "events".
- **Economic Injury Disaster Loan (EIDP)** - Adds another \$10 billion to support smaller businesses directly impacted by the pandemic.
- **Establishes a new Pandemic Premium Pay Program (Hero or Hazard Payments)** - \$200 billion for essential workers on the frontlines of the pandemic. Each eligible worker would receive a pay raise equal to \$13 per hour performed from Jan. 27, 2020 until 60 days after the final day of the public health emergency. Employees earning less than \$200,000 per year can collect up to \$10,000 in essential worker pay, while employees earning more than \$200,000 per year can collect up to \$5,000. An array of frontline human services professionals would be eligible including those working in child maltreatment, domestic violence, home care, behavioral health, therapeutic settings, residential care, housing, food bank, shelter services, education, and cleaning services. Organizations would apply for these grants through the Treasury, based on the number of employees on the frontlines and other criteria. These funds would be passed through employers and into employee paychecks.
- **Medicaid FMAP Increases** - Increases the Medicaid FMAP to a total of 14% through June 30, 2021, then backs the increase down to 6.2% after that. Also, increases the FMAP for home and community-based services by 10%.
- **Public Health and Social Services Emergency Fund**: Adds another \$175 billion for the Provider Relief Fund with \$100 billion targeted to hospitals and health care providers with lost revenue due to the pandemic. The remaining funds will support expanded testing and tracing of the virus.

In contrast to the House, the [Senate would prefer](#) to take a wait and see approach to observe how the economy responds to previously enacted measures. In an interview over the Memorial Day weekend, [Senate Majority Leader McConnell](#) of Kentucky said that while the Senate will probably advance a fifth COVID-19 response legislative package it won't be for another month or so and will be smaller in size and scope than the House passed HEROES bill. Ultimately, we know any legislative package will be the result of complex negotiations, which is why Ohio Council staff is working with the National Council, the Kennedy Forum and other national advocacy organizations to encourage federal policy makers support the community behavioral health organizations.

## **Bipartisan Paycheck Protection Program Flexibility Act Introduced**

Bipartisan legislation has been introduced in both the U.S. House and Senate that would amend [the Paycheck Protection Program](#) (PPP). The changes are aimed at providing additional help to employers trying to weather the financial fallout caused by the coronavirus crisis. The companion legislation would extend PPP loan forgiveness for expenses beyond the eight weeks and allow businesses to utilize more than 25 percent of the loan for purposes beyond payroll and allow the term of the loan to extend beyond two years. The legislation also ensures businesses have full access to payroll tax deferments and would extend the rehiring deadline past June 30. While both Chambers understand the need for urgent action, it's not yet clear when these bills will pass and how differences between House and Senate versions will resolve.

## **Paycheck Protection Program**

On May 13<sup>th</sup>, the SBA released a [Paycheck Protection Program \(PPP\) FAQ update](#) to address continued concerns regarding how SBA intends to review borrowers required good-faith certification concerning the necessity of their loan request. Question 46 addresses this specifically.

- 46. Question: How will SBA review borrowers required good-faith certification concerning the necessity of their loan request?
- Answer: When submitting a PPP application, all borrowers must certify in good faith that "current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant." SBA, in consultation with the Department of the Treasury, has determined that the following safe harbor will apply to SBA's review of PPP loans with respect to this issue: Any borrower that, together with its affiliates, 20 received PPP loans with an original principal amount of less than \$2 million will be deemed to have made the required certification concerning the necessity of the loan request in good faith.
  - SBA has determined that this safe harbor is appropriate because borrowers with loans below this threshold are generally less likely to have had access to adequate sources of liquidity in the current economic environment than borrowers that obtained larger loans. This safe harbor will also promote economic certainty as PPP borrowers with more limited resources endeavor to retain and rehire employees. In addition, given the large volume of PPP loans, this approach will enable SBA to conserve its finite audit resources and focus its reviews on larger loans, where the compliance effort may yield higher returns.
  - Importantly, borrowers with loans greater than \$2 million that do not satisfy this safe harbor may still have an adequate basis for making the required good-faith certification, based on their individual circumstances in light of the language of the certification and SBA guidance. SBA has previously stated that all PPP loans in excess of \$2 million, and other PPP loans as appropriate, will be subject to review by SBA for compliance with program requirements set forth in the PPP Interim Final Rules and in the Borrower Application Form. If SBA determines in the course of its review that a borrower lacked an adequate basis for the required certification concerning the necessity of the loan request, SBA will seek repayment of the outstanding PPP loan balance and will inform the lender that the borrower is not eligible for loan forgiveness. If the borrower repays the loan after receiving notification from SBA, SBA will not pursue administrative enforcement or referrals to other agencies based on its determination with respect to the certification concerning necessity of the loan request. SBA's determination concerning the certification regarding the necessity of the loan request will not affect SBA's loan guarantee.

**PPP LOAN FORGIVENESS APPLICATION:** On May 15<sup>th</sup>, the Small Business Administration (SBA), in consultation with the Department of the Treasury, released the Paycheck Protection Program (PPP) Loan Forgiveness [Application and detailed Application Instructions](#). The form and instructions inform borrowers how to apply for forgiveness of their PPP loans, consistent with the CARES Act. SBA is expected to soon issue regulations and guidance to further assist borrowers as they complete their applications, and to provide lenders with guidance on their responsibilities.

- The form and instructions include several measures to reduce compliance burdens and simplify the process for borrowers, including:
  - Options for borrowers to calculate payroll costs using an "alternative payroll covered period" that aligns with borrowers' regular payroll cycles
  - Flexibility to include eligible payroll and non-payroll expenses paid or incurred during the eight-week period after receiving their PPP loan
  - Step-by-step instructions on how to perform the calculations required by the CARES Act to confirm eligibility for loan forgiveness
    - Borrower-friendly implementation of statutory exemptions from loan forgiveness reduction based on rehiring by June 30
    - Addition of a new exemption from the loan forgiveness reduction for borrowers who have made a good-faith, written offer to rehire workers that was declined
      - Our partners at Vory's have summarized the [PPP Loan Forgiveness information](#)
- As discussed above, there is bipartisan concern with the restrictive guidance SBA and US Treasury have added to the PPP that far exceed the intent of Congress. The House passed HEROES Act (described further below) would remove the 8-week limit, 75% payroll expense requirement, and allow small business simultaneously use tax credits in addition to the PPP. The House and Senate are working on a standalone bill to fix some of the restrictions SBA imposed on the PPP. The challenge will be the timing of any congressional changes as many employers are on the clock with the current SBA 8-week payroll expenditure requirements.
- The current loan forgiveness rules could change with new bills/regulations. Our recommendation is to wait to file the loan forgiveness application currently and stay in contact with your banker.

## **Main Street Lending Program**

The program known as the [Main Street Lending Program has yet to become operational](#). On 4/30/2020 the Federal Reserve [announced](#) it is expanding the scope and eligibility for the Main Street Lending Program to include businesses with more employees and larger revenues.

MSLP will enhance support for small and mid-sized businesses that were in good financial standing before the crisis by offering 4-year loans to companies employing up to 15,000 workers or with revenues of less than \$5 billion in 2019. Principal and interest payments will be deferred for one year. Eligible banks may originate new Main Street loans or use Main Street loans to increase the size of existing loans to businesses. Businesses seeking Main Street loans must commit to make reasonable efforts to maintain payroll and retain workers. Borrowers must also follow compensation, stock repurchase, and dividend restrictions that apply to direct loan programs under the CARES Act. Businesses that have taken advantage of the PPP may also take out Main Street loans

The Federal Reserve Bank of Boston is the designated administrative agent and is continuing to build the infrastructure necessary to bring borrowers and lenders together. To support that, they have now created a [Borrowers Webpage](#) where updated information will be shared. Currently, you can access the FAQ, Terms and Conditions, and available webinars. As a reminder, organizations can register for one of two webinars ([May 29, 2020](#) or [June 3, 2020](#)) for Borrowers currently scheduled.

## Provider Relief Fund

Throughout April and May providers began receiving payments from funding allocated to the “Provider Relief Fund”. This funding does not have to be repaid.

- HHS has been pushing out funds directly to providers. HHS first disbursed \$30 billion directly to providers based on a formula linked to 2018 Medicare expenditures on or after April 10th and then notified providers on or after April 24th that it would be disbursing another \$20 billion to providers including those that may not have sufficient Medicare revenue to report budget information. [Manatt](#) has provided a short summary of the current distribution of the Provider Relief Fund.
- All providers should note, HHS has posted information on distribution of the [CARES Act Provider Relief Funds](#) and the [terms and conditions](#) of payments. If you've received funds or received a letter from HHS about accessing additional funds, **your organization needs to respond to BOTH the following websites by June 3<sup>rd</sup>**. Both sites will look almost identical and ask for similar information which has caused confusion. They are also linked below.
  - [CARES Act Provider Relief Fund Attestation](#) - this site is required to confirm you received funds from the first \$30 billion distributed on April 10th or thereabouts.
  - [General Distribution Portal](#) - this site should be completed to provide information needed to access the next \$20 billion slated for distribution after April 27<sup>th</sup>
  - More information about this funding and the distribution of the remaining dollars allocated in Title VIII of the [CARES Act is available here](#).
- **IMPORTANT: Providers Must Act by Wednesday, June 3**
  - HHS is stating **these actions must be taken by June 3, 2020** in order to be considered for future access to Provider Relief Fund payments. **This action is the de facto application to access the second round of Provider Relief Funds if your organization has not yet received a second payment based on total revenue (after April 24,2020), and for future funding via this stream.**

## IRS Employee Retention Tax Credit Resources

The IRS issued [FAQs](#) providing additional guidance on several aspects of the CARES Act Employee Retention Tax Credit. Our partners at Vory's have provided [a summary of recent guidance](#) as it relates to definitions of suspension and partial suspension of operations, "governmental orders" and conditions of qualification for the tax credits.

## CARES Act Updates SUD Confidentiality Regulations

Embedded in the CARES Act was a controversial change to SUD Confidentiality requirements commonly referred to as 42 CFR Part 2. Many healthcare and behavioral health care professionals felt this change, which largely bring SUD confidentiality in line with current HIPAA requirements, was long overdue and will improve clinical care and access to treatment. However, many in the SUD field have significant concerns this change will result in more discrimination, criminalization, employment challenges, and barriers for accessing care. The language does include increased penalties for discrimination to address this concern. Manatt provided a brief, [The CARES Act Brings Key Changes to SUD Confidentiality Statute](#) that offers of summary of changes. HHS has one year from the enactment of the CARES Act or until March 27, 2021 to develop implementing regulations.



## **SAMHSA Guidance for Law Enforcement and First Responders Administering Naloxone**

SAMHSA recently released specific guidance for law enforcement and First Responders to address concerns that administering Naloxone might increase the risk of contracting COVID-19. The [SAMHSA Guidance](#) is clear that administration of Naloxone is life-saving and withholding treatment with naloxone would be similar to withholding the administration of CPR. The guidance speaks to the safe administration of both nasal and injectable Naloxone.

## **OSHA Guidance on COVID-19 Reporting**

On May 19, 2020, the Occupational Safety and Health Administration (OSHA) issued two "updated" enforcement memos on [injury reporting](#) and OSHA's [enforcement response](#). OSHA's guidance on these issues has shifted over time, and these newest iterations took effect on May 26, 2020. According to OSHA, both guidance memos are "intended to be time-limited to the current COVID-19 public health crisis." Our partners at Vorys have summarized the [updated OSHA Guidance](#). Essentially, COVID-19 is now an OSHA recordable illness, and employers normally responsible for recording employee injuries and illnesses are responsible for recording cases of COVID-19, if all of the following apply: 1.) The case is a confirmed case of COVID-19, as defined by the Centers for Disease Control and Prevention; 2.) The case is work-related as defined by the OSHA regulations; and 3.) The case involves one or more of the general recording criteria set forth in the regulations. Enforcement activities will follow a two pronged approach based on geographic spread of COVID-19 focusing on inspection planning policy in place prior to the COVID-19 pandemic for areas with decreased spread and will prioritize fatalities and imminent risk of chance exposures for inspection in geographical areas with sustained elevated community spread or resurgence in community spread.

## **FCC Telehealth Program**

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

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

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

# COVID-19 State Policy and Resources

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

## Responsible RestartOhio Plan

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

The current guidance reads, "**Require face coverings for employees and recommend them for clients/customers at all times.**" Exceptions for employers and employees include when:

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

If any of these exceptions apply to a business or employee, written justification must be provided upon request.

The broader Responsible RestartOhio plan identified [sector specific operating requirements](#) that will continue to be updated as specific business types prepare to reopen. Each of these specific sector operating requirements adds mandatory requirements and recommends best practices for each business sector to open. When possible, individuals that are working from home are encouraged to continue to work from home. Governor DeWine has continued to stress the importance of adhering to social distancing requirements and staying home as much as possible. Governor DeWine indicated May will be a critical month for testing and the goal is to accelerate Ohio's COVID-19 testing capacity to 22,000 tests per day by the end of the month and to expand contact tracing through state and local health departments by hiring 1,750 community health workers. As testing capacity has increased, ODH has released [updated testing guidance](#) that now expands testing for symptomatic health care workers, including behavioral health providers and includes testing for any congregate care setting when any staff or client tests positive, all staff and clients may be tested regardless of whether they are symptomatic or asymptomatic.

On 5/1/2020, Governor DeWine announced that the Ohio Department of Health issued an updated "[Stay Safe Ohio Order](#)" which will remain in effect with modifications throughout the month until May 29, 2020. This order incorporated guidance for the re-opening of certain businesses announced as part of the Responsible RestartOhio plan. It continues to limit social gatherings. This order allowed certain businesses and retail establishments to begin re-opening.



Noteworthy sections of the order for your business operations are detailed in the following sections:

- **Section 8, Facial Coverings (Masks)** - indicates businesses must require all employees to wear a facial covering, unless there is a permitted exception documented in writing as outlined in the order.
- **Section 16, Social Distancing Requirements** - outlines specific required measures for enforcing social distancing, including six-foot social distancing from other individuals, appropriate hand hygiene, covering coughs and sneezes, not shaking hands, and regularly cleaning high-touch surfaces.
- **Section 20, General COVID-19 Information and Checklist for Businesses/Employers** - outlines the actions businesses and employers must take to operate, including; continuing to have employees work from home when possible, encouraging sick employees to stay home without requiring a healthcare provider note, frequent cleaning, and complying with all guidance from the CDC and Ohio Department of Health regarding social distancing.

The Responsible RestartOhio plan includes a [specific page of guidance for Healthcare providers](#) which provides additional guidance on the regional hospital, health department, and congregate care collaborations established to manage any outbreaks, hotspots, and/or isolation or quarantine needs. As your organization transitions back to including more in-person services, it is important to remember that operating practices and guidelines will continue to change.

On May 20<sup>th</sup>, Governor DeWine [released revised orders](#) signed by ODH Director Amy Acton. The updated order rescinded portions of the "Stay Safe Ohio" order requiring individuals to stay home and prohibiting travel. Separately, Dr. Acton signed an [Urgent Health Advisory](#): Ohioans Protecting Ohioans that strongly recommends Ohioans stay home, particularly older Ohioans and those of any age with chronic health conditions.

## **State Budget Updates**

In February, state revenue was more than \$200 million above projection. However, at the end of April, Ohio experienced a loss of \$776.9 million. Resulting in a \$1 billion swing within three months. State budget forecasts project continued losses in the next few months and the Governor announced budget cuts necessary to balance the budget, as is constitutionally required, in the last 2 months of FY 2020. Governor DeWine announced he will not tap the Budget Stabilization (aka Rainy Day) Fund for FY 2020 and will cut \$775 million from the budget. Spending cuts will be targeted to:

- Medicaid spending (-\$210 million),
- K-12 foundation payments (-\$300 million),
- Other education line-items (-\$55 million),
- Higher education (-\$110 million),
- All other state agencies (-\$100 million).

With these cuts, the administration intends to preserve basic services and meet the needs of individuals and families being directly impacted by the pandemic. The health crisis creates an economic crisis that impacts us at global, federal, state, and local levels. Making these cuts now is expected to help the state prepare for the FY 2021 budget and discussions are also underway with leadership in the General Assembly about next year's budget, including how to best use the state's Rainy-Day fund. State agencies continue to look for ways to reduce spending and the Governor's hiring freeze, promotion/pay raise freeze, travel freeze, and no new contract orders will remain in effect.

## **OBM Final Budget Reports for April**

The Office of Budget and Management (OBM) released the final [April state budget report](#) confirming state tax receipts for the month came in below expectations by \$866.5 million, or 35.3%. The report also shows that through April, General Revenue Fund expenditures remain below estimates by \$336 million, or 1.2% with the biggest spending decline coming through the Ohio Department of Education and followed Jobs and Family Services and MHAS. OBM reported that total Medicaid enrollment was 2.92 million in April, which is an increase of 140,000 over the total in March and a figure that exceeded estimates by more than 100,000, or 3.6%. About half of the increase - 70,000 new enrollees - was in the Group VIII, or expansion category and likely due to rising unemployment created by the statewide Stay at Home order. While enrollment was up, total April Medicaid spending was still below the all funds estimates by \$39.6 million, or 1.7%. The report also discusses various models for economic recovery, concerns about consumer confidence as the pandemic continues, and impacts on overall GDP.

## **OBM Initial Guidance for State Agencies on FY 2021 Budget**

The Office of Budget and Management (OBM) Director Kim Murnieks issued guidance recommending each state agency to identify funds that can be set aside into "holding accounts" for up to 20% of projected GRF allocations directed to contract services, supplies, maintenance, equipment, and subsidies. While the DeWine administration anticipates facing a budget shortfall in FY 2021, the DeWine administration isn't ordering budget cuts for the start of FY 21 but wants state agencies to keep a share of their budgeted spending in reserve in anticipation of further revenue shortfalls. OBM will be issuing updated revenue projections for FY 21 during June and will continue to monitor revenue and expenditures throughout the year. OBM will issue further guidance documents as additional information becomes available. For non-GRF line items, agencies will get their full FY 21 appropriations, unless a given line's funding source is projected to fall short, in which case they are to "institute appropriate spending controls, including allotting necessary amounts of holding account 601." This guidance memo is only the first FY 21 budget action. "As we continue to assess the economic impact of the COVID-19 pandemic and take actions necessary to close FY 20, we must also look ahead and begin planning for FY 21. While there is considerable uncertainty regarding tax revenue projections for the next fiscal year, it is likely that General Revenue Fund (GRF) appropriation reductions will be necessary to maintain a balanced budget. We are releasing this allotment guidance now to give agencies the greatest amount of time possible to plan cost containment strategies and budget reductions. It is important to note that additional or separate executive action may be taken which could supersede this guidance," Murnieks stated.

## **Ohio Medicaid COVID-19 Program and Budget Update**

On May 14<sup>th</sup>, ODM Director Maureen Corcoran shared an update on the COVID-19 impact on Ohio Medicaid and the state budget. The [ODM presentation](#) walks through their immediate responses - including the 1135 and Appendix K waivers - caseloads, historical and current budget impacts, economic impacts and overall budget shortfalls, considerations for FY 2021, and federal funding allocations and assumptions.

- Accepting the Federal FMAP increase comes with requirements for maintenance of effort (MOE) and ODM cannot add premiums or co-pays. However, they can cut optional services and provider types, change (decrease) rates, add prior authorizations and add limits on services for adults. This is outlined on slide 19.

- Behavioral health services are considered optional; however, we do not anticipate this administration would cut BH services from Medicaid because they know the value of services and the cost reduction for overall health costs that comes from BH services.
- State Medicaid Directors are requesting info about the amount of funding providers have received from the provider relief fund to help with their budgeting decisions. Slide 24 outlines the relief funding that has been received in Ohio so far. This information will likely be utilized in state decision making.

From the presentation, it is clear that ODM understands the impact COVID-19 has had on providers with lost revenue, increased costs, and cash flow challenges. It is equally clear that ODM expenditures are expected to exceed present funding allocations for FY 20-21 and will require further action to bring spending into balance.

## **COVID Related Legislation - Introduced**

The legislature returned this month, mostly holding Committee hearings in both chambers. Two new Senate bills were introduced that are intended to address issues arising out of the COVID-19 pandemic.

- **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, and to declare an emergency.
- **SB 310 Federal Funds** (M. Dolan): To provide for the distribution of some federal coronavirus relief funding (\$350 million) to local subdivisions, to make an appropriation, and to declare an emergency.

Additionally, several bills - include a civil immunity bill - have been introduced and referred to committee in the House.

- **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 582 State Spending** (J Callendar): To make appropriations for the biennium ending June 30, 2021, and capital reappropriations for the biennium ending June 30, 2022. This bill offers placeholder language that is expected to provide for continuous funding for necessary capital services.
- **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.

Additionally, the House recently voted to pass **HB 365** (G. Manning) legislation that would revise the requirements for a chemical dependency counselor II license.

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 amended multiple times and scheduled for additional hearings. Amendments added more healthcare practitioner types as eligible for protection under the bills. The Ohio Council is working with our partners and legislators to ensure behavioral health providers will have protections under both bills.

## **ODM Managed Care Procurement Update**

The Ohio Council had an opportunity during our Youth & Family Services Committee meeting this month to hear from Jim Tassie and others from ODM regarding the procurement process. While the pandemic created a delay in reviewing RFI #2 comments and follow-up meetings, ODM is back on track and moving forward with procurement. [The ODM presentation](#) discussed the programmatic goals for procurement, current process and general feedback received through the process. Over 100 organizations, including managed care organizations, responded to RFI #2 and the common themes of streamlining processes, improving consistency in data collection and experience, transparency and accountability, reducing administrative burden, and focusing on the provider-patient relationship remained. ODM is currently drafting the RFA for managed care organizations so they were unable to answer many questions or give specific details regarding timelines. ODM has released two separate RFAs to support procurement including the [RFA for the Fiscal Intermediary](#). Jim did comment that the role of the fiscal intermediary will be to provide claims management and adjudication as a replacement for MITS and offer a portal where all Medicaid claims and prior authorization requests will be processed against high level edits before being sent to MCOs for adjudication and review.

## **Ohio Medicaid MCOs Agree to Extend Delay in Cash Advance Repayments Until July 1, 2020**

The Ohio Council has been in ongoing and active discussions with the Ohio Medicaid MCOs regarding an extension of the cash advance repayment delay. We are pleased to announce that all of the MCOs have agreed to continue the delay in agreed upon cash advance repayments through July 1, 2020. Buckeye, CareSource, Molina, Paramount, and United Healthcare will continue to support providers by delaying repayments.

## **MHAS Incident Notification for Positive COVID-19 Cases in Provider Organizations**

On May 5<sup>th</sup>, 2020 MHAS sent notice to all licensed and certified providers reminding providers of the incident notification and reporting requirements under [OAC 5122-26-13, Appendix A](#) and [OAC 5122-30-16, Appendix A](#). Specifically, MHAS reminded providers to review the definition of "**Medical Events Impacting Provider/Facility Operations**" under 5122-that states: *The presence or exposure of a contagious or infectious medical illness within an provider/facility, whether brought by staff, client/resident, visitor or unknown origin, that poses a significant health risk to other staff or clients in the provider, and that requires special precautions impacting operations. Special precautions impacting operations include medical testing of all individuals who may have been present in the provider/facility, when isolation or quarantine is recommended or ordered by the health department, police or other government entity with authority to do so, and/or notification to individuals of potential exposure. Special precautions impacting operations does not include general isolation precautions, i.e. suggesting staff and/or clients avoid a sick individual or vice versa, or when a disease may have been transmitted via consensual sexual contact or sexual conduct.* Providers are expected to submit incident reports to MHAS whenever a staff, client, resident or visitor tests positive for COVID-19 in their organization/facility so that appropriate resources can be shared to support your organization and to support tracking of potential COVID-19 outbreaks.

## **MHAS Guidance on Reopening In-Person Behavioral Health Services**

MHAS released a new resource to support behavioral health providers in re-opening in-person services. The [Guidance on Reopening In-Person Behavioral Health Services](#) resource guide outlines a number of program, policy, safety, and operational consideration for your "return to work" plan.

## **MHAS Guidance on Personal Protective Equipment (PPE)**

For most types of workers, the risk of infection with COVID-19 is similar to that of the general public. Workers whose jobs do not require contact with people known to be, or suspected of being, infected with COVID-19, nor frequent close contact with (i.e., within 6 feet of) the general public are at lower risk of occupational exposure. However, certain behavioral health workers are likely to perform job duties that involve medium, high, or very high occupational exposure risks. Behavioral health workers' job duties affect their level of occupational risk, which may change as workers take on different tasks within their positions. OhioMHAS released a [PPE guidance document](#) to assist with questions you may have. This resource addresses risk, strategies for managing PPE shortages, and includes resources and videos for proper use of masks and gloves.

## **Pandemic Unemployment Assistance**

Ohioans can now apply for Pandemic Unemployment Assistance (PUA), a new federal program authorized under the CARES Act that covers many more categories of workers than the traditional unemployment program. Individuals that may be eligible should visit [pua.unemployment.ohio.gov](http://pua.unemployment.ohio.gov) and click the button that says, "Click Here to Apply for Pandemic Unemployment Assistance." Individuals who pre-registered for the program received an email with instructions for how to complete their applications. The program offers up to 39 weeks of benefits to many who traditionally have not qualified for unemployment benefits, including self-employed individuals, 1099 tax filers and part-time workers. The benefit amount is similar to traditional unemployment payments, plus an additional \$600 per week through July 25. Visit [www.unemploymenthelp.ohio.gov](http://www.unemploymenthelp.ohio.gov) or call (833) 604-0774 for more details.

## **Minority Health Strike Force Announces Preliminary Recommendations**

Governor DeWine announced initial findings on May 20th from his Minority Health Strike Force. The team 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.

The Minority Health Strike Force's preliminary report will be available soon at [coronavirus.ohio.gov](https://coronavirus.ohio.gov). Final recommendations will be issued on June 11. Governor DeWine also announced that the Strike Force will work with Us for Us to unveil a new communications campaign aimed at Ohio's minority populations called, "Stay in the Fight." This campaign will focus on the need to stay informed, stay involved, and stay inspired during the pandemic.

## Telehealth & Billing

### Medicaid and MHAS Telehealth Emergency Rules

The current ODM and MHAS telehealth emergency rules expire on 7/19/2020. We have been advocating for the continuation of these rules in their current form as we continue to navigate the new world of social distancing and limited contact. Several staff from MHAS joined our May policy committee meetings to discuss the benefits and barriers providers have experienced with telehealth as they plan for the future of telehealth in Ohio. Additionally, we have shared our state and federal [telehealth recommendations](#) with the directors and key staff at MHAS and ODM.

### Updated CMS Guidance on Medicare Fee-For-Services Billing

On 4/30/2020 CMS announced another [round of regulatory changes](#). While mostly focused on Medicare policy and payment, these changes are designed to ease federal rules and institute new flexibilities to ensure that states and localities can focus on caring for patients during the pandemic and that care is not delayed due to administrative red tape. While many of the changes continue to relax hospital and hospital outpatient policies, there were some changes related to telehealth that are welcome.

Specifically:

- CMS previously announced that Medicare would **pay for certain services conducted by audio-only telephone** between beneficiaries and their doctors and other clinicians. CMS broadened that list to include many behavioral health and patient education services. CMS also increased payments for these telephone visits to match payments for similar office and outpatient visits. The increase in payments for these services will change from a range of about \$14-\$41 to about \$46-\$110. *The payments are retroactive to March 1, 2020 and providers do not need to do anything to receive the new payment rate.*
- Since some Medicare beneficiaries don't have access to interactive audio-video technology that is required for Medicare telehealth services, or choose not to use it even if offered by their practitioner, CMS waived the video requirement for certain telephone evaluation and management services, and added them to the [list of Medicare telehealth services](#). As a result, Medicare beneficiaries will be able to use an audio-only telephone to get these services.

CMS updated a [video](#) that answers common questions about the expanded Medicare telehealth services benefit during the COVID-19 public health emergency. New information includes how CMS adds services to the list of telehealth services, additional practitioners that can provide telehealth services, and the distant site services that Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) can provide. Further, the video includes information about audio-only telehealth services, telehealth services that hospitals, nursing homes and home health agencies can provide, along with how to correctly bill for telehealth services.



## **CMS Announces Plans to Further Expand Telehealth Access under Medicare Advantage Plans**

CMS released [final regulations](#) to expand access to telehealth service under Medicare Advantage (MA) plans as plans prepare to bid on MA and Part D programs for 2021. Under the revised regulations, CMS encourages MA plans to increase their telehealth benefits and increase plan options for beneficiaries living in rural areas. In exchange, CMS is giving MA plans more flexibility to count 10% of their network via telehealth providers in certain specialty areas (such as Dermatology, Psychiatry, Cardiology, Ophthalmology, Nephrology, Primary Care, Gynecology, Endocrinology, and Infectious Diseases) towards meeting CMS network adequacy standards. While this added flexibility is important to encourage MA plans to expand coverage options for telehealth, we will need to monitor implementation through the lens of federal insurance parity. The revised rule also makes changes to program quality rating programs, medical loss ratio calculations, special election periods, and services for certain chronic diseases.

## **AMA Coding Guidance**

The AMA [Special Coding Advice During COVID-19 Public Health Emergency, updated May 4th](#) that provided additional guidance on coding and documenting services provided by telehealth, and telephone. Of specific interest are relaxed E&M documentation requirements during the pandemic for telehealth services allowing visits to be based on time or Medical Decision Making. Slides 2 and 12 are more germane to community BH service delivery for Medicare and Medicaid.

## **Updated DEA Guidance on Prescribing via Telemedicine**

Updates were made to the Drug Enforcement Agency's (DEA) guidance on prescribing using telemedicine. The change instituted requires telemedicine using audio and video, interactive communication **only** for the initial visit for E&M services, subsequent services can be delivered by telephone only. The DEA updated their [FAQ on telemedicine](#) to make it clear that when a practitioner has had a previous in-person medical examination with a patient, the practitioner may issue a prescription for a controlled substance after having communicated with the patient via telemedicine, or any other means, regardless of whether a public health emergency has been declared by the Secretary of Health and Human Services, so long as the prescription is issued for a legitimate medical purpose and the practitioner is acting in the usual course of professional practice. Additionally, the DEA has published a [decision tree](#) for prescribing which outlines this information in a simple, but detailed format.

## **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 7<sup>th</sup>, [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.), 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](mailto:together@governor.ohio.gov). Please share on your websites and via social media.
- [Ohio Manufacturers Retooling and Repurposing to Create PPE](#) - alternative sources for some PPE items. Items available here include face shields, hand sanitizer, cotton (reusable) face masks, gowns, non-cotton face masks, gloves, and other items.
- [JobsOhio has created a PPE Database](#) (scroll down the page) which includes information on manufacturers, distributors, and potential contract manufacturers to connect with PPE resources.
- #GetUsPPE is a grassroots movement founded by physicians and medical researchers on the frontlines of the COVID-19 pandemic. They are working to ensure healthcare facilities have access to supplies they need. Several members have had success with this site. <https://getusppe.org/request/>
- A local company, Aunt Flow, is currently leveraging their network and resources to help provide PPE. Right now, they have available FDA Approved Masks. You can learn more and [order HERE](#). Order limits are currently 2,000. If you have questions or need larger orders, please contact Claire Coder at [claire@auntflow.org](mailto: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](http://www.accordmedstaffing.com). Please contact Ashley with questions at: [ashleyg@accordmedstaffing.com](mailto: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](mailto: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](#).

## Clinical Resources

### **American Red Cross and American Health Association Extend First Aid and CPR Certification**

In response to coronavirus (COVID-19), the [American Red Cross](#) and the [American Heart Association](#) have extended expiration dates for 120 days beginning in March 2020. Visit the website for whichever entity provided your CPR or First Aid certification for details about how to obtain the extension. Your staff may be required to complete online training to obtain the extension.

### **Ohio Department of Aging – Staying Connected**

The Ohio Department of Aging (ODA) announced the launch of the [Staying Connected Program](#) on 5/12/2020. This new ODA program will provide free, daily check-in by phone for Ohioans age 60 or older between 7AM and 7PM daily. Older adults can register for the program, set the hour of preferred contact by phone or text. Calls will be a general check in and offer connections to local services as needed. As a safeguard, an alternative contact person is required in the event the individual cannot be reached to assure someone can check on them. ODA also operates a hotline, 1-833-ODA-CHAT ((1-833-632-2428) that older adults may use to ask questions or make changes to the Staying Connected Program.

### **MHAS Launches COVID CareLine**

MHAS, in partnership with RecoveryOhio launched the COVID Careline to provide emotional support for Ohioans who are experiencing stress, anxiety, fear, sadness and loneliness amid the COVID-19 pandemic. Ohioans may call **1-800-720-9616** to connect with trained counselors for 24/7 support. The Careline is staffed by credentialed counselors in Ohio from 8:00AM-8:00PM, 7 days a week who have been trained to provide free, confidential support for a wide range of needs, including mental health concerns, substance use, problem gambling, and more. Calls outside these hours will roll over to the National Suicide Prevention Lifeline. Individuals experiencing an acute crisis can still reach out to the Ohio Crisis Text Line (keyword 4HOPE to 741 741) or the National Suicide Prevention Lifeline (1-800-273-8255). Find more information, and sample social media posts, at <http://mha.ohio.gov/careline>.

## Grant Opportunities

### **Community and Faith-Based Culturally Competent Stigma Reduction Funding Opportunity**

In support of Governor Mike DeWine's commitment to the Investment in Ohio's Future, the Office of Faith-Based and Community Initiatives, in partnership with the Ohio Department of Mental Health and Addiction Services, will offer a \$1M funding opportunity for faith-based and community-based organizations. The funds will be directed toward community-based strategies for mental wellness and support during this period of COVID-19.

This opportunity is seeking to support Ohio's most vulnerable populations. Local communities can apply for resources needed to empower everyday citizens to identify signs of poor mental health and/or addiction, reduce stigma associated with those issues, provide support, and offer resources to people about where to

find help. All questions must be submitted electronically no later than June 5 to OhioMHAS at [GOFBCI@mha.ohio.gov](mailto:GOFBCI@mha.ohio.gov). Responses to frequently asked questions will be posted to the [OhioMHAS Funding Opportunities web page](#). Proposals must be submitted by June 12, 2020.

## **FY 2020 SOR Continuum Grant for Organizations Serving Minority Populations**

OhioMHAS re-announced the State Opioid Response (SOR) grant opportunity for federal fiscal year 2020. The SOR Project Ohio Opiate Response Continuum Grant for Organizations Serving Members of the African American, Hispanic/Latino American, and other Minority Communities ([MHA-FY20-21-OOR-CountyHealth-12](#)) continues to offer up to \$15 million dollars available through Sept. 28, 2020, to provide funding for programs and projects that will increase access to treatment and recovery supports for African American, Hispanic/Latino American, and other minority community members with a primary or secondary diagnosis of opioid use disorder or those with a documented history of opiate related overdose.

Eligible applicants include behavioral health organizations and other non-profit organizations, in addition to several other community-based organizations. Responses to frequently asked questions will be posted to the [OhioMHAS Funding Opportunities web page](#). **Applications must be submitted to [SORTreatment@mha.ohio.gov](mailto:SORTreatment@mha.ohio.gov) by 5 p.m. on June 8, 2020.**

## **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](#)
- [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.](#)
- [Director's Third Amended Order re: the closure of all K-12 Schools in State of Ohio.](#)

## Other Resources – Non COVID Related

### New Reports – Accessing MH and SUD Treatment Services

As the country continues to grapple with the impact of the COVID-19 crisis, we know that the economic, health and psychological effects will result in a surge of people needing treatment for mental health or substance use problems. Timely access to affordable, quality care will be critical to meet this need. **Now is the time for policymakers, regulators, and advocates to act to ensure that barriers to mental health and substance use care are removed.** One often overlooked path to increased treatment access is better enforcement of the nation's existing insurance laws, including the 2008 Mental Health Parity and Addiction Equity Act (Parity Act).

The Legal Action Center has released two new reports detailing key insurance barriers that, with increased enforcement of the Parity Act, would significantly improve treatment access and coverage.

[\*The Spotlight on Prior Authorization\*](#) includes a 50-state survey of statutory standards limiting the use of prior authorization for SUD medications and services in both public and private insurance and identifies 22 state legislatures that have stepped in to require system-wide removal of some prior authorization requirements. In addition, the report provides guidance on regulatory and Attorney General actions that have strengthened enforcement of existing requirements under the Parity Act.

[\*The Spotlight on Network Adequacy\*](#) includes a 50-state survey of quantitative metrics adopted for state-regulated private health plans and offers a "parity assessment" of those states MH and SUD provider metrics. The report also describes the federal and state regulatory framework for defining and monitoring network adequacy for public and private health plans and offers recommendations to improve and enforce network adequacy standards.

### NIMH Strategic Plan for Research

The National Institute of Mental Health (NIMH) released the new [Strategic Plan for Research](#). The new plan provides a framework for advancing research priorities that support the Institute's mission: To transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.

The Strategic Plan outlines four high-level Goals:

- Goal 1: [Define the Brain Mechanisms Underlying Complex Behaviors](#)
- Goal 2: [Examine Mental Illness Trajectories Across the Lifespan](#)
- Goal 3: [Strive for Prevention and Cures](#)
- Goal 4: [Strengthen the Public Health Impact of NIMH-Supported Research](#)

These four Goals form a broad roadmap for the Institute's research priorities over the next five years, beginning with the fundamental science of the brain and behavior, and extending through evidence-based services that improve public health outcomes.

## **GAO Study Finds Medicare Needs to Provide More Information on SUD Treatment**

A recent [Government Accountability Office \(GAO\) analysis](#) of Medicare claims data shows that in 2018 almost 5 million beneficiaries used behavioral health services—services for mental and substance use disorders. This represented about 14 percent of the more than 36 million fee-for-service (traditional) Medicare beneficiaries and reflects about \$3.3 billion in spending. Additionally, about 96 percent of all behavioral health services accessed by Medicare beneficiaries in 2018, the latest data available, were for a primary diagnosis in one of five behavioral health disorder categories. Mood disorders, such as depression and bipolar disorders, accounted for 42 percent of services. SUD services accounted for about 7 percent of all services accessed by beneficiaries. The finding suggest Medicare needs to do more to improve access to SUD services.

## **Latest OSAM Drug Trend Report Available**

The Ohio Substance Abuse Monitoring (OSAM) Network has released its latest six-month drug trend report for the State of Ohio. Click [HERE](#) to view/download the *Surveillance of Drug Abuse Trends in the State of Ohio: January – June 2019*. Click [HERE](#) to read an executive summary.

## **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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