

SEPTEMBER 2020 COVID-19 EDITION

Due to the ongoing pandemic, this issue continues to primarily contain COVID-19 related policies and resources. *However, there are non-COVID related items included at the beginning and end.* Additionally, the [March 2020](#), [April 2020](#), [May 2020](#), [June 2020](#), [July 2020](#), and [August 2020](#) editions are available for historic references and resources.

2020 Census Deadline Changed Again

The 2020 Census was interrupted by the COVID-19 pandemic, but there is still time to be counted and your response is crucial! The census is only completed 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 schools, public transportation, hospitals, fire departments, and many other critical programs; and provides data that will impact your community until the next census. You can make a difference today by completing the 2020 Census and encouraging others to do so as well.

The Census Bureau is working to complete data collection as quickly and safely as possible, while ensuring a complete and accurate count as it strives to comply with the law and statutory deadlines. Previously, the Trump Administration shortened the census deadline to 9/30/2020. However, on 9/25/2020, U.S. District Court for the Northern District of California, Judge Lucy H. Koh [issued a preliminary injunction](#) preventing the administration from winding down the count by Sept. 30, a month before the scheduled completion date of Oct. 31. She also barred officials from delivering completed population data to the White House on Dec. 31 rather than the April 2021 delivery date that had previously been sent out. **All Census offices are scheduled to complete their work by October 31, 2020.**

Households can respond by completing and mailing back the paper questionnaire received by mail, by responding online at 2020census.gov, or by phone at 844-330-2020. Households responding online or by phone can do so in one of 13 languages and find assistance in many more.

Please share this information with your networks and clients and encourage everyone to complete the Census!

Ohio Medicaid Managed Care RFA Announced

The Governor announced the Ohio Department of Medicaid is unveiling the Release for Application (RFA) inviting managed care organizations (MCO) to submit proposals for Ohio's next generation managed care program supporting more than 90 percent of Ohioans receiving health care services through Medicaid. This RFA refocuses managed care on improving the health and wellness of individuals and proposes a significant structural change that will also improve access to real-time data, reduce redundant and costly administrative requirements, specialize programs toward high need populations, and create more opportunity for transparency and accountability moving forward. In developing this RFA, ODM spent 18 months listening to Medicaid recipients, providers, advocates, government officials, and system stakeholders and incorporated feedback into the design. He also spoke briefly about the OhioRISE initiative that will provide additional services, expanded care coordination and support for children with high behavioral health care needs through a carve out model.

ODM's managed care procurement strategy introduces unbundled or specialized components to deliver greater transparency and accountability in managing its pharmacy benefits, eliminate provider administrative redundancies in the credentialing and enrollment process, simplify claims submissions and management via a fiscal intermediary, and provide high-intensity wrap-around services and supports for Ohio's children and adolescents with complex behavioral health needs. As you will recall, the lessons learned from BH Redesign clearly informed a number of the strategies for proposed managed care design. Certainly, the devils in the details, but overall refocusing on individual, personalized care delivery, simplifying processes and reducing administrative burden while increasing accountability and transparency are ideas we support.

The [Managed Care RFA documents](#) are now available with the [ODM press release](#) announcing procurement and a "[What you Need to know Timeline](#)" document. ODM will also continue to post additional information about the managed care procurement process and goals is available at <https://managedcare.medicaid.ohio.gov/wps/portal/gov/manc/>.

COVID-19 Federal Policy and Resources

US Treasury and IRS Releases Guidance on Federal Payroll Tax Deferral

On August 28th, US Treasury and Internal Revenue Service issued [guidance](#) implementing the Presidential Memorandum on August 8, 2020, allowing employers to defer withholding and payment of the employee's portion of the Social Security tax if the employee's wages are below a certain amount. The Notice confirms that employers can defer withholding and payment of an employee's share of social security tax on eligible compensation paid between September 1, 2020 and December 31, 2020. Compensation is eligible for this deferral if the amount paid for a bi-weekly period is less than \$4,000. Employers will remain responsible for paying this deferred tax generally between January 1, 2021 and April 30, 2021. While not expressly stated, employers are not required to allow their employees to take advantage of the deferrals. Our partners at Vory's have shared a [Coronavirus Task Force summary](#) offering additional details on the Treasury and IRS notice.

HHS Releases Provider Relief Fund Reporting Requirements

On September 19, 2020 the Department of Health and Human Services (HHS) released Provider Relief Fund (PRF) Federal [General and Targeted Distribution Post-Payment Notice of Reporting Requirements](#). This notice informs recipients of the categories of data elements that recipients must submit for calendar years 2019 and 2020 as part of the reporting process. It offers specific information on demographic data, expenses attributable to Coronavirus not reimbursed by other sources, lost revenue attributed to Coronavirus, and other non-financial data.

Federal PRF recipients who received payments exceeding \$10,000 will be required to report and the document specifically notes that reporting entities that expended \$750,000 or more in aggregated federal financial assistance in 2020 (including PRF payments and other federal financial assistance) are subject to Single Audit requirements (previously known as the OMB Circular A-133 audit), as set forth in the regulations at 45 CFR 75.501.

The reporting portal opens Oct. 1, 2020. All providers must report use of funds through the end of 2020 by Feb. 15, 2021. Recipients who have not exhausted funds by the end of 2020, must submit a final report of expenses by Jul. 31, 2021. HRSA plans to offer Question & Answer Sessions via webinar in advance of the reporting deadline, and as needed, HRSA will also issue Frequently Asked Questions to aid in the reporting process.

Provider Relief Funding Allowable Use and Deadlines for Expenditure

We have received several questions regarding how money from the various CARES Act funding options (Payroll Protection Program (PPP), HHS Provider Relief Funds, and State Coronavirus Provider Relief funds) can be spent and their associated deadlines. Remember, all these programs are created and allocated under the CARES Act and use of these funds cannot be attributed to the same expenses.

The HHS [Terms & Conditions](#) give vague guidance on how the federal provider relief funding can be used and state that "payment will only be used to prevent, prepare for, and respond to coronavirus, and that the payment shall reimburse the recipient only for health care related expenses or lost revenues that are attributable to coronavirus". However, [the slides 27-35 from the OBM and ODM webinar](#) on the state CARES Act coronavirus provider relief funds gives additional guidance on how you can and cannot spend the relief funding. [PPP guidance](#) is clearer as these funds must be used for payroll costs, interest on mortgages, rent, and utilities (at least 60% of the forgiven amount must have been used for payroll) in order to qualify for loan forgiveness.

Additionally, the three funds have varying deadlines to expend the payments:

- State CARE coronavirus provider relief funding must be expended from 3/1/2020-12/30/2020 as noted on [slide 27](#) and [required by the US Treasury](#).
- [HHS Provider Relief Funds must be expended by 7/31/2021](#) as explained in the [notice of reporting requirements](#) (updated 9/19/2020 as discussed above) on the Provider Relief Fund website, reports on the use of Provider Relief Fund money must be submitted no later than July 31, 2021, and accordingly HHS expects that providers will fully expend their payments by that date.
- [PPP funds must be expended within 24 weeks](#) of receiving the PPP loan.

DOL Updates Health Care Provider Definition for FFCRA Expanded FMLA

Effective 9/16/2020, the Department of Labor (DOL) updated the definition of "health care provider" being used under the Family First Coronavirus Relief Act (FFCRA) which expanded FMLA coverage during the pandemic. This change was precipitated by a federal court ruling in New York that rejected the DOL's broader definition of health care worker and instead replaced it with the definition currently used under FMLA. Under FFCRA Expanded FMLA benefits, employers are able to exempt employees the expanded benefits if they are "health care providers". DOL has communicated this change by updating the [FFCRA FAQ](#) and question 56 addresses this issue, which is copied below for your convenience.

Q 56. Who is a "health care provider" who may be excluded by their employer from paid sick leave and/or expanded family and medical leave? [Updated to reflect the Department's revised regulations which are effective as of the date of publication in the Federal Register.]

For the purposes of defining the set of employees who may be excluded from taking paid sick leave or expanded family and medical leave by their employer under the FFCRA, a health care provider includes two groups.

This first group is anyone who is a licensed doctor of medicine, nurse practitioner, or other health care provider permitted to issue a certification for [purposes of the FMLA](#).

The second group is any other person who is employed to provide diagnostic services, preventive services, treatment services, or other services that are integrated with and necessary to the provision of patient care and, if not provided, would adversely impact patient care. This group includes employees who provide direct diagnostic, preventive, treatment, or other patient care services, such as nurses, nurse assistants, and medical technicians. It also includes employees who directly assist or are supervised by a direct provider of diagnostic, preventive, treatment, or other patient care services. Finally, employees who do not provide direct health care services to a patient but are otherwise integrated into and necessary to the provision of those services, for example, a laboratory technician who processes medical test results to aid in the diagnosis and treatment of a health condition-are health care providers.

A person is not a health care provider merely because his or her employer provides health care services or because he or she provides a service that affects the provision of health care services. For example, IT professionals, building maintenance staff, human resources personnel, cooks, food services workers, records managers, consultants, and billers are not health care providers, even if they work at a hospital or a similar health care facility.

To minimize the spread of the virus associated with COVID-19, the Department encourages employers to be judicious when using this definition to exempt health care providers from the provisions of the FFCRA. For example, an employer may decide to exempt these employees from leave for caring for a family member but choose to provide them paid sick leave in the case of their own COVID-19 illness.

ASAM Releases Updated COVID-19 Guidance Documents and Resources

While many states across the country are starting to relax physical distancing and other restrictions put in place in response to COVID-19, the pandemic continues to impact the work of addiction treatment clinicians and programs as they strive to maintain safety for both staff and patients. People across the country remain

at risk for infection from sustained community transmission and increasing population prevalence of the COVID-19 virus. In some areas, this has meant treatment programs may be experiencing another wave of COVID-positive patients and staff. In other areas, a significant impact is only now being felt for the first time. ASAM has updated its [FREE guidance documents and resources](#) to reflect the current environment across multiple areas and a variety of practice settings. Over 15 individual guidance documents are available.

Coronavirus Anxiety Workbook

The Wellness Society created an open source tool, [Coronavirus Anxiety Workbook](#), to support individuals in working through anxiety associated with learning to live in a society with COVID-19. The workbook discusses multiple strategies to sustain wellness, maintain social connections, and individuals plans to reduce anxiety.

COVID-19 State Policy and Resources

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

State Coronavirus Relief Funds Update

Currently, \$45 million has been allocated specifically for community behavioral health providers enrolled in Medicaid (PT 84/95). [Click here to view the list of eligible providers](#). To access these funds, **providers MUST APPLY through the [Ohio Grants Partnership portal](#)**. Be sure to select the correct funding opportunity - *CARES Act - Coronavirus Relief Fund - Provider Relief Payments*. Scroll to the bottom of the form and click "register" to apply. After you apply, you will receive an e-mail confirmation your request was received. ***OBM is accepting applications through October 20th.***

Providers MUST submit separate applications for each Medicaid Provider ID eligible for these STATE CARES Act funds. Please check your records to make sure you submitted applications for each eligible Medicaid ID/Agency NPI. If you have submitted the application, then double check the Medicaid ID was entered correctly in the application. The [OBM/ODM list of organizations](#) that can still access Coronavirus Relief Funds does not identify your actual NPIs, only your agency name as enrolled with Medicaid. If your name appears twice, it means you have multiple Medicaid IDs eligible for payment. It may be helpful to compare this list to the [original list of all eligible providers](#) for State Coronavirus Relief funds. **Please note:** your agency name, EIN, Medicaid ID, NPI must match exactly in order for OBM to validate the file and process payment.

The Ohio Council has been in regular communication with ODM to support distribution of these funds to BH providers. As of September 15th, 584 eligible BH providers, only 313 have requested these funds, which would leave more than \$26 million unclaimed. About 40 BH providers have been flagged with file validation issues that OBM and ODM are working through in order to process payment. The Ohio Council has sent targeted e-mails to member organizations that still need to apply according to the [OBM/ODM list of organizations](#). If you received that request, we strongly encourage you to act now! **Please do not wait – apply now!**

OBM is continuing to process payments for valid and complete applications. These funds have been assigned based on provider type specific distribution methodology outlined in the [FAQ](#) so please exercise patience as ODM and OBM work through the data matching challenges to distribute these funds. If you have questions about the application process, please send questions to crfprovider@obm.ohio.gov.

Responsible Restart

K-12 COVID-19 Reporting Order: Effective September 8th, parents are required to notify schools if their child tests positive for COVID-19 within 24 hours, within 24 hours, the school must notify other parents and guardians and their local health department. Effective September 15th, local health departments began reporting this information to ODH every Tuesday and the results are posted on the ODH website every Thursday. Information reported does not include individual identifying information but is basic public health reporting to inform planning and monitoring.

The Governor released the tracking dashboards for COVID-19 reporting in [schools](#) and among [children under age 18](#). These new school dashboards are searchable by county and school district while the children's cases are searchable by county, age range, case count, and classification. Both provide good information about what is happening with our youngest Ohioans and show how youth between ages 14-17 and 5-10 are experiencing higher rates of infection and concentration of cases in the major metropolitan counties.

Demographics Dashboard: Governor DeWine announced a [new case demographics dashboard](#) that gives citizens access to COVID-19 case data by race or ethnicity. The data can be broken down by age and county and compared to the overall Ohio population. This update was recommended by the COVID-19 Minority Health Strike Force.

ODH Responsible Restart Celebrating Halloween: ODH released best practice guidelines for communities and organizations to support safe celebrations of Halloween and fall activities.

Signed Health Order: [Director's Order on the Opening of Adult Day Care Services and Senior Centers](#). This order went into effect at 12:01 AM on September 21st. DODD clarified this ODH order does not apply to providers certified by the Ohio Department of Developmental Disabilities (DODD), due to the existing [ODH order](#) that has allowed Adult Day Support or Vocational Habilitation services in cohorts of 10 people or less.

Return to Work Guidance: During an early September press conference, Governor DeWine invited the Cleveland Clinic Assistant Chief of Safety and Quality Improvement, Dr. Arron Hamilton to discuss their "[Safer at Home](#)" framework developed in collaboration with Clorox. This open source document offers practical information that individuals and families can use to stay safe and evaluate activities to determine level and safety/risk using a time, space, and people approach. Similarly, the Cleveland Clinic has also created a [Return to Work](#) tool for businesses and employees preparing to return to work. Both resources are publicly available, easy to read, and may be useful tools to share with your teams, families, and community members.

Influenza Vaccines: The Governor recommended all Ohioans get their flu shots. The CDC recommends that everyone 6 months of age and older, including pregnant women receive an annual flu shot, with rare exception. Getting a flu shot will help protect people from getting both the flu and COVID-19 simultaneously and hopefully reduce the overall incidence of flu as we turn toward the fall and cooler weather. Flu shots are widely available at most primary care practices, pharmacies, health departments, and other community locations. Anyone without a primary healthcare provider can visit <http://www.vaccinefinder.org> to find nearby pharmacies and other healthcare locations offering the flu vaccine. **NOTE:** BH Providers that typically offer flu vaccines to their staff are encouraged to order your flu vaccines or coordinate scheduling with your local health department sooner rather than later. While there are not currently shortages of flu vaccines, shipments of vaccines are getting pushed out to the end of the calendar year.

Intermediate Care Facilities (ICF/DD): Effective, Monday, September 28th ICF/DD facilities resumed indoor visitation when able to meet specific safety standards. ODH has released the updated [Director's Order to Limit Access to Ohio's Intermediate Care Facilities for Individuals with Intellectual Disabilities and to Permit Visitation](#).

In conjunction with the ODH order, DODD has [Phase One Guidelines for ICF/IID Indoor Visitation During COVID-19](#) to provide a general framework and best practices to support local families, providers, and teams to implement indoor visitations safely.

Nursing Homes and Assisted Living Facilities: Indoor visitation will be permitted beginning October 12th provided specified safety standards are met. Each facility will need to consider a number of factors - including current COVID cases and/or flu, have sufficient PPE, increase cleaning protocols, and all staff, residents, and visitors will be required to wear masks. Each resident will be able to have 2 visitors per day. Some additional activities such as group dining and activities will also be permitted with specific health and safety considerations. The standards will be outlined in a forthcoming public health order.

COVID-19 Testing Guidelines and Testing Sites

Access to testing has been limited in many areas of the state even with the expansion to allow any individual to obtain a test, some testing sites are still requiring doctor's orders. Additionally, access to test results is often slow and some facilities are not sharing test results with providers and citing HIPAA. One way organizations have been able to obtain test results is by having an agency medical director/physician order tests for clients/staff or get an ROI. Testing locations, including pop-up sites, continue to be updated on the ODH Coronavirus interactive Testing and Community Health Centers map. Individuals are encouraged to call their healthcare provider or these testing sites to seek instructions for obtaining a test. Updated testing information and locations, including pop-up sites and the map referenced above, can be found on the [ODH Coronavirus Testing webpage which identifies](#) many community sites (CVS, Kroger, Rite Aid, and Walmart) and health centers where testing is provided with links to access these sites and information about scheduling.

New Behavioral Health Funding Allocated

Governor DeWine recently commented on concerns about mental health and addiction challenges that have been created or exacerbated by the COVID-19 pandemic. On Monday, September 28, 2020 the Controlling Board approved Governor DeWine's request for allocations of additional [CARES Funds to support mental health services](#) including \$7.5 million for K-12 schools initiatives, \$13.5 million for higher education, and \$10 million for MHAS to support access to BH services in individual communities. These education-focused initiatives are intended to expand access to prevention programs and mental health services in schools and higher education through linkage and connections to community providers.

MHAS is expected to release additional details about the \$10 million allocation in short order. The initial information on targeted use of these funds include \$2.695 million to support access to inpatient hospital services, particularly in private psych units when state hospital beds are full; \$4.795 million to expand information to support connections to care, the CareLine, and \$2.510 to expanded mental health and suicide prevention education and connections to care for the general population, first responders, students and educators, minority Ohioans, families in contact with child welfare, and other high-risk populations. Because these are CARES funds allocated to states, they must be expended by December 31, 2020.

OBM Released August Financial Reports

The Office of Budget and Management released the [August financial reports](#) showing revenues came in approximately 1% or about \$69 million above the monthly estimate. Revenues are exceeding estimates by \$253.6 million through the first two months of the FY21. Unemployment rates continue to fall, and Ohio continues to experience a decline in new cases. OBM Director Murnieks credited the effects of June and July stimulus efforts as the driving force behind the positive figures for August. However, the Director predicted that future economic recovery will be predicated on COVID-19 case rates. Higher infection rates will slow the recovery and vice versa.

State COVID-19 Civil Immunity Bill Signed into Law

Governor Mike DeWine signed [House Bill 606](#) into law and it is effective from 3/9/2020-9/30/2021. House Bill 606 ensures civil immunity to individuals, schools, health care providers, businesses, and other entities from lawsuits arising from exposure, transmission, or contraction of COVID-19, or any mutation of the virus, as long as they were not showing reckless, intentional, or willful misconduct. It also shields health care providers from liability in tort actions regarding the care and services they provide during this pandemic unless they were acting recklessly or displaying intentional misconduct. Our partners at Vorys law firm through their Coronavirus Task Force have prepared a comprehensive summary, [Ohio Enacts Broad COVID-19 Immunity Legislation](#), that walks through the details.

Ohio General Assembly Passes Legislation to Send \$650 Million in CARES Act Funding to Local Government

On Wednesday, September 23 the Ohio House followed the Senate's lead in passing [H.B. 614](#), legislation originally aimed at improving Ohio's unemployment compensation system but was amended to also include language that would distribute \$650 million in federal CARES Act funding to local governments. These funds must be spent before the end of the calendar year. These CARES Act funds must follow the same terms and conditions as other CARES Act funding and be COVID-19 related. *Providers are encouraged to reach out to county commissioners, mayors, and elected officials to seek opportunities to access these funds to support services and programs.*

ODJFS Buckeye Neighbors Helping Neighbors Campaign - Keeping Kids Safe

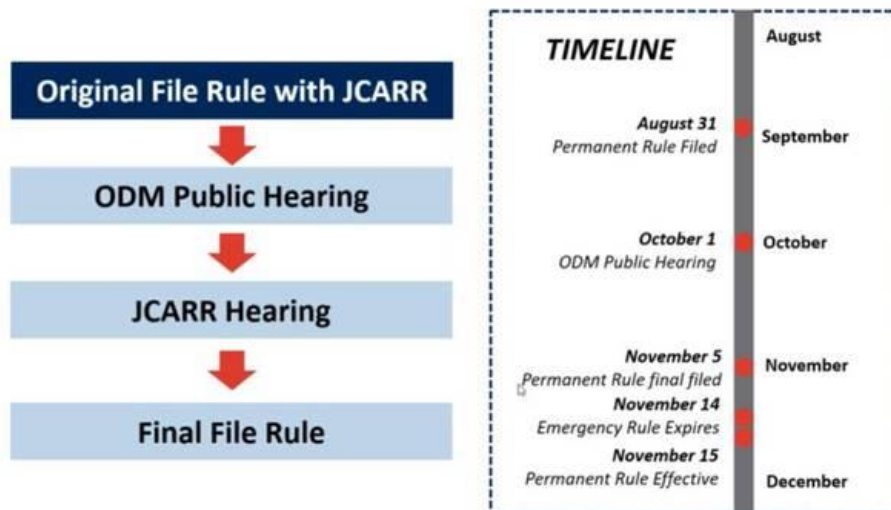
Supporting strong families and communities during the COVID-19 pandemic continues to be a top priority. ODJFS would like to educate members of communities who are not children services professionals through the [Buckeye Neighbors Helping Neighbors](#) campaign. The campaign speaks to the extraordinary strains families are experiencing, the challenges of mandated reporting when children are learning remotely, and the many positive steps that neighbors, employers, faith-based partners and others can take to better support the children and families in their communities. Please feel free to share this document on social media, with community partners, and your networks.

Telehealth & Billing

Medicaid Stakeholder Telehealth Rule Webinar

On 9/1/2020, the Ohio Department of Medicaid (ODM) hosted a webinar to review the [telehealth rule 5160-1-18](#), [Appendix A Billing Codes](#), and [Appendix B Patient Location Modifiers](#), that were filed with JCARR on 8/31/2020. [The slides](#) and [the recording](#) from this webinar are available if you were unable to attend the webinar. Director Corcoran reviewed steps taken during the COVID-19 emergency to help providers continue to see clients, including the expansion of telehealth services to a wide array of medical, clinical, and behavioral health providers as well as easing prior authorization requirements. Director Corcoran shared that ODM has received overwhelming support for the rapid expansion of telehealth services from both patients and providers. The use of telehealth skyrocketed during the initial month of the pandemic. Prior to March 2020 physical health telehealth services submitted to ODM were approximately 1,000 claims per month and increased to 200,000 claims per month in April 2020. Prior to March 2020 behavioral health telehealth services submitted to ODM were approximately 4,000 per month and increased to 270,000 per month in April 2020.

Director Corcoran shared ODM's vision and goals for telehealth and described it as developing a regulatory framework expanding clinically appropriate services while maintaining the fiscal sustainability and integrity of the Medicaid program. She also outlined the permanent rule process and shared the timeline below for the ODM telehealth rule. As indicated below, the permanent rule was filed in time so that there should not be a lapse in coverage when the [current emergency rule](#) expires.



The webinar outlined key changes for all providers, including the changes specific to Community Behavioral Health providers:

- Retains emergency rule provisions to ensure telehealth services are allowed
- Removed "face-to-face" requirement and removed prohibition on services delivered using telephone or video conferencing
- Allowed greater flexibility for fidelity reviews of ACT and IHBT providers
- Removes previous limits on SUD peer recovery services to organizations billing prior to the COVID emergency.

Director Corcoran reminded providers that many of the flexibilities allowed under telehealth are because of Federal waivers (HIPAA, DEA, CMS). ODM is continuing to seek clarification on HHS' approach for the future of these waivers and what will be needed to maintain some aspects of telehealth after the pandemic ends.

This webinar also included additional general changes and a Q&A session for participants. Several of the questions were unable to be answered completely at the time of the webinar and will be reviewed in further detail by ODM, details of note for CBHCs include:

- The new rule maintains asynchronous activity, but with specific definitions that includes telephone calls, remote patient monitoring, secure email or patient portal. We are submitting comments requesting text messaging be included since previous guidance from ODM/MHAS informed BH providers that text messaging is allowed.
- There will be some services not allowed by audio only, ODM will have a list, but this likely will not include BH services, examples given were primarily services that require physical examination.
- ODM maintained E&M consultation codes for telephone only service codes 99441 and 99442 but removed 99443.
- Requires patients to be seen in person at least annually for patients receiving services for longer than 12 consecutive months. We are also submitting comments on this aspect of the rule, requesting in person visits be based on medical necessity.
- Adds interactive complexity which was not previously included in the emergency rule - this will be effective with the new rule which should take effect 11/15/2020.
- Adds the requirement regarding claims submission for telehealth including use of the GT modifier, which will be effective 11/15/2020.
- A reminder that this rule covers all Medicaid providers and several provider types, including behavioral health providers, have specific billing guidance that will still be followed. Please be sure to read all the way through the rules and appendix A as community BH services are widely covered as defined in OAC Chapter 5160-27 and allowable billing codes are defined in Appendix A. BH providers do not need to add the modifiers in Appendix B because we have our own set of billing guidelines. BH claims will continue to use allowable places of service to reflect either where the practitioner is or where the patient is as allowed in the [BH Provider Manual](#). No additional modifiers are needed on BH claims to reflect patient location.

ODM will be reviewing all questions. Providers can also provide feedback on the rule to ODM by emailing rules@medicaid.ohio.gov.

The Ohio Council has submitted public comments through JCARR on both the [MHAS Telehealth Rules](#) and the [ODM Telehealth Rule](#). We supported making these changes permanent and urged ODM to clarify coverage in community behavioral health for text messaging and making the annual in-person visit based on medical necessity.

AMA Releases 2021 CPT Code Set Update - Major Update for E/M Services

On September 1st, The [AMA announced the release of the 2021 CPT Code Set](#) which includes the first major overhaul in more than 25 years for evaluation and management (E/M) codes. These foundational modifications were designed to make E/M office visit coding and documentation simpler and more flexible, freeing physicians and care teams from clinically irrelevant administrative burdens that led to time-wasting note bloat and box checking. The changes to CPT codes ranging from 99201-99215 are proposed for adoption by the Centers for Medicare and Medicaid Services on Jan. 1, 2021.

The E/M office visit modifications include:

- Eliminating history and physical exam as elements for code selection.
- Allowing physicians to choose the best patient care by permitting code level selection based on medical decision-making (MDM) or total time.
- Promoting payer consistency with more detail added to CPT code descriptors and guidelines.

The AMA has developed an online resource library that includes a [checklist](#), [videos](#), [modules](#), [guidebooks](#), as well as other [tools and resources](#) to help transition to the revised E/M office visit codes and guidelines. Additionally, the AMA has released these guidelines to support implementation:

- [CPT Evaluation and Management \(E/M\) Office or Other Outpatient \(99202-99215\) and Prolonged Services \(99354, 99355, 99356, 99XXX\) Code and Guideline Changes](#): A detailed description of the revisions to the E/M office visit documentation and coding guidelines.
- [CPT E/M Office Revisions Level of Medical Decision Making \(MDM\)](#): A reference source illustrating medical decision-making revisions to the E/M office visit documentation and coding guidelines.

National Council for Behavioral Health is hosting a webinar featuring Senior Healthcare Integration Consultant [David Swann](#) of MTM Services, who is a national expert with many years of experience training psychiatrists in proper E&M coding. Register and join him on [October 1, 2020 at 1 p.m. for the Are You Ready to Utilize New Evaluation and Management Codes Effective January 1?](#) webinar.

State Telehealth in Schools Pilot Project

Earlier this month, the Lt. Governor provided an update on Ohio's telehealth pilot project at Switzerland of Ohio School District in Monroe County to connect the school district with behavioral health services. Districts interested in developing telehealth services can now review the [Telehealth in Schools Blueprint](#), which provides a better understanding of lessons learned through the pilot project.

Accessing Supplies and Personal Protective Equipment

As COVID-19 cases continue across the country, access to PPE remains difficult in some areas, and the long term costs for PPE supplies are challenging budgets. MHAS shared that ODH and the state emergency management agency (EMA) have been stockpiling PPE supplies. BH Providers, as essential health care providers, needing access to PPE are encouraged to reach out to your local EMA to seek access to supplies via the stockpiles. You should also connect with your local ADAMH Board, who may be able to support your request to the local EMA. Additionally, the following is the best guidance and creative problem solving available currently for obtaining supplies from reputable sources.

- Contact your local health department(s) or emergency management agency (EMA). To request access to cleaning supplies and personal protective equipment. Here's the list of [Ohio County Emergency Management Directory](#).
- Reach out to local schools (K-12, colleges/universities, cosmetology), restaurants, bars, salons, specialty medicine (dentists, veterinarians, etc.), and through your organization's social media account(s) to inquire about availability of supplies for purchase or donation.

- The State of Ohio is asking residents and businesses who can donate PPE, or any other essential service or resource, to email together@governor.ohio.gov. Please share on your websites and via social media.
- [Ohio Manufacturers Retooling and Repurposing to Create PPE](#) - alternative sources for some PPE items. Items available here include face shields, hand sanitizer, cotton (reusable) face masks, gowns, non-cotton face masks, gloves, and other items.
- [JobsOhio has created a PPE Database](#) (scroll down the page) which includes information on manufacturers, distributors, and potential contract manufacturers to connect with PPE resources.
- #GetUsPPE is a grassroots movement founded by physicians and medical researchers on the frontlines of the COVID-19 pandemic. They are working to ensure healthcare facilities have access to supplies they need. Several members have had success with this site. <https://getusppe.org/request/>
- A local company, Aunt Flow, is currently leveraging their network and resources to help provide PPE. Right now, they have available FDA Approved Masks. You can learn more and [order HERE](#). Order limits are currently 2,000. If you have questions or need larger orders, please contact Claire Coder at claire@auntflow.org.
- An Ohio-based company members can contact for N95 masks is Accord Medical Staffing at (440) 205-1930 or www.accordmedstaffing.com. Please contact Ashley with questions at: ashleyg@accordmedstaffing.com.
- [WB Mason](#). This company appears they have hand sanitizer, thermometers, and surgical masks. Shipments appear to be 2-3 weeks.
- Thermometers: Through our 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 can ship supplies quickly. It is recommended to order through their website. Questions can be sent to Jeff Li at Jeff@ihealthlabs.com
- A grassroots effort is underway to assist medical facilities, health care providers (including behavioral health care settings, ACFs, etc.), and first responders who do not have face masks available. [Operation Face Mask](#), launched by Air Force veteran and nurse Jenn Andrade and local partners, is recruiting individuals with sewing skills to donate homemade masks to be distributed. The group encourages donors to follow the [recommended guidance](#) from the CDC for sewing a homemade face mask. The group cannot pay for material, sewing supplies, shipping, or time, but welcomes any contributions. Masks may be mailed to Jennifer Andrade, P.O. Box 141415, Columbus, OH 43214. Click [HERE](#) to request masks.
- The National Council partnered with Panacea Life to deliver the items you need at reduced rates – [explore their online store](#) today! Questions? [Contact](#) NC.
- Report any unscrupulous vendors or price gouging to the [Attorney General](#).

COVID-19 State Orders and Guidance

- [All COVID-19 Public Health Orders](#)

Non-COVID Resources

Federal Policy & Resources – Non-COVID

CMS Release Guidance Encouraging VBC Models

The Centers for Medicare & Medicaid Services (CMS) released new guidance to states encouraging them to advance value-based care (VBC) across their healthcare systems, with a particular emphasis on Medicaid populations. The key driver of VBC is the adoption of value-based payment (VBP) for care provided in the healthcare system. Improving value in the larger healthcare system is more likely to happen if provider incentives are aligned across payers, and advancing VBC in Medicaid represents a significant opportunity to improve beneficiary health while reducing costs.

This guidance specifically addresses regulatory pathways in Medicaid to the adoption of VBP, key considerations for states pursuing VBP, and examples of innovative payment models to achieve VBC.

- [Value-Based Care Opportunities in Medicaid State Medicaid Director Letter Press Release](#)
- [Value-Based Care Opportunities in Medicaid State Medicaid Director Letter Fact Sheet](#)
- [Value-Based Care Opportunities in Medicaid State Medicaid Director Letter](#)

CMS Withdraws Medicaid Fiscal Accountability Regulation

CMS Administrator Seema Verma [announced](#) via twitter that the administration would be withdrawing the proposed Medicaid Fiscal Accountability Regulation (MFAR). While CMS holds that MFAR “was designed to increase transparency in Medicaid financing and ensure that taxpayer resources support the health care needs of our beneficiaries,” the rule ultimately would have unintended consequences for states already contending with revenue losses and increased spending demands related to COVID-19.

National Suicide Hotline Legislation Sent to President

Last week, the House passed the National Suicide Hotline Designation Act (S. 2661), to codify 9-8-8 as the three-digit dialing code for individuals experiencing a mental health crisis. The Senate had passed the bill earlier this year, and it now heads to the president’s desk for his signature. The Federal Communications Commission (FCC), earlier this year, unanimously approved a plan to fully implement 9-8-8 by July 2022. States will begin working through the implementation planning process and the next step will be to seek federal funding for 9-8-8 similar to 9-1-1.

State Policy & Resource – Non COVID Related

State Opioid Response (SOR) Grant Awards Announced

HHS recently issued \$1.5 billion in grants for a two-year program of the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) to help states and tribal organizations address the opioid crisis by increasing access to medication-assisted treatment (MAT), reducing unmet treatment need, and reducing

opioid overdose related deaths. Ohio received \$96 million from this SOR grant award. The grants were awarded to states and territories based on a formula that takes into account the state's proportion of people who meet criteria for dependence or abuse, and the state's proportion of drug poisoning deaths. As part of the allowable activities supported by the award are innovative telehealth strategies in rural and underserved areas to increase the capacity of communities to support OUD/stimulant use disorder prevention, treatment and recovery. This comes as the [Agency for Healthcare Research and Quality](#) release a new [Rapid Evidence Review](#) finding that Health IT is at least as effective as in-person visits for retaining patients in MAT. For more information see the HHS [press release](#), the [original funding opportunity announcement](#), and the [list of states](#) and their award levels. Earlier this year, CCHP [published a report](#) on the barriers and challenges FQHCs specifically face with implementing telehealth for purposes of medication assisted treatment to address substance use disorder. The results of that study may be useful as states explore expanding access to telehealth for this population.

MHAS held a [SOR Grants webinar](#) for providers to review the planning for the coming year. Ohio has been awarded \$96 million for FFY 2021 and is waiting for SAMHSA approval for our plan and the plan for use of FFY 2020 carry over funds. The most significant change is that SAMHSA has expanded the eligibility criteria for SOR 2.0 to include individuals with opiate misuse or use disorders, stimulant use or misuse disorder, tobacco/nicotine dependency, concurrent use disorders, and harm reduction. With this, SOR 2.0 planning is expected to fund new programs - and programs that expand their eligibility may be considered "new" for purposes of these grants. Further, SOR 2.0 will not allow DATA 2000 waiver training, professional development to attain DATA 2000 waivers, or training or treatment using medical marijuana.

On September 29th, MHAS issued a [memo](#) to all boards and providers that received State Opioid Response (1.0) grant funding. The first round of the SOR 1.0 grant period ended Sept. 29, 2020 (yesterday). OhioMHAS applied for a No Cost Extension (NCE) and received the Notice of Award Sept. 21, 2020. The No Cost Extension budget period begins Sept. 30, 2020 (today) and ends Sept. 29, 2021. An NCE of up to 12 months, with no additional federal funds, may be granted for a federally supported project based on one of the following situations: 1. To ensure completion of the originally approved project goals. 2. To permit an orderly phase-out of a project that will not receive continuation support (i.e. the project is in its last budget year and has not received a continuation award). The department is working to extend funding to SOR 1.0 grantees who meet the above referenced criteria by renewing the grants within Grants Funding Management System (GFMS). This process will take place during the week of Sept. 28, 2020 and we ask that you check your status in the GFMS system throughout the week. Click [HERE](#) to read the full SOR 1.0 No Cost Extension Memo. If you have any questions regarding SOR NCE, please email Ellen Augspurger Ellen.Augspurger@mha.ohio.gov.

Separately, the State Opioid Response (SOR) 2.0 Grant opportunity is a new and distinct grant opportunity that must be awarded based on a response to an RFP. There are two upcoming Requests for Proposals that will be issued within the next two weeks. The first will include a Request for Proposal to the ADAMHS Boards and the second will cover the Evaluation requirements of the Grant. A third Request for Proposal will be released for non-Board funded providers and projects in early November 2020. Please continue to visit the OhioMHAS Funding Opportunities page, <https://mha.ohio.gov/Schools-and-Communities/Funding-Opportunities> to remain aware of all funding opportunities the department offers. If you have any questions regarding the SOR 2.0, please email Christine Sielski at Christine.Sielski@mha.ohio.gov.

MHAS has allocated \$50 million for Boards and Community Partnerships through SOR 2.0. ***Providers that are interested in accessing these funds are strongly encouraged to be in contact with local ADAMH Boards.***

OhioMHAS Hospital Services White Paper

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) released a new policy paper, *Key Issues: Overview of the State Psychiatric System and Services*. Click [HERE](#) to learn more about the OhioMHAS' hospitals, who they serve, the challenges facing the system today, and some considerations for system improvement. This paper describes key issues in the current state psychiatric system and possible solutions to consider moving the system forward.

ODI MH & SUD Toolkit

RecoveryOhio partnered with the Ohio Department of Insurance (ODI) to launch a series of television, radio, and digital ads to help Ohioans who have questions about their health insurance coverage when seeking mental health and addiction treatment. [The new PSAs](#) will be airing in Columbus, Cincinnati, and Cleveland and directs people to the [ODI Mental Health and Substance Use Disorder Benefits Toolkit](#) page.

Medicare Open Enrollment Virtual Webinars Starting Soon

The Department of Insurance is providing virtual Medicare information webinars which began on September 14th. This year, Medicare Open Enrollment for the 2021 plan year starts October 15th and ends December 7th. The Ohio Senior Health Insurance Information Program (OSHIIP), a division of the Department of Insurance, will conduct Virtual Medicare Check-Up Day webinars prior to the start of Open Enrollment. These webinars offer updated information to help Medicare beneficiaries understand their options for selecting Medicare plans or remaining in traditional Medicare. Webinars will be held Monday through Thursday, September 14th through October 14th. Sessions are available at 10:00 a.m. and 2:00 p.m. each day with an additional 6:00 p.m. session on Wednesdays.

(Please note Monday webinars will focus on MyCare Ohio plans)

- To view a complete listing of Medicare Check-Up Day webinars, visit OSHIIP's Registration page <https://attendee.gotowebinar.com/rt/4987248812118591502>.
- Medicare beneficiaries may also schedule a one-on-one counseling virtual session with an OSHIIP representative through our online scheduling portal <https://ohiomedicarecounseling.as.me/>.

ODM Provider Enrollment System

The Ohio Department of Medicaid (ODM) [posted notification on their website](#) related to upcoming changes in the provider portal and credentialing process. On March 8, 2021, ODM will launch its Provider Network Management (PNM) module and a new provider portal. Together these tools will offer a streamlined, user friendly interface for enrollment and revalidation. The PNM module will:

- Allow providers to submit change requests online vs. submitting by mail or e-mail
- Introduce a single-entry provider portal to support claims, prior authorization, and cost report submissions, as well as eligibility verification

At the same time, ODM will launch a centralized credentialing process. ODM is in the early stages of provider outreach. In coming weeks, more information will be shared about what these changes mean to providers and how to prepare. Surveys will be sent to a randomized group of providers to identify the needs and concerns in

managing this change. Results will then shape how ODM informs and trains providers for a successful, on-time transition.

In the meantime, providers with questions or comments should send them to ODM's dedicated email boxes:

- **Centralized credentialing:** Credentialing@medicaid.ohio.gov
- **PNM Module:** PNMCommunications@medicaid.ohio.gov

Recording & Presentation from ODM OhioRISE Webinar

On 9/10/2020, the Ohio Department of Medicaid (ODM) hosted a webinar to discuss the future OhioRISE (Resilience through Integrated Systems and Excellence) specialized managed care program which aims to better serve children and adolescents with complex behavioral health needs. For anyone who was unable to join and would like to listen to the webinar, the recording and presentation are available on the [OhioRISE page](#) of the [Ohio Medicaid Managed Care Procurement website](#).

OBHIS Implementation Update

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) has developed a new data collection system to comply with the requirements of the Substance Abuse Prevention and Treatment (SAPT) and Mental Health Block Grants. The Ohio Behavioral Health Information System (OBHIS) platform will launch on Oct. 1, 2020. The current OHBH system will remain operational until that date to capture the required data. On October 1st and after all new client information will be entered in OBHIS.

- [Introduction to OBHIS](#)
- [Introduction to OBHIS Batch Upload with User Interface](#)
- [Introduction to OBHIS Manual Data Entry with User Interface](#)

To prepare providers, boards, and stakeholders for the launch of OBHIS, a series of trainings was scheduled throughout August and early September. **These trainings were recorded and are available on the [OBHIS web page](#) for those who were unable attend.** Additionally, the OhioMHAS Office of Quality, Planning and Research will be providing ongoing training and technical assistance to ensure a smooth transition from OHBH to the new OBHIS platform. If you have any questions, please contact the OBHIS Administration team at OBHISadmin@mha.ohio.gov.

Peer Recovery Supporter Employment Portal

In an effort to connect OhioMHAS-trained Peer Recovery Supporters with potential employers, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) will be promoting the [OhioPeers.org](https://ohiopeers.org) employment portal to all Peer Recovery Supporter Training participants. If you are interested in adding Peer Recovery Supporters to your organization, please consider posting open positions at this web address: <https://ohiopeers.org/jobs/>.

OSPF CAMS Trained Clinician Locator

The Ohio Suicide Prevention Foundation (OSPF) is currently surveying the number of providers/agencies that have clinicians trained in Collaborative Assessment and Management of Suicidality (CAMS) and that would like their contact information listed on the OSPF website in a CAMS-Trained locator. OSPF has trained over 1,000 clinicians in Ohio in the CAMS framework in the past 4 years and they are attempting to consolidate all Ohio providers that have this training to treat suicidal patients. One thing OSPF reports hearing from people who are suicidal and their loved ones is that they wish they could easily find clinicians that are trained to specifically treat suicidal clients—this locator will help those efforts.

If you have been trained in CAMS and you would be willing to share your contact information on the CAMS-Trained Provider Locator. Here is the link to the survey where you will add your information:

https://www.surveymonkey.com/r/CAMS_Provider_Search.

Additionally, OSPF will send you an official “CAMS-Trained” seal to upload to your website once you submit your survey response. Please reach out to Austin Lucas at Austin.lucas@ohiospf.org if you have any questions!

Ohio Zero Suicide Pediatric Initiative

The Ohio Children's Hospital Association (OCHA) in partnership with the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and the Cardinal Health Foundation announced a new [Ohio Zero Suicide Pediatric Initiative](#). This initiative will leverage resources through a public-private partnership, allowing hospitals to participate in a comprehensive training with the goal of disseminating information both throughout the hospitals and into the communities. OCHA's hospitals will adopt a framework supporting incorporation of evidence-based and promising practices for suicide prevention into their organizations. Further, this effort will allow Ohio's children's hospitals to assess current community-based suicide prevention initiatives and promote a coordinated framework within primary care providers, behavioral health organizations, schools, parents/caregivers and other community partners with the goal of increasing the awareness of effective suicide prevention strategies and interventions. Click [HERE](#) to read the full media release.

OhioMHAS Guide to Financial Literacy and Education Resources

As we previously shared, OhioMHAS released a [Guide to Financial Literacy and Education Resources](#) in response to a request from Ohio's behavioral health provider community regarding money as a trigger or destabilizing factor. As Ohioans continue to feel the effects of the global coronavirus pandemic, OhioMHAS wanted to remind providers and community stakeholders of the availability of these resources. The document contains links to information, coaching sessions, and training on a variety of topics, including budgeting, money management, financial planning, understanding benefits, credit counseling, debt reduction, and more.

Ohio To Work Program

Governor DeWine announced the launch of a new initiative, Ohio To Work. This program will help connect Ohioans looking for a job or a new job opportunity. Ohio To Work brings together employers, nonprofits, educators, and training providers to help Ohioans reskill and restart their careers. Individuals participating in Ohio To Work will be provided a career coach, be invited to virtual career fairs, and be connected to

employers ready to hire. The first Ohio To Work initiative will be launched in Cleveland-Cuyahoga County. Ohioans can learn more at [OhioToWork.com](https://ohiotowork.com).

Other Resources – Non COVID Related

APA Releases New Practice Guideline on Treatment of Patients with Schizophrenia

On 9/1/2020, the American Psychiatric Association (APA) released a new evidence-based practice guideline to enhance the treatment of patients with schizophrenia. Its goals are to reduce the mortality, morbidity and significant psychosocial and health consequences of this psychiatric condition.

An executive summary of the guideline published in the American Journal of Psychiatry, is available [online](#). The full guideline and related materials are available at psychiatry.org/psychiatrists/practice/clinical-practice-guidelines. A guideline statement summary of the new recommendations is available [here](#).

The guideline recommends that patients with schizophrenia have a documented, comprehensive, and person-centered treatment plan that includes evidence-based nonpharmacological and pharmacological treatments. It includes:

Pharmacotherapy recommendations

- Antipsychotic medication with monitoring for effectiveness and side effects; continuation of medication for those whose symptoms have improved;
- Clozapine for patients with treatment-resistant schizophrenia or those with substantial risk of suicide or suicide attempts; and
- Long-acting injectable antipsychotics for those who prefer them.

Psychosocial Intervention recommendations

- Coordinated specialty care program for patients experiencing a first episode of psychosis; and
- Cognitive-behavioral therapy for psychosis, psychoeducation and supported employment services.

Navigating Addiction and Treatment: A Guide for Families

The Addiction Policy Forum released [Navigating Addiction and Treatment: A Guide for Families](#) as both an interactive workbook and report. This is a resource for family members who are trying to navigate the complex world of addiction and help loved ones achieve recovery. The guide includes basic definitions, as well as in-depth information about substance use disorders, treatment options, communication strategies, and self-care tips. We encourage you to share this with your clinical teams, peer recovery support providers, and families supporting individuals in recovery.

SAMHSA's 2019 National Survey on Drug Use and Health Report Findings

The Substance Abuse and Mental Health Services Administration released the [2019 National Survey on Drug Use and Health \(NSDUH\)](#). The annual survey is the nation's primary resource for data on mental health and substance use among Americans. As the NSDUH demonstrates, substance misuse and mental illness continue

to be major problems for Americans. These issues demand continued attention and focus across all American communities. The data also reflect impressive progress on the nation's opioid crisis. Click [HERE](#) to watch a video presentation of the report findings from Assistant Secretary for Mental Health and Substance Use, Dr. Elinore F. McCance-Katz, MD, PhD.

The [2019 Key Substance Use and Mental Health Indicators](#) report summarizes the following:

- Substance use (alcohol, tobacco, marijuana, cocaine, heroin, hallucinogens, and inhalants, as well as the misuse of opioids, prescription pain relievers, tranquilizers or sedatives, stimulants, and benzodiazepines)
- Initiation of substance use
- Perceived risk from substance use
- Substance use disorders
- Any mental illness, serious mental illness, and major depressive episode
- Suicidal thoughts, plans, and non-fatal attempts for adults aged 18 or older
- Substance use treatment and mental health service use

In 2019, 20.6% of adults reported a mental illness and of that 20.6%, 25.5% reported a serious mental illness. 7.7% of adults reported a substance use disorder and 3.8% of adults reported both a mental illness and substance use disorder. [For more details, view the slides based on the Annual National Report.](#)

NIAAA Fact Sheet on Binge Drinking

The National Institute on Alcoholism and Alcohol Abuse (NIAAA) released a [new fact sheet](#) on binge drinking. NIAAA defines binge drinking as “a pattern of drinking alcohol that brings blood alcohol concentration (BAC) to 0.08 percent — or 0.08 grams of alcohol per deciliter — or higher. For a typical adult, this pattern of excessive alcohol use corresponds to consuming four or more drinks (female), or five or more drinks (male) in about two hours.” Research shows that fewer drinks in the same timeframe result in the same BAC in youth; only 3 drinks for girls, and 3 to 5 drinks for boys, depending on their age and size.

NIAAA Rethinking Drinking Resource

Do you enjoy a drink now and then? Many adults do, often when socializing with friends and family. For anyone who drinks, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) [Rethinking Drinking website](#) offers valuable, research-based information. The site challenges visitors to examine drinking habits and risks and offers strategies and tools for reducing alcohol consumption and asking for help. It also defines what constitutes a “standard” drink. NIAAA also offers resources on the negative health effects for [underage drinkers](#).

New NIMH Suicide Prevention Research Briefs

The National Institute for Mental Health (NIMH) announced findings from two new research projects around suicide prevention. In [Differences in Suicide Risk Among Subgroups of Sexual and Gender Minority College Students](#), researchers found that college students identifying as a sexual or gender minority had higher rates of suicidal risk factors than cisgender and heterosexual peers, and that there were significant differences in risk among sexual minority subgroups. In [Brief Suicide Prevention Interventions in Acute Care Settings May](#)

[Reduce Subsequent Suicide Attempts](#), researchers analyzed multiple studies to determine the effectiveness of brief suicide prevention interventions in acute care settings.

New Report Explores Chronic Pain and Mental Health

Mental Health America (MHA) released a new report, [Early, Equitable and Trauma Responsive Care for Chronic Pain and Mental Health](#), that explores the connection between arthritis, chronic pain and often untreated mental health conditions, the communities most affected by both conditions, and the barriers to care that they face.

Mental health conditions and chronic pain are comorbid conditions that often exacerbate one another. People can start to experience anxiety and fear in the anticipation of possible pain. For others, a mental health condition can trigger the onset of physical pain. Depression, anxiety, and fear about pain are linked to a higher probability of developing chronic pain and poor prognosis for recovery. Twenty to fifty percent of people with chronic pain also have depression. Even when the symptoms of depression improve, people with a history of depression are more at risk of chronic pain. Based on the findings, MHA outlines a series of policy and practice recommendations to create care for mental health and chronic pain.

Bringing Prevention Virtual

The Prevention Technology Transfer Center (PTTC) Network has created a series of resources to assist prevention professionals as they transition from delivering services and programming from face-to-face to virtual settings. These resources can be accessed at the [PTTC website](#). Select the title of a resource via webinars, videos, podcasts and print materials to be redirected to view or download that resource. Additional resources will be added to this page as they are developed by the PTTC Network.

Trainings and Conferences

Ohio Council 2020 Fall Virtual Learning Schedule

- **Wednesday 10/14/2020 3pm-4:30pm** [Clinical Engagement Skills for Telehealth](#) (click to register)
- **Friday 10/23/2020 9am-12pm** [State of Behavioral Health](#) (click to register)
- **Thursday 10/29/2020 9am-12pm** [Compliance Part 2](#) (click to register) – Clinical Documentation Compliance and Building Compliance into your EHR
- **Friday 11/6/2020 9am-12pm** [Cultural Humility and Implicit Bias](#) (click to register)

[Click here](#) to view the schedule, agendas and to register.

Ohio Crisis Academy – November Training

Please save the date for the next Crisis Academy which is scheduled for 11/18/2020 and will cover crisis services for youth in the hospital setting. A detailed description and registration information will be coming soon and will be shared when available. The training PowerPoints and recordings from past Ohio Crisis Academy trainings are available on the [OhioMHAS' Crisis Services webpage](#).

Ohio Postvention Workshop Going Virtual – Oct. 13

The Ohio Postvention Workshop was re-scheduled to a virtual training on Oct. 13 from 9:30 a.m.–3:30 p.m. In this training, participants will:

- Hear from Dr. Frank Campbell about the important mission of LOSS Teams
- Discuss programs supporting survivors after the initial response
- Learn how to help people decide if they are ready to volunteer
- Roll out the new postvention section of Ohio Mental Health and Addiction Services website.

This workshop is appropriate for staff and volunteers of existing LOSS Teams, individuals or agencies considering launching a LOSS Team, those currently or considering supporting loss survivors in any way, and anyone interested in learning more about the importance of supporting suicide loss survivors. The session is supported by OhioMHAS and the Ohio Suicide Prevention Foundation. Click [HERE](#) for more information and to register.

From Research to Recovery 2020: Racial Disparity, Social Justice and the Opioid Crisis Webinar Series

The Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County, in partnership with Case Western Reserve University announced the *Research to Recovery 2020: Racial Disparity, Social Justice and the Opioid Crisis is a Live Webinar Series*, which will be held August-November 2020. The series brings together leading healthcare professionals, physicians, researchers, judges, social scientists, individuals with substance use disorders, criminal justice reform activists, policy experts, and diversity and inclusion advocates to discuss equity in the health sector and criminal justice system. This webinar series will address how the current opioid crisis is increasingly impacting communities of color, particularly Black Americans, who have been disproportionately stigmatized and incarcerated for substance use. The specific goal with this webinar series is to create meaningful conversations and collaborations to address the structural racism preventing communities of color from receiving treatment, recovery, and wraparound social services for opioid and other substance use disorders. Click [HERE](#) for webinar dates and to register online.

Save-the-Date: Ohio Trauma-Informed Schools Conference – Nov. 7

The Ohio Department of Education will host the 2020 (Virtual) Ohio Trauma-Informed Schools Conference on Nov. 7 from 9 a.m.-3 p.m. Conference sessions will provide information and tools that help school personnel and community partners better understand the impact of trauma and how to apply trauma-informed practices at the district, building and classroom levels to best support the whole child. Virtual sessions will be led by educators, school personnel, mental health providers, community partners, medical professionals and others with competence and experience to train trauma-informed practices in schools ensuring that *Every School is Trauma Informed*. More information, including registration, will be available on the [conference web page](#).

Tristate Trauma Network's Annual TIC Fall Conference – Oct. 29 & Nov.10

The Tristate Trauma Network will host a virtual Annual Trauma-Informed Care Fall Conference "[Trauma Stewardship and Resilience](#)" on Oct. 29 and Nov. 10. The conference will feature keynote remarks from Laura van Dernoot Lipsky, founder and director of The Trauma Stewardship Institute **and author of Trauma**

Stewardship: An Everyday Guide to Caring for Self While Caring for Others, as well as a trauma survivor and local experts. Cost is \$140 for two-day registration (25% discount for members); \$75 for single-day registration. Click [HERE](#) for more information and to register.

Reduce Suicide Risk with A.I. Powered Listening – Oct. 7

The Ohio Suicide Prevention Foundation is hosting a *Reduce Suicide Risk with A.I. Powered Listening* webinar on Oct. 7 from 10-11 a.m. Jennifer Wright-Berryman, Ph.D., will discuss the importance of bringing quantitative data and objective metrics into clinical care. [Clarigent Health](#) will demonstrate Clarity, a new clinical decision support tool that analyzes speech with artificial intelligence (AI) trained to identify suicidal risk. Click [HERE](#) to register.

Building Resiliency in Children of Addicted Parents – Nov. 6

The Collaborative for Children of Addicted Parents will host [Building Resiliency in Children of Addicted Parents](#) on Nov. 6 from 8 a.m.-3:15 p.m. This training will explore: substance use effects on parenting abilities and school success; creating protective factors and resiliency; how to obtain an accurate parental substance use history; early Interventions/infant mental health; and preventing future substance abuse. Cost is \$50 for physicians; \$25 for non-physicians. Click [HERE](#) for more information and to register.

The 7th Annual Current Concepts in Integrated Health Care – Nov. 7

Summa Health System will host its virtual [7th Annual Concepts in Integrated Health Care](#) on Nov. 7 from 8 a.m.-5:15 p.m. Topics will include: analyzing the impact of COVID-19 on addiction medicine; determining how to individualize a patient's suicide risk; reviewing updated information and best practices in medication-assisted treatment; summarizing updated information regarding medical marijuana, CBD products and hemp; defining toxicology updates relevant to substance abuse; discussing local and national updates in human trafficking; and explaining Northeast Ohio Medical University's Project ECHO.

Online Peer Recovery Support Training for Appalachian/Southern Ohio Counties

In an effort to address the opioid crisis and expand the certified Peer Recovery Supporter workforce in Southern Ohio, the Gallia-Jackson-Meigs Alcohol, Drug Addiction and Mental Health Services Board and Appalachia Unite have partnered to offer a 40-hour online Peer Recovery Supporter Training to residents of the following counties: Gallia, Jackson, Meigs, Pike, Scioto. To be eligible to attend, participants must be in recovery from a mental health and/or substance use issue. Trainings will be held from 10 a.m.-3 p.m. on the following dates in 2021: Jan. 9-10, 16-17, 23-24, 30-31 and Feb. 6-7. For information and to register, please e-mail: appalachiaunite@gmail.com.

CSWMFT Board Offers CEUs for Poll Work

The Ohio Counselor, Social Worker, & Marriage and Family Therapist (CSWMFT) Board is offering licensees of the Board the opportunity to earn four (4) hours of continuing education for serving as a Poll Worker for the 2020 General Election. To qualify for the four hours, CSWMFT licensees must complete the training offered by their County Board of Elections and work Election Day, Tuesday, November 3, 2020. Licensees who want to use the hours toward their continuing education requirements can upload to the CE Broker post-program approval portal a copy of their pay stub for the training and Election Day work. A letter of confirmation from

the Board of Elections may also be uploaded if provided by the County Board of Elections. More information on serving as a poll worker can be found at <https://www.ohiosos.gov/elections/poll-workers/>.

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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