The Ohio Council
Of Behavioral Health & Family Services Providers

The Ohio Council Insight Newsletter

JANUARY 2021 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, August 2020, September 2020, October 2020, and November/December 2020 editions are available for historic references and resources.

Ohio Council State & Federal End-of-Year Legislative Summary

After a whirlwind lame-duck legislative period during the end of 2020, the Ohio General Assembly and U.S. Congress finally wrapped up their work. Accordingly, the Ohio Council prepared this state and federal year-end legislative summary. As we move into to the new year, the Ohio Council will continue to engage state and federal lawmakers to advocate for sound policy and legislation that support community behavioral health providers.

COVID-19 Federal Policy and Resources

Federal Public Health Emergency Extended

On January 7th, HHS Secretary Azar renewed the existing federal public health emergency effective January 21, 2021 for an additional 90 days. The extension of the federal public health emergency ensures all existing federal waivers authorized by CMS, HHS, and DEA related to the coronavirus pandemic will remain in place. Additionally, the National Association of Medicaid Directors issued a statement applauding the Biden Administration's decision to provide states with predictability around the ongoing COVID-19 Public Health Emergency (PHE) declaration. The Biden administration's commitment to renew the PHE throughout 2021 and provide states with 60 days' advance notice of its expiration gives states confidence in projecting the ongoing availability of critical federal Medicaid flexibilities and supports. Indeed, for state budgets, the announcement provides greater certainty of the 6.2 percent increase in the FMAP rate – meaning states can count on enhanced federal resources through at least March 2022.

Federal COVID-19 Relief

After several days of unexpected concerns about the COVID relief package, President Trump signed the Consolidated Appropriate Act of 2021 on 12/27/2020, which included COVID Relief Act funding and authorities. The bill includes a $900 billion COVID relief package that is tucked into the $1.4 trillion appropriations bill that will fund the government through FFY2021. A division-by-division summary of the

coronavirus relief provisions is here and division-by-division summary of the appropriations provisions is here.

Specific COVID-relief provisions that will support access to behavioral health services include an appropriation of $4.25 billion for mental health and substance use disorder programs above and beyond the FFY21 spending.

This includes:

- $1.65 billion for the Substance Abuse Prevention and Treatment Block Grant
- $1.65 billion for the Community Mental Health Services Block Grant with no less than 50 percent of funds being directed to behavioral health providers
- $600 million for Certified Community Behavioral Health Clinic Expansion Grants to be allocated by SAMHSA
- $50 million for suicide prevention programs
- $50 million for Project AWARE
- $240 million in emergency grants to states
- $125 million of the above-mentioned allocations should be funding to tribes

Additionally, the package includes provisions to support telehealth and access to broadband, parity implementation and enforcement, funding for healthcare providers (PRF), enhanced Medicare payments, and allows states and local governments to expend CARES Act funds through December 30, 2021. The National Council shared this synopsis of these key provisions.

- **Telehealth**: The bill permanently expands access to telehealth services in Medicare to allow beneficiaries to receive mental health services via telehealth, including from the beneficiary's home. To be eligible to receive these services via telehealth, the beneficiary must have been seen in person at least once by the physician or non-physician practitioner during the six months period prior to the first telehealth service, with additional face-to-face requirements determined by the Secretary. The final text also calls for a study of the effectiveness of telehealth during the COVID-19 pandemic. The current Drug Enforcement Agency flexibilities to prescribe controlled substances via telemedicine are still allowed per the Public Health Emergency declaration.
- **Telehealth Grants and Broadband Access**: The final package appropriates funding for three programs for funding telehealth and greater broadband connectivity. The first appropriates an additional $250 to the Federal Communications Commission for the COVID-19 Telehealth reimbursement program authorized by the CARES Act in March, 2020; the second, establishes the Emergency Broadband Benefit Program at the FCC, under which eligible households may receive a discount of up to $50, or up to $75 on Tribal lands, off the cost of internet service and a subsidy for low-cost devices such as computers and tablets; the third, establishes grant programs at the National Telecommunications and Information Administration to bolster broadband connectivity on tribal lands and in state and local governments across the country.
- **Parity**: The package includes provisions of the Strengthening Behavioral Health Parity Act of 2020 (H.R. 7539) which authorizes and requires the Departments of Labor, Treasury and Health and Human Services to conduct random audits and comparative analyses of at least 20 insurance plans per year to ensure proper and full enforcement of existing parity laws. Additionally, the act appropriates $2.5 million in grants to each state to establish all-payer claims databases. This is an important step that will help move states toward parity with greater access and transparency into claims data.
- **Provider Relief Fund**: The final package provides an additional $9 billion in support for health care providers including $3 billion in grants for hospitals and health care providers to be reimbursed for health care related expenses or lost revenue directly attributable to the public health emergency

resulting from coronavirus, along with direction to allocate not less than 85 percent of unobligated funds in the Provider Relief Fund through an application-based portal to reimburse health care providers for financial losses incurred in 2020.

- **Medicare Payment - Additional Relief**: The act provides for a one-time, one-year increase in the Medicare physician fee schedule of 3.75 percent, in order to support physicians and other professionals in adjusting to changes in the Medicare physician fee schedule during 2021, and to provide relief during the COVID-19 public health emergency.
- **Coronavirus Relief Fund Extension**: Extends the date by which state and local governments must make expenditures with CARES Act Coronavirus Relief Fund awards from December 30, 2020 to December 31, 2021.

Other key provisions included in the 5,000+ page federal stimulus package include:

- **Small Business Loans**: $325 billion in small business loans, including a replenishment of the Paycheck Protection Program (PPP). The bill will limit new PPP loans to $2 million for organizations, including non-profits, with 300 or fewer employees, but will expand the use of funds to a longer list of expenses. Businesses will be able to seek a second loan provided they can prove they suffered at 25% or greater revenue loss in the first, second or third quarters of 2020 and used all of their previous PPP loan amount. SBA will have 10 days to write new rules to implement the revised PPP program and it's not yet clear how the banks will react to the new rules.
- **Coronavirus Family Medical Leave**: Continues the refundable payroll tax credits for FFCRA family medical leave through March 31st.
- **Direct Payments**: $166 billion to make direct payments to eligible individuals ($600 per individual making up to $75,000 per year/$1,200 per couple making up to $150,000 and $600 per child). Treasury Secretary Mnuchin has indicated checks could go out as soon as next week.
- **Unemployment**: $120 billion to continue unemployment insurance payments at $300 per week through March 14th
- **Surprise Medical Billing**: Prevents "surprise medical billing" from insurance companies for using unexpected out-of-network and emergency room care.
- **Rental Assistance**: $25 billion to support federal rental assistance and the moratorium on evictions was extended through the end of January 2021.
- **Food Assistance**: $13 billion to increase SNAP benefits by 15% but did not expand SNAP eligibility and farmers will receive another $13 billion in direct payments.
- **Public Health and Vaccine Distribution**: Funding for vaccine, vaccine distribution, testing and contact tracing as well as additional funding for FEMA to cover funeral and burial costs.

Employee Retention Tax Credit: The COVID Relief Act also made a number of favorable modifications, including some that are retroactive, to the Employee Retention Tax Credit (ERTC) authorized in the CARES Act. Some of the retroactive changes include allowing companies that received a PPP to also claim the ERTC as long as wages were not double counted, clarified the application of the gross receipts test to tax exempt organizations, clarified the health insurance expense test, and added an anti-abuse provision allowing the Treasury Department to issue regulations. For 2021, ERTC was extended to wages paid through June 30, 2021 and expands the ability of employers to claim credits for 2021 wages. For 2021, some changes include: credits were expanded to $10,000 per employee eligible wages for each of the first two calendar quarters in 2021; amount of credit was expanded to 70% of eligible wages; employer can qualify for the credits if their gross receipts are less than 80% of their gross receipts for the same quarter in 2019; and larger employers (up to 500 employees) may be eligible. Our partners at Vory's have provided a detailed summary of the changes, Federal COVID Relief Act Expand Availability of the Employee Retention Tax Credit.

SBA and US Treasury Announce PPP Loan Re-Opening

The COVID Relief Act authorized $284.45 billion to support a second round of Paycheck Protection Program (PPP2) loans but with some changes. The general eligibility standard from the original PPP-that the applicant certify that the PPP loan is necessary to support ongoing operations-is still a requirement for the PPP2 loans. However, new restrictions limit eligibility to organizations operating on or before February 15, 2020, limit size to not more than 300 employees, and require the applicant to demonstrate at least a 25% reduction in gross receipts in any one quarter in 2020 as compared to the same quarter in 2019. Additionally, the amount of the PPP2 loan is limited to $2 million and if the business received a PPP loan, the aggregated total loan amount may not exceed $10 million, the max amount authorized under the PPP loan. Additionally, the legislation expanded the range of covered expenses and codified the expedited loan forgiveness rules for loans under $150,000. As with the previous PPP, the Small Business Administration (SBA) is tasked with releasing rules to implement the PPP2 loans. Our partners at Vory's have provided a summary, A Second Round of the Paycheck Protection Program Is Coming.

In early January, the U.S. Small Business Administration (SBA), in consultation with the Treasury Department announced the re-opening of the Paycheck Protection Program (PPP) for new borrowers and certain existing PPP borrowers. To promote access to capital, initially only community financial institutions that serve minority- and women-owned businesses will be able to make loans. Specifically, these community financial institutions were able to begin making loans to first-time PPP borrowers on Monday, January 11 and Second Draw PPP borrowers on Wednesday, January 13. The application window for forgivable PPP loans will open to all lenders on January 19. The closing date for the new PPP loan applications is March 31. The SBA also issued guidance aimed at helping minority, underserved, veteran, and women-owned small businesses gain access to PPP capital.

The SBA has re-vamped their PPP webpage and is actively accepting loan applications from eligible small businesses (including non-profits) for first and second draw loans. Detailed information on eligibility and access to loan applications can be found using the links below:

- First Draw PPP Loans for first time program participants
- Second Draw PPP Loans for certain businesses who have previously received a PPP loan

The Journal of Accountancy has released an easily digestible summary of the PPP updates and PPP Second Draw program. Additionally, the Journal of Accountancy has provided a useful summary of the updated PPP loan applications and links to the forms: Form 2483 - Paycheck Protection Program Borrower Application Form and Form 2483-SD - PPP Second Draw Borrower Application Form. Form 2483 is updated from previous iterations that started with the original PPP program. Form 2483-SD is a new form for qualified PPP borrowers to seek a second draw of a forgivable loan as they try to navigate economic seas churning in the throes of the COVID-19 pandemic.

As PPP applications are being submitted, banks are reporting unexpected challenges in filing applications through the SBA PPP portal. In a letter from the American Bankers Association sent to the SBA earlier this week, banks reported that the PPP portal was not allowing banks to submit second-draw loan applications if a business previously applied to have its first PPP loan forgiven and that application is still pending with SBA. It's a problem because the program's rules don't require forgiveness of the initial loan as a prerequisite for seeking a second loan. As always, we encourage providers to take advantage of the funding options if you are eligible and to work closely with your lender to work through both the application and loan forgiveness process.

HHS Provider Relief Fund Report Update - Portal Open

On January 15th, HHS released updated information on CARES Act Provider Relief Fund (PRF) Reporting and opened the reporting portal late last week to begin the registration process. Recipients of PRF payments exceeding $10,000 in aggregate must register in the Provider Relief Fund Reporting Portal. Recipients will later receive a notification about when they should complete the second step of submitting reporting requirements information on the use of funds. HRSA will send a broadcast email to the email address you provide during the registration process. **At present, there is no deadline for completing registration in the portal**.

NOTE: The registration process will take at least 20 minutes to complete and must be completed in one session. You cannot save a partially complete registration. Make sure you have all of the information required to register before you begin.

Updated Reporting Guidance: If recipients do not expend PRF funds in full by the end of calendar year 2020, they will have an additional six months in which to use remaining amounts toward expenses attributable to coronavirus but not reimbursed by other sources, and/or lost revenues in an amount not to exceed the difference between: 1) 2019 Quarter 1 to Quarter 2 and 2021 Quarter 1 to Quarter 2 actual revenue, or 2) 2020 Quarter 1 to Quarter 2 budgeted revenue and 2021 Quarter 1 to Quarter 2 actual revenue.

EEOC Guidance on Mandatory Vaccinations

The U.S. Equal Employment Opportunity Commission (EEOC) updated its COVID-19 technical assistance with new information on vaccinations. With the rollout of the Pfizer and Moderna vaccines, the EEOC's new guidance is welcome information regarding how federal anti-discrimination laws may affect employers' use of mandatory vaccination policies. The EEOC's guidance reinforces two key points: mandatory vaccinations are generally lawful, but employers must consider accommodations for those with disabilities or religious beliefs that conflict with the vaccine requirement. Our partners at Vorys have created a summary of this information and considerations for organizations.

COVID-19 State Policy and Resources

ODH Coronavirus Website – Primary Source for All Ohio Information

ODH COVID-19 Vaccine Program

On 1/18/21, Governor DeWine sent a letter to the Biden Administration identifying the state's most critical needs to combat the coronavirus pandemic. At the top of the list was expanding the available supply of the vaccine. The Governor welcomed the federal government's support in setting up mass vaccination sites, but only if that brings more supply of the vaccine. Further, the Governor recommended a national education and communication strategy to support vaccination, support for an additional $350 billion for states and local government, extend the temporary expanded FMAP beyond the public health emergency with a stepped-down approach to support the economic recovery, investment in the public health infrastructure, and additional support to make broadband accessible.

Generally, vaccine distribution has been slower and more inconsistent than projected. Governor DeWine, ODH, hospitals, and local health departments are working to improve consistency and access to the vaccine for groups 1A and 1B. The goals for Ohio's COVID-19 vaccination plan are to 1) save lives by vaccinating the most vulnerable; 2) protect healthcare workers; and 3) get schools back to in-person learning.

The biggest challenge facing Ohio is the limited supply of available vaccine. ODH is receiving between 150,000 - 155,000 COVID-19 first dose vaccine weekly. This supply is expected to remain steady through February if all conditions remain consistent. Given the limited supply, increasing eligibility groups coming online, and high demand in some communities, it is going to require patience with getting vaccine for the remaining eligible and willing workforce in Phase 1A.

Chain pharmacies, hospitals, and FQHCs are receiving doses specifically for the older adult population and those eligible due to chronic, developmental and early onset health conditions. Schools have partnered with a specific healthcare partner to make closed clinics available to school personnel and will receive dedicated doses for identified adults working in school. Local health departments are supporting vaccinations across both Phase 1A and 1B; however, we continue to hear that the dose distribution has been mostly allocated to Phase 1B and school personnel are prioritized for first dose vaccine though February to support re-opening of in-person education by March 1.

The Governor and ODH released the four-week plan to make first dose vaccinations available to school districts. School vaccine clinics begin the week of February 1st.

For vaccine providers, updates are being posted on the ODH COVID-19 Vaccine Provider Website. Additionally, there is a COVID-19 Billing FAQ. Even if you are not planning to provide the COVID-19 Vaccine, there is good and reliable information available on this site.

ODH provided a COVID-19 Vaccination Update training for all providers enrolled as vaccine providers and released a Guidance Document on COVID-19 Vaccine for Phase 1B for Providers as well. Both include additional details about distribution, timelines, expectations, and operational protocols. While there is expanding vaccine eligibility for older Ohioans and adults working in schools in Phase 1B, Ohio will continue with vaccination of individuals in Phase 1A, which includes healthcare workers at risk of occupational exposure to COVID-19 and those living in congregate care settings. However, it may require several more weeks for enough vaccines to be available to provide access to those remaining eligible provider in Phase 1A.

Please continue to refer to the Local Health Department Guidance on COVID-19 Vaccine for Phase 1A as needed to support your organization's access to the vaccine. Local health departments are each operationalizing this guidance to fit their communities, which also means there is significant variation from community to community. Some local health departments are narrowly reading the Guidance document and others are offering to vaccinate all workforce members at your organization.

On 1/20/21, ODH included a slide in the COVID-19 Vaccination Workgroup PPT presentation (slide 5) that explicitly and clearly stated that local health department (LHD) should continue to vaccinate eligible and willing individuals in Phase 1A with first and second doses as Phase 1B begins. We encourage you to share this slide/PPT series with your local health department to advocate for your staff locally. Please be clear as to how your staff are eligible and at risk of occupational exposure to COVID-19 due to either providing residential/congregate care services or delivery of in-person and/or community-based services as you are communicating with LDHs and be as flexible as possible in getting staff to where the vaccines are.

Please continue to remain actively engaged with your local health department. It is imperative that local officials are aware of the local needs for the vaccine for those eligible under Phase 1A. Provider organizations and staff may need to be nimble and prepared to quickly adapt schedules to access available vaccine doses.

To augment your local advocacy efforts, the Ohio Council conducted a membership survey to better define the scope of additional need. We sincerely thank the 72 members that responded. The result found that 83% of the 72 member organizations responding are still seeking access to the vaccine for staff or residents in congregate care settings or staff delivering in-person and/or community-based care in at least 42 counties. We documented the need for more than 7,500 first doses of the COVID-19 vaccines. These results are specific by county and data was shared with ODH, MHAS, and RecoveryOhio.

MHAS is actively engaged with us in supporting efforts to make sure your workforce that wants the vaccine can get it. ***The best thing you can do to help them advocate for us, is to let them know what's happening and where***. If you have had scheduled appointments/clinics cancelled, been told Phase 1A is closed, or were on a waiting list where access was redirected or have not been able to get access to the vaccine, please share these details with MHAS. Having these details helps MHAS target their advocacy efforts and lends credibility to our concerns. **Send a brief summary to BHCOVID19vaccine@mha.ohio.gov**.

COVID-19 Vaccine Educational Materials

The COVID-19 Vaccine Communication Tool Kit has been expanded to include translations to Nepali, Somali, and Spanish. Additionally, the Ad Council and the national COVID Collaborative released a COVID-19 Vaccine Education Toolkit designed to address healthcare professionals' questions. These feature Dr. Anthony Fauci and other recognized experts. The New England Journal of Medicine has posted and continues to update a comprehensive yet easy to read COVID-19 Vaccine FAQ. This may be another good resource to share with staff and to develop COVID-19 vaccine materials to address vaccine hesitancy. Also, useful is information from the American College of OB/GYN as well as a toolkit for healthcare professionals linked below.

1. Ohio Department of Aging COVID-19 Roundtable and Tool Kit
2. Black Coalition Against COVID-19
3. MHAS Coronavirus Resource - COVID-19 Vaccine: Vaccine FAQ and Vaccine Myths vs Facts
4. American College of OB/GYN: Guidance on COVID-19 Vaccine For Pregnant, Lactating, and Individuals Contemplating Pregnancy
5. 8 Things to Know about the U.S. COVID-19 Vaccination Program
6. What to Expect after Getting a COVID-19 Vaccine
7. Facts about COVID-19 Vaccines
8. Understanding COVID-19 mRNA Vaccines
9. Frequently Asked Questions about COVID-19 Vaccination

Second Dose and Other Updated Vaccine Guidance: In response to questions for several members about the timing of second dose of the vaccine, the CDC recently released updated guidance. Subsequently, ODH also released updated Guidance on COVID-19 Vaccine Second Doses that now sets the second dose maximum interval at 6 weeks after first dose. Previous guidance had not identified a maximum interval between doses; the latest guidance recommends the second dose should occur as closely to the due date as possible, but not exceed 6 weeks after the first dose, regardless of manufacturer. Additionally, the CDC reiterated that COVID-19 vaccines are not interchangeable with each other or with other COVID-19 vaccine products. Meaning that individuals should receive the same brand of vaccine for the first and second dose.

ODM COVID-19 Vaccine Administration: we are working with our partners at ODM and MHAS to advocate for and obtain more guidance on billing for vaccine administration. ODM has added codes for COVID vaccine administration, but these have not yet been added to the Community BH fee schedule.

COVID-19 Vaccine Questions Mailbox: The Ohio Department of Mental Health and Addiction Services (OhioMHAS) has established a dedicated email inbox for questions related to the COVID-19 vaccination process. The email address is **BHCOVID19vaccine@mha.ohio.gov**. In addition, OhioMHAS has added a special section to their COVID-19 resources web page for vaccine-related updates.

Responsible Restart

New COVID-19 Maps: Governor DeWine shared two new maps for tracking how severe the spread of COVID-19 is in Ohio. The first map measures cases per capita over a two-week period. The first map is based on the list of high-incidence counties and indicates the levels of spread in a county. The second map shows each Hospital Preparedness Region and what percent of the overall ICU patient population are COVID-19 patients. Given the high levels of virus spread, these indicators provide more objective information than the Public Health Alert System which was designed as an early warning system. Both maps are updated weekly on Thursdays.

School Quarantine Guidance Update: Governor DeWine announced that Ohio is changing its guidance regarding quarantines following an in-classroom exposure in K-12 schools. Moving forward, students and teachers exposed to a COVID-positive person in school may continue to attend school during the quarantine period when the exposure occurred in a classroom setting/school bus and all students/teachers were wearing masks and following other appropriate social distancing protocols. The updated quarantine guidance does not apply to lunch or after-school activities, including sports. Students and teachers should continue to follow quarantine protocols outside of school during the 10 or 14- day period following exposure. Further, schools should continue to require quarantines for exposed students in classroom situations where masking and distancing protocols were not followed.

Rapid Testing: Governor DeWine announced a new partnership with Abbot Labs and eMed to make available in-home, rapid COVID-19 testing. Local health departments have been seeking additional resources to support and augment testing and this partnership will make 2 million tests available in the coming weeks. ODH will be sharing broad guidance to make testing more widely available with local health departments setting community specific priorities as to how these rapid, in-home tests will be utilized. We will share details once they are released.

On January 22, 2021, MHAS sent a letter to the mental health licensed Class Two Residential Treatment programs (AKA Adult Care Facilities) to announce that at-home COVID-19 testing kits will be available for residents and staff of Adult Care Facilities beginning Monday, January 25, 2021. The kits will be provided by the State of Ohio at no cost to ACF residents, staff, or operators for baseline testing purposes only. Baseline testing will help screen residents and staff for COVID-19 who may be asymptomatic or have been unable to obtain off-site testing for various reasons.

Telehealth & Billing

CSWMFT Board Telehealth Licensure Clarification

In a communication to licensees, the Ohio Counselor, Social Worker, and Marriage & Family Therapist (CSWMFT) Board recently reported they have received an increased number of questions about working with clients living in other states. In response, they issued this clarification on "Working with Clients in Other States - your Ohio CSWMFT Board-issued license only authorizes you to work with clients in Ohio. If you have a client that is temporarily or permanently moving to another state, this Board cannot give you permission to work with a client located in another state or jurisdiction (e.g. outside of the United States). Licensees with a client located in another state must contact the state where the client is located to determine if they can continue to provide services to the client."

Medicare Telehealth

The most recent COVID Relief package signed on 12/27/2020 includes provisions that permanently expand access to telehealth services in Medicare to allow beneficiaries to receive mental health services via telehealth, including from the beneficiary's home. To be eligible to receive these services via telehealth, the beneficiary must have been seen in person at least once by the physician or non-physician practitioner during the six months period prior to the first telehealth service, with additional face-to-face requirements determined by the Secretary (see section 123 of the link above).

This change will provide an exemption from Medicare's rural geographic requirement for eligible telehealth individuals for purposes of diagnosis, evaluation or treatment of a mental health disorder once the COVID-19 emergency ends. We are awaiting further details on these requirements. The Centers for Medicare and Medicaid Services (CMS) sent a letter to state health officials on preparations to return to normal operations after the conclusion of the COVID-19 pandemic. When the public health emergency (PHE) ends, several temporary authorities (CMS flexibilities, DEA waiver, HIPAA waiver) will expire, continuous enrollment requirements will end, and additional federal medical assistance percentage (FMAP) will revert to prior amounts. The current PHE was extended for an additional 90 days on 1/7/21.

Telehealth Provision in Federal Consolidated Appropriations Act

The National Telehealth Policy Resource Center and Center for Connected Health Policy released a summary of the telehealth provisions included in the Consolidated Appropriations Act passed in December 2020. This includes telehealth related Medicare provisions including for mental health services and those delivered through FQHCs and Rural Health Centers; expanding broadband access and infrastructure; and other provisions such as the "no surprises act" and allowing virtual visits in federally funded home visiting programs for at-risk moms and babies.

2021 Evaluation and Management (E/M) Coding Changes

As you are aware, the AMA released a major update for evaluation and management (E/M) coding and documentation that took effect on January 1, 2021. *All current E/M codes (99202-99205, 99211-99215) will remain billable to Medicaid on 1/1/21 and providers are expected to follow the new E/M coding (documentation) standards announced by the AMA*. As part of the 2021 E/M coding update, the AMA added a new prolonged service code (99417) for use with time-based E/M coding. Then, CMS released guidance to use

G2212 as the new prolonged service code. Providers should note that these codes have varying time requirements, for 99417 see page 16 and G2212 see page 11.

ODM released a MITS Bits announcing they are deleting 99201 and adding codes 99417 and G2212 in accordance with the new CPT coding and CMS guidance. G2212 should be used for clients dually eligible for Medicare. Providers serving clients with primary insurance coverage other than Medicaid are advised to follow billing guidance for the primary payer when determining which prolonged services code to use before submitting to Medicaid for secondary payment. ODM is able to accept either prolonged services code for clients with Medicaid only. The key takeaway for providers billing any insurance (Medicaid, Medicare, Commercial, etc.) for E/M services is to prepare your systems to include both 99417 and G2212 and follow the new coding standards from the AMA on E/M code selection while awaiting further clarification from ODM.

Pharmacists Added as Medicaid Providers

Effective Jan. 17, Ohio Administrative Code (OAC) rule changes allowed pharmacists to serve as rendering practitioners for certain Ohio Medicaid services. When rendering services as an employee of community behavioral health agencies (Medicaid provider types 84 and 95), pharmacists are able to render the following activities:

- Managing medication therapy under a consulting agreement with a prescribing practitioner
- Administering immunizations
- Administering medications

In order to bill Ohio Medicaid for pharmacists managing medication therapy, the following Evaluation and Management CPT codes may be used as indicated in the Jan. 15, 2021, revision of the Medicaid Behavioral Health Provider Manual.

- 99202, 99203 – Evaluation and management, new patients
- 99211, 99212, 99213 – Evaluation and management, existing patients

In addition, the following CPT codes may be billed for vaccine administration:

- 90640, 90471, 90472, 90473, 90474, 96372

New Guidelines on Suicide Screening During Telehealth

The National Action Alliance for Suicide Prevention recently released suicide screening guidelines for telehealth visits as an addendum to its report Recommended Standard Care for People with Suicide Risk: Making Mental Health Care Suicide Safe. The Alliance lists five recommendations: routinely assessing for suicide or self-harm, screening for mental health disorders, specific questions on suicidal ideation, clear protocols for identifying a positive screen, and a clear process on next steps.

OhioMHAS Telehealth Provider Survey – Responses Needed by 2/12

OhioMHAS-licensed and/or certified providers are invited to participate in a telehealth survey. The Department seeks to gain an understanding of provider experiences with telehealth implementation with a special focus on technology/community needs to broaden access to telehealth, available community resources, and enhancing workforce capacity and/or competence. Please submit one survey response per organization. If your organization has more than one site and responses vary, please complete one survey per site. **The deadline to participate in the survey is Feb. 12**.

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.
- 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.
- **Reduced Cost PPE Supplies - National Council Partnership with Panacea Life** - The National Council for Behavioral Health has established a partnership with Panacea Life to deliver a variety of PPE at reduced rates. To take advantage of this opportunity, visit Panacea Life's online store, where you will find a variety of PPE for purchasing. For information on each item, including shipping information, please

click on the item. This store will be regularly updated based on available inventory. Questions - Contact NC.

- Report any unscrupulous vendors or price gouging to the Attorney General.
- 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.
- **Reduced Cost PPE Supplies - National Council Partnership with Panacea Life** - The National Council for Behavioral Health has established a partnership with Panacea Life to deliver a variety of PPE at reduced rates. To take advantage of this opportunity, visit Panacea Life's online store, where you will find a variety of PPE for purchasing. For information on each item, including shipping information, please click on the item. This store will be regularly updated based on available inventory. 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 Related

SAMHSA Releases FY21 CCBHC Grant Opportunity

SAMHSA announced that applications for FY21 CCBHC grants are now being accepted. The grants are available to community treatment providers in **every state**. Qualified applicants must be a CCBHC or be able to meet the requirements of a CCBHC within four months of receiving a grant. Applicants must be either a nonprofit or local government behavioral health authority. *CCBHC Expansion grant recipients that received funding under CCBHCs Expansion FOA (SM-20-012, with funding announcements made in 2020) are **not eligible** to apply for funding under this FOA*. **Applications are due March 1, 2021**.

The recently passed COVID Relief Act legislation included an additional $150 million to support this CCBHC Grant expansion and the FY 21 budget allocations extended the Excellence in Mental Health Act for three more years with $850 million in funding. This means SAMHSA is expected for funding about 74 applications with grant amounts of $2 million per year for 2 years. Competition is expected to be strong. In the last SAMHSA Grant, Ohio had two provider organizations - both Ohio Council members - successfully apply.
The National Council for Behavioral Health held a CCBHC Expansion Grant Deep Dive webinar, that was hosted by Rebecca Farley David, Senior Advisor of Public Policy and Special Initiatives, and Jane King, Senior Consultant of Practice Improvement and Consulting. The PPT, recording, and CCBHC FAQ are linked below. As a reminder, this session was intended to provide context and information, the National Council team and presenters are unable to answer any inquiries on behalf of SAMHSA. Any questions related to the funding opportunity itself can be directed to your SAMHSA project officer.

- View webinar slides and access the recording here.
- View updated answers to CCBHC Frequently Asked Questions
- Visit the CCBHC Success Center website for information and resources on CCBHC

We are encouraging providers able to step up to provide this level of comprehensive integrated behavioral health services to consider applying. If you are interested in applying, please let Teresa know.

HHS Proposes Major Updates to HIPAA

In December 2020, HHS released proposed changes to the Health Insurance Portability and Accountability Act (HIPAA) that aim to improve care coordination and give patients greater access to their health own information. These changes seek to:

1. improve information sharing for care coordination and case management; partially by modifying the definition of health care operations to clarify the scope of covered entities' ability to disclose protected health information to social services agencies, community-based organizations, home- and community-based service providers, and similar third parties;

2. facilitate greater family and caregiver involvement in the care of individuals experiencing emergencies or health crises;
3. enhance flexibilities for disclosures in emergency or threatening circumstances, such as the Opioid and COVID-19 public health emergencies; and
4. reduce administrative burdens on HIPAA-covered health care providers and health plans, while continuing to protect individuals' health information privacy interests.
5. strengthen individuals' rights to access their health information, in part my modifying the definitions of electronic health records, personal health applications, and shortening the required response time period for HIPAA covered entities from 30 days to 15 days;

This regulation is currently under a 60-day comment period.

Confidentiality Rules Update for Substance Use Disorder Treatment

The Legal Action Center recently issued a communication explaining the recent changes to SUD treatment confidentiality rules. In December 2020, the federal privacy protections for substance use disorder (SUD) treatment records changed again. This change follows on the heels of the "transitional" rule finalized by the Substance Abuse and Mental Health Services Administration (SAMHSA) in July 2020 and amidst anticipated changes to Part 2 and possibly HIPAA.

What changed: A court may now authorize disclosure of a patient's Part 2-protected records containing confidential communications if the disclosure is necessary to investigate or prosecute an extremely serious crime committed by anyone – no longer limited to extremely serious crimes allegedly committed by the patient. 42 CFR § 2.63.

Effective date: January 13, 2021

Official source: https://www.govinfo.gov/content/pkg/FR-2020-12-14/pdf/2020-25810.pdf

SAMHSA Report on Behavioral Health Workforce Needs

SAMHSA has released the "Behavioral Health Workforce Report," which documents effective mental and substance use disorder treatment models and pertinent staffing needs – as part of the agency's goal to increase access to evidence-based mental and substance use disorder care. The report details the identified number of behavioral health providers needed in the United States based on conservative estimates of those requiring access to mental health and substance use disorder services. This report shows the stark contrast between providers that are currently available versus what is needed to address the mental health issues faced by millions of Americans. The goal of this report is to provide information on evidence-based models of care for those with serious mental illness and substance use disorders, practitioner numbers needed to meet the behavioral health needs of the American people, and to offer a foundation on which a model for a mental health system that will address these needs can be established. The report estimates a shortage of approximately 4 million providers across provider types and services and includes the following recommendations:

1. Develop and implement a national campaign to educate the public about the need for behavioral health providers and encourage students to pursue careers in behavioral health.

2. Provide funding to healthcare practitioner education programs to embed information on care and treatment of serious mental illness and substance use disorders into standard undergraduate curriculum.
3. Encourage clinical placements/practicums in mental health and substance use disorder settings to increase the knowledge base of practitioners in behavioral health services.
4. Increase loan forgiveness programs for all behavioral health specialties to encourage entry to the field.
5. Increase the peer professional workforce and make these providers an integral component of behavioral health services. Require insurers to reimburse for peer professional services.

SAMHSA Drug Abuse Warning Network Preliminary Report

SAMHSA released a preliminary report on the Drug Abuse Warning Network (April 2019-October 2020). The Drug Abuse Warning Network (DAWN) is a nationwide public health surveillance system administered by the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Behavioral Health Statistics and Quality (CBHSQ). DAWN captures data on ED visits related to recent substance use and misuse, such as alcohol use, illicit drug use, suicide attempts, and nonmedical use of pharmaceuticals. Among the 49 currently participating DAWN hospitals, the proportion of emergency department visits attributable to substance use, illicit or otherwise, was 4.6% during the period April 1, 2019 to October 15, 2020. This proportion was somewhat higher, at 5.3%, in the DAWN hospitals in urban areas. These preliminary results also suggest that public health interventions may need to focus on methamphetamine since it appears to be the illicit substance most commonly associated with substance use-related DAWN ED visits.

In addition to this report, there are five brief DAWN profiles that cover COVID-19, Alcohol, Marijuana, Methamphetamine, as well as Heroin & Nonmedical Use of Prescription Opioids.

SAMHSA Resource: Treatment for Suicidal Ideation, Self-Harm, and Suicide Attempts Among Youth

The Substance Abuse and Mental Health Services Administration has released Treatment for Suicidal Ideation, Self-Harm, and Suicide Attempts Among Youth. The goal of this guide is to provide interventions to treat for suicidal ideation, self-harm, and suicide attempts among youth. It provides research on implementation and examples of the ways that these recommendations can be implemented.

Government Accountability Office Report on SUD Treatment

The Government Accountability Office (GAO) prepared a report utilizing SAMHSA data on the availability of continuum of SUD treatment services. According to Substance Abuse and Mental Health Services Administration (SAMHSA) data, the number of substance use disorder (SUD) treatment facilities and services increased since 2009. However, potential gaps in treatment capacity remain. For example, SAMHSA data show that, as of May 2020, most counties did not have all levels of SUD treatment available, including outpatient, residential, and hospital inpatient services; nearly one-third of counties had no levels of treatment available. GAO is recommending that SAMHSA identify and implement changes to the SABG program's data collection efforts to improve two elements of reliability—the consistency and relevance—of data collected on individuals served. SAMHSA concurred with this recommendation.

MHA Report: Young People's Mental Health In 2020: Hope, Advocacy, And Action for The Future

Mental Health America (MHA) has announced the release of a new report, Young People's Mental Health in 2020: Hope, Advocacy, and Action for the Future. The research publication shares the perspectives of nearly 2,000, 14-24-year-olds who completed MHA's *Young People's Mental Health Survey* through its online screening program, MHAScreening.org.

Highlights from the survey include:

- Access to mental health professionals and mental health breaks as part of work or school were the top resources young people requested to support their mental health.
- Only 24 percent think training adults would help them with their mental health challenges, versus 47% who want to learn more about how to help their own mental health.
- 45 percent of 14-18-year-olds are not hopeful about the future, and more than half of LGBTQ+ teens are not hopeful about the future.
- Only 1 in 4 young people think they can make a change in mental health in their communities.
- The top ways young people want support to make a difference include support for their own mental health, opportunities to learn about mental health, connection to a mental health advocacy community, and training to support their peers' mental health.

The report also includes examples of initiatives leading the way in addressing the needs identified in the survey.

CDC Resources to Help Children Learn at Home

The Centers for Disease Control and Prevention has released a new resource page to help children learn at home. The materials help parents and caregivers prioritize their own well-being while providing guidance on how to get support to facilitate at-home learning, stay in touch with a child's school; ask about available school services; and create schedules and routines for learning at home.

Methamphetamine Use Disorder Breakthrough, New HHS Guidelines for Buprenorphine

The New England Journal of Medicine released a randomized control trial (RCT) study on the use of bupropion and naltrexone for the treatment of methamphetamine use disorder (MUD). Among the 403 study participants, nearly 14% of those who took the combination presented mostly drug-free urine samples. Currently, there are no medications on the market to treat methamphetamine use disorder treatment, making the results of the study extremely promising. Also, HHS announced new guidelines allowing physicians to more easily prescribe the opioid addiction treatment buprenorphine to patients. Now, any physician can prescribe buprenorphine (any formulary) to a person with an opioid use disorder (OUD). The prescribing cap for non-waivered physicians is 30 patients unless they are in a hospital setting. However, the Biden administration has indicated they will not issue the guidelines previously announced. We will share more information when it is available.

Feds Send Mixed Signals on Repeal of X-Waiver Requirement for Physicians Prescribing Buprenorphine

In the final days of the Trump administration, HHS introduced new addiction treatment guidelines that would allow certain physicians more flexibility to prescribe buprenorphine to treat opioid addiction. By issuing the new guidelines, HHS sought to eliminate the requirement that physicians obtain a special federal waiver and undergo 8 hours of specialized training in addiction to prescribe buprenorphine up to 30 patients. While some hailed the news as progress, other groups called the move and process questionable. Indeed, the Biden administration is now looking to pause the X-waiver repeal decision to allow new HHS and SAMHSA leadership to weigh in and seek further legal clarity on the process.

Congress Passes Crisis Stabilization and Community Reentry Act

Following bipartisan and bicameral negotiation, Congress passed the Crisis Stabilization and Community Reentry Act. This legislation is designed to provide aid and resources for care coordination efforts between community mental health and addiction treatment centers and local law enforcement agencies.

The Crisis Stabilization and Community Reentry Act (S. 3312) has been signed into law. The legislation creates a new program allowing law enforcement agencies to partner with community mental health providers to provide increased access to mental health treatment and crisis stabilization for incarcerated individuals and promote warm hand-offs to community-based care upon re-entry to reduce recidivism.

The legislation provides $10 million per year for five years in new money for the purpose of providing clinical services for people with SMI and SUD that establish treatment, and continuity of recovery for care upon release from a correctional facility. The grants will be awarded to states, Tribes, community based non-profit orgranizations and local governments. **The grant authorization specifically calls out support for introductions to LAI's where clinically appropriate.**

Additional specifics include:

- Community-level crisis response programs, including collaboratively designed crisis response services and technical support programs that promote continuity of care
- Targeted training programs related to increasing medication adherence, including the use of long-acting antipsychotic medications.
- The examination of health care reimbursement challenges as they relate to medication adherence and continuity of care.
- Establishing a national technical assistance center to support justice and mental health agencies, community behavioral health providers, Certified Community Behavioral Health Clinics (CCBHCs) and other stakeholders in developing training and treatment approaches for justice-involved persons with mental illness, as well as payment strategies that promote best-practices with respect to care for this vulnerable group of people.

CMS Final 2021 Medicare Physician Fee Schedule Update

CMS published the final 2021 updates for the Medicare Physician Fee Schedule (PFS) and Quality Payment Program. The 2000+ page final update includes a number of policy and payment changes that will be beneficial to behavioral health providers and the patients they serve. The National Council's summary of the 2021 PFS offers a good overview of the final rule as well as highlights of key changes that include: makes

permanent reimbursement for some telehealth codes, updates E/M coding and payment models; delays by one-year requirements for electronic prescribing of controlled substances; finalizes several updates for bundled payments for Opioid Treatment Programs and extends OUD treatment to include opioid antagonists such as naloxone; and continues payment for certain kinds of remote patient monitoring.

State Policy & Resources – Non COVID Related

State Budget Preview - State Agency Budget Request Letters

As the DeWine Administration prepares to unveil the SFY 22-23 budget next month, several state agencies have made their state budget request letters available without disclosing any appropriation requests. As a reminder the Office of Budget and Management requested all agencies to prepare a 90% budget appropriation request as well as a flat funded or 100% budget that include other types of administrative efficiencies. Each state agency summaries key accomplishments and identifies their highest priority for the coming biennium. We have included links to several state agency letters to ODM below.

What is important to note is the administration remains committed to sustaining investments and services for the children, families, and adults we serve. While the economic conditions remain tenuous, and Ohio will have to address the unemployment costs at some point and prepare for the countercyclical impact on the Medicaid program, these letters signal how the administration is approaching the budget. The Governor has until February 15th to release the SFY 22-23 state budget and we anticipate more information will be shared in the beginning of February.

- Medicaid Budget Letter
- MHAS Budget Letter
- ODH Budget Letter
- DODD Budget Letter
- ODJFS Budget Letter
- ODRC Budget Letter

We anticipate Governor DeWine will unveil the initial SFY 22-23 Executive Budget proposal and top-level priorities on February 1st with the budget details and legislation released by February 15th.

MHAS SFY 2022-23 Budget Overview Webinar: Ohio Department of Mental Health and Addiction Services (OhioMHAS) Director Lori Criss will hold a webinar on **February 2 at 1 p.m.** to highlight the Governor's budget, including an overview of proposals that specifically impact Ohio's mental health and addiction services system. Click HERE to register for the webinar. You will receive a confirmation email. The presentation will be recorded and posted to the budget section of the OhioMHAS website for later viewing.

OBM Releases Budget Report for December

The Office of Budget and Management (OBM) released the December Monthly Financial Report that continued to show better than expected returns. GRF non-auto sales and use tax collections in December totaled $920.3 million and were $41.9 million (4.8%) above the estimate. Across the first half of the fiscal year, revenues are now $251.1 million (5.2%) above estimate; actual revenue has exceeded the estimate in five of these months. It is important to note that auto sales taxes continue to outperform expectations and cigarette excise taxes were 17.9% above estimates in December and 9.8% above year-to-date estimates. In terms of the long-term economic recovery, leading "return to normal indexes" find Ohio has achieved a 79% recovery

to pre-pandemic levels, which is almost 5% above the national average. In recent months, growth first slowed and then in the last two months declined which may be a result of typical slowdowns during the holiday season. As we head into the second half of the state fiscal year, there is cautious optimism, however the continued high rates of COVID-19 during these winter months are being closely watched.

Ohio Senate Announces Committee Assignments

The Ohio Senate announced member assignments to standing committees. As legislation and the SFY 22-23 budget is considered, these assignments will help develop and target advocacy strategies.

Ohio House Releases Committee Assignment

The Ohio House of Representatives announced the Republican members assignment to standing committees. Democratic members will be announced separately. Interestingly, Republican leadership added four new standing committees, which include:

- Technology & Innovation Committee
- Infrastructure & Rural Development Committee
- Behavioral Health & Recovery Supports Committee
- Families, Aging & Human Services Committee

Notably, we anticipate having a targeted standing committee on behavioral health issues, as well as families, aging, and human services creates new opportunities to advance our policy objectives and advocate for additional resources, reforms, and strategies.

Governor DeWine Signs Bill Updating Ohio Parity Law

On 12/21/2020, Governor DeWine signed SB 284 which included an amendment that recognizes the federal Mental Health and Addiction Equity Act (MHPAEA) in Ohio law. This legislation places specific reference to MHPAEA in Ohio's insurance statute and Medicaid program and gives each state agency rule making authority to implement parity. While we still have more work to do to fully implement parity in Ohio, this is a very important success that strengthens our ability to help individuals and families access the addiction and mental health benefits they have. We are continuing to work collaboratively with RecoveryOhio and the Ohio Departments of Insurance, Medicaid, and MHAS to develop next steps for 2021 and beyond.

SOR 2.0 Grants Announced

Governor DeWine joined with Sen. Rob Portman, Recovery Ohio Director Alisha Nelson, and Ohio Department of Mental Health and Addiction Services (OhioMHAS) Director Lori Criss announced grants totaling $76,534,000 for new strategic efforts combatting Ohio's drug crisis in local communities. The grants, represent a portion of Ohio's overall share of $96 million in federal State Opioid Response (SOR) 2.0 funding. OhioMHAS will grant $58,884,000 directly to local county alcohol, drug addiction and mental health services boards and their community partners. Additional funding for innovations in approaches to connecting people to care will be made available by OhioMHAS as part of the SOR 2.0 investments. Click HERE to view a summary of Ohio's SOR 2.0 project and HERE for more information on Ohio's State Opioid Response efforts to date.

AG Yost Releases 2020 Data Demonstrating Surge in Overdose Deaths; Seeks Update on Federal Effort to Combat Opioid Abuse

Attorney General David Yost released new data finding more Ohioans died of an opioid overdose during a three-month period last year than at any time since the overdose epidemic began. The analysis performed by the Scientific Committee on Opioid Prevention and Education (SCOPE) found the death rate in Ohio from opioid overdose at 11.01 per 100,000 population in the second quarter of 2020 - the highest rate in 10 years. The previous 10-year high was in the first quarter of 2017 at 10.87 opioid overdoses per 100,000 population. The hardest hit counties in the second quarter of 2020 were Scioto (35.22), Fayette (20.67) and Franklin (19.43). The analysis, which found an increase of deaths in 67 percent of Ohio's counties, can be found here.

Separately, AG Yost joined a broad coalition of 48 attorneys general in pushing federal regulators to examine recent progress in their fight against opioid abuse. The bipartisan coalition, led by West Virginia Attorney General Patrick Morrisey and New Mexico Attorney General Hector Balderas, specifically seeks a progress report regarding recent steps taken by the U.S. Food and Drug Administration to combat the opioid crisis, given the new authorities Congress granted the agency in 2018. The coalition's letter seeks clarification of how FDA is using and plans to use powers granted under the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act). Those provisions include safer opioid packaging and disposal features, research and issuance of new regulations on non-addictive alternatives to opioids and guidelines for opioid prescribing.

Medicaid Announces Award of Single Pharmacy Benefit Manager

The Ohio Department of Medicaid (ODM) has announced Gainwell Technologies as the vendor selected for the agency's single pharmacy benefits manager (SPBM). The award moves Ohio closer to realizing greater transparency and accountability in Medicaid's $3 billion pharmacy program. In selecting Gainwell as a partner, ODM will move forward in administering a clinically driven, outcomes-oriented pharmacy program for Ohio. Gainwell Technologies brings a wealth of experience to strengthen ODM's pharmacy benefits delivery. Since 2010, Gainwell has achieved 16 Centers for Medicare and Medicaid Services (CMS) certifications - more than all other vendors within the same time period. It provides services for 29 state Medicaid programs, processes more than 195 million pharmacy claims a year, and answers 6.6 million provider and recipient phone calls annually on behalf of state health care customers. The new SPBM is expected to be operational by January 2022.

OhioMHAS Resuming Licensure and Certification Onsite Reviews

OhioMHAS announced they will begin resuming with scheduling and onsite reviews by the Office of Licensure and Certification. OhioMHAS staff will continue to take precautions such as checking with the provider prior to the visit to make sure they do not have COVID positive cases for staff or residents/patients, appropriate use of PPE and making sure that social distancing/masking is in place to the greatest extent possible.

OhioMHAS will not conduct surveys in the counties that still have COVID related stay at home advisories; however, many of those are due to expire in the coming weeks. Finally, OhioMHAS will not conduct in-person surveys in any counties determined to be Purple Level 4, unless there is an urgent need. OhioMHAS reports they have made great strides in conducting virtual surveys and will continue to do so in situations where we are not able to survey in person or if doing so increases efficiency of operations.

OhioMHAS Announces Capital Budget Priorities FY21-FY22; Requests for FY23-24 Projects

With the recent passage of SB 310, Ohio's Capital Budget bill, OhioMHAS sent a letter the ADAMH Boards on January 25, 2021 discussing current priorities for FY21-22, described an opportunity to support Community Youth Resiliency Projects, and provided a worksheet to update FY 21-22 projects and submit requests for FY23-24 projects.

OhioMHAS' priority for funding in the SFY 21-22 Biennium will be for ***supportive housing projects, projects that have other sources of funds to leverage, and other MH or SUD program space that builds out the full continuum of care***. A diverse range of projects are anticipated with each local system prioritizing requests using a community planning process that will include stakeholder input. Updates to local SFY 21-22 Community Capital Plan requests are due within 2 weeks of receipt of the letter.

The Community Youth Resiliency Program shall be used in support of the establishment, expansion, and renovation of programming spaces for individuals affected by behavioral health related issues, specifically targeting, to the extent possible, programming spaces for middle and high school age youth affected by behavior health related issues. OhioMHAS participation for community resiliency funds will remain at 75% for eligible project costs up to $500,000. Request for funds are due by March 27, 2021.

Ohio MHAS Capital office is in the process of preparing for the **next biennium submission to the Office of Budget and Management (OBM), which covers SFY 23-24.** OhioMHAS will use ADAMH Board capital plan submission to develop the community section of its capital plan request to OBM. Updated Community Capital Plans are due within 90 days from receipt of letter.

Trainings and Conferences

OhioMHAS Treating Suicidality Training Series

OhioMHAS has announced a free Treating Suicidality training series to prepare clinicians to provide high-quality suicide care, utilizing Cognitive Behavioral Therapy (CBT) for Suicide Prevention. A secondary goal of the training series is to establish a foundation in three of the seven Zero Suicide elements: Identify, Engage & Treat. Sessions will be led by Dr. Marjan Holloway an adjunct faculty member at the Beck Institute for Cognitive Behavior Therapy in Philadelphia, a Diplomate of the Academy of Cognitive Therapy, and an associate professor of Medical and Clinical Psychology and Psychiatry at Uniformed Services University of the Health Sciences (USUHS) in Bethesda, MD.

Participants must be licensed or license eligible clinicians who work at community behavioral health agencies that are OhioMHAS certified. The training will include 18 hours of virtual-didactic lectures through a pre-event training followed by 3 day-long workshops. Following training, participants will be required to participate in five 1-hour consultation sessions to support use of newly attained clinical skills.

Please click the link for important information, including participant application, course descriptions, pre-training dates and workshop dates. Deadlines to apply range from February 12 – March 19th. All trainings will occur between March and May 2021.

Youth and Adults Mental Health and Wellness Outreach Resources

OhioMHAS and the Ohio Department of Education have partnered to develop a list of resources and tools needed to support mental health awareness campaigns in light of the COVID-19 pandemic. Each initiative has a built-in education and stigma-reduction component, aimed at changing attitudes and strengthening supports for those in need. The toolkits found in the guide include downloadable educational resources, including videos, for parents and educators. It also includes a social media campaign "how to" guide to help organizations launch any of these public awareness campaigns to promote resilience and healthy coping skills.

OhioMHAS Guide to Financial Literacy and Education Resources

Last July, OhioMHAS released a Guide to Financial Literacy and Education Resources in response to a request from Ohio's behavioral health provider community. With the latest round of stimulus checks going out, the Department would like to take this opportunity to remind our partners 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.

18th Ohio Problem Gambling "Virtual" Conference Registration

The 18th Ohio Problem Gambling Conference, presented by Problem Gambling Network of Ohio (PGNO) and sponsored by Ohio for Responsible Gambling, will be held virtually on Tuesdays and Thursdays during March 2021, which is Problem Gambling Awareness Month. This year's conference will once again bring together national experts, state leaders, and local innovators in problem gambling prevention, intervention, treatment, recovery, research, administration, and responsible gambling. Due to the virtual nature of this conference, we expect it to be our most far-reaching and impactful conference to date!

The early registration rate is $50 and will close after February 1st, 2021. Registration will be $65 after and will not close until after the conference has concluded. To register, please visit PGNOhio.org/Conference.

Post-conference sessions include 3.0 contact hours of ethics for prevention and treatment. These sessions will be offered at a rate of $15. Attendees wanting to attend a post-conference session must register for it separately from or in addition to the main conference. Space is limited and will be first-come, first-serve. PGNO Members will receive complimentary post-conference registration. Contact Info@PGNOhio.org for details.

Trauma Informed Care Trainings for Housing Providers

Through a partnership with American Institutes for Research in the Behavioral Sciences (AIR), the Ohio Department of Mental Health and Addiction Services (OhioMHAS) will host an introductory webinar on trauma and trauma-informed care for agency leadership and staff for Recovery Housing, Adult Care Facilities, and related agencies and stakeholders. This free webinar will provide participants with a foundational understanding of trauma and its effects on service recipients and providers, and core elements of trauma-informed care. This training is open to providers of all housing types. Residential Facility Class 2 Operators and staff will receive 2 hours of mental health training towards licensure and certification.

Please sign up for ONE class:

Feb. 11 | Noon-2 p.m. | Register
March 18 | 1-3 p.m. | Register
March 31 | 11:30 a.m.-1:30 p.m. | Register
April 14 | 11 a.m.-1 p.m. | Register
April 29 | 10 a.m.-Noon | Register

Creative Techniques Using Internal Family Systems and Play Therapy

The Tri-State Trauma Network (TTN) is hosting a play therapy training, "Creative Techniques Using Internal Family Systems and Play Therapy" on March 18 from 9 a.m.-4 p.m. This virtual workshop will bridge Internal Family Systems theory, a parts therapy, and play therapy to help promote healing. This training is highly interactive and experiential and provides Play Therapy credit hours in addition to the usual social service credit hours. Therapists will leave this session with expressive arts and play interventions that can be used immediately. Cost is $75 for TTN members; $100 for non-members. Click HERE to register.

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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