Community Behavioral Healthcare Association

Policy Recommendations – Continue Flexibilities Post COVID19

Drafted by CBHA's COVID-19 Transition Work Group

HFS

1. **Case Management Expansion– Mental Health Allowable Activities**
   Ask - Providers are asking that the case management services that were expanded during COVID-19 pandemic continue post-public health emergency order. Provider notice language is below:

   To support individuals served by Community Mental Health Centers and Behavioral Health Clinics during the COVID-19 public health emergency, Case Management – Mental Health, as described in 89 Ill. Admin. Code Section 140.453(e)(1)(B)(i-vi), may be billed for the following temporarily allowable activities related to "identifying and investigating available resources, explaining options to the individual, and linking the individual with necessary resources:"

   - *Purchasing, packaging and delivering food and groceries (excluding food preparation), medications, household consumer products, supplies needed to work from home, and products necessary to maintain the safety, sanitation, and essential operation of residences for clients who cannot leave their homes due to being included in a high risk category, such as being elderly, having underlying chronic medical conditions, or due to behavioral health conditions that prevent them from leaving their home.*

   - *Delivering phones to clients who do not currently have access to a phone with sufficient capabilities to allow them to participate in medical or behavioral health services via telehealth.*

   - *Assisting clients in managing financial necessities, such as arranging for access to emergency cash, replacing lost debit cards, paying rent and picking up bills for clients for whom the provider is the representative payee.*

   - *Answering phone calls from clients who may have questions or concerns about COVID-19.*

A maximum of **90 minutes per day per client** may be billed under Case Management – Mental Health for the above listed temporarily allowable activities. Time billed must reflect the actual time that staff engaged in providing the temporarily allowable activities.

Link to 4/14/20 provider notice:
https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn200414a.aspx

Notes:

- *Case management is going away with the implementation of IHHs. Built into rate for IHHs.*
- *Possibility of filing SPA, like what Theresa Hursey did, to allow for relevant services to continue.*
- *CBHA's recommendation was submitted during IHH comment period: "We strongly urge the HFS to follow through on an agreement with stakeholders to institute a new service code for activities related to providers' consultations with IHHs. Without this new service code or the ability of non-IHH providers to bill case management services, people with serious mental illnesses in community mental health centers will not be able to receive the most effective care they deserve."*

HFS Regulatory Changes/Legislation

1. **Mobile Crisis Response (MCR)**

   Ask is Twofold:

   A) **Allow Providers to deliver MCR services remotely.** Remote MCR services can increase access/immediacy to services for residents in crisis by decreasing travel times, especially in those LAN areas with expansive geographies. Hospital ER providers have requested that remote MCR be available post emergency order as ER wait time have decreased-which reduces costs, exposure to illness, wait time for families and makes beds available for medical emergencies

   We must be prepared to address projected 2nd and 3rd wave of COVID-19. Allowing remote MCR also allows immediate access to crisis services in cases of severe weather emergencies.

   B) **Increase rate for remote MCR to match MCR on-site rate.** Providers continue to provide the full array of services for MCR when providing this service and need to be compensated at the MCR onsite rate.

   HFS did not address the increased costs of providing in person MCR services increased costs of higher-level PPE for staff and providing PPE for an entire household during assessment.

2. **Psychiatric Codes: Telehealth Billing Expansion - Originating Site $25.00 Facility Fee**

   Ask is Twofold:

   A) **Expand originating site to include the client's place of residence:** Sites approved as valid originating facility sites were expanded. The March 20, 2020 notice contained a list of sites that included "providers who receive reimbursement for a patient's room and board, including nursing facilities and Intermediate Care

Facilities for the Developmentally Disabled." For further clarification, this category would also include Family Support Program residential providers, Medically Complex Facilities for Persons with Developmental Disabilities, and Specialized Mental Health Rehabilitation Facilities.

Policy Under Exec Order:

The patient may be located at any originating site including his/her place of residence or other temporary location within or outside of Illinois.

Reimbursement for telehealth services will continue to be made at the same rate paid for face-to-face services provided on-site. The distant site provider and originating site provider eligible for a facility fee must maintain adequate documentation of the telehealth services provided in accordance with the record requirements of section 140.403(d).

B) Allow CMHCs to bill the $25 originating site fee for mental health services furnished by a CMHC practitioner to Medicaid clients, including when the patient is located at home.

Link to 3/30/2020 provider notice:
https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn200330d.aspx

SUPR Regulatory Changes/Legislation

1. **SUPR Service Expansion**

Ask is Twofold:

A) Continue Flexibility – Telehealth SUPR services should continue to be allowed.

B) New Flexibility - Flexibility to perform SUPR services at additional locations so long as the services are administered by a SUPR certified agency (jails, churches, client's home, etc…).

Currently, all SUPR services need to be provided in a SUPR certified facility, or you need to have an exception. DHS services are not treated this way.

Opportunity from SUPR Notice 6/25:

Regulatory exceptions are still in place until further notice and should continue to inform your practice and decision-making. In the future, we anticipate that some of these changes will be maintained to continue support of critical operations, while others will be modified with an eye toward service system improvement.

State Funding

1. **DMH - Continue Expansion of Grant Funding**

   Ask: Providers need grant funding expanded to cover ongoing costs related to the COVID-19 pandemic.

   Providers acknowledge and are grateful to DMH for the latest support of reinvention funds to help offset increasing costs related to COVID-19. The toll of the pandemic has been devastating and providers expect the effects of the pandemic to be long-lasting. Providers ask DMH to continue supporting providers as long as they can through the expansion of grant funding. This action will ensure long-term sustainability to crisis and residential programs.

FY21 DMH Budget:

$30,000,000 appropriated from the State Coronavirus Urgent Remediation Emergency Fund to the Illinois Department of Human Services for a deposit into the DHS State Projects Fund-for services including mental health, substance abuse and other counseling services and assistance for individuals and families impacted by the COVID-19 pandemic: Of that amount, at least $10,000,000 shall be allocated for providers in the counties that did not receive direct allotments from the federal Coronavirus Relief Fund.

Federal Issues

1. **Phone service and fee w/ Medicare clients**
   Federal CMS gave agencies the flexibility to offer services to Medicare members via phone.

   Ask: Providers would like to continue this flexibility and expand it even further to include all psychiatric E/M codes (follow-up). Codes below:

99212	Office/outpatient visit est
99213	Office/outpatient visit est
99214	Office/outpatient visit est

Notes:

Audio-only communication. During the PHE, providers may deliver certain Medicare telehealth services via audio-only communication.

CMS has interpreted the Section 1834(m) description of telehealth services as "services that are furnished via a telecommunications system" to indicate that Medicare telehealth services must be furnished using video technology. CMS used its authority during the COVID-19 pandemic to waive this requirement for a subset of Medicare telehealth services (including some of those that were newly added during the pandemic). However, permanently allowing those and any other services to be delivered via audio-only connection would require legislation, either to

codify in statute that telecommunications services can, in certain instances, include audio-only communication or to give the Secretary authority to allow certain services to be delivered via audio-only connection.