

This document contains all of the questions and answers from the daily provider calls that the department has been conducting with community behavioral health providers. The most recent q-and-a are at the top. You can easily find a question or topic by pressing CTRL+F and entering a search term.

April 24, 2020

- **Question: Is there an end date for the waivers for TDMHSAS funded services, specifically Telehealth/Telephonic Billing and Verbal Consents?**

Answer: Commissioner Williams has requested that the governor's office extend waivers related to expanded telehealth/telephonic billing and verbal consents. Once we are informed about further direction, TDMHSAS will provide a notice for continuation.

- **Question: Can you explain how Executive Order #30 applies to community behavioral health providers, specifically paragraph 6 regarding nursing homes and other similar facilities”?**

Answer: While TDMHSAS encourages providers to seek their own independent legal opinion of Executive Order #30, the general language in paragraph 6 indicates that this provision specifically deals with limiting visitation to nursing homes, retirement homes, long-term care facilities or assisted living facilities. Paragraph 7 within Executive Order #30 (i.e. vulnerable populations) may apply to individuals that community behavioral health providers serve. Paragraph 7 states that businesses should take special precautions for vulnerable populations including older adults and persons with compromised immune systems or serious chronic medical conditions AND businesses should implement measures to protect (removed our) vulnerable populations. The CDC includes in its list of vulnerable populations, which includes individuals who have difficulty communicating, difficulty accessing medical care, need help maintaining independence, requires constant supervision and may need help accessing transportation.

Lastly, it is important to keep in mind that Executive Order 30 still requires social distancing, following CDC and other health guidance, as well as the Governor's Economic Recovery Group guidance, all of which encourages businesses to implement safe and healthy measures to protect our citizens. Therefore, community behavioral health providers are encouraged to take special precautions to protect any vulnerable populations they serve and implement policies regarding visitation.

April 15, 2020

- **Question: Even though TDMHSAS is temporarily ceasing automatic disenrollment from the Behavioral Health Safety Net due to out of date assessments, may BHSN Providers still submit BHSN Annual Reviews to update BHSN enrollment registrations during this time? And may BHSN Providers do assessments for BHSN Annual Reviews telephonically?**

Answer: On April 6th, TDMHSAS issued guidance on two program changes to BHSN in response to COVID-19 (this guidance can be found on the TDMHSAS COVID-19 webpage). One of the changes included BHSN enrollees not being automatically terminated/disenrolled from the Behavioral Health Safety Net because of out of date assessments beginning Monday, April 6th, 2020. BHSN Providers who are able to complete the assessments for BHSN Annual Reviews during this time are encouraged to submit those BHSN Annual Reviews so the individual's registration may be updated. TDMHSAS has issued guidance that BHSN Services, such as assessments, may be temporarily delivered telephonically if needed and if the BHSN Provider Leadership chooses to deliver services telephonically. Additionally, the Office of BHSN has provided a process to get verbal consent in place of physical signatures on BHSN Applications and Annual Reviews during COVID-19.

April 3, 2020

- **Question: Do you know the billing code for Telehealth services? and what EMR system do you use/or most clinics use?**

Answer: For TNWITS, service locations are identified on the encounter template. Telehealth is one of the service locations to choose.

For Behavioral Health Safety Net, services that are allowable via telehealth have a GT Modifier and are listed on the BHSN Rate Sheet with the corresponding telehealth billing code for claims. Additional FYI outside BHSN/TNWITS and related to Medicaid/Medicare billing...Per CMS – A Place of Service code is used to identify telehealth services for billing. The CMS Place of Service code is 02-Telehealth and the definition is: *The location where health services and health related services are provided or received, through a telecommunication system. (Effective January 1, 2017).* However, providers are encouraged to confirm with their different payor sources on how to indicate telehealth services on their claims.

April 1, 2020

- **Question: Is there any guidance on completing admission and orientation processes via telehealth for IOP and MAT OP? The concern is in obtaining initial drug screens and signing paperwork (i.e. releases, treatment contracts, residency documentation, treatment plans, etc.).**

Answer: TDMHSAS recommends that all contracted providers continue to follow CDC guidelines and social distancing if having documents signed. Regarding drug screens, please see guidance posted on the TDMHSAS website for MAT providers by visiting the following link:

<https://www.tn.gov/behavioral-health/covid19.html>. Please look for “**Resources for Medication Assisted Treatment (MAT) Providers**”.

- **Question: What support resources are there for behavioral health professionals who looking to manage their own mental health and well-being during the state of emergency?**

Answer: TDMHSAS understands that to provide clients the best care and services, providers must also take care of themselves. This is critically important during a state of emergency like COVID-19. Creating and practicing an effective plan for self-care can improve many aspects of a professional's life and can result in a higher quality of client care. TDMHSAS has created a specific section for Self-Care for Behavioral Health Professionals on its website with relevant

resources, including information from the American Psychiatric Association and the National Center for PTSD.

March 30, 2020

- **Question: Is there an option to offer telehealth for DUI schools?**

Answer: Tennessee has approved the use of Prevention Research Institute's Prime for Life telehealth learning option. This telehealth option can be accessed through a TN licensed DUI school provider. To learn more about the Prime for Life curriculum and to locate a DUI school provider, go to <https://www.tn.gov/behavioral-health/substance-abuse-services/criminal-justice-services/dui-schools-in-tennessee.html>. The Prime for Life telehealth learning option will be in effect until the end of the State of Emergency in Response to COVID-19. Licensed DUI Schools that are contemplating this arrangement should still be aware of the various restrictions that are built into existing Licensure rules, examples being: amount of hours of curriculum required (minimum of 12) and the limitation on class size (not to exceed 25 students).

- **Question: We are finding that multiple pharmacies are unaware of DEA allowances under these emergency circumstances and are refusing to accept call-in prescriptions as currently allowed. Is there any action we should be taking other than trying to educate these pharmacies, and is there any coordinated effort you know of at the state level to get the word out to them?**

Answer: Pharmacies have always been able to accept called-in prescriptions, this is not new. The issue is that called-in prescriptions are the most common type of fraudulent prescriptions so many pharmacies have made it a policy to not accept them, or at least not for controlled substances. The pharmacy does have the right to refuse any prescriptions, but they also have the professional responsibility to aid the patient in finding another pharmacy that will fill the prescription. Please educate the pharmacy on the guidelines posted on the TDMHSAS website on how this area of medicine is being conducted during this time, specifically how more patients are being seen remotely and number of called-in prescriptions and e-prescriptions are going to go up. Also, the Board of Pharmacy can also serve as a resource. They can be reached at 615-741-2718 or Pharmacy.Health@tn.gov.

- **Question: This week we, like everyone else, have been trying to move all possible outpatient and support services to virtual care, working with clients to get them situated. I've noticed that we also seem to be having a regular flow of TennCare audit requests, Health Link coaching, Department grant reporting meetings, etc. producing immediate time frames. Has there been or will there be any discussion in the department or with TC on evaluating which of these are necessary to happen immediately, as in this next week and the next?**

Answer: TDMHSAS is currently conducting fiscal monitoring and program monitoring activities remotely, when and where possible. If scheduled monitoring activities, or department grant reporting meetings, are serving prohibitive during this state of emergency, please contact your TDMHSAS program and/or fiscal monitoring program manager to explain your situation. TDMHSAS will assess your circumstances and possible rescheduling, as the department recognizes this is a challenging time. TDMHSAS has also communicated with TennCare regarding this question. TennCare is working with the MCOs to determine what audits and coaching can be paused for a couple of weeks. TennCare appreciates bringing this to their attention.

March 27, 2020

- **Question: A concern raised in response to shifting our MAT/SUD groups to individual service components, as recommended by TDMHSAS, is that providing a 50-minute telephonic or video session with each participant, multiple times per week, will be practically impossible. At least during this pandemic crisis, can the Department waive the 50-minute requirement?**

Answer: The TDMHSAS Division of Substance Abuse Service understands the current challenges related to COVID-19 and is committed to supporting continuity of patient care while supporting contracted providers efforts to keep both professionals and clients safe. As such:

- Outpatient group size will remain as a minimum of 2 individuals and a maximum of 12 individuals
- An outpatient individual session will be reduced from 50 minutes to 30 minutes
- An outpatient group session will be reduced from 60 minutes to 45 minutes

This modification of Outpatient Services for TDMHSAS, Division of Substance Abuse Services contract providers will be in effect until the end of the State of Emergency in Response to COVID-19.

March 25, 2020

- **Question: We feel we have a plan for our medical staff, our therapists and our case managers, but when it comes to staff that work under certain grants, finding meaningful work for them to do is more challenging. For example, if their duties are in relation to the schools, or to the courts, they are very limited in what they would be able to do from home, particularly given they likely have already been doing certain tasks in the office last week and this week since the schools and courts have already been shut down. Has the Dept already crossed this bridge and figured out what the expectation around grant staff will be during this time?**

Answer: As referenced in earlier provide calls and documented in associated Q&A documents, the department encourages TDMHSAS funded contractors implementing unique grant programs (i.e. juvenile justice diversion, System of Care Across Tennessee, school-based liaisons, etc.) to work with the assigned TDMHSAS program manager to assess interim activities and approaches. Interim activities should relate back to the overall scope of service and support program outcomes.

- **Question: Related to the Behavioral Health Safety Net (BHSN), can BHSN providers with onsite pharmacies utilize BHSN funding to cover postage costs to mail-order meds to patients? In this state of emergency, we feel like this flexibility will reduce exposure for both BHSN patients and BHSN providers. Part 2 of the question would be if we couldn't mail-order for all BHSN meds, then could there be a consideration for mail-order reimbursement for patients who have tested positive, high-risk, or symptomatic?**

Answer: The Office of BHSN will work this week with BHSN Providers to assess re-allocating existing BHSN budgeted dollars to be used to build capacity to continue to provide behavioral health services during the COVID-19 pandemic. If approved, using BHSN funds to pay for mail-order medications for BHSN enrollees will be an allowable expense *temporarily*. For more information, please contact Katie.Lee@tn.gov.

- **Question: Due to the virus and our need to communicate with all of our clients more than ever do you think there is discussion around increasing the cell phone minutes for our population with government issued phones?**

Answer: The department has not been made aware of discussion around increasing cell phone minutes for government issued phones. If the department is made aware, information will be provided during a future provider call.

- **Question: Can behavioral health congregator/residential care patients receive prioritization for COVID-19 testing? Can patients be tested at the facility opposed to being taken to the ED or an assessment site?**

Answer: Currently, place of “residence” or type of facility a person lives in is not in and of itself a criterion for prioritization for COVID-19 testing. At the state laboratory prioritization is given to close contacts of known laboratory-confirmed cases, healthcare workers, and hospitalized patients with ARDS (acute respiratory distress syndrome). That said, testing is available from a variety of commercial laboratories, and they will test any specimen sent in by a clinician, without restriction. Therefore, if a facility has its own policies about testing, they are encouraged to use those resources. TDMHSAS continues to encourage providers to use CDC criteria for determining whether people should be tested. Specimens can safely be collected in most primary-care settings (with instructions for doing so available on the CDC website). In addition, any person can go to many of the sites being set up around the state for rapid testing (<https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>, with additions daily).

- **Question: Can you clarify who can administer the COVID-19 test and how licensed behavioral health facilities can obtain tests?**

Answer: Any licensed clinician can collect the specimen (a nasopharyngeal swab), and in many places nurses do it. Any physician can “order” the test to have it run at a lab. There are many commercial laboratories that will now perform the tests. The actual supplies to collect the specimen (namely the swabs and viral media or saline tubes) have been in short supply (including at local health department clinics), though supplies will hopefully soon become available at whatever medical supply company a clinic uses routinely. Some labs may supply the material for tests sent to them. Specific information on collecting and handling testing is available at <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>.

- **Is there consideration to relax the 90-minute requirement for substance use treatment group services?**

Answer: IOP group size will remain as a minimum of 2 individuals and a maximum of 12 individuals. An IOP group session will be reduced from 3 hours per session to a *minimum of 60 minutes with additional individual assignments, three (3) days per week*. This modification of IOP services for TDMHSAS, Division of Substance Abuse Services contract providers will be in effect until the end of the State of Emergency in Response to COVID-19.

March 23, 2020

- **Question: For contracted providers with locations licensed to provide outpatient mental health and outpatient non-residential services, what guidance does the Department have in remaining open should one of our local municipalities (i.e., local city or county mayors)**

issues a local emergency directive for businesses to close? As of now, we've divided our teams at each location into two and trying to do as many remote services as possible, but we remain open at all sites offering same-day access and walk-in emergent appointments. I'm reading where a few cities across TN have such local directives and want to be prepared should one be issued in one of our service areas.

Answer: If a local emergency directive is issued by local city or county mayors, outpatient mental health and outpatient non-residential service providers should respond to the emergency directive as written. The City of Nashville, for instance, issued a "Safer at Home" order that went into effect at 12:01 am Monday, March 23rd. In this order, residents of Metro Nashville and Davidson County are required to stay inside their homes unless they are engaged in certain "essential activities." For Nashville, health care, mental and behavioral health, and biomedical research and businesses that directly support the healthcare industry including health information technology, staffing and supplies are considered essential services. The Nashville order also states essential services listed may continue as long as appropriate distancing is physically possible and encouraged. These businesses will adhere to CDC guidance on social distancing and hand hygiene in the workplace, including encouraging work-from-home and allowing employees when possible to work on-site in shifts to optimize social distancing in the workplace.

- **Question: If we are sub-grantee of a SAMHSA grant, can we utilize our grant funds to be more responsive to COVID-19, specifically for PPE for grant funded staff?**

Answer: SAMHSA has said on their Q&A calls that SAMHSA grant funds can be used to purchase personal protective equipment, cleaning supplies, etc. for staff. Please work with your TDMHSAS project manager on assessing if budget revisions are needed to support the purchase of PPE.

- **Question: Can the Department provide written guidance regarding admission and discharge from licensed supportive living facilities?**

Answer: Guidance regarding admission and discharges from licensed supportive living facilities can be found in the TDMHSAS Guidance Document for Congregate Care Providers (i.e. MH and SA residential treatment, supportive living, supportive residential, etc.)

at https://www.tn.gov/content/dam/tn/mentalhealth/documents/TDMHSAS_COVID-19_Congregate_Care_Settings.pdf.

- **Question: How will COVID-19 impact the Individual Placement and Support (IPS) program and Vocational Rehabilitation and Milestone payments during time?**

Answer: We realize many of you might have questions about VR and milestone payments during this time. To address those concerns, please speak first to your regional VR staff, but also know DHS-VR is in the process of developing specific guidance around VR milestone payments and they will communicate this information directly to Community Rehabilitation Providers (CRP) when it becomes available. If your concern is one of IPS fidelity, training, or IPS processes and does not related to billing or contracts, please reach out to one of the IPS Trainers.

- **Question: Can TDMHSAS clarify changes related to the Behavioral Health Safety Net and enrollment applications in wake of COVID-19?**

Answer: In response to the Novel Coronavirus – COVID-19, physical client signatures may be waived on the paper BHSN Enrollment Application and BHSN Annual Review if client gives verbal consent for signature. BHSN Providers may read the attestation language to the BHSN enrollee. If the client gives verbal consent for signature, the BHSN Provider will write “verbal consent” on the client signature line of the BHSN Application/Annual Review and date it. The BHSN Provider will complete the "BHSN Verbal Consent for Signature on BHSN Annual Enrollment and BHSN Annual Review" form and keep it on file. For more information, please contact Katie Lee at Katie.Lee@tn.gov

March 20, 2020

- **Question: Looking in TN WITS and doing the notes, service location, there is a spot for telehealth, do we need to put telehealth there or do we keep it office and document in note?**

Answer: Please mark services provided via telehealth or telephone as telehealth in TN WITs. As previously discussed, all services provided via expanded telehealth or telephone should also be documented clearly in the client record.

- **Question: A concern raised in response to shifting our MAT/SUD groups to individual service components, as recommended by TDMHSAS, is that providing a 50 minute telephonic or video session with each participant, multiple times per week, will be practically impossible. The most frequent psychotherapy service we provide is 90832 (16-37 minutes) and our clinical leadership consistently tells me that there is absolutely no data to support the idea that the increased time leads to better results for the patient. At least during this pandemic crisis, can the Department waive the 50-minute requirement?**

Answer: In an effort ensure patient safety and workforce safety, TDMHSAS is committed to providing as much flexibility as possible for service delivery while ensuring quality clinical services. Specific to existing requirements regarding 50 minutes of service, multiple times a week for group participants, TDMHSAS will evaluate possibly modifying this standing requirement. The department aims to provide further guidance on this the week of March 23rd.

March 19, 2020

- **Question: Can Behavioral Health Safety Net resources support college students who could not go home (international) in person or telehealth?**

Answer: At this point TDMHSAS has not made any decisions to expand the current eligibility criterion for the Behavioral Healthy Safety Net. While the eligibility criteria has not changed, TDMHSAS has expanded flexibility for the use of audio (telephone) and/or video telecommunications for numerous Behavioral Health Safety Net Services. For specifics on expanded telehealth use, please visit: <https://www.tn.gov/behavioral-health/covid19.html>.

- **Question: What is happening thru Commerce & Insurance to partner with insurers to relax telehealth rules?**

Answer: TDMHSAS leadership has been in communication with leadership at the Tennessee Department of Commerce and Insurance. It is our understanding that commercial carriers have voluntarily allowed for telehealth for certain services with in-network providers.

- **Question: What are the general safety precautions community mental health centers should take related to patients/family members coming in and out of the lobby of facilities?**

Answer: Our community partners who continue to receive persons in their facility for face-to-face services may wish to evaluate their procedures to comply with the CDC guidance for healthcare facilities. Included in this guidance is emphasis on social distancing, a crucial component for stopping the spread of this virus. Arranging furnishings to promote social distancing, screening service recipients and visitors alike at the point of entry and making provision for separating persons who are symptomatic from others in common areas are also addressed. The full CDC guidance for healthcare facilities can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html> as well as <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html>.

- **Question: Should community behavioral health providers be accepting new patients/admissions?**

Answer: Tennessee's community mental health and substance use treatment providers provide critical healthcare services to our state's most vulnerable population. As such, providers should endeavor to continue these essential services with the enhanced infection control measures suggested by CDC and TDMHSAS. We know that when individuals living with mental illness and/or SUD first reach out for help it is a critical time to get that person on the road to recovery and not let them fall through the cracks. We recognize that providers must balance the health and safety of their employees while continuing to provide essential health services to Tennesseans struggling with behavioral health issues. We sincerely appreciate your partnership and are committed to assisting our providers by revisiting relevant licensure rules, easing restrictions related to telehealth, and providing up-to-date resources as the COVID-19 emergency evolves.

- **Question: What are the time limits/expectations regarding TDMHSAS funded residential treatment services? Is the expectation still 90 minutes?**

Answer: ASAM Levels 3.3, 3.5, and 3.7, Adult Clinically-Managed and Medically-Monitored Residential Rehabilitation Services - structured residential treatment programs treating individuals with a primary or secondary alcohol or other drug abuse or dependency diagnosis. 90 minutes pertains to Level 1 Outpatient groups, we do not have a requirement of 90 minutes for residential services. Clients in residential services receive services that include provision of individual therapy, group therapy, family therapy or any combination of such counseling services. Residential rehabilitation services are designed to restore the severely dysfunctional alcohol and/or drug dependent person to levels of functioning appropriate to that individual. The services may be provided in a hospital or a residential setting and are not appropriate for persons experiencing withdrawal symptoms. An essential aspect of residential rehabilitation is the ongoing structured use of therapy to achieve the goal of rehabilitation. This therapy includes a minimum of five (5) counseling contacts per week and a minimum of five (5) lectures or seminars per week. Narcotics Anonymous, Alcoholics Anonymous, and Double Trouble in Recovery groups are not considered as lectures or seminars.

- Question: Is there an option to offer telehealth for DUI schools?**
Answer: There is no TDMHSAS Licensure prohibition for holding classes by teleconference. This answer is not speaking for the state of Tennessee's approved curriculum, Prime for Life, so providers should consult with that group for any additional guidance. Licensed DUI Schools that are contemplating this arrangement should still be aware of the various restrictions that are built into existing Licensure rules, examples being: amount of hours of curriculum required (minimum of 12) and the limitation on class size (not to exceed 25 students).
- Question: How should providers serve patients who are coming in and out of criminal justice settings?**
Answer: Providers should serve them in the same manner as other individuals they are serving. Follow the CDC guidelines and health screen as they come into your facility.
 Link to resource page from National Sheriff association:
<https://www.sheriffs.org/coronavirus/jails>
- Question: Can the TDMHSAS provide guidance on the best practice for residential settings (Detox/Residential treatment/Supportive Living Facilities) if a resident is tested and confirmed positive for the virus? Specifically, should we discharge patients to home for quarantine, quarantine entire facility, separate from general population and quarantine on site? Another issue that is bound to arise is where do patients go if their "home" is at a facility i.e. SLF, group home, residential facility, if they are discharged from the facility?**
Answer: TDMHSAS is currently developing specific guidance, based on best practices and guidance from national and state experts, related to residential treatment centers and COVID-19. In the interim, TDMHSAS recommends in cases of residential patients who have tested positive for COVID-19 that they first be isolated from others and that the department of health (615.741.7247) be notified for further instruction
<https://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/Immediately-reportable.pdf> .If others in the residential facility may have been exposed, then on a case by case basis determine if staff or patients can be released/discharged, go home, and self-isolate. TDMHSAS recommends that all facilities follow CDC guidelines related to cleaning healthcare facilities. Also, a webinar by the National Council for Behavioral Health will hold a webinar tomorrow at 1-2pm ET titled, Preparing Behavioral Health Organizations for Coronavirus. <https://pages.thenationalcouncil.org/index.php/email/emailWebview>, registration is currently full but will be archived within 5 days.

March 18, 2020

- Question: What flexibility is being provided related to HIPAA?**
Answer: The Secretary of the Department of Health and Human Services (DHHS) has the authority to waive certain provisions of the HIPAA Privacy Rule during certain circumstances. In response to President Trump's declaration of a nationwide emergency concerning COVID-19 and DHHS Secretary Azar's declaration of public emergency on January 31, 2020, Secretary Azar has waived sanctions and penalties against a covered entity *hospital* for the following provisions of the Privacy Rule:
 (1) the requirements to obtain a patient's agreement to speak with family members or friends involved in the patient's care. See 45 CFR 164.510(b);

- (2) the requirement to honor a request to opt out of the facility directory. See 45 CFR 164.510(a);
- (3) the requirement to distribute a notice of privacy practices. See 45 CFR 164.520;
- (4) the patient's right to request privacy restrictions. See 45 CFR 164.522(a); and
- (5) the patient's right to request confidential communications. See 45 CFR 164.522(b).

The waiver became effective on March 15, 2020; however, this waiver is limited to the emergency area identified in the public health emergency declaration, to hospitals that have instituted a disaster protocol, and for up to 72 hours from the time the hospital implements its disaster protocol.

DHHS also issued additional information related to sharing patient information under emergency circumstances as is currently allowed under the Privacy Rule.

For more information, please see the attached document and the information found at the following links: <https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/> and <https://www.hhs.gov/about/news/2020/01/31/secretary-azar-declares-public-health-emergency-us-2019-novel-coronavirus.html>

- **Question: Can TDMHSAS clarify its position regarding telehealth and prescribing of psych medication/controlled substances (revised based on new federal guidance).**

Answer: While TDMHSAS is expanding the use of telehealth and telephonic communication during the state of emergency for TDMHSAS contracted providers, there are special considerations for medication management services. It is permissible for a TDMHSAS contracted provider to call in medication for a patient. There are no federal and/or state regulations that would not allow a provider to deliver this service over the phone for non-scheduled drugs. As it relates to scheduled drugs, TDMHSAS contracted providers should ensure that prescribers are knowledgeable and comply with all state and federal regulations regarding prescribing controlled substances, including the use of telemedicine requirements found in 21 U.S.C. 829(e) and 21 U.S.C. 802(54)(D). Typically, the first patient encounter with the prescriber must be face-to-face, however, this face-to-face requirement has been exempted by the DEA during this public health emergency. The TDMHSAS Behavioral Health Safety Net (BHSN), for example, will pay for telephonic psychiatric medication management visits so long as they are of the same clinical quality of an in-person/telehealth delivery. TDMHSAS is requesting that each contracted provider provide attestation that the telephonic service delivery will have the same clinical quality and that clinical records reflect such.

- **Question: Is there consideration to relax the 90-minute requirement for substance use treatment group services?**

Answer: Specific to TDMHSAS contracted substance use treatment providers, the requirement for outpatient group time was changed from 90 minutes to 60 last year and will be reflected in the new scopes of services.

- **Question: Is TDMHSAS funded intensive outpatient services eligible for expanded telehealth?**

Answer: Yes. Based on additional feedback from TDMHSAS contracted providers, the department will add intensive outpatient services to the eligible list of programs for expanded telehealth.

- **Question: Has telehealth requirements been modified related to TennCare/Medicaid services?)**

Answer: TennCare has published guidance as of 3/18/20. You can find this information/attachment here: <https://www.tn.gov/behavioral-health/covid19.html>

- **Question: How are facilities responding, are they still seeing clients face to face, moving to telehealth, or following sanitation guidelines?**

Answer: There is a combination of the above occurring. TDMHSAS is leaning on each individual provider's CEO/Executive Leadership to make the best-informed decision regarding their agency and their staff, specifically within the context of social distancing, working remotely, etc. Please ensure you are following any guidance from TDMHSAS, the Governor, and the CDC related to COVID-19. You are permitted to use telehealth and telephonic options when appropriate and able, however, **program documentation should explicitly state how activities are connected back to the overall scope of services and supports program outcomes.**

- **Question: What is TDMHSAS doing to assist with COVID-19 related supplies?**

Answer: TDMHSAS is working with contracted community providers to assess what COVID-19 related supplies are needed. TDMHSAS has been in communication with the Tennessee Department of Health and is requesting for possible support around supply needs.

- **Question: Do Substance Abuse Prevention Coalitions continue to practice business as usual?**

Answer: We recommend you use your best discretion and follow guidelines that the Governor, Tennessee Department of Health, the Centers for Disease Control and Prevention, and other trusted sources have put forth. These guidelines include limiting gatherings to less than 10 individuals for the next 8 weeks. Please, follow the best practices that have been issued, including avoiding gatherings, practicing social distancing, and protecting individuals in the vulnerable population. Try to conduct as much of your business as possible by phone and email. While you may be limited in what you can do in the community, try to focus on activities that do not require exposure and contact. For questions specific to community coalitions, please contact Anthony Jackson at Anthony.Jackson@tn.gov

March 17, 2020

- **Question: Guidance on how to document Call throughs. ANSWER Updated 3/25/20**

Answer: A call thru should only be utilized as a last resort when telehealth and telephonic assessment is not a viable option. If an assessment of a patient is done via phone, meaning you talk to the client and other collateral sources, it should be documented as an assessment, the same as if conducting the assessment face to face. If and only if, telehealth and telephonic capability is not an option a call thru can be conducted by providing consultation to a CON writer on location with the patient. All call thrus must be carefully vetted prior to facilitating a referral for inpatient services. Call thrus are documented as a phone consult within the Crisis Management System and do not result in a full crisis assessment; however, there should be

documentation of the information vetted with the CON writer which can be in the form of a Clinical Consult note, assessment appendment or progress note.

- **Question: Is it permissible to conduct groups via telehealth?**

Answer: Yes. TDMHSAS contracted providers who elect to use interactive audio (i.e. phone) and/or video telecommunications for groups should ensure that services have the same clinical quality and that clinical records reflect such.

- **Question: What is the department's expectations around Criminal Justice Liaison programming?**

Answer: It's under the criminal justice system's purview to decide on service delivery during the state of emergency. Please coordinate with your local jail system on programs and activities and document all communication. All alternative activities should support CJL scope of services and overall program goals. For specific questions, please e-mail Ellen Abbott at Ellen.L.Abbott@tn.gov

- **Question: How will the COVID-19 affect services for clients being served by HIV/AIDS Intervention Services.**

Answer: Please review CDC's Guidelines, Information for Healthcare Professionals at the following

link: https://www.cdc.gov/coronavirus/2019ncov/index.html?fbclid=IwAR0I2J49LBcZEPm3CnbLDISdfVw29QXT_0KL_aj7vr0IoSGPxy9rUxw4jwg.

- **Question: What if a client test positive for COVID-19 and before he was tested had contact with other clients/staff. What guidance is being given around this?**

Answer: For individuals that have been in close contact with a person testing positive for COVID, notify your healthcare provider and follow CDC guidance at

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>.

- **Question: For residential treatment facilities, what are the expectations/guidance. What if supplies are needed that cannot be obtained?**

Answer: TDMHSAS oversees several different types of residential facilities and is currently asking these locations to follow the Centers for Disease Control and the Tennessee Department of Health's recommendations for prevention practices and recommendations on best practices. Facilities should be taking reasonable efforts such as eliminating or limiting off-campus activities, limiting or eliminating visitation, minimizing employee travel to and from the facility and working with outside vendors to ensure only necessary shipments and/or deliveries are occurring. Many public and private entities are finding ways to continue business in more of a remote and virtual environment, please take the time and effort to find out about these efforts to get yourself plugged in such that there is minimal disruption to the overall program.

- **Question: Is it permissible to conduct telehealth services for those with JJ grants from the dept?**

Answer: Provision of services under the Juvenile Justice Reform Grants will also be modified to allow for telehealth support. TDMHSAS recommends that all TDMHSAS contracted providers utilize the latest guidance coming from the CDC and the governor's office. Services provided via telehealth should be clearly documented in the client's record, including the reasoning telehealth was used as a service delivery method. **All JJR program documentation should**

explicitly state how activities are connected back to the overall scope of services and supports JJR program outcomes. For specific questions related to JJR programs, please contact Elizabeth Settee Reeve at elizabeth.reeve@tn.gov

- **Question: What guidance can be given on receiving informed consent if we are conducting services via the telephone or through tele-medicine?**

Answer: When the service recipient is not physically present to provide signature of informed consent, privacy policies must be reviewed with the individual before beginning a telehealth assessment and the consent must be documented in the patient record. The patient should be informed about privacy policies and given an opportunity to request an in-person assessment, when and where appropriate, before receiving a telehealth assessment. Additional information is available through the South-Central Telehealth Resource Center (SCTRC) serving Arkansas, Mississippi and Tennessee. The resource center website, www.LearnTelehealth.org, targets health care and health education groups that have an interest in using telehealth. It should be noted that The National Consortium of Telehealth Resource Centers will also be holding a webinar exploring further uses and benefits of telehealth during the COVID-19 outbreak. Registration here: https://zoom.us/webinar/register/WN_qcJHiCQBShyg3cR-Gc5DjQ.

- **Question: MH101 Dates are being cancelled along with other educational programs, can we slide into professional development, curriculum redesign and other related activities?**

Answer: TDMHSAS is sensitive to the fact that school closures are likely with COVID-19. As it relates to TDMHSAS funded school-based programs (e.g. school-based behavioral health liaisons, Youth Screen, Mental Health 101, Erase the Stigma, etc.), programs may be impacted based on school closures and other guidance provided by the CDC. TDMHSAS is requesting that providers contracted to do school-based work assess for interim activities that could be done relevant to the scope of service of the program. Relevant providers are encouraged to work with their TDMHSAS program manager to assess for interim activities that relate back to the overall scope of service and support program outcomes. Any questions related to school-based work should be directed to Jessica Mullins at Jessica.Mullins@tn.gov.

- **Question: How does the expanded telehealth/telephone rules apply to group sessions, especially given some clients do not have access to technology?**

Answer: For service recipients supported by TDMHSAS funding who do not have access to technology, telehealth & perhaps even telephone, support and services will of course not be a viable alternative to in person group services. Providers should follow their agency's guidance regarding providing those in person services, observing CDC guidelines for frequent sanitizing of surfaces & areas, social distancing, etc. Other resources which the agency may have that are applicable to technology-conducted group sessions (Zoom, WebEx) may provide viable alternatives for service recipients who do have access.

March 16, 2020

- **Question: Will TDMHSAS program monitoring visits still be conducted for TDMHSAS contractors?**

Answer: For the remainder of March 2020, program monitoring and site visits will be either rescheduled or conducted remotely. The TDMHSAS program contact for each site visit will reach out to discuss next steps.

- **Question: Can TDMHSAS provide guidance for programs outside of the Behavioral Health Safety Net and the Substance Abuse Continuum?**

Answer: TDMHSAS is leaning on each individual provider's CEO/Executive Leadership to make the best-informed decision regarding their agency and their staff, specifically within the context of social distancing, working remotely, etc. Please ensure you are following any guidance from TDMHSAS, the Governor, and the CDC related to COVID-19. You are permitted to use telehealth and telephonic options when appropriate and able, however, **program documentation should explicitly state how activities are connected back to the overall scope of services and supports program outcomes.**

- **Question: Can TDMHSAS clarify its position regarding telehealth and prescribing of psych medication/controlled substances.**

Answer: While TDMHSAS is expanding the use of telehealth and telephonic communication during the state of emergency for TDMHSAS contracted providers, there are special considerations for medication management services. It is permissible for a TDMHSAS contracted provider to call in medication for a patient. There are no federal and/or state regulations that would not allow a provider to deliver this service over the phone for non-scheduled drugs. As it relates to scheduled drugs, TDMHSAS contracted providers should ensure that prescribers are knowledgeable and comply with all state and federal regulations regarding prescribing controlled substances, including the use of telemedicine requirements found in 21 U.S.C. 829(e). For example, generally speaking the first patient encounter with the prescriber must be face-to-face. The TDMHSAS Behavioral Health Safety Net (BHSN), for example, will pay for telephonic psychiatric medication management visits so long as they are of the same clinical quality of an in-person/telehealth delivery. **TDMHSAS is requesting that each contracted provider provide attestation that the telephonic service delivery will have the same clinical quality and that clinical records reflect such.**

- **Question: How will BHSN applications and annual reviews be conducted?**

Answer:

1. Applications and Annual Reviews will be processed within 3 business days.
2. All apps and annual reviews to be emailed to BHSNTAPP.Fax@tn.gov or fax to 615-253-3187
3. If an application or Annual Review has not been processed in the three business days reach out to Katie Lee at Katie.Lee@tn.gov.
4. Timelines will be adjusted as needed and BHSN providers are still able to bill when these timelines are adjusted
5. Webinars to see new BHSN system will be held 3/18 and 3/19, Katie Lee will email more information regarding those webinars

- **Question: How does the state of emergency impact TDMHSAS school-based programs?**

Answers: TDMHSAS is sensitive to the fact that school closures are likely with COVID-19. As it relates to TDMHSAS funded school-based programs (e.g. school-based behavioral health liaisons, Youth Screen, Mental Health 101, etc.), programs may be impacted based on school closures and other guidance provided by the CDC. TDMHSAS is requesting that providers contracted to do school-based work assess for interim activities that could be done relevant to the scope of service and program goals. **Documentation for such interim activities must reflect this connection.** For the school-based behavioral health liaison program, providers are

encouraged to contact local school leadership to assess for ways to best support students, families, faculty, and staff during school closures. For specific questions related to school-based services, please contact Rob Cotterman at Rob.L.Cotterman@tn.gov.

- **Question: How should IPS Supportive Employment services be provided during this period?**

Answer: IPS Services will also be modified to telephone/telehealth support as providers adjust their services away from community and agency based. TDMHSAS Director Mark Liverman has advised IPS providers, through the statewide IPS trainer/supervisor, of this as well. Additionally, the international IPS entity sent communication advising of similar precautions that IPS teams should take when providing IPS services. **All IPS program documentation should explicitly state how activities are connected back to the overall scope of services and supports IPS program outcomes.** Any IPS specific questions should be directed to Mark Liverman at Mark.Liverman@tn.gov.

- **Question: How should TDMHSAS Crisis Providers account for patients who may be at risk of COVID-19?**

Answer:

- Guidelines have been sent out from the CDC and will be posted at <https://www.tn.gov/behavioral-health/covid19.html>.
- For Non symptomatic patients please follow CDC guidelines, send to ED for med clearance required now by RMHIs.
- If symptomatic, isolate if possible and prevent entrance to communal areas, send to ED for Assessment & medical clearance.
- For specific information regarding the crisis continuum, please contact Melissa Sparks at Melissa.Sparks@tn.gov.

- **Question: What considerations are being made for peer support centers and other TDMHSAS funded peer services? Is Encore also expanding flexibility related to telehealth and telephonic service?**

Answer:

- Peer Support Center (PSC) services should continue during the COVID-19 crisis. Routine PSC operations may utilize the virtual PSC online at <https://findingmyrecovery.org/>, and Peer staff can make one-on-one phone calls for peer support as well. Peer to Peer Support and education may be provided via phone contact from home, and Peer Recovery Call Center staff may provide peer support via phone from home, as can CSU PeerLink staff and RMHI Peer Engagement staff in providing post-discharge support to aftercare. **All peer support program documentation related to services delivered through interactive audio and/or video telecommunications should explicitly state how activities are connected back to client needs and overall scope of services and program outcomes.** Trainings to include Peer to Peer Support & Education training, CPRS training, as well as Art for Recovery art sessions will be postponed until further notice. For more information, please contact Lisa Ragan at Lisa.Ragan@tn.gov.
- Regarding TennCare services, providers need to contact Mary Shelton (mary.c.shelton@tn.gov) with TennCare for more information regarding services rendered under TennCare.

- Question: How are we handling the Navigators in the hospitals?**

Answer: Please continue to provide services as able using phone calls and telehealth. Work with the hospitals you are providing services to for plans for continuation of referrals. For more specific information, please contact Jessica Ivey at Jessica.Ivey@tn.gov.
- Question: How does the expanded telehealth/telephone rules apply to the Community Treatment Collaborative program?**

Answer: As it relates to substance abuse treatment, the Community Treatment Collaborative program is eligible to provide services via interactive audio and/or video telecommunications.
- Question: How does the expanded telehealth/telephone rules apply to the SPOT and ADAT programs?**

Answer: As highlighted in the e-mail communication from the department on 3/14/20, numerous treatment services are eligible for expanded telehealth/telephone rules. https://www.tn.gov/content/dam/tn/mentalhealth/documents/TDMHSAS_Email_Providers_3.14.20.pdf. These include services supported by ADAT, SPOT and CTC programs. Based on additional feedback from TDMHSAS contracted providers, the department will add substance use treatment services in a group setting to the eligible expanded programs. **Please keep detail notes in TN WITS and within the client's treatment plan on how services were rendered and rationale for doing so.**
- Question: Do TDMHSAS funded clients need to be stepped down to an outpatient level of care?**

Answer: Please continue to use ASAM Patient Placement Criteria for determining appropriate level of care.
- Question: What are the best practices related to interfacing with patients at risk of COVID-19?**

Answer: TDMHSAS is recommending that all TDMHSAS contracted providers utilize the latest guidance coming from the CDC and the governor's office. It is recommended that all providers regularly check <https://www.cdc.gov/coronavirus/2019-nCoV/index.html> and <http://www.tn.gov/health/cedep/ncov.html> for updated information and make any changes in procedure as needed. Telehealth should be utilized whenever possible. If patient is symptomatic, prioritize medical intervention first. Ensure all staff have access to an alcohol-based hand sanitizer. Providers are also encouraged to use standard airborne infection control precautions. <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- Question: Will the state make technology resources available to expand to support provider's ability to serve clients?**

Answer: TDMHSAS will assess for technology resources for the provider network. In the interim, please explore options for free video comm