**COVID Member Needs Chart and Resources**

*Update March 18, 2020*

**TELEHEALTH CHANGES VIA CMS GUIDANCE**

CMS waived authority to allow for Medicare telehealth reimbursement regardless of originating site with visits starting March 6. CMS waiving HIPAA regulations for telehealth equipment

* **Medicare**: President Trump says Medicare programs will expand the use of remote consultations through so-called telehealth and the government won’t enforce HIPAA privacy policies to speed up appointments
* **Medicaid**: CMS guidance says that states can cover telehealth using various methods of communication such as telephonic, video technology commonly available on smart phones and other devices. No federal approval is needed for state Medicaid programs to reimburse providers for telehealth services in the same manner or at the same rate that states pay for face-to-face services.
	+ **Medicaid Telehealth Guidance to states:** <https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-telehealth-services.pdf>
	+ **Fact sheet**: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
	+ **FAQ**: <https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

State examples:

* **Florida**: <https://www.medicaid.gov/state-resource-center/downloads/fl-section-1135-appvl.pdf>
* **Massachusetts:** Medicaid and most commercial carriers (by Executive Order) are permitting telehealth via telephone.
	+ *Executive Order*: <https://www.thenationalcouncil.org/wp-content/uploads/2020/03/Signed20Telehealth20Order203.15.20.pdf>
	+ *All Provider Bulletin*: <https://www.mass.gov/doc/all-provider-bulletin-289-masshealth-coverage-and-reimbursement-policy-for-services-related-to/download>
* **Missouri**: MHD is allowing telehealth services to be provided to a MHD participant, while at home, using their telephone.
	+ *MHD Guidance*: <https://dss.mo.gov/mhd/providers/pdf/bulletin41-20-2018.pdf>.
* **New York:**
	+ *Guidance for Health Homes*: <https://www.thenationalcouncil.org/wp-content/uploads/2020/03/COVID19-Guidance-for-Health-Homes-Final-2.pdf>
	+ *Guidance for Children’s Waiver Services Providers*: <https://www.thenationalcouncil.org/wp-content/uploads/2020/03/COVID19-Guidance-for-Childrens-1915c-waiver-Final-signed.pdf>
	+ *Guidance for Home Health Care Agencies and Hospice Providers*: <https://www.thenationalcouncil.org/wp-content/uploads/2020/03/COVID-19-Guidance-for-Home-Care-CHHA-LHCSA-Hospice.pdf>

**DEA WAIVES RYAN HAIGHT RULES FOR TELEPRESCRIBING DURING NATIONAL EMERGENCY**

DEA is waiving Ryan Haight rules about in-person patient medical evaluation for duration of national emergency. <https://deadiversion.usdoj.gov/coronavirus.html>

For as long as the Secretary’s designation of a public health emergency remains in effect, DEA-registered **practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation**, provided all of the following conditions are met:

* The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice
* The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.
* The practitioner is acting in accordance with applicable Federal and State law.

HHS OCR TO EXERCISE DISCRETION IN ENFORCING HIPAA

* HHS Office for Civil Rights (OCR) re enforcement discretion on HIPAA to expedite the use of telehealth: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
* OCR will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 nationwide public health emergency. In support of this action, OCR is providing further guidance explaining how covered health care providers can use remote video communication products and offer telehealth to patients responsibly. <https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html>

**HRSA RELEASES** [**FAQs**](https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions.html) **ON SUPPLIES FOR HEALTH CENTERS AMID COVID-19**

Read the FAQ in its entirety here: <https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions.html>

***How can health centers access the National Stockpile to get Personal Protective Equipment (PPE) and additional supplies in response to the Coronavirus? (Updated: 3/15/2020)***

*If a health center's regular distributors are unable to fulfill orders for critical medical supplies such as personal protective equipment, the first step is to contact your local and/or state public health department for immediate assistance. If the state is unable to provide supplies, state health officials — through the governor or his/her representative — may request federal assistance from the U.S. Department of Health and Human Services (HHS).*

*If assistance is approved, the HHS Assistant Secretary for Preparedness and Response will direct deployment of supplies from the SNS to state public health officials. The state is then responsible for distributing the supplies to areas in need. We understand the difficulty of this situation, but the state department of health is your best option for assistance with needed supplies.*

* National Council is working to clarify whether CMHCs and addiction treatment organization are eligible to participate in a similar fashion.

**Financial Resources: Address issues of low utilization rates during crisis/cash flow issues**

* National Council working with appropriators and authorizers to include CMHCs in COVID response packages, alongside nursing homes and hospitals for supplies, financial support and other protections.

**Additional Regulatory Relief and Audit Flexibility**

* National Council working with appropriators, authorizers and regulators to continue providing regulatory relief and flexibility in staff capacities and quorum for auditing purposes.