National Council for Behavioral Health

Association Executives Teleconference Summary Notes

Tuesday, March 24, 2020

1:30 – 2:30 p.m. ET

Participants:

Doyle Forrestal, Laura Aldinger, Jeremy Blair, Alan Bolter, Matt Brooks, Melanie Brown-Woofter, Ann Christian, Paul Curtis, Bahney Dedolph, Terry Dosch, Lori Doyle, Mark Drennan, Annette Dubas, Candy Espino, Mark Fontaine, Robyn Garrett, Shannon Hall, Heather Jefferis, Julia Jernigan, Lee Johnson, Teresa Lampl, Michelle Ponce, Lauren Grimes, Mark LeVota, Scott Luetgeneau, John Magnuson, Jin Palen, Brent McGinty, Mary Windecker, Carolyn Petrak, Sarah Potter, Cherryl Ramirez, Mary-Linden Salter, Flora Schmidt, Malory Shaughnessy, Andrea Summerville, Julie Tessler, and Ellyn Wilbur.

Staff in Attendance:

Chuck Ingoglia, Jeannie Campbell, Frankie Berger, Neal Comstock, Rebecca Farley-David, Tom Hill, Diane Millard, Joel Nepomuceno, Joe Parks, Michael Petruzzelli, Betsy Schwartz, Sarah Surgenor and Reyna Taylor.

**Summary Notes:**

**COVID-19 Policy Related Efforts to Support Members**

Presented by Reyna Taylor and Frankie Berger –

Reyna Taylor informed Association Executives that the latest Senate COVID-19 relief legislation language has come out and that we are collecting intel and will send it out as soon as possible. She reported that another 11 states have submitted Section 1135 Medicaid waivers to CMS. Reyna said that Frankie Berger will look into the FEMA Stafford Act for BH providers. This would allow us to recoup costs we're covering during the crisis, i.e., overtime staff, extra staffing costs, additional food, etc.

Frankie Berger described how we are collecting resources and she recommended that Association Executives turn to the Association Executives Community on Engage (our listserv) and the National Council’s COVID-19 Member Resource webpage ([COVID-19 Member Resource page](https://www.thenationalcouncil.org/covid19/covid-19-member-resources/)) for guidance.

Chuck Ingoglia stated that some states are considering implementing mechanisms to keep behavioral health providers whole as they experience reduction in service volume and asked Association executives to share information on these initiatives. He described how one of the documents that we sent out with the agenda for today’s meeting contains some ideas that our attorney, Adam Falcone, prepare for managed care contracts that Association Executives would be able to bring to state authorities to make amendments to contracts. He asked Association Executives to please let us know if they have other ideas like that this to share or that we can work on.

**COVID-19 Clinical Support for Behavioral Health Providers**

Presented by Dr. Joe Parks –

Dr. Parks discussed how we are expanding beyond weekly Medical Directors Institute videoconferences on the impact of COVID-19 to have calls for members by topic area. This Thursday we will have a call on self-care and stress management and next Thursday we will have one specific to substance use disorders treatment services.

**Open Discussion**

(Discussions grouped by topic – not all discussion threads captured)

Doyle Forrestal (Colorado) asked Association Executives to share positive responses that we can use as examples to help colleagues around the country.

Chuck asked Association Executives to share member surveys if they have done them as this will help us shape our Federal advocacy and provide documentation for our requests.

Telehealth –

Malory Shaughnessy (Maine) noted that the state government in Maine has been pretty good about waivers to allow for telephonic telehealth.

Jinny Palen (Minnesota) said they have run into issues with Blue Cross that they are trying to get resolved. Specifically, she described how one of their partner member groups got an email stating that they are opening up telehealth services, but it has to be through one of their internal or pre-approved vendor providers. Jinny asked if anyone else is struggling with this?

Sarah Potter (North Carolina) said that her members are also are struggling with Blue Cross and expanding telehealth. She stated that she has been connecting providers that have gotten positive resolutions with others that are still struggling.

Reimbursement –

Paul Curtis (California) described how Los Angeles and San Francisco have taken the lead to ensure that contractors can get 1/12 of their funding per month whether they are meeting all of the billing levels or not. In conjunction with the California Alliance, they have requested $100 million in funding to go primarily to behavioral health providers to help keep them whole.

Mark Fontaine (Florida) asked what states (other than Pennsylvania and Michigan) have a policy on holding providers harmless and funding the behavioral health system. Chuck responded that he is having weekly phone calls with the National Association of State Alcohol and Drug Abuse Directors and the National Association of State Mental Health Program Directors and he will raise this with them.

Brent McGinty (Missouri) said they may be able to have gap payments to providers through the state’s Section 1135 waiver. He added that the state Department of Mental Health sent out a template for how providers calculate lost revenue.

Bahney Dedolph (Arizona) stated that before the legislature recessed, broad language was included in the budget that will allow Medicaid to provide payments directly to behavioral health providers to keep them afloat.

Matt Brooks (Indiana) asked Dr. Parks if managed care entities paying for elective treatments would continue to pay a per member per month rate in this time of crisis. Dr. Parks replied that this is going to be hard to predict and it will vary state by state.

Julie Tessler (Vermont) stated that that they did get commitment from state government to maintain the funding flow for behavioral health providers. She described how a significant concern is funding for telephone telehealth under Medicare.

Shannon Hall (Maryland) described how behavioral health providers in her state were able to receive estimated prospective payments based on a weekly average of last year’s billing through an Administrative Services Only (ASO) program.

Doyle stated that in Colorado, the state agreed to pay behavioral health providers 1/12 of last year’s reimbursement each month which allowed for payment of staff salaries. She recommended that we encourage this approach going forward instead of fee for service.

Joe said we would appreciate feedback on any new or different behavior by managed care companies. Heather Jefferis (Oregon) replied that several of her members received letters from Cigna stating that that they are opening up video and telephone telehealth.

Ellyn Wilbur (Tennessee) stated that the three managed care plans in Tennessee, UnitedHealth, Amerigroup, and Blue Cross Blue Shield are each approving telephone and video behavioral services.

Operations -

Heather Jefferis and other Association Executives raised questions on whether behavioral health providers are considered essential. Chuck responded that the federal list is advisory, and each state has a lot of discretion as to how they implement that. Chuck also stated that the waiver guidance from the Federal government will give your will give states additional flexibility around prior authorizations. This flexibility could allow general hospitals to take psychiatric beds offline and prioritize them for other medical needs.

Ann Christian (Washington) stated that Governor Inslee’s emergency decree clearly states that community mental health centers and addiction treatment centers are essential providers. She added that they are deeply concerned about keeping psychiatric bed capacity. In response to a question, Ann said that the executive decree does not guarantee payment for behavioral health providers.

Paul Curtis suggested that the National Council undertake a social media campaign to raise the awareness level about the need for personal protective equipment (PPE) for behavioral healthcare workers. Chuck responded that he loves the idea of a social media campaign and that we are reaching out to state public health authorities. Dr. Joe Parks put together guidance on what types of PPE residential facilities need and vetted it with a number of members. It will be released tomorrow and will be sent to state public health state authorities.

Paul Curtis asked about the status of interns who are getting conflicting information on licensing. Heather Jefferis responded that in Oregon, the state licensing board has made plans for interns to keep up their CEU's during the next 4 months. Mark Fontaine noted that in Florida interns are being excluded from taking new patients without a licensed professional involved.

Doyle asked Association Executives what was the clinical best practice for providers who have a 24-hour crisis emergency clinic and an individual who is symptomatic and experiencing a crisis. Joe Parks stated that residential treatment guidance would be coming out tomorrow. Ann Christian said that one of the things they are discussing with Washington state is establishing regional facilities that are specifically designated for COVID-19 patients needing behavioral health treatment so that we are not creating isolated patient units in every residential treatment facility. She stated that there is one facility in rural eastern Washington that is preparing to move in this direction with their public health department. Mary-Linden Salter (Tennessee) described how she is getting a lot of push back from providers who want to try to do the right thing for people in crisis and also infected or have been exposed. She elaborated that behavioral health providers are not prepared to be medical service providers. Joe Parks replied that the guidance coming tomorrow is detailed and that we would not expect a residential behavioral health provider to keep anybody that is not okay to stay in their own home.

Heather Jefferis said they are working on protocols for medical transport if people become ill and need to go the hospital level of care - both on the SUD and the mental health residential side. She said she would send the protocols when complete.

Wrap Up -

Doyle Forrestal described how a behavioral health communications specialist provided her members with a 30-minute webinar on internal/external communications in times of crisis. She offered to share contact information.

Joe Parks mentioned that last week, we held a webinar with the Joint Commission on infection control response to the coronavirus for behavioral health providers, and that we will share the recording.

Jeannie Campbell asked the Association Executives if they wanted to have another call next week at the same time.

**Next Association Executives Teleconference**

March 31, 2020 1:30 PM ET

**Chat from March 24, 2020 Association Executives meeting**

From Doyle Forrestal to Everyone: 01:42 PM

Please feel free to use this chat function to ask questions and share ideas

From Mary Windecker to Everyone: 01:43 PM

I've asked Frankie to look into the FEMA Stafford Act for BH providers. This would allow us to recoup costs we're covering during the crisis, i.e., overtime staff, extra staffing costs, additional food, etc.

From Annette Dubas to Everyone: 01:44 PM

We have concerns for our members who provide crisis and detox services. They can't access the PPEs and its hard to assess someone for COVID when they are under the influence. We are also struggling to get guidance for rehab services like ACT and Peer support

From ReynaT to Everyone: 01:45 PM

Thanks Mary - our team is researching the FEMA question now.

From DCBHA Exec to Everyone: 01:45 PM

Our members' biggest concerns: lack of PPE and cleaning supplies; lack of productivity; need for some flexibility on e-prescribing (especially for schedule 2); conflicts requiring use of lines of credit, at high interest rates, before recourse to SBA loans, at lower interest rates; and difficulty translating SUD groups to telehealth (rates, technology, standard of care, privacy, etc.)

From ReynaT to Everyone: 01:48 PM

Thank you for raising the PPE concerns. If you hear or have individual stories that have been shared with you, please pass them along. We can use them for influence on the Hill and in the states. Thank you all.

From Doyle Forrestal to Everyone: 01:49 PM - Please stay muted if you are not speaking

From Mary Windecker to Everyone: 01:50 PM

We were told yesterday that we needed to use the modifier codes so the state could collect more from the feds during the crisis. When I asked if any of those funds would come to us, the answer was no.

From Doyle Forrestal to Me: (Privately) 01:50 PM

Neal, as the host, you can mute people to keep feedback at a minimum

From Malory Shaughnessy to Everyone: 01:53 PM

Can our BH providers such as crisis, detox and residential be elevated to tier one for PPEs?

From Jeremy Blair to Everyone: 01:54 PM

PPE shortages are definitely a concern in Alabama and CMHCs do not seem to be in consideration for any emergency supplies.

From Malory Shaughnessy to Everyone: 01:55 PM

Has anyone gotten written acknowledgment that our public nonprofits are eligible for the SBA loans? I have received conflicting information from the SBA.

From Julia Jernigan to Everyone: 01:55 PM

We partnered with our FQHCs for a large order.

From Frankie Berger to Everyone: 01:56 PM

Julia, that's a great idea to partner with the FQHCs.

From Malory Shaughnessy to Everyone: 01:56 PM

Where is the link for those meetings Joe just mentioned?

From Me to Doyle Forrestal: (Privately) 01:57 PM

Malory - On the Association Executives Community on National Council Engage, I posted the registration lick for this week's session. More to come. Thanks - Neal

From Me to Everyone: 01:57 PM

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From DCBHA Exec to Everyone: 01:58 PM

Would really like to see the template you're describing, Brent

From melanie to Everyone: 02:01 PM

I have to leave this call for another covid 19 call, thanks all - this call is really helpful!

From Malory Shaughnessy to Me: (Privately) 02:03 PM

thanks!

From Andrea Summerville to Everyone: 02:03 PM

Does anyone have other partnership recommendations for PPE? We only have a few small FQHC in the state.

From Michelle Ponce to Everyone: 02:04 PM

You might possibly be able to partner with your local public health agency to order PPE

From Paul Curtis to Everyone: 02:04 PM

You might also look at partnering with your local primary care agencies

From WVBHPA CONFERENCE ROOM to Everyone: 02:05 PM

Hospitals are losing money too, because patients are afraid to go to the hospital. So Medicaid should be seeing massive surplus. I like the 1/12 or the temporary rate increases. Can we get a letter from the Council recommending this for our states?

From rgarrett to Everyone: 02:06 PM

Dept of Homeland Security has provided a list of essential workforce which includes our licensed staff and "communnity mental health". Is this not enough?https://www.cisa.gov/sites/default/files/publications/CISA-Guidance-on-Essential-Critical-Infrastructure-Workers-1-20-508c.pdf

From Bahney to Everyone: 02:18 PM

The AZ Governor's executive order includes behavioral health as well.

From Cherryl Ramirez to Everyone: 02:26 PM - Thanks for your support!

From Bahney to Everyone: 02:26 PM - thanks!