



COVID-19 Guidance for Providers of Behavioral Health, Community Support, and Rehabilitative and Community Support Services and Children’s Behavioral Health

Updated May 6, 2020

This document is a collaborative effort between the Office of Behavioral Health, the Office of Child and Family Services, and the Office of MaineCare Services. This document is not intended to replace or supplant existing contractual requirements or MaineCare policy. This document will serve as supplementary guidance to behavioral health services provided in Maine during the public health crisis associated with COVID-19. Please see *MaineCare Benefits Manual* Section 13, Targeted Case Management Services; Section 17, Community Support Services; Section 28, Rehabilitative and Community Support Services for Children with Cognitive Impairment and Functional Limitations; Section 65, Behavioral Health Services; Section 92, Behavioral Health Home Services; and Section 97, Private Non-Medical Institution Services.

Guidance will be updated as new information becomes available. Check back frequently. Information and resources are available on the [DHHS website](#), including a link where you can [sign up](#) for COVID-19 updates. **We appreciate that Maine’s behavioral health providers have quickly and flexibly adapted to the CDC’s public health recommendations. Please remember to update 211 Maine with changes in operations related to COVID-19 and availability of telehealth and virtual sources of support by emailing: resources@211maine.org or completing this [form](#).**

Contents

- I. [Signature Requirements](#)
- II. [Authorizations/KEPRO](#) (Updated May 6, 2020)
- III. [Telehealth/Telephonic](#)
- IV. [Staff/Credentialing](#) (Updated May 6, 2020)
- V. [Children’s Behavioral Health](#) (Updated May 6, 2020)
- VI. [Private Non-Medical Institutions \(PNMI\)](#) (Updated May 6, 2020)
- VII. [CDC/Infection Control/Reducing Spread/PPE](#)
- VIII. [Homeless Population](#)
- IX. [Reimbursement/Finance/Payment/Contracts](#)
- X. [Miscellaneous](#) (Updated May 6, 2020)

I. Signature Requirements

1. **Is MaineCare waiving client/parent/guardian signatures at this time, and does verbal (and noted) permission suffice for required documentation such as Treatment/Service Plans and**

Progress/Contact Notes? Can I have flexibility on obtaining signatures for required documentation?

In the event a signature is normally required for documentation and an electronic signature available through a unique log-on and time stamp is not available, the Department offers the following resolutions:

- Providers may accept email or text message notification from the member/parent/guardian and internal clinical approval as proof of approval of the assessment or treatment/service plan. The email or text message providing consent must be kept in the member's record.
- Documentation in the member's record of verbal approval of assessments or treatment/service plans is **acceptable during the emergency period, if documentation of approval by member text or email is not an option.**

II. Authorizations/KEPRO

1. Are signatures required on my documents for submission to KEPRO?

KEPRO will not hold referrals or prior authorization/continued stay requests due to a lack of signatures on required documentation during the emergency period. Documentation of email or text permission from the member is acceptable during the emergency period. If email or text is not available, providers must document verbal consent in the member's record during the emergency period. Providers should maintain documentation of consent in the member's record in accordance with the guidance above.

2. KEPRO requires signed releases for providers seeking to initiate referral requests. In this emergency period, I may not be able to obtain a signed release. Will I have to hold my referral or service authorization until I am able to obtain a signed release?

KEPRO will not hold referrals due to a lack of signed release during the emergency period. Documentation of email or text permission from the member is acceptable during the emergency period. If email or text is not available, providers must document verbal consent in the member's record during the emergency period.

3. Regarding KEPRO authorizations, when working remotely we might not have access to documents that are required to upload to KEPRO. Will these cases still be approved if submitted without the Individual Service Plan/Individualized Treatment Plan being uploaded?

The Department will allow KEPRO to utilize any existing documentation KEPRO has that was previously submitted in order to support continuation of services during the emergency period. In addition, the Department is seeking approval under an 1135 waiver from CMS to waive and/or extend certain prior authorization requirements. The Department will issue further guidance when available.

4. **If a child is picked up from a waitlist, but the family does not wish to initiate the service at this time due to COVID-19, does the child need to be returned to the waitlist and have a new referral submitted to KEPRO? Will they go to the end of the waitlist?**

(New! Added May 4, 2020) Referrals may be managed in conjunction with KEPRO in any of the following ways:

- a) If a member is matched with a child/family and makes contact to start services but the family does not wish to begin services at that time due to COVID-19, they may keep the PA and serve the child as soon as they are able. When the provider submits a new PA, they resume services, and we will not void or send the child back to the waitlist due to COVID-19.
 - b) If a provider reports to KEPRO that they have a family they cannot serve because of COVID-19, KEPRO can add a family choice referral for the provider (new referral is entered by OPS), so the child is held on their internal waitlist and can be started for services as soon as they are able. If the provider declines this due to the number of children on their family choice waitlist, these children will go back to the waitlist. A note will be added to the referral to update this. The child will go back on the list with their existing dates waiting.
 - c) If the provider cannot serve the member and the member wants to be served now, then the member can go back on the waitlist with their original referral date.
5. **Regarding school-based services, schools may not be able to hold an annual Individualized Education Plan (IEP) meeting. This means an effective IEP would not be in place. What should be sent to KEPRO for services due for their continued stay review?**

(New! Added May 4, 2020) The provider may submit a draft IEP if one has been developed, or the most recent IEP will suffice.

6. **For school-based day treatment and Section 28 services, if the current authorization has lapsed while schools have ceased in-person instruction and the service has become inactive, is the Department allowing for the automatic extension of the authorization under the authority of the 1135 waiver if we are able to resume services?**

(New! Added May 4, 2020) Upon a provider's request, KEPRO can extend any authorization that expired prior to April 15, 2020 for a period of 30 days from the date of expiration. Providers may email or call KEPRO to request the extension or submit a request through the Atrezzo system. In the event an authorization expired prior to April 15th and the provider does not notify KEPRO of the need to process an extension, the provider will need to submit a new PA request when ready to initiate services.

7. **Does the GT modifier need to be approved through KEPRO?**

KEPRO does not need to approve use of the GT modifier. Please access MaineCare [telehealth guidance](#) to help determine if it is appropriate for you to deliver a service via telehealth. If you feel quality of the service will not be comparable when delivered via telehealth, but without it the

member would not receive any services and would be at risk of harm, please contact MaineCare to request a waiver of the comparable quality requirement. Providers can submit a request to waive comparable quality by sending an email to the [COVID19 email box](#). Please be sure to include “Comparable Quality Waiver Request” in the subject line of your email. Please note that this selective waiver of comparability remains in effect for the duration of the emergency period only.

7. Do KEPRO authorizations need to be updated for a provider to deliver a service via telehealth?

No, using telehealth to deliver a service does not require a change in authorization. Please access MaineCare [telehealth guidance](#) to help determine if it is appropriate for you to deliver a service via telehealth.

8. What is KEPRO's flexibility on Vineland/ABAS/Bayley/Battelle assessments and diagnosis dates? What do we do if they are recently expired?

KEPRO will honor the prior assessments or diagnosis. We recommend providers make reasonable efforts to obtain the most recent version.

9. If a provider puts an individual on “services interrupted” during this time, can the authorization be extended in the event of a need for Continued Stay Review (CSR) during the interrupted time?

(New! Added May 4, 2020) Under the approved 1135 waiver from CMS, KEPRO will extend certain prior authorization requirements automatically for 30 days regardless of a member’s service status. The provider does not need to take any additional action for the extension.

10. Will the State request a section 1135 waiver to waive prior authorization requirements and temporarily suspend certain pre-admission and annual screenings for nursing home residents?

The Department is seeking approval under an 1135 waiver from CMS to waive certain prior authorization requirements and to suspend pre-admission screening and annual resident review (PASRR) Level I and Level II Assessments for 30 days. The Department will issue further guidance when available.

11. Is the Department going to extend KEPRO end dates and provide units to authorizations without having to submit CSRs?

The Department is seeking approval under an 1135 waiver from CMS to extend certain prior authorization requirements. The Department will issue further guidance when available.

12. Is the Department allowing for the extension of current authorizations for units of service under the authority of the 1135 waiver?

(New! Added May 4, 2020) The Office of MaineCare Services, in collaboration with the Office of Behavioral Health, Office of Child and Family Services, Office of Aging and Disability Services, and KEPRO, have implemented temporary changes to the KEPRO utilization review process across

multiple sections of MaineCare-reimbursable services. These changes went into effect as of April 15, 2020 and will be active for 30 days. The Department will reassess the need for additional extensions while the emergency period continues in effect. Detailed information on these changes can be found [here](#).

III. Telehealth/Telephonic

1. How can we provide telehealth services to clients who have no phone/minutes?

Clients can apply for [Lifeline](#). Some companies (e.g. [Assurance](#)) have started offering unlimited minutes and additional data during COVID-19. We are working on ways to increase access to phones and minutes. The Department is actively seeking other ways to increase access to minutes, data, and phones and will provide an update as soon as available.

2. Are there age restrictions on pediatric patients and clients allowed to participate in telehealth?

There is no official age restriction on utilizing telehealth for any service available through Sections 17, 28, or 65. However, providers should consider the following to determine if the service will be of comparable quality delivered via telehealth as compared to in-person delivery:

- Is telehealth clinically appropriate for the service being delivered? While some services, like community integration and outpatient therapy may be appropriate for telehealth, other services, based on member need, may not be. For example, a child receiving Specialized RCS who has intensive behavioral concerns requiring frequent hand-over-hand cuing may not be an appropriate candidate for telehealth. Providers must use their clinical expertise and judgment to evaluate the appropriateness of telehealth based on the member's needs and goals as identified in their treatment plan.
- Can the treatment plan goals and objectives be reasonably addressed via telehealth?
- Can the member communicate effectively using telehealth? For example, a young child or a member with expressive and/or receptive communication challenges may not be best served by telehealth.

3. We were told the GT modifier was not used for Behavioral Health Home services. Is that correct?

Health Home, Behavioral Health Home, and Opioid Health Home providers attesting via the Value-Based Purchasing Management System (VMS) Portal or through manual attestations should document the service modality in the members' records.

4. Can you charge the same as an office visit if the patient only has a telephone, no video?

In addition to Interactive Telehealth Services, telephones are an acceptable mode to deliver Telehealth Services if Interactive Telehealth Services are unavailable, and if Telephonic Service is medically appropriate for the underlying covered service.

There can be many reasons Interactive Telehealth Services may not be available, including but not limited to:

- The member does not have an internet connection.
- The member does not have a cellular data plan sufficient to support the use of cellular internet.
- The member does not have an ability to connect to interactive video chat software.
- The member cannot be transported to an originating site where Interactive Telehealth Services are available and any of the above barriers are present.

It is not acceptable for providers to conduct telehealth via telephone due to their own personal preference or lack of effort or attempt to utilize interactive options. If these criteria are met, and the service is intended to replace a full visit, then providers can charge the same amount. For more detail about billing for telehealth, please see the Department's overview of available [telehealth codes](#), which includes codes that are appropriate for non-physicians. Additionally, more information on utilizing telehealth can be found [here](#).

5. Communication went out stating that telehealth can be used for otherwise not approved programming due to this public health emergency. Does this include all community programs such as Home and Community-based Treatment, Outpatient Services, and Targeted Case Management?

The Department, at its discretion, may waive the requirement under Ch. I, Section 4, Telehealth, Sec. 4.04-1(2), requiring Interactive Telehealth Services be of comparable quality to what they would be were they delivered in person. Requests will be handled by service on a case-by-case basis through a clinical review by the Department to determine whether members may face imminent harm in the absence of a telehealth mode of delivery for a particular service, given the inability due to the public health emergency for that member to receive the service in-person.

As of March 20, 2020, the Department has waived the comparable quality requirement for the provision of group therapy, including through Intensive Outpatient Services (IOP) within Section 65, Behavioral Health Services and Section 93, Opioid Health Homes (OHH) Services. Members must still meet the minimum number of hours of IOP and OHH therapy per week, through a combination of interactive 1:1 and group telehealth.

Requesting Comparable Quality Waiver: Providers can submit a request to waive comparable quality by sending an email to the COVID19 [email box](#). Please be sure to include "Comparable Quality Waiver Request" in the subject line of your email. Please note that this Selective Waiver of Comparability remains in effect duration of the emergency period only.

6. Is MaineCare waiving the telehealth service written consent?

Yes, MaineCare is waiving the telehealth service written consent during the emergency period.

7. Are we allowed to intake new clients via telehealth and get only verbal consent for the intake paperwork?

There is no restriction on intaking new members during the COVID-19 emergency period. Telehealth may be used when the provider has determined it is clinically appropriate to do so, and in alignment with the [guidance](#). Please see the section above for guidance on obtaining consent.

- 8. For intensive in-home support services for children in Maine through provided by Behavioral Health Professionals, can this be done telephonically, and if so, how many hours a week can be billed this way?**

Telephonic services may be utilized in the event interactive telehealth is unavailable. Please see the Department's [telehealth guidance](#) for more detail on this process. Note, MaineCare does not place a limit on the amount of services that may be delivered via telehealth; however, the provider must determine the amount is clinically appropriate and be able to support this determination with documentation.

- 9. Some of our counselors have been told not to use telehealth, but rather use phone, due to concerns of being mandated reporters and accidentally "seeing something."**

The Department does not support this rationale for not using telehealth; please see [guidance](#) regarding use of telehealth. Mandated reporting and remaining vigilant for signs of child abuse or neglect remain important during the State of Civil Emergency. Mandated reporting laws remain the same during the State of Civil Emergency. Anyone who suspects child abuse or neglect may make a report by contacting Child Protective Intake at 1-800-452-1999 or 711 for Deaf/Hard of Hearing-Maine Relay.

IV. Staffing/Credentialing

- 1. Regarding qualifications other than Mental Health Rehabilitation Technician (MHRT), what exceptions might be made for CADC and LADC? Is there a way to register ADCA quickly if needed?**

The Department is requesting general flexibility on staff qualifications and credentialing timelines necessary to maintain member safety through an 1135 waiver application to CMS. The Department is coordinating across Offices and with other State entities to develop specific guidance and parameters in order to implement this flexibility, should it be approved. We will provide an update as soon as specifics are approved.

- 2. Does the Governor's Order regarding licensing include social workers and counselors or just doctors, NPs, and PAs?**

The Department is applying for an 1135 waiver from CMS and is working with other applicable State entities on matters regarding provider licenses and certifications. We will provide an update as soon as specifics are approved.

- 3. Do you have any guidance for non-credentialed staff to assist in residential Private Non-Medical Institutions (PNMIs) due to increased staffing shortages?**

The Department is requesting general flexibility on staff qualifications and credentialing timelines necessary to maintain member safety through an 1135 waiver application to CMS. The Department is coordinating across Offices and with other State entities to develop specific guidance and parameters in order to implement this flexibility, should it be approved. We will provide an update as soon as specifics are approved.

4. Will the State request a section 1135 waiver to permit out-of-state providers to render services, temporarily suspend certain provider enrollment and revalidation requirements to promote access to care, and allow providers to deliver care in alternative settings?

Yes, the Department is requesting an 1135 waiver to, among other items, permit providers located out-of-state/territory to provide care to MaineCare members, streamline provider enrollment requirements, postpone deadlines for revalidation, and waive conditions of participation or conditions for coverage for existing providers to deliver services in alternative settings. The Department is coordinating across Offices and with other State entities to develop specific guidance and parameters in order to implement this flexibility, should it be approved. We will provide an update as soon as specifics are approved.

5. Is the State requesting a waiver of training requirements and/or timelines for completion? [e.g. Mandt/TCI/SafetyCare and Cardiopulmonary Resuscitation (CPR)]. Can individuals who are nearing recertification (e.g. BHP, OQMHP) get an extension?

(Updated May 4, 2020) The Department has applied for an 1135 waiver from CMS to allow qualified staff who require certification for their professions to remain qualified if certification lapses and/or cannot be obtained during the emergency period. This request has not yet been approved. The Department is coordinating across Offices and with other State entities to develop specific guidance and parameters in order to implement this flexibility, should it be approved. We will provide an update if and when we receive approval.

Required CPR training for certification may be completed online. More information may be found [here](#). Specific guidance for safely conducting training in crisis de-escalation techniques using appropriate social distancing (e.g. Mandt, TCI, SafetyCare) should be obtained directly from the programs. Licensed mental health programs and congregate care settings should seek guidance from Children’s Licensing regarding specific questions and needs on regulations.

Links to COVID-19 specific information for these programs can be found by clicking on the program:

- [Mandt System](#)
- [TCI](#)
- [SafetyCare](#)

6. Can crisis providers get a waiver for Mental Health Rehabilitation Technician Crisis Service Provider (MHRT/CSP)? Staff retention and recruitment has already been a challenge and now it is even more of a challenge.

The Department is applying for an 1135 waiver from CMS and is working with other State entities on matters regarding provider licenses and certifications. We will provide an update as soon as specifics are approved.

7. Can we conduct remote training for the Mental Health Rehabilitation Technician (MHRT) requirements?

MHRT1P - Can be completed virtually through the trainer. An attestation must be completed and retained on file.

MHRT 1 - MHSS courses may be offered virtually, upon approval from the Department.

MHRTC - Some courses are offered online. Please see the Muskie [website](#) for a full list.

8. Has CMS approval of some components of the 1135 waiver granted flexibility regarding the educational requirement for BHPs during the COVID-19 pandemic?

(New! Added May 4, 2020) The Department is not seeking flexibility on BHP educational requirements under its 1135 waiver. However, CMS has recently approved the Department's State Plan Amendment regarding BHP educational requirements and the Department has decided to implement these changes ahead of the forthcoming Section 65 rulemaking. The new BHP requirements are as follows:

Educational requirement to deliver the Home and Community Based Treatment services can be achieved by one (1) of the following ways:

- 1) A minimum of 60 higher education credit hours in a related field of social services, human services, health or education;
- 2) A minimum of 90 higher education credit hours in an unrelated field with the provider required to have a specific plan for supervision and training documented in the employee's personnel file;
- 3) A high school diploma or equivalent and a minimum of three years' direct experience working with children in a behavioral health children's services program with the provider required to have a specific plan for supervision and training documented in the employee's personnel file.

V. Children's Behavioral Health

1. Has there been any discussion about having a parent becoming a paid provider for the Section 28 services in the absence of workers and/or available agencies to provide the service?

(New! Added May 4, 2020) Federal law prohibits the reimbursement of parents/guardians for delivery of services approved through the State Plan.

2. **Do BHPs providing telehealth services to MaineCare members under Section 28-RCS specialized continue to require the minimum amount of supervision provided by a BCBA?**

(New! Added May 4, 2020) Supervision expectations for BHPs in any MaineCare reimbursable service are unchanged at this time. Telehealth may be utilized to satisfy supervision requirements, when appropriate to do so.

3. **Can families who are home with their children with no Section 28 or 65 support participate in virtual support groups?**

GEAR Parent Network offers support free of charge to parents of children with behavioral health needs via phone or virtual meetings. You may contact GEAR at 1-800-264-9224. Further information is available [online](#).

VI. PNMI Residential Providers (Section 97)

1. **Will the rate increase recently announced for PNMI services also apply to licensed foster care providers?**

(New! Added May 4, 2020) No. The PNMI rate increase only applies to congregate care settings, not licensed foster homes or kinship placements.

2. **Do the automatic authorization extensions allowed through the 1135 waiver apply to PNMI services?**

(New! Added May 4, 2020) No. There are no changes to the utilization review processes and requirements for children's PNMI services.

3. **Can you give an update on COVID-19 outbreaks at residential treatment centers?**

(New! Added May 4, 2020) Federal and state privacy laws prevent the Department from providing information on COVID-19 activity specific to children's PNMI facilities. For current data on COVID-19 testing and diagnosis statewide by the Maine CDC, please click [here](#).

4. **Can you clarify what range of Personal Protective Equipment (PPE) residential providers should have on hand?**

(New! Added May 4, 2020) Providers are responsible for procuring preventative PPE in order to meet the standards laid out in the Governor's [plan](#) to restart the economy. For instances where there are COVID19 positive cases, PPE is being managed and distributed through the Maine Emergency Management Agency. Providers should contact their county Emergency Management

Agency to assess PPE needs and procure needed supplies. Links to each county EMA can be found [here](#).

5. Can a residential program request a licensing waiver to address staffing needs or if they need a location change due to COVID-19 isolation?

(New! Added May 4, 2020) Children’s Licensing and Investigation Services (CLIS) at OCFS oversees the licensing of children’s PNMI programs. CLIS has been responding to numerous waiver request for children’s residential rules and is evaluating each request on a case by case basis every day. A waiver request form may be found [here](#). Please simultaneously send any waiver request to your MaineCare [Provider Relations Specialist](#) so the waiver can be reviewed concurrently by CLIS and MaineCare to ensure the request complies with all regulatory bodies.

6. General Guidance

The Department understands that COVID-19 is creating unique challenges to residential program providers of services to children and adults across the state.

- It is expected that the PNMI will support their members to facilitate access to telehealth for any services the member requires, i.e. therapy, medication management, etc.
- Agencies may utilize telehealth and telephonic communication to satisfy staff supervision requirements.
- Members may have community goals that may not be feasible during this health crisis. PNMI providers will not be held to working on these goals during the crisis. When the health crisis is over community goals may be safely resumed.

7. PNMI-Section 97 Program Specific Guidance

Appendix B Programs

- Guidance will be provided as necessary.

Appendix C Programs

- Guidance will be provided as necessary.

Appendix D Programs

The Department understands that families may not wish for their child to return to the program during the COVID-19 crisis. In these situations, the Department suggests utilizing telehealth:

- PNMI providers should conduct daily check-ins, when appropriate;
- Continue therapy sessions, as required by policy as prescribed in the member’s treatment plan.

Appendix E Programs

- Guidance will be provided as necessary.

Appendix F Programs

- Guidance will be provided as necessary.

VII. CDC/Infection Control/Reducing Spread/Personal Protective Equipment (PPE)

- 1. I've had several people ask if it is safe to make their own masks since they can't find their own at the stores. Is this a safe option?**

The U.S. CDC addresses that question here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>. The [Maine CDC](#) and [US CDC](#) update their guidance regularly and post FAQs; please use those resources for information on reducing the spread of COVID19, PPE, and proper infection control protocols.

- 2. Is there any hope for an antidote or vaccine or promising treatment for COVID-19 on the horizon?**

Please see the U.S. CDC's [Frequently Asked Questions](#) for the most up to date information.

- 3. What about behavioral health providers being listed as critical health care workers to get access to needed equipment or supplies?**

Personal protective equipment will be prioritized for those directly working with individuals positive for COVID-19. The process for ordering Personal Protective Equipment has changed. All new requests need to be submitted through the County Emergency Management Agencies (EMA) where the requestor is located. Requests that were previously submitted through the CDC website will be processed, supplies permitting, and don't have to be resubmitted through the County EMA. The County Emergency Management Agencies portal is available here: [PPE Request](#).

- 4. Residential programs have been asking about who/when to isolate, how to safely staff isolation areas, and what if patients refuse to isolate while awaiting test results? What to do if a patient tests positive? How to safely staff?**

In addition to the guidance for [Long-Term Care Facilities](#), Maine CDC is developing guidance for congregate care settings and will post when available.

- 5. Is it possible to alter provision of Section 17 Daily Living Support (DLS) services for staff working with individuals with serious medical issues such as primarily respiratory illnesses?**

Section 17 services may be delivered via telehealth where clinically appropriate to do so.

VIII. Homeless Population

- 1. What plans are in place for access to spacious areas to encourage individuals who are homeless and, in particular, those who have behavioral health issues to seek shelter while still being able to maintain physical distance?**

The DHHS, Maine State Housing Authority, and municipal officials are working on sites with space to accommodate physical distancing for individuals who are homeless. Updates will be made available as those plans are finalized. If you or your agency is interested in helping staff such facilities, please contact OBH.TownHall@maine.gov.

IX. Reimbursement/Finance/Payment/Contracts

1. Are public nonprofits eligible or not for the Small Business Administration (SBA) Economic Injury Disaster Loan Program?

Please see [Governor Mills' Preparing for and Responding to COVID19 page](#) for information on business resources. Also note that the Federal Stimulus passed on March 25, 2020 includes \$350 billion for small business guaranteed paycheck protection loans between February 15 and June 30, 2020, not exceeding \$10 million, provided to self-employed individuals, independent contractors, sole proprietors, nonprofit organizations, veterans organizations, or tribal business concerns, presumed to be impacted by the COVID-19 pandemic, that have no more than 500 full-time and part-time employees, to cover payroll costs for employees not earning in excess of \$100,000 annually (including salaries, wages, commissions, cash tips, payment for leave, separation pay, costs of group health care benefits, retirement benefits, and state or local taxes assessed on employee compensation).

Please see the following resources for more information:

[Summary of Healthcare Provisions of COVID-19 Stimulus Package #3 \(CARES Act\)](#)

[State Health & Value Strategies' SUD and Mental Health Resources](#)

[State Health & Value Strategies' COVID-19 Resources for States](#)

2. Could we be allowed to bill MaineCare and OBH for time completing housing applications on behalf of clients who are homeless or facing homelessness and do not have telehealth access if we are completing most of it on their behalf?

This depends on the service delivered and scope of work. If this were a service with a case management component, like Targeted Case Management, Community Integration, Behavioral Health Homes, or Opioid Health Homes, it would be within your scope of work to assist members with housing applications so long as housing is an identified need in the plan of care/individualized treatment plan.

3. Could we be allowed to bill our OBH contract for time completing MaineCare applications on behalf of clients who do not have access/sufficient access to telehealth if we are completing most of it on their behalf?

Yes, time spent completing MaineCare applications can be included in services invoiced under OBH contracts and, during the emergency period, that may include when the client is not present or available via telehealth/phone.

- 4. Some agencies are not projecting to spend allocated funds within contracts with OBH to provide services to uninsured individuals. Can these be repurposed to cover COVID-19 related expenses, such as upgrading tech equipment, providing equipment or minutes/data to clients or for overtime or other added expenses?**

Shifting or adding services to an existing OBH contract will be considered. Please contact your Contract and Program Specialists for further discussion.

X. Miscellaneous

- 1. Where can I get more information about HIPAA compliance during the COVID-19 pandemic?**

Please see: <https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html>.

- 2. Do I have to charge members copays during the emergency period?**

During the emergency period associated with COVID-19, all copays are waived for Section 65, Behavioral Health Services. No copays are required for Sections 13, 17, 28, 92, or 93 services as a matter of general MaineCare policy.

- 3. Is there an updated listing of the Needle Exchange sites?**

Maine CDC maintains an updated list of Syringe Exchange Service sites [here](#).

- 4. Under the Governor's Stay Healthy at Home Order, are behavioral health providers considered "essential" workers and therefore can continue working/going to work?**

Yes. Please see [Governor Mills' Preparing for and Responding to COVID19 page](#)

"The Executive Order excludes businesses that provide essential services including, but not limited to: food processing, agriculture, industrial manufacturing, construction, trash collection, grocery and household goods (including convenience stores), home repair and hardware and auto repair, pharmacy and other medical facilities, biomedical, behavioral health and health care providers, child care, post offices and shipping outlets, insurance, banks, gas stations, laundromats, veterinary clinics and animal feed and supply stores, shipping stores, public transportation, and hotel and commercial lodging."

- 5. Can Crisis Mobile offices reduce their office hours, and if so, perhaps have telehealth or other options available instead of the full day walk-in hours?**

At this time, Mobile Crisis services are encouraged to provide telehealth options whenever appropriate; this may include signage at physical locations encouraging visitors to call rather than enter. Reducing walk-in hours is not an approved operational change as reducing walk-in traffic to a smaller window of time may increase the numbers present at one time and/or increase likelihood of persons in crisis visiting Emergency Departments.

6. As home, school, and community-based services are interrupted, there may be an increase in crisis service needs. Does the Department have any plans to manage additional crises?

(New! Added May 4, 2020) Statewide mobile crisis services continue to be available by phone or in-person, depending on the family's needs. Crisis providers are using proper social distancing protocols for face-to-face interactions and may also utilize telehealth where appropriate. The Department is in regular communication with state crisis providers regarding capacity and needs. Families are encouraged to contact the statewide crisis hotline for assistance: 1-888-568-1112 (Voice) or 711 (Maine Relay).

7. Are behavioral health providers able to utilize the Frontline WarmLine?

(New! Added May 4, 2020) Yes. The Frontline WarmLine was developed to help Maine health care providers and first responders manage the stress they may experience as they help others during the COVID-19 crisis. The Frontline Warmline is available to health care workers and first responders from 8:00am – 8:00pm, seven days a week by calling **(207) 221-8196 or 866-367-4440**. Text capability will be added soon.

The **Frontline WarmLine** is a joint effort of the Maine Department of Health and Human Services (DHHS), Maine Department of Public Safety's Emergency Medical Services (EMS), Maine Association of Psychiatric Physicians, The Opportunity Alliance, Maine Psychological Association, and the Maine chapter of the National Association of Social Workers.

8. How is respite for children being provided during COVID-19?

(New! Added May 4, 2020) Respite continues to be provided face-to-face for families and providers who are comfortable doing so. Respite may also be provided using telehealth modalities, if possible. More information on respite services may be found [here](#).

9. Where can families of children and adolescents get support during this stressful time?

(New! Added May 4, 2020) Several family and consumer-led organizations are offering support to families and consumers using phone or virtual methods, including online support group meetings, webinars, or one-on-one phone calls for resources and support. Services are offered free of charge.

Information on GEAR Parent Network programs can be found [here](#).

Information on Maine Parent Federation programs can be found [here](#).

Information on NAMI-Maine programs can be found [here](#).

MaineCare providers with questions related to this guidance and/or policies should contact their [provider relations specialist](#) or call Provider Services at 1-866-690-5585. Questions regarding services administered through the Office of Behavioral Health can be sent to OBH.Townhall@maine.gov or by contacting your Program and Contract Specialists.