COVID-19
Behavioral Health Services Providers
Frequently Asked Questions

Updated June 12, 2020

Background

Supporting the providers and individuals within our service delivery system is of utmost importance. The Texas Health and Human Services Commission (HHSC) will continue to provide guidance and support throughout this pandemic as the situation evolves. We have received a variety of inquiries from providers and are working diligently to address your concerns. HHSC Behavioral Health Services is maintaining a COVID-19 Provider Issues Management Log, and this FAQ document serves as a platform to respond to provider questions. This is a living document and will be updated and posted weekly.

What We Know Today

Mental Health Services

- Intellectual and Developmental Disability and Behavioral Health (IDD-BH) contracts and procurements are expected to move forward as planned as staff works collaboratively across all HHSC areas to ensure completion.

- Mental Health Performance Contract Notebook performance measures and target expectations will be relaxed.

- Expanded use of the telephone to provide services (for example, telehealth, telemedicine) and to interview collateral contacts is encouraged. Providers must document all telephone contacts in the client record.

- For mental health general revenue services and Medicaid, telephone resources in lieu of a face-to-face assessment and reassessment may be used by providers to complete the Child and Adolescent Needs and Strengths (CANS), the Adult Needs and Strengths Assessment (ANSA) and the Uniform Assessment. For Medicaid the flexibility to complete the assessments via telephone is effect through June 30, 2020.

- Block-grant funded mental health services may be provided using telemedicine, telehealth and telephone.

- It is important that documentation is maintained on all services provided.
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- HHSC has established a statewide COVID-19 mental health support line for Texas. People can call the number 24 hours a day, seven days a week toll-free at 833-986-1919. Information may be found at https://hhs.texas.gov/about-hhs/communications-events/news/2020/03/hhs-launches-statewide-covid-19-mental-health-support-line.

**Substance Use Disorder Services**

- BHS contracts and procurements are expected to move forward as planned as staff work collaboratively across all HHS areas to ensure completion.

- Performance measures and targets will be relaxed.

- HHSC has created a fiscal impact report to assess the financial effects of COVID-19 statewide. HHSC will use the COVID-19 Fiscal Impact Report to document provider network activities and impact. Additionally, if funding becomes available to support or offset costs and revenue losses due to COVID-19, HHSC will use the reports to inform decisions on the allocation of available funding. The Fiscal Impact Report and associated instructions were sent out by the IDD-BH Contracts Management Unit.

- 2-1-1 has currently been identified as a behavioral health referral source for COVID-19.

- Disaster Behavioral Health Services in collaboration with BHS Program Services will host Substance Use Disorder provider calls every other Wednesday at 2 p.m. to provide updates and share information related to COVID-19.

- It is important that providers maintain documentation on all services. As guidelines are updated HHSC will provide the details via the Frequently Asked Questions (FAQ) document.

- We ask that you continue to provide the required reports within the required timelines, unless otherwise approved by HHSC.
Substance Use Prevention Services

- The Substance Use and Misuse Prevention Contract Guidance document addresses performance measures, specifically impacted activities, reporting, suggested activities and training. HHSC intends to suspend the enforcement of certain performance measures that require face-to-face interaction related to all prevention contracts from March 15, 2020, until further notice.


- Organizations that have the capacity should continue to provide educational services using web-based or media platforms — including agency websites, web resources, social media channels and other digital platforms — to educate and mobilize the community and promote health and wellness during this challenging time.

Recovery Support Services

- Recovery coaches should continue to provide support services via mobile and digital communications, including the use of video-conferencing technology.

- Recovery coaches will continue to provide documentation in the Clinical Management for Behavioral Health Services (CMBHS) system, and all modes of communication are acceptable and will be counted.

Outreach, Screening, Assessment and Referral (OSAR) Centers

- OSAR staff may conduct screenings and assessments through audio or visual sources, such as telehealth and telephone.

- Obtain digital or original signatures whenever possible. However, verbal consent from the individual or their legally authorized representative is acceptable and should be documented in the client CMBHS record.

- A digital or original signature is still required for actions such as releases of information.

- The OSAR center has the latitude to make decisions regarding visits to jails, probation and parole offices, Texas Department of Family and Protective
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Services offices and other sites. BHS recommends OSARs make that determination based on local public health directives.

Opioid Treatment Providers

Methadone

- Following the Substance Abuse and Mental Health Services Administration (SAMHSA) guidance, HHSC Regulatory Services requested that opioid treatment programs (OTP) develop and submit comprehensive emergency-response action plans addressing key areas such as social distancing, quarantined individuals suspected of having COVID-19, take-home dosing, etc. The plans will be reviewed and submitted to SAMHSA.

  - **Initial visit and initiation of treatment:**
    - Federal regulations still require an in-person initial visit for methadone.
    - Initial physical exams may be deferred, but the physician must physically see and interact with the patient.

  - **Titration phase:**
    - Individuals must present to the clinic.

  - **Individuals who are stable:**
    - May receive take-home doses in accordance with previous guidance (14 or 30 days).
    - Subsequent annual physical exams may be deferred.

Buprenorphine

- OTP providers may initiate treatment and continue treatment via telemedicine, including via telephone.
Other considerations for OTPs

- OTP providers must have dosing backup plans. The emergency room is not an acceptable alternative.

- Office-Based Opioid Treatment (OBOT) providers outside of an OTP are not licensed nor regulated by HHSC. Federal requirements and state professional licensing board requirements should be followed. Guidance from SAMHSA may be found here: https://www.samhsa.gov/sites/default/files/faqs-for-oud-prescribing-and-dispensing.pdf

- Privacy restrictions have been modified per federal guidance.

Medicaid Services

On March 20, 2020, HHSC Medicaid posted two provider notices to address claims for telephone (audio-only) behavioral health and medical services.

- HHSC is authorizing providers to submit claims for dates of service from March 15, 2020 through May 31, 2020, for reimbursement of the following behavioral health and medical services delivered by telephone (audio only) for certain billing codes:
  - Psychiatric diagnostic evaluation
  - Psychotherapy
  - Peer specialist services
  - Screening, brief intervention and referral to treatment (SBIRT)
  - Substance use disorder services
  - Mental health rehabilitation
  - Evaluation and management

Note: The provider notice may be found on the Texas Medicaid and Healthcare Partnership website. Please review the provider notices for detailed information and guidance.
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Frequently Asked Questions (FAQs)

General Questions

1. Will HHSC provide updates on its COVID-19 response?
   HHSC is working diligently to keep providers up to date on all COVID-19 developments as they arise. HHSC is maintaining a FAQ list and is working to provide weekly updates.

   Additional guidance may be distributed through the use of broadcast messages and the HHSC Coronavirus (COVID-19) webpage. Providers are encouraged to sign up for important updates at: https://service.govdelivery.com/accounts/TXHHSC/subscriber/new

   If you have remaining questions about COVID-19, contact:

   Texas Department of State Health Services (DSHS) COVID-19 Call Center: Call 2-1-1 and select option 6 (seven days a week, 7 a.m.-8 p.m.) DSHS email: coronavirus@dshs.texas.gov

2. Can staff access personal protective equipment?

   Personal Protective Equipment (PPE) Solutions

   The World Health Organization (WHO) has warned of a potential shortage of PPE, including medical masks, hand sanitizer, protective eyewear, gowns and gloves. In the event of PPE shortages, use the last-resort emergency back-ups below to offer temporary alternative solutions to protect the health of your staff and people receiving services.

   Providers should first attempt to obtain PPE through their normal supply chain or through other typically available resources. These options include:

   • Contacting any sister facilities for coordination.
   • Reaching out to local partners or stakeholders.
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- Looking at any possible reallocations within the appropriate Public Health Region, health care coalition, Regional Advisory Council or other medical supply agencies.

Providers who can’t get PPE should follow national guidelines for optimizing their current supply or identify the next best option to care for people receiving services from the provider while protecting staff. If providers are unable to obtain PPE for reasons outside their control, HHSC surveyors will not cite them.

Resource:

Recommendations for Optimizing PPE

For the most current guidance on the use and conservation of PPE, access resources from DSHS and the Centers for Disease Control and Prevention.

- Healthcare Supply of PPE
- Strategies to Optimize the Supply of PPE and Equipment
- Strategies for Optimizing the Supply of Facemasks
- Strategies for Optimizing the Supply of Eye Protection
- Strategies for Optimizing the Supply of Isolation Gowns
- Strategies for Optimizing the Supply of N95 Respirators
- Strategies for Optimizing the Supply of N95 Respirators: Crisis/Alternate Strategies

Hospitals and health care professionals who cannot obtain any PPE from their vendor(s), and have exhausted all alternatives, should send their official requests to their local office of emergency management via the State of Texas Assistance Request (STAR) process. This is not a guarantee of receiving PPE. Supplies of PPE may be insufficient to meet demand.
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Requesting PPE Through a Regional Advisory Council

Each of the 22 RACs in Texas is tasked with developing, implementing and monitoring a regional emergency medical service trauma system plan. Providers also can contact their RAC to request PPE.

Map of RACs
Map of Trauma Service Areas with RAC Names

Health Care Professionals’ (HCP) Use of Homemade Masks

If medically approved facemasks are not available, HCP may use homemade masks (for example, bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.

• How to make a face mask – Deaconess Health System
• No-sew face mask

These resources have not been independently endorsed or verified. This does not constitute guidance or a requirement from HHSC.

Gloves

• Put on clean, nonsterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated.

• Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

• HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material and putting on and removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
If there is a shortage of medically approved gloves, use dishwashing gloves or other sturdy protective gloves as a last resort.

**Extended Use of Eye Protection**

- Extended use of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with several different patients, without removing eye protection between patient encounters. Extended use of eye protection can be applied to disposable and reusable devices.

- Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through.

- If a disposable face shield is reprocessed, it should be dedicated to one HCP and reprocessed whenever it is visibly soiled or removed (for example, when leaving the isolation area) prior to putting it back on.

- Eye protection should be discarded if damaged (for example, face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility).


**Alternative Protective Eyewear**

Protective eyewear, such as construction or safety glasses with extensions that cover the sides of the eyes, or plastic face shields may be considered as a last option. Follow all cleaning and disinfection guidance.


**Isolation Gowns**

In crisis capacity, the CDC recommends canceling all elective and nonurgent procedures and appointments for which a gown is typically used by HCP.
Extended Use of Isolation Gowns

Consideration can be made to extend the use of disposable or cloth isolation gowns. This means the same HCP wears the same gown when interacting with more than one patient known to be infected with the same infectious disease when these patients are housed in the same location (i.e., COVID-19 patients residing in an isolation cohort). This can be considered only if there are no additional co-infectious diagnoses transmitted by contact (such as Clostridioides difficile) among patients. If the gown becomes visibly soiled, remove and discard per usual practices.

Reuse of Cloth Isolation Gowns

Disposable gowns are not typically amenable to being doffed and reused because the ties and fasteners typically break during doffing. Cloth isolation gowns could potentially be untied and retied and could be considered for reuse without laundering in between uses.

Prioritize Gowns

Gowns should be prioritized for the following activities:

- During care activities where splashes and sprays are anticipated, which typically include aerosol-generating procedures.

- During the following high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of health care providers:
  - Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use and wound care.

Please see the [CDC guidance on crisis capacity strategies for isolation gowns](https://www.cdc.gov/coronavirus/2019-ncov/hcp/extended-use-isolation-gowns.html) for more information.
General Resources:

There are many online resources providing guidance on the COVID-19 pandemic. Please access the following websites and resources to promote safety for your staff and the people you serve.

**DSHS**

[COVID-19 webpage](https://dshs.texas.gov/coronavirus/)
Information for Hospitals & Healthcare Professionals
COVID-19 Frequently Asked Questions
COVID-19 Local Health Entities

**HHSC**

[Coronavirus (COVID-19) webpage](https://www.hhsc.texas.gov/coronavirus/)
Provider Letter 20-21 Suspension of Certain LTCR Requirements During COVID-19 Outbreak

**CDC**

[Coronavirus (COVID-19) webpage](https://www.cdc.gov/coronavirus/)
CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
Resources for Clinics and Healthcare Facilities

**EPA**

[List N: Disinfectants for Use Against SARS-CoV-2](https://www.epa.gov/)

**HHSC Resources for Day Activity and Health Services Facilities**

Provider Letter 20-14 Guidance on COVID-19 Response in DAHS Facilities
HHSC Resources for Home and Community-Based Services

Provider Letter 20-22 HHSC Guidance to Home and Community-Based Services (HCS) and Texas Home Living (TxHmL) Program Providers on COVID-19 (Replaces PL 20-12)
COVID-19 Guidance for FFS Service Coordinators and Case Managers
COVID-19 Provider Checklist and Information
COVID-19 Guidance for Community Attendants and In-Home Caregivers
Agency-Based In-Home Caregivers Screening Flowchart

Providers should work with their local health departments and emergency management if they need PPE:

- Public Health Regions [https://www.dshs.state.tx.us/regions/default.shtm](https://www.dshs.state.tx.us/regions/default.shtm)
- Texas Local Public Health Organizations [https://www.dshs.state.tx.us/regions/lhds.shtm](https://www.dshs.state.tx.us/regions/lhds.shtm)
- Texas Division of Emergency Management: [https://tdem.texas.gov/](https://tdem.texas.gov/)

For further information, visit the [DSHS webpage for hospitals and healthcare professionals](https://www.dshs.state.tx.us/).  

3. If we have a positive or suspected COVID-19 case, who should we notify?

HHSC encourages all providers to follow CDC guidance for COVID-19 protocols and contact their local health department if they have questions or suspect a client has COVID-19.

4. Can we continue operations after sanitizing an office or facility?

HHSC encourages all program providers to regularly disinfect facilities and to follow guidance issued by:

- The CDC
- DSHS
- HHSC
- Their local public health department

Update as of April 10, 2020

5. Should staff pre-screen individuals before providing behavioral health services?

HHSC recommends all program providers exercise guidance provided by the CDC, including guidance on preventative measures for any necessary face-to-face interactions. Measures can include screening for COVID-19 symptoms on the phone before arrival to an office or facility and checking temperatures before entry into an office or facility.

- The CDC
- DSHS
- HHSC
- Their local public health department

For Substance Use Services:

Screen all current clients and new admissions for the COVID-19-related symptoms listed above and notify the Substance Use Disorder Compliance Unit (SUDCU) if any client tests positive for COVID-19.

For further clarification please review the Health Care Facilities Regulation Guidance Letter 20-3001.

Resource:

6. Can the state assist in providing gloves, masks and cleaning supplies for behavioral health services providers?

In the event of PPE shortages, use the last-resort emergency backups below to offer temporary alternative solutions to protect the health of your staff and people receiving services.

Providers should first attempt to obtain PPE through their normal supply chain or through other typically available resources.

These options include:

- Contacting any sister facilities for coordination.
- Reaching out to local partners or stakeholders.
- Looking at any possible reallocations within the appropriate Public Health Region, health care coalition, Regional Advisory Council (RAC) or other medical supply agencies.

Providers who can’t get PPE should follow national guidelines for optimizing their current supply or identify the next best option to care for people receiving services while protecting staff.

Resource:


Additionally, each of the 22 RACs in Texas is tasked with developing, implementing and monitoring a regional emergency medical service trauma system plan. Providers also can contact their RAC to request PPE.

Map of RACs
Map of Trauma Service Areas with RAC Names
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7. Will performance measures be relaxed for Substance Use Treatment providers?

As stated in previous communication through Broadcast Message No. 20.021 performance measures for all behavioral health services providers will be relaxed. HHSC continues to monitor outputs and outcomes and will remain in communication with providers about any changes as they occur.

Update as of April 24, 2020

8. What capacity do the OSARs have to access rapid testing for the clients they are referring? If that is not available, what can disaster behavioral health do to make that happen?

Currently, OSARs have no access to COVID-19 test kits. People who need testing should be referred to their local testing sites after consulting with their local medical provider. Please see CDC guidance, which is updated continually, on screening people who present for COVID-19 services.

Resource:


9. Is there a Behavioral Health SharePoint site that providers can access to receive information and resources about COVID-19?

Yes. The COVID-19 Provider SharePoint site is a resource page that contains information from, and web links to, up-to-date information related to COVID-19. The site serves as a central repository of information for providers and contains information that can be shared with clients, patients, and staff members. The site is regularly updated as new information and resources are made available.

The site provides information and links to COVID-19 resources from the CDC, WHO, DSHS, SAMHSA and HHSC.
How to Obtain Access

The COVID-19 Provider SharePoint may be accessed at


To request access, please email BehavioralHealth_COVID-19@hhsc.state.tx.us. You will receive an email invitation within two business days to gain access.

Additionally, information may be found at
https://hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources

10. Where can my agency send general questions about COVID-19?

   Behavioral health services providers may send general inquiries to the COVID-19 mailbox at BehavioralHealth_COVID-19@hhsc.state.tx.us. For questions related to contract requirements please send your questions to your assigned contract manager.

11. New mental health and recovery support peer specialists and peer support supervisors must obtain fingerprint testing as part of the required background check. Considering COVID-19 and social distancing, are there any exceptions to this requirement?

   As of April 14, 2020, no exceptions or precedents have been established by licensing boards regarding fingerprinting and background checks. Fingerprinting and background checks are still being provided by IdentoGO in all 11 regions across the state. However, some offices have limited hours, and IdentoGO suggests allowing up to 30 days for appointments.

   Resource:

   www.identogo.com
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12. Who is eligible for grants? Private providers/facilities?

There are a variety of grants opportunities available however eligibility requirements vary based on the criteria described within the grant. HHSC encourages providers to research all funding opportunities that are available from all federal, state, local and private sources. One example would be the potential grant opportunities offered by SAMHSA. A link to their webpage can is listed below:

Resource:

https://www.samhsa.gov/grants

13. How do we get staff tested for COVID-19 anti-bodies and COVID-19 testing?

For information related to COVID-19 testing HHSC encourages all providers to follow CDC guidance for COVID-19 protocols and contact their local health department if they have questions.

- Texas Coronavirus Disease (COVID-19) Local Health Entities
- CDC Information for Healthcare Professionals
- CDC Resources for Clinics and Healthcare Facilities
- CDC Healthcare Professionals: Frequently Asked Questions and Answers

Update as of May 15, 2020

14. Will the difficulty in locating cleaning supplies, such as wipes and disinfecting spray, be considered when deciding on reopening in-house services?

Providers are encouraged to monitor all policies and procedures surrounding the opening of the state of Texas for any guidance pertaining to the opening of facilities. The DSHS website offers updated information regarding protocols, guidance and recommendations for businesses reopening.
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Resource:

dshs.texas.gov/coronavirus/opentexas.aspx

15. **Is there a website where I can retrieve all Health Care Facilities Regulation guidance letters?**

   All guidance letters issued by Health Care Facilities Regulation can be found on the HCFR webpage.

16. **Is there a tentative target date for when substance use disorder counselors will return to face-to-face operations in state offices?**

   Leadership within HHSC and Behavioral Health Services are continually monitoring all guidance pertaining to the opening of the state of Texas. Additionally, providers are also encouraged to monitor all policies and procedures surrounding opening Texas for any guidance pertaining to the opening of facilities. The DSHS website offers updated information regarding protocols, guidance and recommendations for businesses reopening.

   Resource:

   dshs.texas.gov/coronavirus/opentexas.aspx

17. **We offer substance use disorder services for adolescent clients. Can we have clients in our facility starting May 18, 2020?**

   Providers are encouraged to monitor all policies and procedures surrounding the opening of the state of Texas. The DSHS website offers updated information regarding protocols, guidance and recommendations for businesses reopening.

   Resource:

   dshs.texas.gov/coronavirus/opentexas.aspx
18. Does HHSC have any new information from other centers or the state office regarding when organizations plan to return to work?

For up-to-date information regarding COVID-19, please visit the COVID-19 Provider Resources SharePoint. We recommended following state and local guidelines about continued risk reduction in relation to returning to office-based work.

19. Will private providers be eligible for the Immediate Services Program Crisis Counseling Assistance and Training Program funding?

After a federal disaster declaration is issued and funding is made available through the Federal Emergency Management Agency’s (FEMA) Crisis Counseling Assistance and Training Program (CCP) grant, HHSC can apply for funding in its capacity as the state’s mental health authority. As part of the statewide disaster response plan and due to the short duration of the disaster grants (60 days for the Immediate Services Program CCP grant and nine months for the Regular Services Program CCP grant), HHSC established zero-dollar disaster CCP grant contracts with each of the 39 local mental and behavioral health authorities.

- This structure helps ensure that statewide disaster behavioral health (DBH) planning, response and recovery efforts are performed.
- Disaster Behavioral Health planning, response and recovery activities are required as part of the local mental and behavioral health authority performance contract as an unfunded mandate.
- This structure, which has been in place since approximately 1994, expedites delivery of DBH services following critical incidents and disasters.

Of note, local mental and behavioral health authorities respond to disasters and/or critical incidents immediately after they occur, doing so without the guarantee of reimbursement for response costs.

Funded services include:

- Individual and group crisis counseling.
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- Basic supportive or educational contact.
- Community networking and support.
- Assessments, referrals and resources.
- Development and distribution of educational materials.
- Media and public service announcements.

Funded services are expected to transition from the CCP to existing community resources as the program phases out.

Update as of May 29, 2020

20. Who do we speak to about our Clinical Training Institute certificate?

For information regarding Clinical Training Institute registration and renewal, please visit the New License Registration webpage, available [here](#).

21. Is HHSC tracking positive COVID-19 cases in behavioral health facilities, including chemical dependency treatment facilities? If yes, what are the statistics?

HHSC has encouraged all providers to follow CDC guidance for COVID-19 protocols and contact their local health department if they suspect someone at their facility has tested positive for COVID-19. Additionally, Section 2.4 of Guidance Letter 20-3001 instructs providers to notify the SUDCU if any patient tests positive for COVID-19. HHSC is tracking statistics for state hospitals and state supported living centers, and this data is available [here](#).

Resources:

- [CDC Information for Healthcare Professionals about Coronavirus (COVID-19)](#)
- [Texas Local Public Health Organizations](#)
- [Guidance Letter 20-3001](#)

22. Where can the Health Care Facilities Regulation guidance letters be found, specifically those referenced in the COVID-19 Substance Use Provider webinars hosted by HHSC Behavioral Health Services?
23. We all have been seeking resources for PPE. Has HHSC considered making a large purchase as stock to distribute to local mental health authorities?

Please refer to the above section on page 7 labeled “Personal Protective Equipment (PPE) Solutions,” which discusses various resources related to obtaining PPE. HHSC is not currently making purchases of PPE for distribution.

24. How is feedback on future service delivery methods being solicited from communities and clients?

HHSC has not developed a formal mechanism for this type of feedback. HHSC welcomes any feedback solicited and gathered from communities to inform further discussions related to future service delivery methods. This may be sent to behavioralhealth_covid-19@hhsc.state.tx.us.

25. Has HHSC determined when the Community Mental Health Grant awardees will be announced?

All requests, questions or other communications about the Community Mental Health Grant Program Solicitation No. HHS0004771 should be made in writing to the HHSC purchaser listed below. All communications between respondents and other HHSC staff members concerning the solicitation are strictly prohibited, unless noted elsewhere in the request for application.

Carolyn R. DeBoer, CTCD, CTCM
1100 W. 49th St., Austin, TX 78756
carolyn.deboer@hhsc.state.tx.us

26. Are there grant funds to assist with COVID-19 mental health services provided by nonprofit organizations?
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Please visit the COVID-19 Provider Resources SharePoint for various funding opportunities. As this is not a comprehensive list, HHSC encourages providers to stay up to date on communications from various entities that offer support to communities. Organizations are encouraged to review local, state and federal funding sources.

27. Many centers have reported not being able to hire certified family partners because of COVID-19. Will local mental health and behavioral health authorities receive a sanction for not having a certified family partner?

During the COVID-19 pandemic, HHSC will not enforce contractual standards that require organizations to hire specific positions within a prescribed time frame. HHSC encourages organizations to document their plans to fill vacancies in prevention programs during this time.

Update as of June 12, 2020

28. We cannot access the Behavioral Health Services COVID-19 Provider SharePoint because Office 365 is required. Is there a workaround?

An Office 365 account is not required to access the Behavioral Health Services COVID-19 SharePoint site. You do, however, need to use an email that is registered with Microsoft. This is similar to logging into any online account using your email address as a username.

29. When do the emergency rules related to substance use disorder services end?

Emergency rules cannot be effective for longer than 120 days and cannot be renewed for longer than 60 days. Exact effective and expiration dates for emergency rules may be found in the Texas Register, available at https://texreg.sos.state.tx.us/public/reqviewctx$_.startup. Locate the rules by entering [keyword or rule number] in the [search document text/rule number] field.
For example:

To search for Emergency Rule §500.44, first enter “500” in the field labeled **Chapter Number**.
Then enter the “Rule Number (s)” in the fields labeled **Rule Number**.
*In this example, only Rule 44 is being searched, however, the “From” and “To” “Rule Number” fields allow users to search a sequential set of rules simultaneously.
Last, Click “Find”.

**Shelter-In-Place**

1. **Do local ordinances affect HHSC guidelines?**

Several Texas cities and counties have issued emergency shelter-in-place orders, requiring certain businesses to shut down. These orders typically have exceptions for governmental entities and businesses that provide essential services. All mission-essential workers for HHSC, providers, vendors and contractors whose work cannot be performed through teleworking must continue to report to their work or duty stations, including in areas where local government authorities have issued shelter-in-place or stay-at-home orders.

Authorized local officials may request legal advice by sending an email to disaster-counsel@oag.texas.gov or by making a web request online.

**Resource:**


2. **Do I need a pass to leave my home to attend work if there is a shelter-in-place ordinance?**

If you believe that a shelter-in-place or another order may affect your ability to work at your operation, HHSC encourages you to communicate with the local jurisdiction that issued the order to verify what documentation is needed for mission-essential employees.
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3. Are inpatient and outpatient SUD services considered essential?

If you believe that a shelter-in-place or another order may affect your ability to work at your operation, HHSC encourages you to communicate with your HHSC program contact to clarify whether your organization qualifies as an essential service.

4. Can we execute our methadone emergency plan if our city or county issues a shelter-in-place ordinance?

SAMHSA has posted COVID-19 guidance providing potential flexibility for OTPs. The COVID-19 guidance includes:

- Approaches for providing pharmacotherapy for individuals with an opioid use disorder exposed to infections and COVID-19.
- Disaster planning, potential flexibility for take-home medication, OTP guidance for patients quarantined at home with the coronavirus and frequently asked questions.

Note: All questions regarding OTPs must be deferred to the State Opioid Treatment Authority in HHS Regulatory Services as the situation is rapidly evolving.

Residential Services

1. What guidance should residential programs follow to ensure the safety of clients?

HHSC recommends all program providers follow CDC guidance, including guidance on social distancing and disinfecting precautions, as much as possible.

Program providers should follow guidance issued by:

- The CDC
- DSHS
- HHSC
- Their local public health department
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Update as of April 10, 2020

2. What guidance should residential programs be following prior to admitting someone?

HHSC recommends all program providers exercise guidance provided by the CDC, including guidance on screening procedures. Residential program providers should also maintain regular contact with their local public health department for emergency planning purposes.

Program providers should follow guidance issued by:

- The CDC
- The National Council for Behavioral Health COVID-19 Guidance for Behavioral Health Residential Facilities
- DSHS
- HHSC
- Their local public health department

For Substance Use Services:

Screen new admissions for the COVID-19-related symptoms and notify the Substance Use Disorder Compliance Unit (SUDCU) if any client tests positive for COVID-19.

For further clarification for residential substance use disorder providers please review the Health Care Facilities Regulation Guidance Letter 20-3001.

Resource:


3. Should we limit admissions to the facility based on potential exposure?

Program providers should continue to accept new referrals. HHSC recommends program providers exercise all guidance provided by the CDC when admitting new individuals. Residential program providers should maintain regular contact with their local public health department for additional assistance.
Program providers should follow guidance issued by:

- The [CDC](https://www.cdc.gov)
- The [National Council for Behavioral Health COVID-19 Guidance for Behavioral Health Residential Facilities](https://www.nationalcouncil.org)
- DSHS
- HHSC
- Their local public health department

**For Substance Use Services:**

For further clarification please review the Health Care Facilities Regulation Guidance Letter 20-3001.

**Resource:**


4. **What do we do if our clients want to leave residential treatment?**

If residents are permitted to leave, program providers should work with those individuals to practice guidance issued by the CDC, including the practice of safe hand washing and maintaining a 6 feet distance. Upon their return residents must follow all recommended COVID-19 safety protocols, including frequent handwashing and continue to practice social distancing.

Program providers should follow guidance issued by:

- The [CDC](https://www.cdc.gov)
- The [National Council for Behavioral Health COVID-19 Guidance for Behavioral Health Residential Facilities](https://www.nationalcouncil.org)
- DSHS
- HHSC
- Their local public health department

**For Substance Use Services:**

For further clarification please review the Health Care Facilities Regulation Guidance Letter 20-3001.
5. If we meet all regulations, can we increase our bed count to handle an increase in admissions?

Program providers who wish to increase their bed count should contact their regulatory or licensing authority for guidance and permission. Licensed substance use treatment contractors cannot go beyond their licensed capacity which is listed in the most current “Chemical Dependency Treatment Facilities- By City” document located on the Heath Care Facilities Regulation page.

If a provider is capable of increasing HHSC/block grant funded slots they need to update information into CMBHS capacity reports.

6. Will HHSC prohibit or restrict the placement of detox patients, residential treatment clients or outpatient clients?

Licensed substance use treatment contractors cannot go beyond their licensed capacity which is listed in the most current “Chemical Dependency Treatment Facilities- By City” document located on the Heath Care Facilities Regulation page.

If a provider is capable of increasing HHSC/block grant-funded slots they need to update information into CMBHS capacity reports.

7. Can HHSC commit to continuous funding for operations regardless of service numbers?

HHSC will continue to reimburse for service provision and allow for modifications including telehealth and telephone service delivery. Certain programs with Medicaid-funded components may have restrictions, therefore, providers are encouraged to check on specific program guidance.
8. **Our treatment facilities were impacted. Can we waive licensing requirements for locations that are not licensed to provide substance use disorder services?**

Licensed substance use treatment disorder facilities will need to consult with Health Care Facilities Regulations.

The 86th Legislative session **H.B. 4928** provides guidance for Outpatient Dependency Treatment Facilities.

For further clarification please review the Health Care Facilities Regulation Guidance Letter 19-100.

**Resource:**


9. **If we have a positive COVID-19 case, should we quarantine or discharge?**

HHSC encourages all providers to follow CDC guidance for COVID-19 protocol and coordinate with their local health department if they have questions or suspect a client has COVID-19. If an individual requires a higher level of medical care, be sure that their behavioral health care team is consulted throughout the process. In the event of a medical emergency, call 9-1-1 immediately.

- CDC Healthcare Professionals: Frequently Asked Questions and Answers
- CDC Resources for Clinics and Healthcare Facilities
- CDC Healthcare Professionals: Frequently Asked Questions and Answers
- The National Council for Behavioral Health COVID-19 Guidance for Behavioral Health Residential Facilities

**For Substance Use Services:**

For further clarification please review the Health Care Facilities Regulation Guidance Letter 20-3001.
10. We provide services to children and families. Should we modify services to limit exposure, such as limiting visitations with family, CPS caseworkers, and other outside visitors?

HHSC encourages provider to follow CDC guidance including restricting visitation of all non-residents unless it is necessary to support a resident’s health and wellness and for compassionate care situations. If visitation is limited, program providers should work to keep families informed with up-to-date information. Program providers should also offer alternate means of communication for residents such as the use of telephone or video communication.

- CDC Healthcare Professionals: Frequently Asked Questions and Answers
- CDC Resources for Clinics and Healthcare Facilities
- CDC Healthcare Professionals: Frequently Asked Questions and Answers
- The National Council for Behavioral Health COVID-19 Guidance for Behavioral Health Residential Facilities

For Substance Use Services:

For Licensed Substance Use Disorder Treatment facilities should permit only essential visitors to enter the facility. Essential visitor means government personnel performing their official duty; a parent of a minor who is a client; an attorney or other legally authorized representative of a client; no more than one family member of a client at a time; and a clergy member authorized by the facility.

For further clarification please review the Health Care Facilities Regulation Guidance Letter 20-3001.

Resource:

11. Should we modify the way our clients share rooms in respite facilities?

HHSC encourages all providers to follow CDC guidance for COVID-19 protocol. This includes keeping beds 6 feet apart whenever possible and encouraging individuals to sleep head-to-toe. Providers should coordinate with their local public health authorities for additional guidance about residential placements.

- CDC Healthcare Professionals: Frequently Asked Questions and Answers
- CDC Healthcare Professionals: Frequently Asked Questions and Answers
- The National Council for Behavioral Health COVID-19 Guidance for Behavioral Health Residential Facilities

12. Should staff pre-screen individuals before providing services?

HHSC recommends all program providers exercise guidance provided by the CDC. Residential program providers should also maintain regular contact with their local public health department for emergency planning purposes.

Program providers should follow guidance issued by:

- The CDC
- The National Council for Behavioral Health COVID-19 Guidance for Behavioral Health Residential Facilities
- DSHS
- HHSC
- Their local public health department

**Substance Use Services:**

Screen all current clients and new admissions for the COVID-19-related symptoms and **notify the Substance Use Disorder**
Compliance Unit (SUDCU) if any client tests positive for COVID-19.

In adult outpatient programs treating symptomatic clients who require ongoing counseling, consider alternative methods for individual counseling to ensure continuity of care.

For further clarification please review the Health Care Facilities Regulation Guidance Letter 20-3001.

Resource:

13. Are there current holds on new admissions or clients?

For Substance Use Services:

Program providers should continue to accept new referrals. HHSC recommends program providers exercise all guidance provided by the CDC when admitting new individuals.

Program providers should follow guidance issued by:
- The CDC
- The National Council for Behavioral Health COVID-19 Guidance for Behavioral Health Residential Facilities
- DSHS
- HHSC
- Their local public health department

For further clarification please review the Health Care Facilities Regulation Guidance Letter 20-3001.

Resource:
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Update as of April 17, 2020

14. Whose guidance should providers contracted with the Residential Treatment Center Relinquishment Avoidance Project follow?

The HHSC RTC Relinquish Avoidance Project is in alignment with the COVID-19 guidance issued by the Texas Department of Family and Protective Services for residential child care facilities. Providers should follow guidance issued by:

- HHS Monitors COVID-19, Provides New Guidance to Child Care Facilities
- DFPS Coronavirus Resources for Residential Child Care Providers
- The CDC
- The local public health authority.

For additional questions, child care providers are encouraged to contact the Child Care Licensing (CCL) team at MSC@hhsc.state.tx.us.

Update as of May 15, 2020

15. Are family visitors still discouraged on-site at inpatient substance use disorder residential facilities as well as at family group therapy sessions?

According to Guidance Letter 20-3001, “Novel Coronavirus (COVID-19) Infection Control and Emergency Preparedness in Chemical Dependency Treatment Facilities,” facilities should permit only essential visitors to enter. For additional guidance please review the letter.

16. Should substance use disorder residential facilities test all new inpatient clients for COVID-19 prior to admission or upon admission/intake? Is it a requirement?

HHSC recommends all program providers exercise guidance provided by the CDC, including guidance on preventative measures for any necessary face-to-face interactions. Measures can include screening for COVID-19 symptoms.
on the phone before arrival to an office or facility and checking temperatures before entry into an office or facility.

- The CDC
- DSHS
- HHSC
- Texas Local Public Health Organizations

17. To slow the spread of the disease, has HHSC implemented COVID-19 testing prior to individuals being discharged from state hospitals and being enrolled into residential settings?

At this time, state hospitals are testing individuals for COVID-19 when they are symptomatic or have had a known or suspected exposure to COVID-19. State hospitals are not testing every person before discharge.

Contracts

1. Will HHSC temporarily un-restrict funds to allow grantees to support general operations?

   To request a modification to the use of your grant funding, please contact your assigned contract manager for assistance.

2. My program has been impacted by COVID-19. Are my contract deliverables still due?

   HHSC asks that you continue to provide any required reports within the required timelines (i.e., Report 3, quarterly financials, MHFA, etc.). If your program has been significantly impacted by COVID-19 and you are seeking an extension or modification of your contract deliverables, please contact your assigned contract manager for further assistance.
3. Will my contract be extended, or is it still on schedule?

IDD-BH contracts and procurements will move forward as planned as staff work collaboratively across all HHS areas to ensure completion. For additional questions, please contact your assigned contract manager.

Update as of April 10, 2020

4. Who should we contact if we cannot maintain our contract requirements, such as required staff ratios?

If your program has been significantly impacted by COVID-19 and you are unable to meet your contract requirements, please contact your assigned contract manager for further assistance. If you work closely with a program subject matter expert, please notify them as well.

Update as of April 17, 2020

5. Will there be any leniency around match requirements for behavioral health providers?

On April 10, 2020, Broadcast Message No. 20.035 was released to providers stating that the HSHC IDD-BH Division acknowledges that providers may need support. The following new adjustment has been made to assist mental health, substance use, and IDD providers:

- Not enforcing match requirements for IDD-BH providers for the time period beginning at the outset of the disaster declaration until it is lifted.

Update as of April 24, 2020

6. Can the Program Services Unit and Contracts Management Unit have a simplified process for any funded contractors who request a change to their approved service delivery project design?

Please submit all proposed contract change requests to the assigned contract manager for consideration and review. Proposals should
include a change-request narrative, modified budget and all relevant information details related to your request.

7. What are written documentation expectations during the COVID-19 pandemic?

Written and signed notification or consent by the individual is preferred; however, if circumstances do not allow, the agency will accept signatures via alternative methods, including but not limited to an electronic document with a name typed in, an email message, verbal consent where the provider documents the conversation with the individual to enter in the record and other means appropriate while maintaining social distancing. All documentation must clearly identify how notification and consent were obtained, be dated and include the name(s) of the persons involved in the action taken (staff, LAR, individual, etc.).

Update as of May 1, 2020

8. What about the responses to the Request for Proposals that were pending prior to the COVID-19 outbreak? What is the timeline for decisions regarding funding?

All active procurements and contract actions will proceed as planned.

9. Is there an extension on the telephone/telehealth service options? If not, when will that decision be made?

For general revenue-funded programs, there is no end date currently. Any decision regarding changes to service provision will be determined as the COVID-19 situation evolves.

10. How can I stay up to date on information related to Medicaid policies and billing requirements?

Medicaid is offering weekly information sessions. To reduce the potential for technical difficulties sessions are pre-recorded and posted on the Medicaid COVID-19 webpage by 1 p.m. CT each Thursday. These sessions will continue to share information with stakeholders.
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about the implementation of various Medicaid/CHIP flexibilities in response to the COVID-19 pandemic. Providers can also access the TMHP website where updates related to Medicaid are also posted.

Resource:

https://hhs.texas.gov/services/health/coronavirus-covid-19/medicaid-chip-services-information-providers

http://www.tmhp.com/Pages/Medicaid/Medicaid_home.aspx

Update as of May 8, 2020

11. We are still open for business in San Antonio, but our clientele has suffered because shelters are not allowing our clients to leave for counseling sessions. Can we use some of our HHSC funding to purchase telehealth equipment systems to speak to our clients at the shelters? Can we invoice these expenses on grant awards?

Submit all proposals and requests to make modifications to contracted grant program designs or other HHSC-funded programs to the assigned contract manager for review and consideration.

Telemedicine and Telehealth Services

1. How do we document services and consent for telehealth?

Providers are still required to document services and consent. Services delivered via telephone or telehealth should be documented in the clinical case file, and consent should be received from individuals served verbally and documented in the case file.

For additional guidance and information, reference:

- Centers for Medicare & Medicaid Services (CMS) General Provider Telehealth and Telemedicine Tool Kit
- CMS COVID-19 Emergency Declaration Health Care Providers Fact Sheet
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- Texas Department of Insurance Telemedicine emergency rule
- HHS Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency

2. Are there specific site requirements for telehealth?

Medicaid providers should reference the Texas Medicaid Provider Procedures Manual for guidance on telecommunication services. Due to COVID-19, some services are being approved for telephone service provision. Use of the telephone to deliver services does not meet the definition and requirements of telehealth but may be allowed for general revenue- or Medicaid-funded services. Licensed Substance Use Disorder treatment facilities (aka CDTF) must follow HHSC rules and regulations. HHSC has also issued Guidance Letters relating to emergency preparedness in SUD treatment facilities [https://hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation](https://hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation). Further discussions regarding waivers and clarification are underway.

For additional guidance and information, reference:
- TMHP Telecommunication Services Handbook
- CMS General Provider Telehealth and Telemedicine Tool Kit
- Texas Department of Insurance Telemedicine emergency rule
- HHS Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency
- HHSC SUD Facility Regulation Homepage

3. Can mental health targeted case management (TCM) services be provided via telephone or telehealth?

Yes, mental health TCM can be provided via the telephone or telehealth in lieu of face-to-face. Providers should document all telephone contact in progress notes and the client record.
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Resource:


4. How can we continue to engage clients remotely?
HHSC has expanded the use of the telephone to provide services (for example, telehealth, telemedicine) for certain services, using it to interview collateral contacts is encouraged. Providers must document all telephone contacts in the client record.

5. How should we enroll new clients without obtaining wet signatures on enrollment and consent forms?

For Mental Health Services:
Providers are still required to document services and consent. Services delivered via telephone or telehealth should be documented in the clinical record, and consent should be received from individuals served verbally and documented in the client record.

For Substance Use Services:
Licensed substance use disorder providers should follow the COVID-19 Guidance for Client Documents Requiring Signature including Consent to Treat, Consent to Release Information, and Financial Eligibility Determination/Attestation, which provides the following guidance:

Whenever possible, conduct the SUD screening and assessment with the client via telehealth or telephone and arrange to obtain signatures for all related consents and documents through digital signature or original signature before taking action such as release of information.

For additional guidance and information, reference:

• TMHP Telecommunication Services Handbook
• CMS General Provider Telehealth and Telemedicine Tool Kit
• Texas Department of Insurance Telemedicine emergency rule
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- HHS Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency

**Update as of April 10, 2020**

6. Who is authorized to provide telehealth services?

**For Mental Health Services:**
For general revenue-funded services: All mental health service providers are authorized and encouraged to use telecommunication options to provide services (for example, telehealth, telemedicine, telephone) and to interview collateral contacts.

**For Medicaid-Funded Services:**
Updates related to Medicaid can be accessed at https://hhs.texas.gov/services/health/coronavirus-covid-19/medicaid-chip-services-information-providers

**Resources:**
- TMHP COVID-19 Claims for Telephone (Audio Only) Behavioral Health Services
- TMPH Guidance Targeted Case Management Through Remote Delivery
- TMHP Clarification to COVID-19 Guidance Targeted Case Management Through Remote Delivery

All providers are encouraged to review your facility’s telecommunication policies and ensure they follow federal and state privacy requirements for protected health information. For additional guidance, please reach out to the HHSC program subject matter expert.

**For Substance Use Services:**

Please refer to the HHS Health Care Facilities Regulation Guidance Letter 20-3005 for details of which provider types may deliver services via electronic means. Additional guidance can be found in the Texas Administrative Code Section 448.911 for additional guidance.
7. Which services/screenings/assessments can be completed over the phone?

The use of the telecommunication options to provide services (for example, telehealth, telemedicine, telephone) and to interview collateral contacts is encouraged. Please review your facilities telecommunication policies and ensure they follow federal and state privacy requirements for protected health information.


For licensed substance use disorder treatment providers needing to update the financial eligibility of an already enrolled client, SUD Programs recommends all treatment services, including Medication-Assisted Treatment (MAT) follow the CMBHS Financial Eligibility COVID-19 guidelines:

The policies and procedures disclosed below strictly apply to the SAPT block grant funded substance use disorder treatment provider (including Treatment and MAT services) for the sole purpose of updating Financial Eligibility. The following policies and procedures have been enacted to ensure uniformity in documentation as well as continuity of care and the reduction of barriers for individuals receiving substance use services during the COVID-19 disaster:

- Obtain digital or original signatures whenever possible.
- If SAPT block grant provider has exhausted all attempts and resources to obtain digital or original signature the following steps are to be completed:
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- Review the entirety of the contents of the updated Financial Eligibility document with client.
- Obtain verbal consent from client that all updated information is current and accurate. Ensure one additional facility staff member is present to audibly witness the client provide verbal consent.
- Input the following documentation in the comments section of the Financial Eligibility form:
  - The names of the facility staff to whom the verbal consent was made and their roles at the facility.
  - The name of the individual providing verbal consent.
  - The date and time of the verbal consent.
  - The reason for the verbal consent (i.e. barriers to accessing a digital or original signature).
- Upon first available opportunity have client provide hard copy or digital signature of updated Financial Eligibility form.

8. How do we bill for over-the-phone services?

Medicaid providers should reference the Texas Medicaid Provider Procedures Manual for guidance on telecommunication services. Due to COVID-19, some services are being approved for telephone service provision. Use of telephone to deliver services does not meet the definition and requirements of telehealth but may be allowed for general revenue-funded or Medicaid-funded services.

For additional guidance and information, reference:

- [TMHP Telecommunication Services Handbook](#)
- [CMS General Provider Telehealth and Telemedicine Tool Kit](#)
- [Texas Department of Insurance Telemedicine emergency rule](#)
- [HHS Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](#)
9. What are the dates for which telehealth services are authorized?

At this time, services approved for delivery via telephone have been approved for the dates of March 15, 2020 through May 31, 2020. HHSC will update this page with additional information about future extensions.

10. Have health care plans approved payment for telehealth services?

Providers should reference guidance provided by the Texas Department of Insurance.

- Texas Department of Insurance Coronavirus Updates
- Telemedicine Emergency Rule
- Texas Department of Insurance Guidance to Industry Related to COVID-19
- Texas Department of Insurance FAQ

11. Can we bill as a facility, or do we have to credential individual providers?

Licensed substance use disorder treatment providers must refer to the Texas Administrative Code Minimum Standards. Licensed substance use treatment services are delivered from the facility.

Providers who hold a contract with their regional managed care organizations should consult their managed care representative and most current provider handbook.

12. If the HCBS-AMH program requires no more than 10 percent of contact with participants via phone, will this requirement be waived?

This requirement has been waived for the HCBS-AMH Program.

13. Can we provide telehealth services to youth?

For Mental Health Services:

Telehealth can be provided to any individual, including youth.
For Substance Use Services:

Telehealth for adolescents is restricted by Texas Administrative Code 448.911. This rule specifies that providing telehealth to adolescents in outpatient SUD treatment is prohibited. Note: HHSC Health Care Facilities Regulation released a guidance letter on May 12, 2020, allowing licensed chemical dependency treatment facilities to provide outpatient treatment services to adolescents through electronic means.

Resource:


Guidance Letter 20-3004

Update as of April 17, 2020

14. Can HHSC provide guidance or input on which telephone or tele-video platforms are working best for providers?

HHSC is unable to provide specific recommendations on which platforms your organization should use. HHSC recommends providers consult with their IT department for assistance with selecting a vendor.

Resources:

- TexLa Telehealth Resource Center
- CMS General Provider Telehealth and Telemedicine Tool Kit

15. For substance use services providers, would a digital recording of the client giving consent suffice as a digital signature for release of information which is required for 42 Code of Federal Regulations (CFR) Part 2 rules?

Within 42 CFR located under Subpart C—Disclosures with Patient’s Consent § 2.31 there is a list of requirements which are required under this regulation:
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(6) The signature of the patient and, when required for a patient who is a minor, the signature of a person authorized to give consent under §2.14; or, when required for a patient who is incompetent or deceased, the signature of a person authorized to sign under §2.15 in lieu of the patient.

Verbal consents are not to be used for releases of information. To remain in compliance with 42 CFR Part 2, releases of information must have a written signature whether it is an original signature or an electronic signature. To date we have not seen any additional information from the federal government relaxing 42 CFR Part 2 rules.

Resource:

SAMHSA 42 CFR Part 2 COVID-19 Guidance

Update as of April 24, 2020

16. Is there a resource that may help offset the costs of purchasing increased cell phone data?

Many cell phone providers have lifted their data caps or are providing unlimited data at no additional cost, while others are charging higher data rates but not charging for late fees. For those with cell phone providers that are charging for more data usage, you may contact 2-1-1 to ask about payment assistance and accessing additional phone minutes that would support telehealth and telephone behavioral health services.

17. What if our clients do not have a computer or televideo capability?

For Mental Health Services:

For circumstances that require face-to-face contact with people, especially people who do not have access to either a telephone or computer, providers may follow guidelines established by the CDC and
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local health departments regarding social distancing and the use of personal protective equipment.

**General Revenue-Funded Services:**

All mental health service providers are authorized to use telecommunication options to provide services (for example, telehealth, telemedicine, telephone), which includes communications with collateral contacts.

**Medicaid-Funded Services:**

Updates related to Medicaid can be accessed at [https://hhs.texas.gov/services/health/coronavirus-covid-19/medicaid-chip-services-information-providers](https://hhs.texas.gov/services/health/coronavirus-covid-19/medicaid-chip-services-information-providers)

**Resources:**

- TMHP Claims for Telephone (Audio Only) Behavioral Health Services
- TMHP COVID-19 Guidance: Targeted Case Management Through Remote Delivery
- TMHP Clarification to ‘COVID-19 Guidance: Targeted Case Management Through Remote Delivery’

All providers are encouraged to review your facility’s telecommunication policies and ensure they follow federal and state privacy requirements for protected health information. For additional guidance, please reach out to the HHSC program subject matter expert.

**For Substance Use Services:**

HHS Health Care Facilities Regulation [guidance letter GL-3005](https://hhs.texas.gov/services/health/coronavirus-covid-19/medicaid-chip-services-information-providers) specifies telemedicine, telehealth or electronic means for those services and service types covered by the emergency rule. All providers are encouraged to review your facility’s telecommunication policies and ensure they follow federal and state privacy requirements for
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protected health information. For further guidance, please consult with your organization’s clinical team.

For Prevention Services:

HHSC continues to relax many contractual performance measures to allow organizations to focus on social and traditional media platforms and disseminate media awareness activities and social media messages. Organizations may continue to provide additional web-based services to youth, adults and their families as capacity allows. Organizations will not be penalized for their inability to meet quarterly and annual performance measure goals.

Update as of May 1, 2020

18. Is HHSC going to ask for an extension from the Centers for Medicare and Medicaid Services (CMS) for billing telehealth and phone rehab and case management?

Medicaid Services provides updated information regarding COVID-19 issues on a regular basis that can be found at the HHSC Medicaid and CHIP Services Information for Providers website.

Resource:

https://hhs.texas.gov/services/health/coronavirus-covid-19/medicaid-chip-services-information-providers

19. Are HCBS-AMH psychosocial specialists allowed to provide service via telephone or video call?

Yes, HCBS-AMH providers can provide psychosocial rehabilitative services via telehealth or telephone. At this time, billing for these services are approved until May 31, 2020.

20. Is there an extension on the telephone/telehealth service options? If not, when will that decision be made?
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For general revenue-funded programs, there is no end date currently. Any decision regarding changes to service provision will be determined as the COVID-19 situation evolves.

21. Can Youth Empowerment Services (YES) waiver services be delivered using telehealth or telephone?

HHSC authorized providers to deliver the following services telephonically through May 31, 2020:

- Mental health targeted case management, including intensive case management/Wraparound
- Clinical eligibility assessments and reassessments (CANS/YES Assessment)
- YES Service Array: Community Living Supports, Paraprofessional Services, Family Support Services, Animal Assisted Therapy, Art Therapy, Licensed Nutritional Counseling, Music Therapy, Recreational Therapy

These updates have been shared via Broadcast Message No. 20.031 distributed on April 2, 2020, and Broadcast Message No. 20.20.040 distributed on April 29, 2020.

22. Can HCBS-AMH services be delivered using telehealth or telephone?

HCBS-AMH Recovery Management Entities may complete visits by telehealth, telemedicine or telephone until further notice. HCBS-AMH Provider Agency service providers may use telehealth or telephone through May 31, 2020, to deliver the following services:

- Substance Use Disorder Services Assessment
- Substance Use Disorder Services - Individual and Group
- Peer Support
- Employment Services - Supported Employment
- Employment Services - Employment Assistance
- HCBS Psychosocial Rehabilitation Services - Individual and Group
- Community Psychiatric Supports and Treatment
HCBS-AMH Provider Agencies may deliver nursing care via telenursing if the nature of the care does not require face-to-face contact.

- Telenursing involves nursing practice via any electronic means such as telephone, satellite or computer.
- It is important to note that direct care nursing services shall continue face-to-face, when indicated and as appropriate. Face-to-face examinations are necessary for certain nursing tasks, such as wound care, blood draws and essential (non-routine) blood pressure monitoring and that face-to-face encounters should take appropriate cautions as outlined by the CDC.

These updates have been shared via Broadcast Message No. message 20.039 distributed on April 27, 2020.

**Update as of May 8, 2020**

**23. Do we know if Medicaid is extending the authorization date for telephone/televideo services past April 30, 2020?**

As part of its continued response to COVID-19, HHSC will provide Medicaid reimbursement for previously identified telemedicine and telehealth services for March 15, 2020 to May 31, 2020 dates of service.

**Resource:**
- TMHP Date of Service Extension for Telemedicine (Physician-Delivered) and Telehealth (Non-Physician-Delivered) Services
- Medicaid CHIP COVID-19 Information Sessions

**24. Will telehealth requirements outlined in Texas Administrative Code 448.911 be relaxed or waived to accommodate and continue serving clients in this time of need?**

On April 29, 2020 Guidance Letter 20-3006 (GL 20-3006) was issued. This letter addresses emergency rules regarding chemical dependency treatment services via telephone and internet and service delivery
documentation deadlines in chemical dependency treatment facilities. A link to this guidance letter can be found below:

Resource:

Guidance Letter 20-3006

25. Can you elaborate on counselor interns working at a chemical dependency facility and the use of telehealth services?

Additional guidance regarding counselor interns who work at chemical dependency treatment facilities was issued on April 29, 2020 via Guidance Letter 20-5001 (GL 20-5001). The letter addresses emergency rules regarding Licensed Chemical Dependency Counselor Intern (LCDC-I) service provision and supervision via telephone and internet. Guidance in the letter reads:

Certain counselor interns with more than 1,000 hours of supervised work experience are now temporarily permitted to provide services in person or through two-way, real-time internet or telephone communications, and certain qualified counselor intern supervisors are now temporarily permitted to provide supervision through two-way, real-time internet or telephone communications to reduce the risk of transmission of COVID-19.

Resource:

Guidance Letter 20-5001

26. How do I locate 26 TAC §500 Emergency Rules referenced in published HHSC guidance materials such as Guidance Letters and Broadcast Messages?

To locate the emergency rules click this link Texas Register Viewer Database which will bring you to the Texas Register database where you can search for the Emergency Rules. For a list of rules relevant to Chapter 500 COVID-19 EMERGENCY HEALTH CARE FACILITY LICENSING enter “500” in the “Chapter Number” search box and click “Find.”
27. What are the current waivers as applied to adolescent services for the use of telehealth in the intensive outpatient setting? There seems to be confusion what is applicable to adolescents versus adults. Is the expectation from HHSC that adolescents receive all services in-person through the COVID-19 pandemic?

Telehealth is not currently allowed for adolescents in intensive outpatient programs, but the request to allow telehealth for adolescents has been submitted and we are waiting for the guidance letter to be approved. Note: HHSC Health Care Facilities Regulation released a guidance letter on May 12, 2020, allowing licensed chemical dependency treatment facilities to provide outpatient treatment services to adolescents through electronic means.

Resource:

Guidance Letter 20-3004

28. Is there consideration to extend telehealth services beyond May 31, 2020?

Each General Guidance Letter has an expiration date with the ability to review if needed.

29. Virtual and telehealth was allowed before COVID-19 so it can still be used in the future, correct?

Telehealth was not permitted in all setting and in all populations prior to COVID-19 or currently. Some program types have federal restrictions.

30. Will OSARs be able to conduct screenings and assessments for adolescents via telephone or telehealth?

OSAR staff may conduct screenings and assessment through audio or visual sources such as telephone or telehealth.
31. Please explain telehealth for substance use services residential treatment and increasing caseloads. It that just telehealth or face-to-face as well?

According to section 2.1 of Guidance Letter 20-3006, chemical dependency treatment facility personnel may temporarily provide certain treatment services through two-way, real-time internet or telephone communications to clients to reduce the risk of COVID-19 transmission. Details regarding the licensure/credential requirements and types of treatment services can be found in the letter.

According to Guidance Letter 20-3005, emergency rule §500.42 states that a chemical dependency treatment facility may increase counselor caseloads in intensive residential programs from 10 to 20 clients per counselor because of staff shortages. Additional details regarding caseload changes are located in the letter.

Update as of May 22, 2020

32. Are licensed chemical dependency treatment facilities permitted to provide outpatient treatment services to adolescents through electronic means?

HHSC Health Care Facilities Regulation released a guidance letter on May 12, 2020, allowing licensed chemical dependency treatment facilities to provide outpatient treatment services to adolescents through electronic means.

Resource:
Guidance Letter 20-3004

Update as of May 29, 2020

33. When will notice be provided about possible extended authorization for telehealth/telecommunication methods past May 31, 2020?
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All changes to current Medicaid or general revenue authorizations will be communicated via broadcast messages as well as the COVID-19 Provider Resources SharePoint site as soon as information is available.

34. Are there modifiers we should use when providing substance use disorder services to adolescents via telehealth?

The modifier for Medicaid-insured adolescents is Modifier 95. For more information regarding Medicaid services, please refer to the Medicaid and CHIP Services Information for Providers webpage, available here.

Update as of June 4, 2020

35. Regarding the Medicaid extension to June 30, 2020, what is the status on getting that officially posted?

Updates regarding the Medicaid authorization of telecommunication services can be found on the TMHP website as well as HHSC’s COVID-19 Provider Information webpage.

36. Will there be an extension to June 30, 2020, for all telephone and telehealth mental health services for children, adolescents and adults?

For general revenue-funded services, there is currently no end date for telecommunication services.

Medicaid-funded services have been authorized for the use of telecommunication until June 30, 2020. For updated information regarding Medicaid authorizations, visit HHSC’s COVID-19 Provider Information webpage.

37. What is the current extension for providing telehealth?

For general revenue-funded services, there is currently no end date for the use of these services.
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Medicaid-funded services have been authorized for the use of telecommunication until June 30, 2020. For updated information regarding Medicaid authorizations, visit HHSC's COVID-19 Provider Information webpage.

38. For coordinated specialty care programs, our understanding is that telecommunication services — such as case management, skills training, supported employment/education specialist services and therapy — are not billable for child and adolescent clients. Is this correct?

**General Revenue-Funded Services:**

All mental health service providers are authorized to use telecommunication options (telehealth, telemedicine, telephone, etc.) to provide services for all ages.

**Medicaid-Funded Services:**

Due to COVID-19, some services are being approved for telephone provision. Use of the telephone to deliver services does not meet the definition and requirements of telehealth but may be allowed for Medicaid-funded services. For additional guidance and information, you may reference HHSC's COVID-19 Information for Providers webpage.

Additionally, HHSC Medicaid staff is offering weekly information sessions. To reduce the potential for technical difficulties, sessions are prerecorded and posted on the Medicaid COVID-19 webpage each Thursday by 1 p.m. Central Time. These sessions will continue to share information with stakeholders about the implementation of various Medicaid/CHIP flexibilities in response to the COVID-19 pandemic. Providers can also access the TMHP website for Medicaid updates.

**Resource:**

[TMHP homepage](#)
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39. Will HHSC send a communication regarding the use of telephone and telehealth to provide services by a certified family partner? Is there potential to extend the use of telephone and telehealth past COVID-19? For how long has the use of telephone and telehealth to provide services by a certified family partner been extended?

For general revenue-funded services, including certified family partner services, there is currently no end date. Any decision regarding changes to service provision will be determined as the COVID-19 situation evolves. We recommend visiting the COVID-19 Provider Resources SharePoint site for up-to-date information.

Update as of June 12, 2020

40. We received a broadcast message stating that providers can still use the telephone to provide general revenue-funded services and that the telephone flexibility for Medicaid-funded services, like completing the Children’s Needs and Strengths Assessment (CANS) and the Adult Needs and Strengths Assessment (ANSA), is effective through May 31, 2020. Will an extension occur for this service to be completed over the telephone?

For all general revenue-funded services, all mental health service providers are authorized and encouraged to use telecommunication options (for example, telehealth, telemedicine, telephone). There is no end date at this time for the telecommunication service provision modification.

Medicaid-funded mental health rehabilitation services, including the CANS and ANSA, have been authorized to be conducted via telecommunications through June 30, 2020. Please see the below links for additional information.

TX HHSC Medicaid and CHIP Services COVID-19 Information for Providers (see the Teleservices section for details)

TMHP Multiple Medicaid COVID-19 Flexibilities Extended through June 30, 2020
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Service Modifications and Considerations

1. How should we conduct initial assessments?

For Mental Health Services:

For mental health general revenue and Medicaid services, audio/visual or audio-only resources (such as telephone, Skype, FaceTime and others) may be used by providers in lieu of face-to-face assessments and reassessments to complete the Child and Adolescent Needs and Strengths (CANS), the Adult Needs and Strengths Assessment (ANSA) and the uniform assessment. For Medicaid, this flexibility is in effect through June 30, 2020.

For Substance Use Services:

Whenever possible, conduct the Substance Use Disorder screening and assessment via telehealth or telephone with the client and arrange to obtain signatures for all related consents and documents through digital signature or original signature before taking action, such as release of information.

SAMHSA has determined that telehealth is allowable for activities such as collecting Government Performance and Results Act (GPRA) assessments by telehealth or telephone. If your organization would like to proceed with this alternate data collection method, please send an email to ttor@hhsc.state.tx.us with a brief description of how your organization will ensure:

- Confidentiality;
- Provider staff is appropriately trained;
- Client identity confirmation; and
- How organization is determining if/when a telephone interview is authorized.
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2. Should staff continue to assess at private residences and in emergency rooms?

HHSC recommends all program providers follow CDC guidance on social distancing, utilization of PPE and disinfecting precautions as much as possible.

Program providers should follow guidance issued by:

- The CDC
- DSHS
- HHSC
- Their local public health department

3. How do we enroll new clients without obtaining wet signatures on enrollment forms?

Providers are still required to document services and consent. Services delivered via telephone or telehealth should be documented in the clinical case file and consent should be received from individuals served verbally and documented in the case file.

Update as of April 10, 2020

4. How should we conduct Preadmission Screening Admission Resident Reviews (PASRR) Evaluations?

Please send all PASRR-related questions and concerns to PASRR.Support@hhsc.state.tx.us.

5. What are some recommendations for modifying outpatient treatment services?

All services may be delivered through synchronous audio-visual technologies or telephone (audio-only). This includes, but is not limited to, crisis services, skills training, psychosocial rehabilitation and case management. Technical assistance will continue to be provided by the subject matter experts within designated programs, for example, Mobile
Crisis Outreach, Assertive Community Treatment, Supported Employment, Jail-Based Competency Restoration, Youth Empowerment Services waiver, and Home and Community Based Services for Adult Mental Health. For any additional program specific information, please reach out to the designated point of contact.

**For Substance Use Services:**

For further clarification please review the Health Care Facilities Regulation Guidance Letter 20-3001.

**Resource:**


6. **What are some recommendations for working with SUD clients who require urine screenings?**

HHSC will provide updates as additional information becomes available.

**For Licensed Substance Use Providers:**

Health Care Facilities Regulation Guidance Letter 20-3001.

**Resource:**


7. **Is there specific guidance for methadone maintenance programs?**

As stated in the **What We Know Today** section of this document:

Following SAMHSA’s guidance, HHSC Regulatory Services requested that opioid treatment programs (OTP) develop and submit comprehensive emergency-response action plans addressing key areas such as social distancing, quarantined individuals suspected of having COVID-19, take-home dosing, etc. The plans will be reviewed and submitted to SAMHSA.

- **Initial visit and initiation of treatment:**
Federal regulations still require an in-person initial visit for methadone.

- **Titration phase:**
  - Individuals must present to the clinic.

- **Individuals who are stable:**
  - May receive take-home doses in accordance with previous guidance (14 or 30 days).

8. **Clients are unable to pay for methadone and are currently ineligible through the Texas Targeted Opioid Response grant. Can we provide exceptions?**

   Clients that are unable to pay for treatment including treatment with medications such as methadone should be reassessed for financial eligibility for state-funded opioid treatment.

9. **Will we be receiving guidance about how our program should modify service delivery to clients?**

   The use of the telecommunication options to provide services (for example, telehealth, telemedicine, telephone) and to interview collateral contacts is encouraged. Please review your facilities telecommunication policies and ensure they follow federal and state privacy requirements for protected health information.

**Substance Use Services:**

For further clarification regarding program modifications for licensed substance use disorder treatment providers please review the Health Care Facilities Regulation Guidance Letter 20-3001.

**Resource:**

10. Can ambulatory detox be provided at a separate location other than the originally licensed facility?

Licensed substance use disorder treatment providers will need to consult with Health Facility Licensing Unit:

**Resource:**


11. How do we renew plans of care/authorizations to continue services?

Plans of care and requests to renew service authorizations have been approved to be completed via telephone. For mental health general revenue and Medicaid services, audio/visual or audio only resources (such as telephone, Skype, FaceTime, and others) may be used by providers in lieu of a face-to-face assessment and reassessment to complete the Child and Adolescent Needs and Strengths (CANS), the Adult Needs and Strengths Assessment (ANSA), and the uniform assessment. For Medicaid, this flexibility is in effect through May 31, 2020.

12. Will the charges for community services be waived?

Providers should refer to guidance outlined in 25 Texas Administrative Code §412.105 which clarifies the responsibility of LMHAs/LBHAs for the delivery of services based on an individual’s ability to pay.

13. Can Local Mental Health and Local Behavioral Health Authorities conduct phone screenings when an individual presents to an emergency room and there is a request for a crisis assessment?

Crisis assessments have been approved for delivery via synchronous audio-visual technologies or telephone (audio-only). HHSC recommends all program providers exercise guidance provided by the CDC, including the
practice of social distancing and disinfecting precautions as much as possible.

Program providers should follow guidance issued by:
- The CDC
- National Council for Behavioral Health COVID-19 Guidance for Behavioral Health Residential Facilities
- DSHS
- HHSC
- Their local public health department

Update as of April 17, 2020

14. We provide services to young children and are concerned about early childhood services. Has guidance been issued?

Guidance has been developed by:
- The CDC
- The Texas Workforce Commission
- The Department of Family and Protective Services Prevention and Early Intervention
- The US. Department of Health and Human Services Administration for Children and Families

15. We provide services to individuals who are homeless or living in shelters. Has guidance been issued?

Guidance has been developed by:
- The SAMHSA
- The US Department of Housing and Urban Development
  - Encampments
  - People Experiencing Homelessness
- The CDC
- The Texas Department of Housing and Community Affairs
- The National Alliance to End Homelessness
16. Regarding Health Care Facilities Regulation Guidance Letter 20-3001 2.1, do we have an idea on when the group size limitations will be lifted?

According to Guidance Letter 20-3001 section 2.1 Chemical Dependency Treatment Facilities are to limit all interactions in the facility to groups of 10 people or fewer. Leadership within HHSC and Behavioral Health Services are continually monitoring all emergency guidance currently in place relating to COVID-19. Providers seeking the most current information should visit the “Coronavirus Disease 2019 (COVID-19)” webpage provided on the DSHS website to stay apprised of any changes impacting their facilities.

Resource:
https://www.dshs.texas.gov/coronavirus/

17. When is it safe to begin face-to-face visits?

It is recommended to stay up to date on state and local orders related to COVID-19 precautions as well as CDC recommendations for decreased risk for exposure.

18. Will phone notes be honored/sufficient for billing if the progress note does not mention the reason that videoconferencing was not used instead of telephone?

For General Revenue-Funded Programs:

All mental health service providers are authorized and encouraged to use telecommunication options to provide services (for example, telehealth, telemedicine, telephone) and to interview collateral contacts. Changes to the MH Service Arrays have been made to accommodate the encounter types — telephone, telehealth and telemedicine service delivery mode due to the COVID-19 response. The updated MH Service Arrays are posted on the MBOW website, in the MBOW Change Log and the MH Service Definition Change Log.
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For Medicaid-Funded Programs:

Medicaid providers should reference the Texas Medicaid Provider Procedures Manual for guidance on telecommunication services and documentation. Due to COVID-19, some services are being approved for telephone service provision. Use of telephone to deliver services does not meet the definition and requirements of telehealth but may be allowed for Medicaid-funded services. For additional guidance and information, reference:

TX HHSC Medicaid CHIP Services Information

Update as of May 22, 2020

19. For general revenue-funded programs, are there plans to extend the May 31, 2020, authorization date for mental health services, including crisis services, provided via telecommunication methods in lieu of face-to-face?

For general revenue-funded services, including crisis intervention, providers are authorized to provide services via telecommunication methods to allow for continued risk mitigation in response to COVID-19. Plans to return to in-person contact will be phased in as HHSC monitors the evolution of the situation. We recommend visiting the COVID-19 Provider Resources SharePoint site for up-to-date information. Additionally, continue to follow guidelines issued by the CDC.

Update as of June 4, 2020

20. Is there any guidance on how to proceed in the absence of “wet signatures” for consents for 42 CFR programs and the unintended consequences with clients’ probation or Child Protective Services cases?

42 CFR § 2.31, Consent Requirements, states:

(8) The signature of the patient and, when required for a patient who is a minor, the signature of an individual authorized to give consent under § 2.14; or, when required for a patient who is incompetent or
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deeceased, the signature of an individual authorized to sign under § 2.15.

To remain in compliance with 42 CFR Part 2, releases of information must have a written signature whether it is an original or electronic. While hard copy signatures are preferred, electronic signatures are also acceptable.

HHSC is actively reviewing federal and state guidance with regards to required signatures and current emergency rules in relationship to substance use providers and collateral entities.

Clinical Management for Behavioral Health Services (CMBHS) and Mental Retardation and Behavioral Health Outpatient Data Warehouse (MBOW)

1. Will modifications be made in CMBHS to support telehealth?

    Yes. Modifications are being made in CMBHS to account for the provision of services via telemedicine, telehealth and telephone. Details are available to vendors in the MBOW Change Log and the MH Services Array Change Log, both of which are accessible from the MBOW homepage.

Update as of April 10, 2020

2. How can clinicians access CMBHS from their homes? If so, how do we gain access?

    CMBHS is a web-based application. Individuals who are experiencing issues accessing CMBHS from their home should contact their organization’s system administrator for support. Individuals are also able to contact the CMBHS Help Line at 866-806-7806.

Update as of April 17, 2020

3. Will modifications be made in CMBHS to support telehealth?
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Yes. Modifications are being made in CMBHS to account for the provision of services via telemedicine, telehealth and telephone. Details are available to vendors in the MBOW Change Log and the MH Services Array Change Log, both of which are accessible from the MBOW homepage.

Changes to the MH Service Arrays have been made to accommodate the encounter types — telephone, telehealth and telemedicine service delivery mode due to the COVID-19 response. The updated MH Service Arrays are posted on the MBOW website, in the MBOW Change Log and the MH Service Definition Change Log.

Add ENC_TYPE_CDs T (i.e., telephone) and E (i.e., video/telehealth/telemedicine) to services that currently only allow for ENC_TYPE_CD F (i.e., face-to-face) with an effective date of March 1, 2020.

Update as of May 22, 2020

4. Our agency is providing telephone services for clients who do not have telehealth capabilities. Can you tell me when CMBHS will be updated to allow telephone services to be billable?

There has been a temporary delay in implementing a new functionality in CMBHS that allows SUD progress notes with the service delivery type “telephone” to be marked as billable. In the COVID-19 Substance Use Disorder Provider Webinar and in the COVID-19 Behavioral Health Services Providers FAQ posted on May 15, it was noted that this modification was deployed on May 8. That information has been updated. Until further notice, substance use disorder block grant-funded providers may select “telehealth” as the contract type in a progress note for services using a telehealth platform or other electronic means, including a telephone. It is recommended that providers who engage in telephone contact document in the body of the progress notes that services where provided via telephone and marked as telehealth due to billing limitations and COVID-19.
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5. With extension to seven days for initial treatment plan documentation, will the no-bill function in CMBHS be adjusted accordingly?

HHSC staff is aware that emergency rule §500.44 stating the client treatment plan required by 25 TAC §448.804 published in Guidance Letter 20-3006 shall be completed and filed in the client record within seven business days of admission conflicts with the Treatment Plan Verification Five Service Day rule currently in place in CMBHS and is actively addressing this issue.

Update as of May 29, 2020

6. Regarding substance use disorder billing, progress notes have been placed in draft status pending changes to CMBHS. Can we go back and indicate telehealth as the mode of delivery with a note stating that the service was provided by telephone?

For all current and previous draft progress notes for telephone-delivered services, the following steps should be completed in CMBHS for billing purposes:

Select “Telehealth” as the contact type, and document in the body of the progress note that services were provided via telephone and marked as telehealth due to billing limitations and COVID-19.

Several programs are actively addressing the billing issue associated with progress notes that have the contact type “Telephone,” and providers will receive updates via multiple communication platforms. To ensure you are receiving the most up-to-date information, review the weekly FAQ, available here, and the COVID-19 Provider Resources SharePoint site, available here. To request access, email behavioralhealth_covid19@hhsc.state.tx.us (you will receive an email invitation within two business days).
Update as of June 4, 2020

7. There was a banner message on CMBHS noting that telephone services would become billable on June 20, 2020. Can we retroactively bill for progress notes with the contact type “telephone” that were placed in closed status prior to June 20, 2020?

For all progress notes in CMBHS conducted via telephone, the following steps should be completed for billing purposes:

Select “Telehealth” as the Contact Type and document in the body of the progress note that services were provided via telephone and marked as Telehealth due to billing limitations and COVID-19.

The billing issue associated with progress notes that have the contact type “Telephone” is being actively addressed, and state-funded providers will receive any updates via multiple communication platforms. To ensure you are receiving the most up-to-date information, visit the COVID-19 Provider Resources SharePoint, which can be accessed by sending a request to behavioralhealth_covid-19@hhsc.state.tx.us, and review the weekly COVID-19 Behavioral Health Services Providers FAQ.

Substance Use Prevention Programs

1. Questions regarding guidance on implementing virtual presentations via webinar software, exploring options in terms of features and analytics ability, and determining what demographics can be tracked.

Guidance related to the delivery of prevention services in relation to COVID-19 is forthcoming. Performance measures and related prevention activities will be addressed. Questions related to specific activities your organization wishes to provide may be addressed with your assigned program specialist.

2. Can a provider send staff, who are currently unable to access their usual participants due to business shut downs, into the community to support local organizations? This might include shelters, food
pantries, the Salvation Army, etc. This would allow the organization to help their rural community, maintain or establish partnerships within the community and continue to work as appropriate.

HHSC recommends organizations continue to adhere to local, state and federal guidance related to social distancing and shelter-in-place policies/restrictions.

3. Will organizations continue to receive state funding even though they are technically not providing services as outlined in their statement of work? If their community is basically shut down, how do they maintain and sustain their organization without providing services outlined in their contracts?

HHSC is relaxing certain performance measures and strategies related to service delivery. Written guidance regarding performance measures and service delivery strategies (telemedicine, telehealth and telephone) is forthcoming. For questions directly related to funding and/or billing, please contact your assigned contract manager.

4. Will HHSC schedule a call with prevention providers to give an update on the response to COVID-19?

HHSC hosted a webinar related to all SUD providers on March 23, 2020. A link to that webinar is located here: https://www.gotostage.com/channel/8922127108329496326/recording/331d7f0647da4595b4298e5f8061bac5/watch

5. What guidance, if any, does HHSC provide for grantees to advise on protecting themselves and others, continuing to spread the message of health within our communities and interacting with children who are at home?

HHSC has posted several resources related to prevention and COVID-19 on the Prevention Forums. Please check the forums regularly. In addition, continue to adhere to guidance from the CDC, DSHS and other local, state and federal public health entities.
Prevention Forum Resources

Prevention Resource Center:
https://txhhs.sharepoint.com/sites/hhsc/hsosm/iddbhs/bhs/pss1/cas/sumpprc/SitePages/Home.aspx

Community Coalition Partnerships:
https://txhhs.sharepoint.com/sites/hhsc/hsosm/iddbhs/bhs/pss1/cas/sumpccp/SitePages/Home.aspx

Youth Prevention:
https://txhhs.sharepoint.com/sites/hhsc/hsosm/iddbhs/bhs/pss1/cas/sumpypp/SitePages/Home.aspx

Note: The Prevention Forum is for HHSC-funded Prevention contractors.

6. For parent and youth community groups, is the expectation that groups be held via social media even though many of our families will not have access?

Guidance related to the delivery of prevention services in relation to COVID-19 is forthcoming. Performance measures and related prevention activities will be addressed. Questions related to specific activities your organization wishes to provide may be addressed with your assigned program specialist.

Update as of April 24, 2020

7. Can HHSC provide flexibility around budget adjustments to minimize the need for contract amendments (for example, some types of purchases, such as laptops or online training platforms, were not originally budgeted for but could be helpful)?

Budget adjustments may be addressed as follows per the contracts. For transfers among all categories except indirect and equipment:

- Adjustments up to 10 percent can occur without HHSC approval.
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- Adjustments greater than 10 percent require HHSC’s prior written approval.
- Requests greater than 10 percent must be submitted to the assigned contract manager.

8. Can HHSC have flexibility around hiring deadlines (for example, the requirement to hire within 30 days, etc.)?

During the COVID-19 pandemic, HHSC will not enforce contractual standards that require organizations to hire specific positions within a prescribed timeframe. HHSC encourages organizations to document their plans to fill vacancies in prevention programs during this time.

9. Can HHSC have flexibility around the number of people that need to be engaged on a presentation?

During the COVID-19 pandemic, HHSC will not enforce contractual standards that require presentations and activities to be conducted for a minimum of 30 minutes with the same audience/participants. HHSC is developing a tracking mechanism for all web-based activities, including alcohol, tobacco and other drugs and various presentations; Positive Alternatives; community mobilization activities; and other related prevention strategies. HHSC intends to distribute this document to organizations through usual communication methods, such as distribution lists and prevention forums.

10. Can HHSC have flexibility around the amounts of time that are required for certain trainings/activities (for example, reduce lengthy engagement time requirements or allow flexibility in how those are met)?

During the COVID-19 pandemic, HHSC encourages organizations to provide needed support within their community. This allows for the delivery of web-based services on various platforms available to the organization and their participants. HHSC will not enforce contractual standards that require the implementation of 30-minute presentations and activities with the same audience/participants. HHSC is developing a tracking mechanism for all web-based activities, including ATOD and
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various presentations, Positive Alternatives, community mobilization activities and other related prevention strategies. HHSC intends to distribute this document to organizations through usual communication methods, such as distribution lists and prevention forums.

11. **Can HHSC provide guidance on how to provide prevention education sessions to youth online?**

HHSC supports communities in teaching the curricula lessons virtually, in accordance with the guidance established by the developer. For more information on current developer guidance, please visit [texaspreventiontraining.org](http://texaspreventiontraining.org) (under the Free Resource Friday link in the rotating banner at the top of the page). HHSC is working with C.A.R.E. Consulting to update resources as they become available. HHSC is developing a mechanism to track web-based/virtual delivery of the evidence-based prevention curricula. HHSC will distribute this document to organizations through usual communication methods, such as distribution lists and prevention forums.

12. **Can HHSC continue ongoing communication with providers during this time?**


This information is also available on the HHSC COVID-19 SharePoint site at [https://txhhs.sharepoint.com/sites/hhsc/hsosm/iddbhs/bhs/DBHS/COVID19](https://txhhs.sharepoint.com/sites/hhsc/hsosm/iddbhs/bhs/DBHS/COVID19).

HHSC is also coordinating calls with providers to ensure ongoing communication and support.

13. **Can HHSC provide any confirmed plans on how to proceed moving forward?**
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This information is also available on the HHSC COVID-19 SharePoint site at https://txhhs.sharepoint.com/sites/hhsc/hsosm/iddbhs/bhs/DBHS/COVID19

14. Can HHSC expand the required trainings through online options?

C.A.R.E. Consulting Group is working to establish, convert and/or create online prevention trainings where possible. Some trainings are currently available at texaspreventiontraining.org, while others are still being established. Organizations may continue to request needed trainings through their Prevention Resource Center’s public relations coordinator.

15. Can HHSC provide guidance related to training expectations?

During the COVID-19 pandemic, HHSC will not enforce contractual guidelines that require training and certifications within specified timeframes. Organizations may continue to seek online opportunities from the HHSC-funded training entity at texaspreventiontraining.org; the Prevention Technology Transfer Center Network at pttcnetwork.org; and any other web-based/online training resources posted on the prevention forums or others appropriate for the APS/CPS/ACPS credential. Those trainings specifically required in the Statement of Work are continuing to be developed and published for online delivery via the training entity’s website.

16. Can HHSC provide more structured opportunities for providers to connect with and learn from one another during this time?

HHSC will continue to host regularly scheduled regional calls (PRC, CCP, Media Campaign, Synar, Data, etc.) For information related to these scheduled calls, please contact your assigned program specialist.
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HHSC is also developing plans for more ongoing communication with providers.

17. **Will HHSC relax the guidance or expectation around match?**

During the COVID-19 pandemic, HHSC will not enforce requirements for all contracts related to match.

**As stated in the FAQ document released April 17, 2020:**

On April 10, 2020, Broadcast Message No. 20.035 was released to providers stating that the HHSC IDD-BHS Division acknowledges that providers may need support. The following new adjustment has been made to assist mental health, substance use and IDD providers:

- Not enforcing match requirements for IDD-BHS providers for the time period beginning at the outset of the disaster declaration until it is lifted.

**Update as of May 15, 2020**

18. **What is expected for this year’s Annual Synar Survey and related report?**

- HHSC is working with federal and external partners to plan for this year’s Synar activities.
- HHSC will continue to collaborate with the Texas School Safety Center and the Texas Comptroller’s Office to coordinate Synar activities for federal fiscal year 2020.

19. **Can unused funds be carried forward? If so, what percentage of funds can be carried forward (considering the 25 percent threshold established by SAMHSA)?**

- HHSC is committed to partnering with contractors to meet local needs. As each situation is unique, HHSC would like to consider individual requests and identify solutions that make the most sense. This can include discussing potential options such as carry-forward and/or budget
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adjustments. While possible, carrying funds into next year requires a contract amendment as well as adjustments to performance measures and/or statements of work, which may not be the best option.

- To initiate a discussion around options, please estimate the amount of dollars that will need to be shifted as well as a proposal for how to utilize those funds within the current fiscal year or next fiscal year. Once identified, please reach out to your designated contract manager. Given the time necessary for the contract amendment process, please do so as soon as possible. Requests initiated after June 15 may not be possible to process.
- The ability/option to request carry-forward funds is applicable during fiscal year 2020, as a response to situations created under the current COVID-19 pandemic. The option for carry-forward funds is not anticipated in subsequent fiscal years.

20. Can we use over 10 percent within the categories without needing a formal budget amendment?

- The process required depends on the budget categories that are shifting. Shifting funds to/from salary, fringe, travel, supplies and/or another category that exceed 10 percent requires written approval from HHSC — but not a contract amendment. The written approval process takes an average of three to four weeks. To initiate this type of a budget shift, please reach out to your contract manager to receive/complete the budget program adjustment form.
- Shifting funds in the indirect and equipment categories requires a contract amendment that can take up to six months. Please note that the definition of equipment is any single purchase that exceeds $5,000 (so things like laptops, web cameras, software, etc. would not be impacted by this requirement).
- Please reach out to your contract manager to discuss your needs and identify options moving forward.

21. Can we carry over or use in other categories the funds for the Prevention Provider Meeting in August based on the statement of work? Most of us are concerned about allowing staff to travel out of town for work — sometimes long distances — and I personally prefer to not send my staff.
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- The Prevention Provider Meeting will be held virtually for fiscal year 2020, so funds may be used for other purposes. Contractors may shift up to 10 percent of their budget without prior approval from HHSC to make purchases that are allowable, reasonable and necessary for program operations. For requests that will exceed 10 percent, please review the information above regarding carry-forward and shifts over 10 percent and reach out to your contract manager to identify the best solutions.

- Providers are encouraged to explore other activities for the use of these funds, including but not limited to:
  - Additional prevention-related or public health trainings, applicable to the services being provided.
  - Materials and resources that may aid the organization in responding to the prevention needs of the community and expanding the capacity to do so.

22. **Can funds be used for expenses other than those originally proposed on approved budgets?** Most approved prevention budgets included expenses for face-to-face activities and travel that will not be used due to COVID-19. Can these funds be repurposed to pay for modified services, i.e., Zoom licenses, laptops, cameras, etc.?

   Please refer to guidance related to budget shifts in questions 19-21 above.

23. **Where can I find additional information on how to use the Virtual Activity Tracking Tool?**

   - Contractors may use the Virtual Activity Tracking Tool (VATT) to collect information on web-based/virtual activities conducted during the current COVID-19 pandemic. This is a voluntary tool, used to identify ways in which prevention services continue to reach and impact communities, families and youth during this difficult time.
   - Contractors may use the VATT to document any of the services listed on the tool and those not related to social media messaging and/or
statewide media campaigns. These should all be documented using traditional forms and/or processes and entered CMBHS.

- Contractors may document services that occurred in the past that have not already been entered into CMBHS, so as not to duplicate data.
- Testing of the tool is not necessary and will create anomalies in the reporting. HHSC encourages contractors to begin using the tool and entering valid information. If you experience difficulties in using the tool or other glitches, HHSC asks that you discontinue use of the tool and contact your assigned program specialist immediately.

24. **When will organizations have access to their VATT dashboard?**

Prevention staff is currently working to establish all user access to organizations’ individual VATT dashboards. Information will be sent out to providers once all dashboards are available for use.

25. **Will HHSC grant an extension for PRCs to submit the Regional Needs Assessment for fiscal year 2020?**

In response to delays and challenges presented during fiscal year 2020, HHSC is extending the submission date of the Regional Needs Assessment (RNA). The document, originally due to be submitted by July 31, will now be due Aug. 31. This deliverable is extended for this fiscal year and will return to the original date listed in your contract in subsequent fiscal years, provided no other COVID-19 responses are warranted at that time.

26. **Where do we find the guidance on delivery of evidence-based curricula?**

For information on current developer guidance, please visit texaspreventiontraining.org. Information is listed under the Free Resource Friday link.
27. **Is our contract in jeopardy of not being renewed Sept. 1 if schools are not in session?**

HHSC is not currently enforcing specific performance measures and contract requirements during the COVID-19 pandemic. The agency intends to continue this flexible approach until it is possible to safely return to business as usual. HHSC encourages contractors to meet the community’s needs through alternate service delivery methods where possible (e.g., virtual delivery).

28. **Can you help me locate the Virtual Activity Tracking Tool (VATT) on the COVID-19 Provider Resources SharePoint or on the HHSC website?**

The VATT utilizes the Qualtrics data platform and was shared in an email from Statewide Prevention Evaluator Julia Scott to prevention executive directors and program directors. Providers may access the tool through Use the Tool, or may copy and paste the URL into an internet browser. In order to maintain the integrity of data collection and track users completing the survey, it is recommended that users reach out to Julia Scott at Julia.Scott@hhsc.state.tx.us for their unique link to the tool. Additionally, contractors who are unable to locate the tool should contact Julia Scott to gain access to the tool, receive guidance on using it and ask any related questions.

29. **Will contractors need to submit the summer curriculum implementation plan (CIP) if we are unable to provide curriculum education services?**

In response to the COVID-19 pandemic, HHSC is granting an extension for the submission of summer CIPs to June 15, 2020. If your organization has already submitted its summer CIP, there is no need to resubmit a report or take any further action. Organizations may approach the summer CIP to reflect their current capacity to deliver
services. HHSC is aware that some organizations may submit a report with no implementation plan due to COVID-19. The summer CIP “notes” section should indicate whether curriculum education will be delivered virtually or face to face. Anticipated prevention curriculum education delivery and any services conducted virtually should be tracked using the Virtual Activity Tracking Tool (VATT) rather than submitting those numbers into CMBHS. Organizations may access the updated CIP on the prevention forums.

**Fiscal Impact Report**

**Update as of April 10, 2020**

1. Will the Fiscal Impact Report try to assess the financial impact of COVID-19? How do we complete the report?

HHSC will use the COVID-19 Fiscal Impact Report to report on provider network activities and impact. Additionally, if funding becomes available to support or offset costs/revenue losses due to COVID-19, HHSC will use the reports to inform decisions on the allocation of available funding.

The ‘COVID-19 Fiscal Impact Report’ tab captures the difference between the average monthly costs/revenues for the state fiscal year 2019 and the actual monthly costs/revenues for the duration of the pandemic. HHSC requests that each vendor:

- Select/enter their 11-digit vendor ID in cell A2 (if you don’t know your vendor ID, review the list of vendors on the ‘Field Codes’ tab)
- Select the month of the report (formatted YYYYMM) in cell C2; Enter average monthly costs/revenues by budget category
- Enter actual cost/revenues for the month by budget category

The ‘COVID-19 Extraordinary Costs’ tab captures costs/expenses only. The costs/expenses reported on this tab should represent costs/expenses beyond what each HHSC vendor would normally, or on average, spend. Extraordinary expenses include, but are not limited to, overtime costs for increased staffing: information resource costs (for example, equipment or technology services) for establishing telehealth connections between
providers and clients; and deployment costs for mobile or temporary work sites, cleaning or sanitization supplies, and/or personal protective equipment.

2. **Does the Fiscal Impact Report apply to fee-for-service contracts or only cost reimbursement contracts?**

   The Fiscal Impact Report should cover all agency business (that is, all costs and all revenues). HHSC is assessing impact at the provider level versus the service/program/contract level.

3. **We have interest income and rental income which does not fit into any of the categories on the COVID-19 Fiscal Impact Report. Should we add a line for Miscellaneous Revenue or just omit it?**

   Interest and rental revenue should be placed in the “Local Contributions” category.

4. **Our agency has multiple contracts. Do you want one report per contract?**

   Please submit one report per agency. The Fiscal Impact Report should cover all agency business (that is, all costs and all revenues). HHSC is assessing impact at the provider level versus the service/program/contract level.

5. **Is the report due monthly?**

   Yes. The Fiscal Impact Report is due the 20th of each month and should be submitted to the following mailbox: BehavioralHealth_COVID-19@hhsc.state.tx.us.

**Update as of April 24, 2020**

6. **Should we report all costs, or should we omit line items that would normally be disallowed?**

   The Fiscal Impact Report should cover all agency business (that is, all costs and all revenues). HHSC is assessing impact at the provider level versus the service/program/contract level.
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7. Should we report all indirect costs, or should we use the 10 percent minimum?

Please report all costs. The Fiscal Impact Report should cover all agency business (that is, all costs and all revenues). HHSC is assessing impact at the provider level versus the service/program/contract level.

8. Does HHSC have any guidance on the classification of revenues? We have revenues that fall into different categories on different reports.

Please see the following definition regarding the classification of revenues:

- **Program Income**: Income generated by a program-supported activity or earned as a direct result of the contract during the contract period.
- **Local Contributions**: Local fundraising, city or county contributions.
- **HHSC Payments**: Funds received from HHSC regardless of funding source.
- **Other State Agency Payments**: Funds received from other state agencies regardless of funding source.
- **Federal Agency Payments**: Funds received directly from federal agencies.
- **Third Party Payor Payments**: Funds earned through claims to third party payors, such as insurance companies or health maintenance organizations.

**Update as of May 1, 2020**

9. What is the purpose of the fiscal impact report? When is the report due monthly?

The COVID-19 Fiscal Impact Report is intended to develop information on provider network activities and impact. If funding becomes available to support or offset costs/revenue losses due to COVID-19, HHSC will use the reports to inform decisions on the allocation of available funding. The Fiscal Impact Report is due the 20th of each month.
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month and should be submitted to the following mailbox: BehavioralHealth_COVID-19@hhsc.state.tx.us. This is not a requirement; however, all contract providers are encouraged to submit the information.

10. Does the Fiscal Impact Report apply only to additional costs/lost revenue associated with mental health programs or any COVID-19-related costs?

The Fiscal Impact Report should cover all agency business (that is, all costs and all revenues). HHSC is assessing impact at the provider level versus the service/program/contract level.

11. Are we required to submit the Fiscal Impact Report for every month beginning in March, or just for the months that we experience a shortage of funding?

You are not required to submit a Fiscal Impact Report but are encouraged to submit the Fiscal Impact Report monthly.

12. For providers who are billing Medicaid, does the Fiscal Impact Report apply? Specifically, does it apply to HCBS-AMH providers?
The Fiscal Impact Report is applicable to all provider regardless of payment methodology. The Fiscal Impact Report should cover all agency business (that is, all costs and all revenues). HHSC is assessing impact at the provider level versus the service/program/contract level.