



COVID-19
Behavioral Health Services Providers
Frequently Asked Questions
Updated February 4, 2022

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. HHSC collaborates with the Department of State Health Services (DSHS) which is the state's lead public health agency for the Texas COVID-19 Response. 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 Services (IDD-BHS) 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 effective through April 30, 2022 (update as of February 4, 2022).



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- 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.
- 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.](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.



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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.



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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 13, 2020 through December 31, 2020 (update as of November 25, 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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Medicaid and CHIP Services continues to update information related to COVID-19 here:

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

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Frequently Asked Questions (FAQs)

COVID-19 Vaccine

Update as of December 18, 2020

1. Is there any information about Texas' distribution of the COVID-19 vaccine?

HHSC is informing providers on the prioritization of behavioral health care workers in the state's COVID-19 vaccine distribution plan.

The Department of State Health Services (DSHS) coordinates the [Texas COVID-19 Vaccination Plan](#) through its [COVID-19 Expert Vaccine Allocation Panel](#). The panel consults with public health and infectious disease experts and includes appointed external and internal subject-matter experts who are recommending vaccine allocation strategies to DSHS Commissioner John Hellerstedt, M.D.

To learn more, HHSC encourages providers to visit the following sites:

[DSHS COVID-19 Vaccine Information webpage](#): This includes a link to the Texas COVID-19 Vaccination Plan and other helpful resources.

[DSHS Immunization Program Portal](#): Health care providers and pharmacies may register to be considered to receive COVID-19 vaccine, and eligible entities can register to become a COVID-19 vaccinator.

Update as of January 15, 2021

2. Can you provide more information about the DSHS COVID-19 prioritization process?

One of the guiding principles for Texas' COVID-19 vaccine distribution plan has been protecting health care workers who fill a critical role in maintaining our health care infrastructure for all who need it.



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The Expert Vaccine Allocation Panel has identified the first prioritization phase (Phase 1A) for health care workers. Phase 1A includes hospital-based workers, emergency medical personnel, home health workers, staff working in long-term care facilities, staff in outpatient care settings, public health professionals and emergency response staff involved in COVID-19 testing/vaccination, last responders and school nurses.

DSHS considers behavioral health providers to be health care workers. Such workers include, but are not limited to, licensed professional counselors, licensed chemical dependency counselors, social workers providing clinical services, psychologists, therapists, qualified mental health professionals, peer support professionals, and staff involved in mobile crisis outreach and/or crisis facilities.

DSHS also considers intellectual/developmental disability providers to be health care workers. Such workers include, but are not limited to, case management/care coordination staff, personal care attendants, nurses, qualified intellectual disability professionals and therapists.

As described above, health care workers involved with hospital-based care, emergency response, long-term care facility settings, or outpatient/ambulatory settings should be prioritized in Phase 1A if they work directly with individuals who are positive or at high risk for COVID-19 and their work cannot be done remotely through telehealth or telemedicine.

Please refer to the DSHS COVID-19 vaccine website for additional information.

Resource:

dshs.state.tx.us/coronavirus/immunize/vaccine.aspx

3. Does DSHS consider behavioral health providers to be health care workers?

DSHS considers behavioral health providers to be health care workers. Such workers include, but are not limited to, licensed professional counselors, licensed chemical dependency counselors, social workers providing clinical services, psychologists, therapists, qualified mental health professionals,



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peer support professionals, and staff involved in mobile crisis outreach and/or crisis facilities.

DSHS has stated that health care workers should be prioritized in Phase 1A if they work directly with individuals who are positive or at high risk for COVID-19 and their work cannot be done remotely through telehealth or telemedicine.

4. If a person's employer isn't directly administering the vaccine, how do people get the vaccine?

Providers are encouraged to work with vaccine providers in their communities to arrange for staff to be vaccinated. Sharing the number of staff that will accept the vaccine may also be helpful. Local vaccine providers include local health departments, hospitals, pharmacies and other entities that have registered with DSHS to be authorized vaccine providers. Additionally, providers may register for consideration to become COVID-19 vaccinators if they meet the eligibility requirements set forth by DSHS.

Providers/staff should work with whomever has vaccines. Programs can do it, or staff can present individually to places that offer vaccines with this letter if they must provide in-person services.

5. What COVID-19 vaccine group do HCBS-AMH community participants fall under if they are under the age 65 or do not have significant health conditions?

Please visit the [DSHS COVID-19 Vaccination Information webpage](#) for more information. This link contains information about who is eligible for the COVID-19 vaccine in the various stages of distribution and the comprehensive Texas COVID-19 Vaccination Plan. Additionally, please refer to Broadcast Message No. 21.001 and the DSHS COVID-19 Vaccine Prioritization message found on the [COVID-19 Provider Resources SharePoint site](#).

If you do not have access to the BHS COVID-19 Provider SharePoint, you may send an email to behavioralhealth_covid-19@hhsc.state.tx.us to request access.



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6. Can you share guidance from DSHS that may be helpful for providers?

Please visit the [DSHS COVID-19 Vaccination Information webpage](#) for more information. Helpful resources include:

- [Texas vaccination plan \(PDF\)](#)
- [V-safe information sheet \(PDF\)](#)
- [How to become a COVID-19 vaccinator](#)
- [Texas DSHS Immunization Portal Registration Guide \(PDF\)](#)
- [Tips and tricks for enrolling for COVID-19 vaccine program \(PDF\)](#)
- [Best practices for data loggers \(PDF\)](#)
- [COVID-19 vaccine management resources](#)
- [Texas COVID-19 Vaccine Provider Locations Map](#)

7. Does the Centers for Disease Control and Prevention have vaccine information or frequently asked questions that HHSC can share?

The CDC has a variety of resources that may be found on the [COVID-19 Vaccination webpage](#). Helpful resources include:

- [CDC vaccine information](#)
- [FAQs](#)
- [COVID-19 Vaccination Communication Toolkit](#)
- [Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States](#)

8. Recently guidance was released about COVID-19 vaccination hubs — can you provide details?

The Texas Department of State Health Services instructed the CDC to ship first doses of COVID-19 vaccine to 234 providers the week of January 11, 2021. That includes 28 hub providers that will focus on large community vaccination efforts as Texas vaccinates health care workers, people 65 and older, and those with medical conditions that put them at greater risk of hospitalization and death from COVID-19.

The hub providers, listed below, will receive 158,825 doses of vaccine based on the number of people each provider estimated it could serve in a week. An additional 38,300 doses will go to other providers to continue vaccination in communities statewide. Providers in 104 counties will receive vaccine



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shipments this week, bringing the cumulative number of counties to 222. Vaccine has been administered to residents of all 254 Texas counties.

In addition to the vaccine outlined above, Texas will reserve 121,875 doses for the federal [Pharmacy Partnership for Long-Term Care Program](#). This completes the first doses the state has been required to set aside, freeing up that much more vaccine to be shipped to providers each week in the future. Texas providers will also receive about 500,000 doses intended as the second dose for people first vaccinated a few weeks ago.

Vaccine remains limited based on the capacity of the manufacturers to produce it, so it will take time for Texas to receive enough vaccine for all the people in the priority populations who want to be vaccinated. The supply is expected to increase in the coming months, and additional vaccines are in clinical trials and may be authorized by the Food and Drug Administration.

Find more information at
dshs.texas.gov/coronavirus/immunize/vaccine.aspx.

Additional helpful links:

- [Vaccination hub providers with contact information](#) — Contact a provider in your area to learn about vaccination. Some may already have a waiting list for appointments.
- [DSHS/TDEM map of vaccine providers](#).
- [Full list of vaccine allocations](#) for the week of January 11, 2021.

Update as of January 29, 2021

9. Did DSHS release new guidance about COVID-19 hubs and vaccination allocations?

The Texas Department of State Health Services is committed to providing regular updates about COVID-19 hubs and vaccination allocations. Information and regular updates may be found using the links below.

Resources:

- [Vaccine hub providers with contact information](#) — Contact a provider in your area to learn about getting vaccinated. Some may already have a waiting list for appointments.



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- DSHS/Texas Division of Emergency Management map of vaccine providers

Update as of June 4, 2021

10. What is the guidance around the eligible age to receive the COVID-19 vaccine?

As of May 12, 2021, *everyone ages 12 and older is eligible to receive a COVID-19 vaccine in Texas*. The state's Expert Vaccine Allocation Panel recommended opening vaccination to everyone who falls under the current Food and Drug Administration emergency use authorizations:

- All vaccines are authorized for people age 18 and older.
- The Pfizer vaccine is authorized for people age 12 and older.

DSHS has directed vaccine providers to prioritize people 80 years old or older when scheduling appointments and accommodate anyone in that age group who presents for vaccination, whether they have an appointment, by immediately moving them to the front of the line. That will ensure vaccination of anyone 80 or older with as small a burden on themselves as possible.

Update as of July 9, 2021

11. When resuming in-person substance use services groups, are we allowed to ask clients about vaccination status?

An executive order of the Governor (EO-GA-35) prohibits HHSC contractors, as entities that receive public funds, from requiring "a consumer to provide, as a condition of receiving any service or entering any place, documentation regarding the consumer's vaccination status for any COVID-19 vaccine." EO-GA-35 also prohibits HHSC contractors, as entities that receive public funds, from denying "entry to a facility financed in whole or in part by public funds for failure to provide documentation regarding the consumer's vaccination status for any COVID-19 vaccine." Compliance with EO-GA-35 is the responsibility of each HHSC contractor, including consultation with contractor's legal counsel.



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Resource:

EO-GA-35 can be viewed at:

https://gov.texas.gov/uploads/files/press/EO-GA-35_private_health_information_protection_vaccines.pdf

Technical Assistance

Update as of October 2, 2020

1. What are the confidentiality rules for chemical dependency treatment providers?

According to TAC [Section 448.210](#) Confidentiality:

"The provider shall protect the privacy of individuals served and shall not disclose confidential information without express written consent, except as permitted by law. The provider shall remain knowledgeable of, and obey, all State and Federal laws and regulations relating to confidentiality of records relating to the provision of services. The provider shall not discuss or divulge information obtained in clinical or consulting relationships except in appropriate settings and for professional purposes that demonstrably relate to the case. Confidential information acquired during delivery of services shall be safeguarded from illegal or inappropriate use, access and disclosure or from loss, destruction or tampering. These safeguards shall protect against verbal disclosure, prevent unsecured maintenance of records, or recording of an activity or presentation without appropriate releases."

2. What signatures are required for documentation in chemical dependency treatment facilities?

Providers should be aware of signatures that are required for documentation and where the requirements are located. According to 25 TAC, the following subchapters contain sections that require signatures from the client, qualified credentialed counselor or treatment staff:

SUBCHAPTER G, CLIENT RIGHTS

- [Section 448.701](#) Client Bill of Rights



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SUBCHAPTER H, SCREENING AND ASSESSMENT

- [Section 448.801](#) Screening
- [Section 448.802](#) Admission Authorization and Consent to Treatment
- [Section 448.804](#) Treatment Planning, Implementation and Review
- [Section 448.805](#) Discharge

3. What is the state guidance surrounding contractor compliance during COVID-19?

Chemical dependency treatment facilities (CDTF) contractors should stay informed of HHSC Regulatory's guidance letters (GLs), including [GL 20-3001-A](#), dated Aug. 5, 2020, which states in Section 2.0 Policy Details & Provider Responsibilities:

"As CDTFs are responsible for ensuring the health and safety of all clients, below are steps HHSC recommends CDTFs to take to decrease the potential spread of COVID-19, prepare for implementation of emergency procedures, and ensure infection control measures are implemented. In the event facilities are unable to meet any of the provider responsibilities due to circumstances beyond the provider's control, the facility should document the reason for not fulfilling the responsibility and the actions taken to ensure the health and safety of clients. Documentation should be retained until the next onsite inspection conducted by the Substance Use Disorder Compliance Unit and provided to the inspector at the time of the inspection."

The Regulatory Division posts GLs on the [Health Care Facilities Regulation webpage](#). CDTF providers can register to receive updates from the

Regulatory Division by visiting the [Chemical Dependency Treatment Facilities webpage](#).

If you have questions about 25 TAC, Chapter 448, email the Regulatory Division at HCR_PRT@hhsc.state.tx.us.



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If you have questions about the provider statement of work, programmatic delivery of services, [email Substance Intervention and Treatment Programs staff.](#)

4. What is the federal guidance surrounding contractor compliance during COVID-19?

Federal guidance is posted at:

- U.S. Department of Health and Human Services, Federal Register Rules and Regulations, [42 CFR Part 2](#).
- [Fact Sheet: SAMHSA 42 CFR Part 2 Revised Rule](#).
- [Disclosure of Substance Use Disorder Patient Records: Does Part 2 Apply to Me?](#)

Update as of October 30, 2020

5. During the COVID-19 Substance Use Provider Informational Update on Oct. 22, 2020, there seemed to be some confusion around requirements for consent to treat and consent to release information. Can you clarify?

Consents to treat and consents to release information must be completed in writing, and providers are required to comply with all applicable rules and statutes. Obtaining verbal consent is not an acceptable alternative. Please refer to the HHS Substance Use Disorder Compliance Guidance Letter 20-3008 for updated information regarding emergency rules §500.41-§500.44. A link to the guidance letter is provided below.

Resource:

[Guidance Letter 20-3008](#)

Update as of November 25, 2020

6. How do I know if a client leaving substance use treatment services early will affect my outcome and performance measures?

The “Service End Reason” — and *not* the “Discharge Reason” — directly affects the performance and outcome measures. The only service end reasons that negatively impact outcome and performance measures are:



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- Client left service against professional advice.
- Noncompliant with service.
- Discharged without completing service.
- The "Service End" is left blank.

Treatment providers should choose the "Service End Reason" that accurately represents why the client is ending services. In addition, if a client ends a service early, the client is expected to be connected with other treatment services and resources to ensure continued support and access.

7. Will HHSC publish guidance relating to the relaxation of performance and outcome measures?

Yes. Written guidance regarding the relaxation of *certain* performance and outcome measures is being finalized. As soon as this is complete, HHSC will provide multiple notifications, including broadcast messages, to all HHSC block grant-funded contractors.

Update as of December 11, 2020

8. For substance use services providers, is there updated guidance on chemical dependency treatment facility (CDTF) training requirements for abuse, neglect and exploitation (ANE) training and nonviolent crisis intervention (NVCI) training?

Yes. Guidance Letter 20-3007-A, issued November 25, 2020, extends emergency rule amendments involving CDTF training requirements for ANE and NVCI. The emergency amendments to §448.603, Training, are adopted under Texas Administrative Code Title 25, Part 1, Chapter 448, Subchapter F. Under these emergency rule amendments, CDTFs may temporarily provide staff with training related to ANE and NVCI through live, interactive, instructor-led, electronic means performed using synchronous audiovisual interaction. The remainder of §448.603 remains unchanged. The emergency rule extension is effective until January 26, 2021. To read the guidance letter, click on the link below:

Resource:

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-20-3007-a.pdf>



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Update as of February 5, 2021

9. For substance use services and chemical dependency treatment facilities (CDTFs), are there updates on the requirements for abuse, neglect, and exploitation (ANE) training and nonviolent crisis intervention (NVCI) training in response to COVID-19?

Yes. Guidance Letter (GL) 21-3000 was issued on January 27, 2021 and provides guidance around currently licensed CDTFs being temporarily permitted to provide ANE and NVCI training to staff through live, interactive, instructor-led, electronic means (in addition to in person) to reduce the risk of COVID-19 transmission. To read GL 21-3000, click on the link below:

Resource:

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-21-3000.pdf>

Update as of March 5, 2021

10. Are there any new guidance letters for substance use services?

Yes. On February 12, 2021, amended Guidance Letter 20-3008-A replaced the previous Guidance Letter 20-3008 (issued on October 16, 2020) to notify providers that **effective February 14, 2021**, emergency rules §500.41, §500.42, §500.43 and §500.44 in Texas Administrative Code Title 26 (26 TAC), Part 1, Chapter 500, Subchapter D, are extended for an additional 60 days. The emergency rule extension is effective until **April 14, 2021**.

Additionally, amended Guidance Letter 20-5002-A replaced the previous GL 20-5002 to notify providers that **effective February 14, 2021**, emergency rule §500.51 in 26 TAC, Part 1, Chapter 500, Subchapter E, is extended for an additional 60 days. The emergency rule extension is effective until **April 14, 2021**.

Links to the amended guidance letters are below:

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-20-3008.pdf>

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-20-5002.pdf>



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Update as of March 19, 2021

11. Has there been updated guidance surrounding virtual outpatient substance use treatment services for adolescents?

Yes. Guidance Letter 20-3009-A replaced the previous Guidance Letter 20-3009 to notify providers that on March 8, 2021, the Texas Health and Human Services Commission (HHSC) extended by an additional 60 days the emergency rule amendment to §448.911, Treatment Services Provided by Electronic Means, in Texas Administrative Code Title 25 (25 TAC), Part 1, Chapter 448, Subchapter I. The emergency rule extension is effective until **May 6, 2021**.

Link to Guidance Letter is below:

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-20-3009.pdf>

12. Do you know how long HHSC will continue to allow SUD providers to provide telehealth services?

For updates regarding telehealth services, emergency guidance and other COVID-19-related information, SUD providers can access the following resources:

- Guidance Letters on Emergency Rules:
<https://hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation>
- BHS COVID-19 Provider SharePoint:
To request access, email behavioralhealth_covid-19@hhsc.state.tx.us.
- Important updates sent via broadcast messages:
To sign up, visit
<https://service.govdelivery.com/accounts/TXHHSC/subscriber/new>.
- The HHSC Coronavirus (COVID-19) Provider Information webpage, available at <https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information>.

Update as of April 23, 2021

13. Has there been updated guidance regarding emergency rules §500.41-500.44 for chemical dependency treatment facilities (CDTFs)?



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Yes. On April 15, 2021, Substance Use Disorder Compliance Guidance Letter 21-3001 was published. Under the new emergency rules, effective April 15, 2021, currently licensed CDTFs may temporarily adjust their usual operation requirements related to telehealth and telemedicine; maximum counselor caseloads; service delivery through two-way, real-time internet or telephone communications; documentation deadlines; and treatment planning and service provision. These temporary adjustments are designed to assist with limiting the spread of COVID-19, reducing barriers to treatment and addressing staffing shortages in response to the COVID-19 pandemic.

In accordance with Texas Government Code §2001.034, HHSC adopted emergency rules §§500.41–500.44 in 26 TAC, Part 1, Chapter 500, Subchapter D, Chemical Dependency Treatment Facilities, on April 15, 2021, due to imminent peril to public health, safety or welfare. This emergency rule may not be effective for longer than 120 days and may not be renewed for longer than 60 days. For more information on these emergency rules, see these links:

- [Guidance Letter 21-3001](#)
- [Texas Register Viewer](#)

Update as of May 21, 2021

14. Has the guidance for adolescent clients to receive outpatient substance use services via telehealth been extended?

Yes. In accordance with Texas Government Code §2001.034, HHSC adopted an emergency rule amendment to §448.911(a)(1), relating to Treatment

Services Provided by Electronic Means, in 25 TAC, Part 1, Chapter 448, Subchapter I, effective May 7, 2021. Under this emergency rule amendment, CDTFs may provide outpatient treatment services through electronic means to adolescent and adult clients in response to COVID-19.

This amendment is effective until it expires (September 3, 2021) **or** is rescinded at an earlier date as determined by HHSC.

For more information please review [Guidance Letter 21-3002](#).



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Update as of June 4, 2021

15. For substance use services, will telehealth no longer be an option once the emergency rules expire and are not renewed or the Governor rescinds the Emergency Declaration?

Telehealth is governed by Texas Administrative Code (TAC) rule and is under the auspices of Health Care Facilities Regulation (Regulatory). If the rule is rescinded, contractors will then need to fully comply with TAC 448. The Guidance Letter regarding telehealth services is GL21-3001; it was issued on April 15, 2021, and expires on August 12, 2021, unless rescinded or extended. Here is a link to all the Guidance Letters:

[Health Care Facilities Regulation Guidance Letters](#)

16. For substance use services, will there be some level of preparation or transition time when the emergency rule changes go into effect?

If the rule expires, or is rescinded, contractors will then need to fully comply with TAC 448. It would be prudent to have plans in place to be able to transition services should the emergency rule expire or be rescinded. Additional questions may be directed to regulatory and below is a link to their web page:

<https://hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation/chemical-dependency-treatment-facilities>

Update as of August 6, 2021

17. Are there updates for Chemical Dependency Treatment Facility Abuse, Neglect, and Exploitation Training and Nonviolent Crisis Intervention Training Requirements in Response to COVID-19?

Yes. Guidance Letter (GL) 21-3003 was issued on July 26, 2021 and provides guidance around currently licensed chemical dependency treatment facilities (CDTFs) being temporarily permitted to provide abuse, neglect, and exploitation (ANE) training and Nonviolent Crisis Intervention (NVCI) training to staff through live, interactive, instructor-led electronic means, in addition



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to in person, to reduce the risk of COVID-19 transmission. To review GL 21-3003 in its entirety please see the link below:

<https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-21-3003.pdf>

Update as of August 13, 2021

18. For substance use service providers, is there guidance about returning to in-person programming? If so, are there requirements for all patients to be vaccinated?

Currently, the emergency rules that allow for telehealth and telemedicine flexibilities for service provision remain in effect. The Governor issued an executive order July 29, 2021, (EO-GA-38) relating to COVID-19 vaccines and the protection of Texans' private health information. According to the executive order "state agencies and political subdivisions shall not adopt or enforce any order, ordinance, policy, regulation, rule, or similar measure that requires an individual to provide, as a condition of receiving any service or entering any place, documentation regarding the individual's vaccination status for any COVID-19 vaccine administered under an emergency use authorization." Additionally, "any public or private entity that is receiving or will receive public funds through any means, including grants, contracts, loans, or other disbursements of taxpayer money, shall not require a consumer to provide, as a condition of receiving any service or entering any place documentation regarding the consumer's vaccination status for any COVID-19 vaccine administered under an emergency use authorization. No consumer may be denied entry to a facility financed in whole or in part by public funds for failure to provide documentation regarding the consumer's vaccination status for any COVID-19 vaccine administered under an emergency use authorization." To view the entire executive order please visit: https://gov.texas.gov/uploads/files/press/EO-GA-38_continued_response_to_the_COVID-19_disaster_IMAGE_07-29-2021.pdf

Compliance with EO-GA-38 is the responsibility of the contractor/provider, including consultation with contractor/provider's legal counsel. The Health Care Facilities Regulation webpage displays emergency guidance letters for chemical dependency treatment facilities related to COVID-19.



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Resource:

<https://www.hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation>

For additional questions regarding the emergency guidance please contact the Policy, Rules, and Training unit by email at: HCR_PRT@hhs.texas.gov.

Update as of August 27, 2021

19. Is there updated guidance regarding Chemical Dependency Treatment Facility Requirements During the COVID-19 Pandemic?

Yes. Guidance Letter 21-3001-A was issued on August 13, 2021. This amended guidance letter replaces the previous Guidance Letter-21-3001, to notify providers that on August 13, 2021, the Health and Human Services Commission (HHSC) extended the following emergency rules located in Texas Administrative Code Title 26, Chapter 500, Subchapter D:

- §500.41- CDTF Telemedicine or Telehealth During the Covid-19 Pandemic
- §500.42-CDTF Maximum Counselor Caseloads During the COVID-19 Pandemic
- §500.43-CDTF Service Delivery Through Two-Way, Real-Time Internet or Telephone Communications During the COVID-19 Pandemic
- §500.44-CDTF Treatment Planning and Service Provision Documentation Deadlines During the COVID-19 Pandemic

The emergency rule extension is effective until **October 11, 2021**.

20. Is there updated guidance regarding the supervision of Licensed Chemical Dependency Counselors Interns during the COVID-19 Pandemic?

Yes. Guidance Letter 21-5001-A was published on August 13, 2021 and notifies providers that HHSC extended emergency rule §500.51, Supervision of LCDC Interns During the COVID-19 Pandemic, in Texas Administrative Code Title 26, Chapter 500 for an additional 60 days.

Under this emergency rule, certain licensed chemical dependency counselor (LCDC) 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



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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 and ensure that LCDC interns and their supervisors are able to continue working and providing treatment to their patients during the COVID-19 pandemic.

This emergency rule extension is effective until **October 11, 2021**.

21. For substance use services, can we use trailers on site to house enrolled residential clients for isolation purposes related to the COVID-19 pandemic?

As of now the Texas Administrative Code, TITLE 25, PART 1, CHAPTER 448, SUBCHAPTER L, RULE §448.1201 states the following:

(d) Mobile homes, recreational vehicles, and campers shall not be used for client sleeping areas.

Update as of September 3, 2021

22. What is the status of BHS COVID-19 rule flexibilities?

The third set of emergency rules in Texas Administrative Code Title 26, Part 1, Chapter 306, Subchapter Z, §306.1351 was filed with the *Texas Register* on July 16, 2021, relating to COVID-19 Flexibilities in response to the Governor's declaration that COVID-19 poses an imminent threat of disaster for all counties in Texas. The emergency rule expires in mid-November 2021.

The proposed BHS disaster rule is based on the existing emergency rule in TAC Title 26, Part 1, Chapter 306, Subchapter Z, relating to COVID-19 Flexibilities which:

- waives requirements that compel providers to deliver certain services through face-to-face or in-person contact, or in a specific physical space or on site;
- allows flexibility of eligibility requirements for children or adolescents participating in the YES Waiver Program; and
- allows flexibility of require staff training through face-to-face or in-person contact, on a specific space or on site where HHSC may issue guidance to extend timeframe flexibilities for 120 days.



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The proposed rule was posted in the *Texas Register* for public comment from July 30, 2021 through August 30, 2021; and has an anticipated adoption date in January 2022.

Update as of October 22, 2021

23. Is there updated guidance regarding Chemical Dependency Treatment Facility Requirements During the COVID-19 Pandemic?

Yes. [Guidance Letter 21-3005](#) was issued on October 12, 2021. This guidance letter replaces the previous Guidance Letter-21-3001-A, to notify providers that on October 12, 2021, the Health and Human Services Commission (HHSC) extended the following emergency rules located in Texas Administrative Code Title 26, Chapter 500, Subchapter D:

§500.41- CDTF Telemedicine or Telehealth During the Covid-19 Pandemic

§500.42-CDTF Maximum Counselor Caseloads During the COVID-19 Pandemic

§500.43-CDTF Service Delivery Through Two-Way, Real-Time Internet or Telephone Communications During the COVID-19 Pandemic

§500.44-CDTF Treatment Planning and Service Provision Documentation Deadlines During the COVID-19 Pandemic

The emergency rule extension is effective until **February 8, 2022**.

24. Is there updated guidance regarding the supervision of Licensed Chemical Dependency Counselors Interns during the COVID-19 Pandemic?

Yes. While a guidance letter has not been formally published emergency rule §500.51 located in [Title 26, Part 1, Chapter 500, Subchapter E of the Texas Register](#) became effective October 12, 2021 and allows for:

- (b) A counselor intern with more than 1,000 hours of supervised work experience may provide services in person or using two-way, real-time internet or telephone communications.
- (c) Notwithstanding Title 25 Texas Administrative Code (TAC) §140.422(c), the supervisor of a counselor intern with less than 2,000 hours of supervised work experience must be on site or immediately accessible by two-way, real-



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time internet or telephone communications when the intern is providing services.

(d) When supervising a counselor intern as required by 25 TAC §140.422(d), (e), (g), and (h), the certified clinical supervisor, or the clinical training institution coordinator or intern's supervising qualified credentialed counselor at a clinical training institution, may use two-way, real-time internet or telephone communications to observe and document the intern performing assigned activities and to provide and document one hour of face-to-face individual or group supervision.

This emergency rule extension is effective until **February 8, 2022**.

25. Has there been any emergency guidance regarding direct care staff-to-client ratios?

Currently, there has been no emergency guidance regarding direct care staff to client ratios. According to [25 TAC §448.903](#):

(e) In adult intensive residential programs, the direct care staff-to-client ratio shall be at least 1:16 when clients are awake and 1:32 during sleeping hours.

(h) In adult supportive residential programs, the direct care staff-to-client ratio shall be at least 1:20 when clients are awake and 1:50 during sleeping hours.

According to [25 TAC §448.905](#):

(a) Facilities providing adolescent residential services shall:

(5) ensure the direct care staff-to-client ratio is at least 1:8 during waking hours (including program-sponsored activities away from the facility) and 1:16 during sleeping hours.

Update as of November 12, 2021

26. Are there new guidance letters for Outpatient Treatment Services Via Electronic Means for Adolescents in Chemical Dependency Treatment Facilities During the COVID-19 Pandemic?



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Yes. HHSC adopted an emergency rule amendment in response to the state of disaster declared in Texas and the United States of America relating to COVID-19.

Under the new emergency rule amendment, effective November 3, 2021, currently licensed CDTFs may temporarily provide outpatient treatment services through electronic means to adolescent clients to reduce the risk of COVID-19 transmission and ensure continued access to treatment. Below is a link to Guidance Letter 21-3006 which describes the emergency rule amendment:

[Guidance Letter 21-3006](#)

27. Has there been any new guidance regarding House Bill (HB) 4?

Yes. On November 4, 2021 Guidance Letter 21-3004 was issued. This letter provides instruction to licensed chemical dependency treatment facilities (CDTFs) on the passage of House Bill 4 and outlines provider responsibilities and expectations. Below is a link to the guidance letter:

[Guidance Letter 21-3004](#)

Update as of December 10, 2021

28. Have there been any updates to the Emergency Rule Amendments for Chemical Dependency Treatment Facility Abuse, Neglect, and Exploitation Training and Nonviolent Crisis Intervention Training Requirements in Response to COVID-19?

Yes. On November 23, 2021 Guidance Letter 21-3003-A was published. This amended guidance letter replaces the previous GL-21-3003, to notify providers that on November 23, 2021, the Health and Human Services Commission (HHSC) extended the emergency rule amendments to §448.603, Training, in Texas Administrative Code Title 25 (25 TAC), Chapter 448, Subchapter F for an additional 60 days. The emergency rule extension is effective until **January 21, 2022**.

Below is a link to the guidance letter in its entirety:

<https://www.hhs.texas.gov/sites/default/files/documents/gl-21-3003.pdf>



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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 \(DHS\) COVID-19 Call Center:](#)
Call 2-1-1 and select option 6 (seven days a week, 7 a.m.-8 p.m.) **DHS**
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.
- Looking at any possible reallocations within the appropriate Public Health Region, health care coalition, Regional Advisory Council or other medical supply agencies.



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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:

<https://hhs.texas.gov/about-hhs/communications-events/news/2020/03/march-2020-qmp-bulletin>

Recommendations for Optimizing PPE

For the most current guidance on the use and conservation of PPE, access resources from [DHS](#) 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.

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.



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[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



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- 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).

[Please see the CDC guidance on crisis capacity strategies for eye protection.](#)

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.

[Please see the CDC guidance on crisis capacity strategies for eye protection.](#)

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



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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](#) 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](#)
- [Information for Hospitals & Healthcare Professionals](#)
- [COVID-19 Frequently Asked Questions](#)
- [COVID-19 Local Health Entities](#)



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HHSC

[Coronavirus \(COVID-19\) webpage](#)

[Provider Letter 20-21 Suspension of Certain LTCR Requirements During COVID-19 Outbreak](#)

CDC

[Coronavirus \(COVID-19\) webpage](#)

[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](#)

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>
- Texas Local Public Health Organizations
<https://www.dshs.state.tx.us/regions/lhds.shtm>
- Texas Division of Emergency Management: <https://tdem.texas.gov/>



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For further information, visit the [DSHS webpage for hospitals and healthcare professionals.](#)

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.

- [CDC Information for Healthcare Professionals about Coronavirus \(COVID-19\)](#)
- [CDC Healthcare Professionals: Frequently Asked Questions and Answers](#)

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

4. 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](#)



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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:

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-20-3001.pdf>

Update as of April 17, 2020

5. 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.



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Resource:

<https://hhs.texas.gov/about-hhs/communications-events/news/2020/03/march-2020-qmp-bulletin>

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](#)

6. 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 9, 2020

7. 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:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html>

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



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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

<https://txhhs.sharepoint.com/sites/hhsc/hsosm/iddbhs/bhs/DBHS/COVID19>.

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>

9. 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. If you'd like to contact DSHS regarding COVID-19 you can send your inquiries to coronavirus@dshs.texas.gov.

10. 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



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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

11. 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>

12. 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

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



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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.

Resource:

dshs.texas.gov/coronavirus/opentexas.aspx

14. 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](#).

15. 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

16. 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.



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Resource:

dshs.texas.gov/coronavirus/opentexas.aspx

Update as of May 22, 2020

17. 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.

18. 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.



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Funded services include:

- Individual and group crisis counseling.
- 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

19. 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](#).

20. 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](#)

21. 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?



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The guidance letters referenced in the webinars may be located on the Health Care Facilities Regulation webpage, available [here](#).

Update as of June 4, 2020

22. 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.

23. 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.

24. 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

25. 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.

26. 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

27. 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.

28. 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/regviewctx\\$.startup](https://texreg.sos.state.tx.us/public/regviewctx$.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**.



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*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”.

Update as of June 19, 2020

29. What is the anticipated date for nursing facilities to open back up?

For up-to-date information on nursing facilities, visit [HHSC’s Nursing Facilities webpage](#).

30. What changes is HHSC considering post-COVID-19 to service delivery modes, such as continued use of telephone and telehealth options?

A variety of providers have given HHSC anecdotal reports of improved client engagement related to using the telephone and telehealth to provide services. HHSC welcomes providers to share their experiences and recommendations by emailing behavioralhealth_covid-19@hhsc.state.tx.us.

Update as of July 10, 2020

31. Where can we locate COVID-19 executive orders issued by the governor?

Coronavirus executive orders issued by the Office of the Texas Governor may be found at <https://gov.texas.gov/coronavirus-executive-orders>.

32. Due to COVID-19, what happens if we are unable to meet the face-to-face training requirements for abuse and neglect as required by Guidance Letter 19-3000?

On April 98, 2020, HHSC issued Guidance Letter (GL) 20-0002, which acknowledges that full compliance with state and federal laws, regulations and guidance documents may be difficult during the COVID-19 pandemic. GL 20-0002 further explains that although HHSC expects facilities to operate in full compliance with all applicable laws, regulations and guidance documents, HHSC also understands that full compliance may not be a viable option. Under the guidance letter, facilities should document all efforts to remain in compliance. If facilities experience compliance difficulties, they must maintain a written record of their attempted compliance.



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Resource:

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-20-0002.pdf>

Update as of July 17, 2020

33. Are Home and Community Based Services-Adult Mental Health (HCBS-AMH) providers required to report positive COVID-19 cases to HHSC?

HHSC encourages providers to notify HHSC of any positive COVID-19 cases by submitting a [critical incident report](#).

For assisted living facilities (ALFs) licensed in the state of Texas, all confirmed cases of COVID-19 must be reported to the local health department (LHD) or the public health region (PHR) in jurisdictions where the PHR serves as the LHD. If you suspect your facility is experiencing an outbreak of COVID-19, immediately notify your local health authority by phone.

You can find contact information for your local/regional health department here: <https://www.dshs.state.tx.us/regions/2019-nCoV-Local-Health-Entities/>. Work with your LHD to complete the COVID-19 case report form as necessary. Post a list of state contacts where it is visible on all shifts.

Facilities are also required to notify HHSC Long Term Care Regulation (LTCR) of any confirmed cases in either residents or HCP/staff. Submit an incident report to [HHSC Complaint and Incident Intake](#) through [TULIP](#) or by calling 800-458-9858.

Additional information and COVID-19-related guidance for ALFs can be found here:

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/long-term-care/covid-response-plan-alf.pdf>

34. We are having trouble getting people admitted to the hospital due to the overflow of COVID-19 patients in emergency rooms. There are often no rooms available, so individuals on mental health warrants are leaving the hospital and not receiving treatment. Can mental health warrant/emergency detention (ED) evaluations be done in a different environment instead of the emergency room?



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Individuals on ED status may be dropped off by peace officers, emergency medical services or legal guardians at a hospital emergency room, an extended observation unit or a crisis stabilization unit if those have a secure system that allows dropped-off individuals to be detained for preliminary examinations. The examination must be completed by a physician within 12 hours, in accordance with [Texas Health and Safety Code, Chapter 573, Subchapter C, §573.021\(a\) \(relating to preliminary examination\)](#).

Update as of July 24, 2020

35. What is the contact information for the Substance Use Disorder Compliance Unit?

Compliance Contact Information:

Mailing address:
HHSC
Substance Use Disorder Compliance Unit
Mail Code 1979
P.O. BOX 149347
Austin, Texas 78714-9347

Phone: 512-231-5642

Fax: 512-834-6638

Email: sacg@hhsc.state.tx.us

36. Do substance use disorder providers need to report staff members who test positive, and if so, are these reported in TULIP?

According to section 2.4 of Guidance Letter 20-3001, the Substance Use Disorder Compliance Unit should be notified if any client tests positive for COVID-19.

For HHSC contracted providers, please review section 11.02, "Significant Incidents," which details the notification protocols regarding the health, safety or welfare of HHSC-funded clients or participants.

According to Guidance Letter 20-2006-A, Providers may submit an incident online at any time at the following website:



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<https://txhhs.force.com/nonltc/s/>

Note: Providers do not need a TULIP login to submit incidents through the portal. If a provider has an existing TULIP account and login, they may access the portal from the TULIP dashboard by selecting “Submit a Non LTC incident,” located under “Other Actions” to the right side of the webpage.”

37. Do substance use disorder providers need to notify the Substance Use Disorder Compliance Unit about clients who test positive even when their services are not HHSC-funded?

Because Health Care Facilities Regulation addresses all patients in all licensed programs, providers **do** need to notify the Substance Use Disorder Compliance Unit of all positive COVID-19 client test results regardless of funding source.

Update as of July 31, 2020

38. Is it possible to get the Crisis Counseling Program Grant data by specific region?

Yes, data is uploaded into the Online Data Collection and Evaluation System operated by the Substance Abuse and Mental Health Services Administration (SAMHSA). You may request region-specific information by emailing the Disaster Behavioral Health Services team at dbhs@hhsc.state.tx.us.

39. Where can we find COVID-19 school guidance and resources from the Texas Education Agency?

The [Texas Education Agency \(TEA\) website](#) offers guidance and resource documents to help coordinate the flow of information from the state to districts, help districts solve problems and provide guidance that will aid in districts' decision-making.

Update as of August 7, 2020



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40. During a COVID-19 Mental Health Services Informational Update in July HHSC provided information on the Crisis Text Line, National Suicide Prevention Lifeline, the Veterans Crisis Line, the Trevor Project, and Suicide Prevention wallet cards. Can you provide this information again?

Crisis Text Line

- Free, available 24/7
- Text TX to 741471 from anywhere in the U.S.

National Suicide Prevention Lifeline

- Free, available 24/7
- 800-273-8255

Veterans Crisis Line

- Free, available 24/7
- 800-273-8255, Press 1

Trevor Project (for LGBTQ young people)

- Dial 866-488-7386 or Text START to 678-678
- Chat online at thetrevorproject.org/get-help-now

Suicide Prevention wallet cards

[Suicide Prevention Wallet Card English](#)

[Suicide Prevention Wallet Card Spanish](#)

41. Recently the DSHS COVID-19 dashboard changed, and there is no longer one link to review the COVID-19 data. Can HHSC provide the new links?

DSHS now reports COVID-19 data using the following links:

[COVID-19 DSHS Data Dashboard Cases and Fatalities](#)

[COVID-19 DSHS Data Dashboard Tests and Hospitals](#)

Update as of August 14, 2020

42. In relation to reporting disruptions in substance use disorder services,



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should we report someone who tests positive for COVID-19 regardless of whether it causes a disruption in services in an outpatient program offered via telehealth?

Pursuant to Guidance Letter 20-3001-A, Section 2.4, notify the applicable local health authority or local health department if any client tests positive for COVID-19. For additional information, please see the guidance letter in its entirety at the link below:

[Guidance Letter 20-3001-A](#)

43. Is the opportunity for COVID-19 relief funds beginning on August 10, 2020, in addition to funds already received?

Please refer to the [CARES Act Provider Relief Fund webpage](#) for additional information regarding funding opportunities.

44. The COVID-19 Mental Health Support Line reports data on the calls it receives. The Aug. 6, 2020, COVID-19 mental health services webinar included information about the various categories of callers. What is the difference between callers seeking mental health support and callers seeking emotional support?

The definitions used for callers seeking mental health support versus emotional support is provided below.

Mental Health Support — includes people experiencing symptoms of a mental health condition that warrant a referral for further assessment by a local mental health or behavioral health authority.

Emotional Support — includes people who may need a listening ear; interventions, such as breathing techniques, to cope with anxiety; or help identifying coping skills and community support outside of formal mental health services.

45. Will state hospitals accept behavioral health patients from emergency departments if they test positive for COVID-19? How long is the wait for a bed?

Currently, state hospitals are not admitting known COVID-19-positive individuals. Health and Specialty Care System staff are reviewing and



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identifying the clinical and operational factors necessary to develop the policy and protocols required to safely admit patients from emergency departments who are known to be COVID-19-positive.

Update as of August 21, 2020

46. At a substance use residential facility that is practicing initial isolation for new admissions, treatment for first few days of an admission, or if a participant is in quarantine, is it possible for clinical staff to use electronic methods while that participant is in isolation? Both the participant and the clinician are on the same property.

According to section 2.1 of guidance letter 20-3006 "under emergency rule §500.43, CDTF personnel may temporarily provide certain treatment services through two-way, real-time internet or telephone communications to clients to reduce the risk of transmission of COVID-19." Please, review the guidance letter for further details on which services can be provided through two-way, real time internet or telephone communications.

The emergency rule is reproduced below:

§500.43. CDTF Service Delivery Through Two-Way, Real-Time Internet, or Telephone Communications in Response to COVID-19.

(a) A qualified credentialed counselor, licensed professional counselor, licensed chemical dependency counselor, licensed marriage and family therapist, licensed clinical social worker, or licensed professional counselor intern may provide intensive residential services required by 25 TAC §448.903(d)(1)-(2), supportive residential services required by 25 TAC §448.903(g)(1)-(2), intensive residential services in therapeutic communities required by §448.1401(g)(1)-(2), and adult supportive residential services in therapeutic communities required by §448.1401(k)(1)-(2) using two-way, real-time internet or telephone communications to provide services.

(b) A licensed professional counselor intern may provide outpatient chemical dependency treatment program services using two-way, real-time internet or telephone communications to provide services.

(c) Notwithstanding the provisions of §448.911, the professionals listed in §500.43(a) and in §500.41(e) may use two-way, real-time internet, or telephone communications to provide services.



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(d) Any provision of services under this section shall comply with all applicable state and federal statutes and rules regarding recordkeeping, confidentiality, and privacy, including 25 TAC §448.508, 25 TAC §448.210, and 42 Code of Federal Regulations Part 2.

Resource:

[Guidance Letter 20-3006](#)

Update as of September 4, 2020

47. Can HHSC provide information on when the SUDCU guidance letters expire?

Listed below is information on the expiration dates of SUDCU guidance letters and emergency rules:

[GL 20-3005-A](#) — Addresses the 60-day extension of emergency rules §500.41 and §500.42. Expires **October 16, 2020**.

[GL 20-3006-A](#) — Addresses emergency rules §500.43 and §500.44. Expires **October 25, 2020**.

[GL 20-3004](#) — Addresses the emergency amendment to §448.911. Expires **September 8, 2020**.

[GL 20-3007](#) — Addresses emergency rule amendments to §448.603(d) (1 &4) expires **November 27, 2020**.

Additional information on all guidance letters can be found online at <https://hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation>.

To ensure you are receiving the most up-to-date HHSC announcements, including new and renewed guidance letters, you can sign up for notifications at <https://service.govdelivery.com/accounts/TXHHSC/subscriber/new>.

Update as of September 18, 2020

48. Since Chemical Dependency Treatment Providers are no longer required to notify the Substance Use Disorder Compliance Unit involving



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clients who have tested positive for COVID-19, do I still need to notify programs of positive client cases?

No, according to [Guidance Letter 20-3001-A](#) providers only need to notify the applicable local health authority or local health department if any client tests positive for COVID-19 and must use Form [3215](#) to notify HHSC of any program closures or temporary suspensions in service.

However, continuing to notify programs of any clients who test positive for COVID-19 is beneficial if programs needs to assist the provider in facility operations, such as wait list management, capacity changes, or transfer of clients. You may notify programs via email at Substance_Use_Disorder@hhsc.state.tx.us.

49. Pertaining to a permanent allowance for Mental Health Rehabilitation and Target Case Management, MHR/TCM, to be delivered via telehealth, we have heard that Medicaid Managed Care Organizations (MCOs) have the discretion to allow this; however, in conversations with MCOs they state they are waiting for guidance from the State. Which is correct?

Per Senate Bill 670, 86th Texas Legislature, Regular Session (2019), Texas Medicaid MCOs are prohibited from denying reimbursement for a covered health care service solely because the service was delivered using telecommunication services. MCOs are obligated to consider reimbursement for all medically necessary Medicaid-covered services delivered via telemedicine or telehealth. MCOs may continue to use other factors, such as clinical effectiveness, to determine whether reimbursement for a telemedicine or telehealth service is appropriate.

Providers should issue a formal complaint with the MCO if they feel the benefit should be available via remote delivery permanently and it is not. The MCO will review the issue based on a complaint. Additionally, HHSC receives MCO complaint data.

If there are questions about medical benefit policies as outlined in the Texas Medicaid Provider Procedures Manual, providers can email MedicaidBenefitRequest@hhsc.state.tx.us.



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Update as of October 16, 2020

50. How do providers know if a state hospital is accepting admissions for civil commitments due to COVID-19?

State hospital admissions departments can provide information about whether a state hospital is accepting admissions, or if they are on diversion, due to COVID-19 or other reasons. Please contact the individual state hospital admissions staff for that information.

Update as of November 20, 2020

51. Were the emergency rules in 26 Texas Administrative Code §306.1351 extended beyond November 19, 2020?

Yes, HHSC filed an extension of the BHS Emergency Rules. The notice of the extension will appear on the November 27, 2020 issue of the *Texas Register*. The emergency rules will expire on January 18, 2021.

Update as of January 29, 2021: The original BHS Emergency Rules expired on January 18, 2021. HHSC proposed new emergency rules that were adopted on January 19, 2021 and are effective until May 18, 2021. Please see question 52 of this section for more information.

HHSC is developing a standing administrative rule that will allow affected providers to operate with the same flexibilities afforded by the emergency rules to protect public health and safety during a state of disaster. HHSC will keep providers informed regarding the status of the proposed standing rule.

Update as of January 29, 2021

52. Is there new information regarding emergency rules in 26 Texas Administrative Code §306.1351?

To ensure continuity of services for people receiving behavioral health services and to reduce the risk of COVID-19 transmission, the Health and Human Services Commission (HHSC) adopted emergency rules in the Texas Administrative Code, Title 26, Chapter 306, Subchapter Z, Section 306.1351 on January 19, 2021. The emergency rules establish flexibilities in certain requirements, described below, for actions taken on or after March 13, 2020. A behavioral health services provider may exercise flexibilities allowed under



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the emergency rules only if the flexibility does not conflict with another law or obligation of the provider. To be eligible for Medicaid reimbursement, providers must comply with policy guidance issued by HHSC's Medicaid/CHIP Services Department or the Texas Medicaid & Healthcare Partnership.

To determine whether a provider may use a flexibility listed below, providers must evaluate their own obligations and determine if a stricter requirement applies. The flexibilities include:

- Permitting telehealth, telemedicine, videoconferencing or telephonic (audio only) methods of communication instead of face-to-face contact.
- Permitting virtual platforms instead of a private physical space for interactions.
- Not requiring children or adolescents to reside with their legally authorized representative to meet YES Waiver Program eligibility criteria.

The emergency rules may be viewed [here](#).

Emergency rules are not included in the Texas Administrative Code. These rules appeared in the **print issue** of the *Texas Register* on January 29, 2021.

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](#).



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Resource:

[Cybersecurity and Infrastructure Security Agency Guidance on the Essential Critical Infrastructure Workforce](#)

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.

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 referred 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?



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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](#)

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.



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Resource:

<https://hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation>

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](#)
- 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:

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

Resource:

<https://hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation>

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](#)



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- The [National Council for Behavioral Health COVID-19 Guidance for Behavioral Health Residential Facilities](#)
- [DHS](#)
- [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:

<https://hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation>

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 [Health 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 [Health Care Facilities Regulation](#) page.

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



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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:

<https://hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation>

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](#)



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- 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.

Resource:

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-20-3001.pdf>

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.



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

Resource:

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-20-3001.pdf>

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](#)



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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:

<https://hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation>

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:

<https://hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation>



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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.



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- [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?

The state hospital system continues to test patients for COVID-19 when they are symptomatic or have had a known or suspected exposure to COVID-19. At this time, if required by the placement, all state hospitals are testing patients scheduled for discharge for COVID-19. In addition, the state hospital system is in the process of testing all patients and staff for COVID-19.

Update as of July 2, 2020

18. Does HHSC have additional guidance for HCBS-AMH group-home providers on how to address concerns with spreading COVID-19 when a resident chooses to leave the group home and then return? Apart from providing education on viral spread, ensuring residents have been provided PPE and implementing CDC recommendations, is there more that providers can do?

HHSC recommends HCBS-AMH group-home providers continue to follow CDC recommendations for risk mitigation. Providers cannot prevent individuals from returning to the group home if they decide to leave. BHS recommends home and community-based residential providers follow the guidance from IDD Services in [Provider Letter 20-22](#) and the [HCS COVID-19 response plan](#).

Update as of July 17, 2020

19. Does HHSC have guidance about how to mitigate the spread of COVID-19 in HCBS-AMH supervised and assisted living homes?

Agencies should continue to follow [CDC guidance](#) for COVID-19 risk mitigation for supervised living and assisted living homes.



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Providers cannot prevent individuals from returning to the group home residence if they previously decided to leave. Providers should have safety plans in place to mitigate risk.

HHSC recommends that HCBS-AMH provider agencies follow guidance from Long-Term Care Regulatory (LTCR) for Home and Community-Based Services providers in [Provider Letter 20-22](#) and the [response plan](#) for residential providers.

20. How do Home and Community Based-Adult Mental Health (HCBS-AMH) providers report positive COVID-19 cases to HHSC, and is this required?

For HCBS-AMH providers with an assisted living facility (ALF) license in the state of Texas, all confirmed cases of COVID-19 must be reported to the local health department (LHD) or the public health region (PHR) in jurisdictions where the PHR serves as the LHD. If you suspect your facility is experiencing an outbreak of COVID-19, immediately notify your local health authority by phone.

You can find contact information for your local/regional health department here: <https://www.dshs.state.tx.us/regions/2019-nCoV-Local-Health-Entities/>. Work with your LHD to complete the COVID-19 case report form as necessary. Post a list of state contacts where it is visible on all shifts.

Facilities are also required to notify HHSC Long Term Care Regulation (LTCR) of any confirmed cases in either residents or HCP/staff. Submit an incident report to [HHSC Complaint and Incident Intake](#) through [TULIP](#) or by calling 800-458-9858.

Additional information and COVID-19-related guidance for ALFs can be found here:

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/long-term-care/covid-response-plan-alf.pdf>

HHSC encourages providers to notify HHSC of any positive COVID-19 cases by submitting a [critical incident report](#).



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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?



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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?



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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 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.



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Update as of July 2, 2020

12. For family partners who can't access Via Hope's certified family partner basic training, will HHSC waive the requirement to become certified in a year?

During the COVID-19 pandemic, Via Hope is continuing to provide virtual trainings for certified family partners. Applications for training open six weeks before the training date. If a family partner is approaching the one-year time frame for basic certification, contact the family partner coordinator at nidia.heston@viahope.org.

Additionally, during the COVID-19 pandemic, HHSC will not enforce contractual guidelines that require training and certifications within specified time frames.

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](#)
- [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



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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>. 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.

Resource:

http://www.tmhp.com/News_Items/2020/04-April/04-01-20%20COVID-19%20Guidance%20Targeted%20Case%20Management%20Through%20Remote%20Delivery.pdf

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.



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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](#)
- [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.



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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](#)

[TMHP 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.

Resource:

[https://texreq.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5_i=25&pt=1&ch=448&sch=I&rl=Y](https://texreq.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5_i=25&pt=1&ch=448&sch=I&rl=Y)

<https://hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation/chemical-dependency-treatment-facilities>

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



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encouraged. Please review your facilities telecommunication policies and ensure they follow federal and state privacy requirements for protected health information.

For guidance regarding SUD service provision via electronic means, please refer to the HHS Health Care Facilities Regulation Guidance Letter 20-3005 and the provisions of TAC 448. Resource: <https://hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation>

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:
 - 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).



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- 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 April 30, 2022 (update as of February 4, 2022). 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?



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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:

[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=448&sch=I&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=448&sch=I&rl=Y)

[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?



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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:

(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



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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 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>

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



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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](#) 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 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?



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Yes, HCBS-AMH providers can provide psychosocial rehabilitative services via telehealth or telephone. At this time, billing for these services are approved until April 30, 2022 (update as of February 4, 2022).

20. 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.

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

HHSC authorized providers to deliver the following services telephonically through April 30, 2022 (update as of February 4, 2022).

- 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 9, 2020, and Broadcast Message No. 20.20.040 distributed on April 9, 2020.

15. 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 April 30, 2022 (update as of February 4, 2022), to deliver the following services:

- Substance Use Disorder Services Assessment
- Substance Use Disorder Services - Individual and Group



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- 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 97, 2020.

Update as of May 8, 2020

16. 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 13, 2020 to April 30, 2022 (update as of February 4, 2022), 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](#)

17. 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?



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On April 9, 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](#)

18. 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 9, 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](#)

19. 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.”



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Update as of May 15, 2020

- 20. 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](#)

- 21. 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.

- 22. 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.

- 23. 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.



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24. Please explain telehealth for substance use services residential treatment and increasing caseloads. Is 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

25. 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

26. 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.

27. 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

28. 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](#).

29. 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 April 30, 2022 (update as of February 4, 2022). For updated information regarding Medicaid authorizations, visit [HHSC's COVID-19 Provider Information webpage](#).

30. 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. Medicaid-funded services have been authorized for the use of telecommunication until April 30, 2022 (update as of February 4, 2022). For updated information regarding Medicaid authorizations, visit [HHSC's COVID-19 Provider Information webpage](#).



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- 31. 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](#)

- 32. 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?**



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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

- 33. 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 April 30, 2022 (update as of February 4, 2022). 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)

Update as of June 19, 2020

- 34. When will providers be notified regarding an extension of telephone and telehealth approved services for general revenue-funded and Medicaid-funded clients?**

General revenue-funded programs allow for more flexibility. HHSC staff continues to work with our Medicaid partners to allow for ample notification of any return to face-to-face service provision in the



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community. Notifications about Medicaid determinations can be found on the [TMHP website](#).

Update as of July 2, 2020

35. Do services provided by certified family partners through telephone and telehealth count toward the performance measures?

Certified family partner services delivered via telephone and telehealth will count toward performance measures. HHSC is relaxing certain performance measures and strategies related to service delivery, including certified family partner services.

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.

36. Is HHSC considering extending the provision of telehealth services on a long-term basis?

HHSC will continue to review, on a regular basis, the need for telehealth services in the community as the COVID-19 situation continues to evolve.

37. Once COVID-19 cases start trending down, will Medicaid still allow phone contacts and sessions with substance use disorder services priority populations who can't attend in-office care due to medical conditions or pregnancy?

An emergency rule was issued by HHSC's Regulatory Division, which allowed the Medicaid Division to permit remote delivery of certain substance use disorder services while the emergency rule is in effect. Medicaid was also able to allow for an audio-only option (as opposed to audio and visual) for the duration of the disaster. Once the disaster declaration period has ended, the emergency rule will no longer be in effect. Medicaid will assess and comply with the rules in effect after the disaster declaration period ends.



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38. 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 13, 2020 through April 30, 2022 (update as of February 4, 2022). HHSC will update this page with additional information about future extensions.

39. Can the Children's Needs and Strengths Assessment (CANS) and the Adult Needs and Strengths Assessment (ANSA) be completed via 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 April 30, 2022 (update as of February 4, 2022). Please see the below links for additional information.

40. 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.

Medicaid-funded services have been authorized for the use of telecommunication until April 30, 2022 (update as of February 4, 2022). For updated information regarding Medicaid authorizations, visit [HHSC's COVID-19 Provider Information webpage](#).

41. Will there be an extension to July 31, 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.



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Medicaid-funded services have been authorized for the use of telecommunication until April 30, 2022 (update as of February 4, 2022). For updated information regarding Medicaid authorizations, visit HHSC's COVID-19 Provider Information webpage.

42. 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 April 30, 2022 (update as of February 4, 2022). For updated information regarding Medicaid authorizations, visit HHSC's COVID-19 Provider Information webpage.

43. Do we know if Medicaid is extending the authorization date for telephone/televideo services past June 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 13, 2020 to April 30, 2022 (update as of February 4, 2022) dates of service.

44. 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 April 30, 2022 (update as of February 4, 2022).

Update as of July 31, 2020

45. Can HHS please provide clarity and guidance on providing and billing peer services done through telephone and telehealth?

Medicaid-Funded Services



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Providers may bill to receive Medicaid reimbursement for the following behavioral health services delivered by synchronous audio-visual technologies, including web-based video software or telephone (audio-only) beginning March 13, 2020, through April 30, 2022 (update as of February 4, 2022).

- Psychiatric diagnostic evaluation (90791, 90792)
- Psychotherapy (90832, 90834, 90837, 90846, 90847, 90853)
- Peer specialist services (H0038)
- Screening, brief intervention and referral to treatment (H0049, G2011, 99408)
- Substance use disorder services (H0001, H0004, H0005)
- Mental health rehabilitation services (H0034, H2011, H2012, H2014, H2017)

Resources:

[Medicaid CHIP COVID-19 Provider Information](#)

[Texas Medicaid Provider Procedures Manual – Behavioral Health and Case Management Services Handbook](#)

General Revenue-Funded Services

Providers may continue to use telephone and telehealth when providing general revenue-funded mental health services as outlined in the [Texas Resilience and Recovery Utilization Management Guidelines](#). Currently, there is no end date for this flexibility.

46. Is there a plan to extend certain Medicaid-funded behavioral health services through telephone and telehealth options beyond July 31, 2020?

Providing certain Medicaid-funded behavioral health services through synchronous audio-visual technologies, including web-based video software, or telephone (audio-only), was extended through April 30, 2022 (update as of February 4, 2022). Services include:

- Psychiatric diagnostic evaluation
- Psychotherapy
- Peer specialist services



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- Screening, brief intervention, and referral to treatment
 - Substance use disorder services
 - Mental health rehabilitation services
-
- Changes to Medicaid and CHIP services will be posted [here](#) and sent out through standard communication channels.
 - Be sure to check health plan provider portals, the [TMHP COVID-19 page](#), and read any emails you get from HHSC.

54. For substance use services, has there been an extension of the emergency rule regarding chemical dependency treatment through electronic means for both adults and adolescents?

Yes. [Guidance Letter 20-3004-A](#) was issued on September 8, 2020, to notify providers the Health and Human Services Commission (HHSC) extended emergency rule §448.911, related to Chemical Dependency Treatment Services Via Electronic Means to Adolescents and Adults in Chemical Dependency Treatment Facilities (CDTFs) in Response to COVID-19, for an additional 60 days. This extension is effective through November 7, 2020.

All published guidance letters and amended guidance letters can be found at this link:

[Guidance Letters and Frequently Asked Questions](#)

Update as of October 23, 2020

55. Are peer telehealth services limited to brief interactions or does it cover all the services that can be provided under the peer services and mental health psychiatric rehabilitative services billing codes?

The delivery of Medicaid-covered peer services is authorized through April 30, 2022 (update as of February 4, 2022). Reimbursement for mental health psychiatric rehabilitative services (H0034) and peer services (H0038) is eligible and not limited to “brief interactions.” To indicate remote delivery, providers must use the 95-modifier code.

Resources:

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



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Update as of October 30, 2020

56. Is there a plan to extend certain Medicaid-funded behavioral health services through telephone and telehealth options beyond October 23, 2020?

- Providing certain Medicaid-funded behavioral health services through synchronous audio-visual technologies, including web-based video software, or telephone (audio-only), was extended through April 30, 2022 (update as of February 4, 2022). Services include:
 - Psychiatric diagnostic evaluation
 - Psychotherapy
 - Peer specialist services
 - Screening, brief intervention, and referral to treatment
 - Substance use disorder services
 - Mental health rehabilitation services

Changes to Medicaid and CHIP services will be posted [here](#) and sent out through standard communication channels. Be sure to check health plan provider portals, the [TMHP COVID-19 page](#), and read any emails you get from HHSC.

57. We received notification that Governor Abbott's office announced an agreement had been reached with Texas based insurers to extend telemedicine and telehealth coverage through the end of the year. This is different than the October 23, 2020 date that was just mentioned. Can you clarify?

The referenced agreement does not apply to Medicaid or Medicare health plans. However, HHSC has extended remote delivery flexibilities in fee-for-service Medicaid through April 30, 2022 (update as of February 4, 2022).

As a reminder, per Senate Bill (S.B.) 670, 86th Texas Legislature, Regular Session (2019), Texas Medicaid Manage Care Organizations (MCOs) are prohibited from denying reimbursement for a covered health care service solely because the service was delivered using telecommunication services. MCOs are obligated to consider reimbursement for all medically necessary Medicaid-covered services delivered via telemedicine or telehealth. MCOs may continue to use other factors, such as clinical effectiveness, to determine whether reimbursement for a telemedicine or telehealth service is appropriate. The requirements of S.B. 670 are permanent.



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Update as of November 6, 2020

58. Is there an update on the emergency rule relating to the supervision of Licensed Chemical Dependency Counselor (LCDC) interns and their ability to provide services using telehealth during the COVID-19 pandemic?

Under the new emergency rule, effective October 17, 2020, certain licensed LCDC 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 and ensure that LCDC interns and their supervisors are able to continue working and providing treatment to their patients during the COVID-19 pandemic.

Resource:

[Guidance Letter 20-5002](#)

Update as of November 20, 2020

59. Is there updated guidance on substance use outpatient treatment services by electronic means?

Yes. Guidance Letter 20-3009, published November 6, 2020, contains new information about treatment services by electronic means. HHSC adopted an emergency rule amendment in response to the state of disaster declared in Texas and the United States relating to COVID-19. Under the new emergency rule amendment, effective November 8, 2020, currently licensed chemical dependency treatment facilities may temporarily provide outpatient treatment services through electronic means to adolescent clients to reduce the risk of coronavirus transmission and ensure continued access to treatment. This emergency rule cannot be effective for more than 120 days and cannot be renewed for an extension period longer than 60 days.

Resource:

[Guidance Letter 20-3009](#)

Update as of December 4, 2020



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60. Is there a plan to extend certain Medicaid-funded behavioral health services through telephone and telehealth options beyond November 30, 2020?

- Providing certain Medicaid-funded behavioral health services through synchronous audio-visual technologies, including web-based video software or telephone (audio-only), was extended through April 30, 2022 (update as of February 4, 2022). Services include:
 - Psychiatric diagnostic evaluation
 - Psychotherapy
 - Peer specialist services
 - Screening, brief intervention and referral to treatment
 - Substance use disorder services
 - Mental health rehabilitation services
- Changes to Medicaid and CHIP services will be posted [HHSC's website](#) and sent through standard communication channels.
- Be sure to check health plan provider portals and the [TMHP COVID-19 webpage](#) and read all emails from HHSC.

Update as of February 5, 2021

61. Is there a plan to extend telephone and telehealth options beyond January 31, 2022, for certain Medicaid-funded behavioral health services?

- Providing certain Medicaid-funded behavioral health services through synchronous audio-visual technologies, including web-based video software or telephone (audio-only), was extended through April 30, 2022 (update as of February 4, 2022). Services include:
 - Psychiatric diagnostic evaluation
 - Psychotherapy
 - Peer specialist services
 - Screening, brief intervention and referral to treatment
 - Substance use disorder services
 - Mental health rehabilitation services
- Changes to Medicaid and CHIP services will be posted on [HHSC's website](#) and sent through standard communication channels.
- Be sure to check health plan provider portals and the [TMHP COVID-19 webpage](#) and read all emails from HHSC.

Service Modifications and Considerations



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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 April 30, 2022 (update as of February 4, 2022).

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.

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:



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- The [CDC](#)
- [DHS](#)
- [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:



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<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-20-3001.pdf>

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:

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-20-3001.pdf>

7. Is there specific guidance for methadone maintenance programs?

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

Following SAMHSAs 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).



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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:

<https://hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation>

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 the Health Facility Licensing Unit:

Resource:

<https://hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation/chemical-dependency-treatment-facilities>

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



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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 December 31, 2020 (update as of November 25, 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](#)



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- 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](#)

Update as of May 15, 2020

**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 Faculties 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.



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- 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.

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:

Resource:

[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](#)



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[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 deceased, 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.

Update as of June 19, 2020

- 21. Is there a limit to the number of clients for group counseling sessions via telehealth (similar to the limit of 16 for face-to-face sessions)?**

Per [25 Texas Administrative Code §448.901](#), group counseling sessions are limited to a maximum of 16 clients regardless of the mode of service delivery.

Update as of July 17, 2020

- 22. When will staff from local mental health and behavioral health authorities be able to go into nursing facilities to complete PASRR evaluations?**



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

Update as of January 29, 2021

23. Has COVID-19 caused changes to the counselor caseloads for substance use services for residential and outpatient treatment?

Yes. According to Guidance Letter 20-3008 and under Emergency Rule §500.42, a chemical dependency treatment facility may increase counselor caseloads in intensive residential programs from 10 to 20 clients per counselor. This emergency rule became effective October 17, 2020 and is set to expire February 13, 2021. However, this rule may be extended for another 60 days. Currently there are no emergency rules regarding counselor caseloads for outpatient treatment services.

[Guidance Letter 20-3008](#)

24. Has COVID-19 caused changes to group size limits for substance use services?

Yes. TAC Rule §448.901 states the following: "Group counseling sessions are limited to a maximum of 16 clients. Group education and life skills training sessions are limited to a maximum of 35 clients. This limit does not apply to multi-family educational groups, seminars, outside speakers, or other events designed for a large audience." However, Guidance Letter 20-3001-A section 2.1 states: "Limit all interactions in the facility to groups of 10 people or fewer."

Below is a link to both guidance letters mentioned in this FAQ as well as the Health Care Facilities Regulation webpage where all guidance letters are located:

[TAC Rule §448.901](#)

[Guidance Letter 20-3001-A](#)

[Health Care Facilities Regulation webpage](#)

If you have questions about the information in the guidance letters, email the Policy, Rules and Training Unit at hcr_prt@hhs.texas.gov.



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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?

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



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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 were provided via telephone and marked as telehealth due to billing limitations and COVID-19.

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



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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



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behavioralhealth_covid-19@hhsc.state.tx.us, and review the weekly [COVID-19 Behavioral Health Services Providers FAQ](#).

Update as of June 26, 2020

8. When will HHSC allow substance use disorder block grant-funded providers to bill for specific telephone services?

Effective June 27, 2020, HHSC will release a change in CMBHS that adds a new drop-down menu option to the billable service types for progress notes. When “Telephone” is selected as the contact type, CMBHS will internally flag the service as billable. This applies to TMHP, BMO, DSHS and HHSC funding types.

Update as of July 24, 2020

9. How can I access a current training link for the new CMBHS functionality regarding progress notes for select outpatient, medication-assisted treatment and COPSD service types with the contact type “Telephone”?

A new link to the CMBHS training is provided below. Please select the training titled “CR 222.”

Resource:

<https://www.gotostage.com/channel/sudtraining>

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



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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



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Prevention Resource Center:

<https://txhhs.sharepoint.com/sites/hhsc/hsosm/iddbhs/bhs/pss1/cas/sump/prc/SitePages/Home.aspx>

Community Coalition Partnerships:

<https://txhhs.sharepoint.com/sites/hhsc/hsosm/iddbhs/bhs/pss1/cas/sump/ccp/SitePages/Home.aspx>

Youth Prevention:

<https://txhhs.sharepoint.com/sites/hhsc/hsosm/iddbhs/bhs/pss1/cas/sump/ypp/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 9, 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.
- Adjustments greater than 10 percent require HHSC's prior written approval.
- Requests greater than 10 percent must be submitted to the assigned contract manager.



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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 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.



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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 (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?

HHSC will continue to provide COVID-19 information and FAQ responses on the agency website at <https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information>.

This information is also available on the HHSC COVID-19 SharePoint site at <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?

HHSC will continue to provide COVID-19 information and FAQ responses on the agency website at <https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information>.

This information is also available on the HHSC COVID-19 SharePoint site at



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<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. 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:



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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 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 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.



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- 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.

- 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:



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- 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?



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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, 2020, will now be due August 31, 2020. 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.

Update as of May 22, 2020

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).



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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.

Update as of June 4, 2020

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.

Update as of August 21, 2020

30. May we begin to deliver in-person substance use prevention services if our organization is able to do so?



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HHSC recommends all services be provided in accordance with local health directives and CDC guidelines and recommendations. This may include in-person service delivery. In addition, HHSC encourages organizations to prioritize the safety of staff and community members participating in all prevention activities and strategies. Organizations may also deliver prevention education curricula virtually in accordance with the guidance set forth by the curriculum developer. Organizations may visit texaspreventiontraining.org for a matrix detailing all curriculum developer guidance.

31. May we request a change of curriculum if the developer has not allowed virtual delivery?

Yes, you may request a change in curriculum if your current curriculum is not approved for virtual service delivery. Organizations should submit a formal request to your Contract Manager and assigned Program Specialist.

32. What will our organization be responsible for in fiscal year 2021 if we are still dealing with COVID-19?

HHSC remains committed to supporting providers during this most difficult time. HHSC is working collaboratively to identify the required forms and processes for fiscal year 2021 and will provide guidance to the prevention field within the coming weeks.

33. How do we know which organizations provide services in our region?

The statewide training entity at texaspreventiontraining.org hosts a heat map detailing prevention services throughout the 11 HHS health regions. In addition, organizations may contact their regional Prevention Resource Center (PRC) for services in their region.

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?



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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?



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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 9, 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.

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.



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- **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 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?



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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.