

DBHR COVID-19 call 5/5/20 – 363 participants**How to tune into the call:**

Tuesdays from 10:00-1:30pm PST

Email hcadbhrbhccovid19@hca.wa.gov with subject: "Add me to DBHR COVID19 Provider Calls"

COVID-19 & Behavioral Health (BH) Impacts – caveats – extrapolated based on existing research. Highly subject to future actions and impacts. Will be revised monthly.

- Expect upwards 2-3 million Washingtonians could experience BH symptoms within the next 6 months. Roughly 1% increase in unemployment correlates with 1-1.6% increase in suicide rates.
- Crimes & DV – law enforcement reporting 25% decrease in most offenses, 17% increase in DV. Consistent with disaster literature.
- Trauma cascade - believe we are just past honeymoon phase and moving into disillusionment, followed by recovery.
- Second wave of COVID, if there is one, will be harder to handle emotionally and mentally. If there is a significant COVID outbreak in the Fall, will have bigger impact on behavioral health symptoms. With stronger contact tracking and keeping outbreaks controlled, will have better impact on behavioral health symptoms.
- ESF8 Emergency Support Function 8 – where BH is housed at LHJ. LHJ is lead agency at local level. Reach out to them for PPE and other supports. DOH will be encouraging LHJs to reach out to BH and collaborate.

Update on ACHs by Susan McLaughlin, ED at Healthier Here. Provided quick overview of what ACH is and examples of on-the-ground assistance to clinical and community providers.

Dr. Fotinos – patient and staff care. Governor recommendations yesterday to open medical and dental clinics with specific guidance. Infection Control Unit is working on specific guidance for residential units such as inpatient centers with pregnant women and families.

Evelyn Clark – telehealth update – new & improved telehealth tips for individuals receiving services. Updated 5/8/20. <https://www.hca.wa.gov/assets/program/fact-sheets-telehealth-tips-for-individuals-receiving-services.pdf>

Updates and reminder highlights:

- Washington Recovery Alliance is holding second, annual recovery summit virtually on June 1st <https://washingtonrecoveryalliance.org/summits/>
- Childcare aware for info on childcare during COVID-19. Or call 1-800-446-1114.
- Statewide wireless hotspots opened. In our region, new hotspot is in west end.
- BH Providers Connect a listserv for WA BH providers, place to communicate and share information, resources in easy, safe zone. <https://www.thewashingtoncouncil.org/bhprovidersconnect/>

Q&A

Question: Billing- G2012 for texting if longer than 10 minutes? If no, what code to use?

Answer: G code is for brief check-in. >10 minutes is a different type of service. If it is an individual session use regular code with CR modifier.

Question: G2012 – Ok to use with family of client to check-in?

Answer: Need to research, G is specifically to check in with client. How would you normally bill that? You could use that code with CR modifier. For more specifics, send details via email and they will get back to you.

Question: Financial difficulties – names and information shared with MCOs. Understanding that all types of different methods have been utilized including advance payments, changing contract terms to allow capitated (monthly) payments up front. Second path – practices still struggling, handling one on one. Understanding is that it is improving. DBHR needs to hear from practices if there is an ongoing or new issue.

Question: Billing – Should we stop providing telehealth because of the waiver expiration?

Answer: DBHR/HCA will be in touch as soon as know more information. Telehealth is something they want to be able to continue on.

Question: Are **mental health agencies going to be opening up to see patients in the office?**

Answer: Keri Waterland & Charissa - At this point in time we know just what the governor shared yesterday re medical and dental clinics. We don't have anything new to share as far as outpatient opening up. Suggest look at the roster of providers to see who is providing what/when.

Question: Any **BH agencies open to in-person** assessment and services or are the majority virtual?

Answer: Opiate treatment still required to do intakes in person (by SAMHSA). For other agencies need to contact each one to know for sure. Chatbox – some agencies reporting they are open and doing assessments and in-person treatments. Some have client come into session room with telehealth capabilities on site and clinician in next room. Folks shared all different strategies they are using across the state.

Telehealth Waiver – HCA working with DOH for continuity, the rest is with the Federal government to determine if/when waivers end.

Question: Given anticipated increased needs in BH r/t COVID and worker shortages, would HCA consider adaptations to abridge the intake assessment and other tools?

Answer: HCA will consider the needs. Intake assessment drives the medical necessity and services rendered thereafter.

Meeting adjourned 1:25pm

