**BHI Rapid Response**

**Behavioral Telehealth Regulatory Relaxations in Place During COVID-19**

| Publication | Purpose | Existing Regulations | Term |
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| State |  |  |  |
| WSR 20-07-105  Code Reviser for Washington State Registry | The Washington State Department of Health (Department) is waiving certain behavioral health agency licensing and certification requirements that impose an obligation on licensed behavioral health agencies to provide certain assessments and services “in person” or “face-to-face.”  This waiver applies to any licensed or certified behavioral health agency, as defined in RCW 71.24.025(26).  This waiver is limited to the licensing and certification requirements identified in Section IV.  Licensing and certifications requirements that are not identified in Section IV remain effective and are not waived. | 1. WAC 246-341-0610(1)(a) - Clinical-Assessment (“The assessment must be…conducted in person”) 2. WAC 246-341-0200 – Behavioral health services-Definitions 3. WAC 246-341-0712(3) – Outpatient services – Psychiatric medication mental health services and medication support. (Medication support services occur face-to-face…” 4. WAC 246-341-0820(2)(a) – Involuntary and court-ordered-Driving under the influence (DUI) substance use disorder assessment services (“An agency certified to provide DUI assessment services must also ensure…the assessment is conducted in person…” 5. WAC 246-341-0910 – Crisis mental health services-Outreach services (“Crisis mental health outreach services are face-to-face interventions services provided to assist individuals in a community setting…” 6. WAC 246-341-0915 – Crisis mental health services-Stabilization services (“Crisis mental health stabilization services include short-term (less than two weeks per episode) face-to-face assistance with life skills training and understanding of medication effects on an individual.” 7. WAC 246-341-1110(2)(b) – Residential substance use disorder treatment services-Intensive inpatient services (“Conduct and document at least weekly, one face-to-face individual substance use disorder counseling session with the individual”) | Remains in effect until withdrawn by the Department or until the Governor issues a proclamation declaring the termination of the state of emergency |
| Statement on Apple Health’s (Medicaid) telemedicine payment policy  <https://www.hca.wa.gov/statement-apple-health-s-medicaid-telemedicine-payment-policy>  \*\*\*\*  Governor’s Proclamation 20-29  <https://www.governor.wa.gov/sites/default/files/proclamations/20-29%20Coronovirus%20OIC%20%28tmp%29.pdf> | HCA has received some questions from Apple Health (Medicaid) providers about whether we will continue to reimburse telemedicine at the same rates as in-person services.  HCA’s Apple Health (Medicaid) program pays the same for services rendered via telemedicine as in-person. HCA has done so previously, and we will continue to do so.  HCA is aware that there is some confusion around the Governor’s proclamation 20-29. The proclamation requires telemedicine payment parity for health plans that fall under the Office of the Insurance Commissioner’s jurisdiction - not Apple Health.  \*\*\*\* | \*\*\*\*  2020 Legislature enacted ESSB 5385, requiring providers to be paid at the same rate when providing services via telemedicine as they are paid for providing the same services in-person (payment parity), but this requirement was not scheduled to become effective until plans issued January 1, 2021.  Proclamation 20-29 “*waives or suspends specified statutes that prevent, hinder or delay necessary action…prohibiting insurance carriers from certain activities related to the use of telemedicine services by medical providers.”*  *…by removing*  *I also prohibit the following activities by health carriers to encourage health care providers to provide telemedicine services by providing for payment parity between telemedicine and in-person medical services:*   1. *Reimbursing in-network providers for telemedicine claims for medically necessary covered services at a rate lower than the contracted rate that would be paid if the services had been delivered through traditional (in-person) methods.* 2. *Denying a telemedicine claim from an in-network provider for a medically necessary covered service due to an existing provider contract term with that provider that denies reimbursement for services provided through telemedicine.* 3. *Establishing requirements for the payment of telemedicine services that are inconsistent with the emergency orders, rules or technical advisories to carriers issued by the Office of the Insurance Commissioner.* | HCA will communicate changes to these policies with significant lead time to support the return to office-based care. We will work with providers to ensure a smooth transition and to identify those telehealth policies that may be preserved as permanent policy.  \*\*\*\* |
| 1135 waiver request summary  <https://www.hca.wa.gov/assets/1135-waiver-summary.pdf>  <https://www.hca.wa.gov/assets/WA-1135-waiver-request.pdf> | Telehealth   * Flexibility for provision and payment of telehealth services. Apple Health has already opened new billing codes for both telehealth and telephonic services, including for behavioral health services to cover telehealth services in the same manner and at the same rate as in-person care * Broadly waive any other face-to-face patient/provider or similar requirement * Continue work to expand telehealth options   Financing:   * Allow Medicaid emergency financing approaches supporting provider sustainability, particularly for smaller and more vulnerable behavioral health, home care and Tribal health providers   \*\*NOT BH/TELE – POSSIBLY OF INTEREST TO ACHs\*\*  Community Supports   * Requests immediate approval of our 1115 budget neutrality corrective action plan to ensure Accountable Communities of Health (ACH) are deployed for community supports * ACHs coordinate with clinical and community partners, including community engagement, education, provider relief, and alignment of response strategies with local health jurisdictions:   + Assist providers to implement sustainable clinical practices that ensure viability and access   + Perform services that ensure continuity of care for high-risk individuals   + Community convening and educating to support community preparedness   + Allow payment of flexible services for ACHs and Foundational Community Supports (FCS) providers to assist with housing, phones, and meals |  | Not specified by HCA waiver approval summary |
| HCA - Apple Health (Medicaid) telemedicine & telehealth  HCA Brief on how to bill for telemedicine services  <https://www.hca.wa.gov/assets/billers-and-providers/telehealth-brief-for-COVID-03-2020.pdf> | In response to the COVID-19 pandemic, the Health Care Authority (HCA) and the Apple Health (Medicaid) managed care organizations are allowing the use of a variety of telehealth technologies to meet the healthcare needs of  providers, clients and families.  Overview of HCA’s **telemedicine** policy | telemedicine as defined in WAC 182-531-1730  RCW 74.09.325 defines telemedicine as the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment.  The RCW states:   * The technology used to provide the health care service must meet the standards required by state and federal laws governing the privacy and security of protected health information (HIPAA compliant); * It does not include the use of audio-only telephone, facsimile, or email; and * The health care provider who can be reimbursed for services provided using this technology must be:   + A person regulated under Title 18 or chapter 70.127 RCW, to practice health or health-related services or otherwise practicing health care services in this state consistent with state law; or   + An employee or agent of a person described in (a) of this subsection, acting in the course and scope of his or her employment.   Telemedicine is covered as an alternative means to provide care in all Medicaid benefits, including behavioral health. | No specified expiration date in HCA brief. Telemedicine already allowed and consistent with provider billing guide. |
|  | Originating site (client location)  Facility fees  Distant site (location of consultant, healthcare professional) & Place of Service Code | Regarding facility fees, for telemedicine services (i.e., delivered through HIPAA-compliant, interactive, real-time audio and video telecommunications), the originating site is the physical location of the client at the time the service is provided. If the originating site is a qualified site, an originating site facility fee may be paid. Qualified originating sites are listed in the physician related services billing guide. An originating site facility fee will not be paid if the originating site is not a billable location, such as home. If the provider is in the same location as the client, an originating facility fee will not be paid. Further policy for originating site reimbursement is found in the physician related services billing guide on pages 86-87. <https://www.hca.wa.gov/assets/billers-and-providers/physician-related-serv-bg-20200401.pdf>  Distant site guidance on page 88 | No specified expiration date in HCA brief. Telemedicine already allowed and consistent with provider billing guide. |
|  | Documentation Requirements | The documentation requirements are the same as those listed in Evaluation and management documentation and billing, in addition to the following   * Verification that the service was provided via telemedicine * The location of the client and a note of any medical personnel with the client * The location of the provider * The names and credentials (MD, ARNP, RN, PA, CNA, etc.) of all people involved in the telemedicine visit, and their role in the encounter at both the originating and distant sites   Documentation guidance on page 86 | No specified expiration date in HCA brief. Telemedicine already allowed and consistent with provider billing guide. |
|  | Overview of HCA’s **telehealth** policy  HCA’s Apple Health fee-for-service program and the managed care organizations have also implemented **temporary** policies to expand the type of telecommunications that can be used to provide covered services. For the duration of  the pandemic, telehealth can be considered an umbrella term that includes telemedicine as well as these temporary policies, some of which are reimbursed at rates comparable to in-person visits. In contrast to telemedicine, some telehealth technologies may not be HIPAA compliant and some are not conducted through interactive audio-video exchange. Under telehealth, HCA is standardizing the application of these policies with our partners, the managed care organization (MCOs) and the Administrative Service Organizations (ASOs) to:   * Reduce the administrative burden on providers * Increase client access to care during the pandemic * Help providers maintain delivery of services when social distancing is essential * Rapidly increase telehealth innovation and access | Telehealth is the use of electronic information and telecommunications technologies to support distant primary health and behavioral health care; patient and professional health-related education; public health, and health administration. HCA is using **telehealth** modalities to provide assessment, diagnosis, intervention, consultation, supervision and information **in lieu of an in-person visit**. telehealth allows health care services to be provided in a variety of ways to provide health care service, including:   * Audio/video technologies that are non-HIPAA compliant, such as Skype or FaceTime * Audio only (telephone calls) * Email * Texting * E-consults   When providing services using a non-HIPAA compliant telehealth technology, providers are encouraged to try to assure the client’s privacy in a HIPAA compliant-like manner. | Temporary polices to expand the type of telecommunications that can be used  Consistent |
| Apple Health (Medicaid) behavioral health policy and billing during the COVID-19 pandemic (FAQ)  <https://www.hca.wa.gov/assets/billers-and-providers/behavioral-health-policy-and-billing-COVID-19.pdf> | This FAQ reinforces the agency’s current policies regarding telemedicine as defined in WAC 182-531-1730 and  covers new telehealth policies that will only be in effect during this health care crisis. We will update this FAQ as  necessary to respond to new information as it develops. This FAQ is not applicable to involuntary treatment act (ITA)  evaluations by designated crisis responders (DCRs).  Includes FAQ guidance for BH providers, FQHCs, RHCs, and Tribal Facilities providing/billing for services (CPT, HCPC, Modifier), as well as some exceptions and examples of services that should NOT be delivered via technology (e.g. Day Support, MH Clubhouse, Residential service) and alternatives. | WAC 182-531-1730  SERI Guide July 1, 2019 latest version, with interim IMC guidance dated June 2019 and January 2020 | Only in effect during this health care crisis.  SERI not updated for COVID time period. It includes telemedicine not telehealth |
| WSR 20-09-133 - Pharmacy timing of signed prescription for Schedule II Controlled Substance (CII)  <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID19-PharmacyCommissionWaiver.pdf> | The Pharmacy Quality Assurance Commission (commission) is adopting emergency rules to reduce burdens on practitioners prescribing Schedule II substances during the COVID-19 outbreak. The emergency rule amends WAC 246-887-020 and increases the duration of time a practitioner has to deliver a signed prescription when authorizing an emergency prescription of a Schedule II substance to the pharmacy from  seven days to fifteen days. It also defines what a "signed prescription" means and allows for a practitioner to accomplish this requirement through paper, electronic transmission, facsimile, photograph, or scanned copy. These alternative methodologies support patients, practitioners, and pharmacists efforts to practice social distancing and to help mitigate communal spread | WAC 246-887-020 – Uniform Controlled Substances Act | Effective 4/21  120 days (8/20) per HCA ***\*\*DATES NEED CONFIRMATION\*\**** |
| Apple Health (Medicaid) interpreter services policy during COVID-19 pandemic – HCA memo <https://www.hca.wa.gov/assets/billers-and-providers/apple-health-sign-language-interpreter-services-policy-COVID-19.pdf> | Effective for dates of service on and after March 30, 2020, the Health Care Authority (HCA) is temporarily adding remote based interpreting for Apple Health (Medicaid) providers serving Apple Health enrolled clients.   * Sign Language Interpreters * Spoken language interpreters | All sign language interpreters are obtained through the state’s master contract which is overseen by the Department of Social and Health Services (DSHS), Office of Deaf and Hard of Hearing (ODHH). ODHH is permitting sign language interpreters to participate remotely, though the meeting host’s video conference  Technology.  HCA has entered into an emergency contract with Universal Language to offer Over the Phone Interpreting (OPI) for Apple Health clients. OPI will be available during the Governor’s Stay Home—Stay Healthy order that has resulted from the COVID-19 pandemic. | Temporary  OPI interpretters only permitted during Stay Healthy order |
| Physician-Related Services/Health Care Professional Services Billing Guide – April 1, 2020  <https://www.hca.wa.gov/assets/billers-and-providers/physician-related-serv-bg-20200401.pdf>  Note: Other provider billing guides refer to the Physician…billing guide for the telemedicine policy and some have been updated with an addition for “Telemedicine and Coronavirus (COVID-19)”. For example:   * Substance Use Disorder Billing Guide (Fee-for-Service * Federally-Qualified Health Centers (FQHC) Billing Guide | “What has changed?” [page 86]  Contains new/additional information on Telemedicine and COVID-19  What are the documentation requirements?  The documentation requirements are the same as those listed in Evaluation and management  documentation and billing, in addition to the following:   * Verification that the service was provided via telemedicine * The location of the client and a note of any medical personnel with the client * The location of the provider * The names and credentials (MD, ARNP, RN, PA, CNA, etc.) of all people involved in the telemedicine visit, and their role in the encounter at both the originating and distant sites   ***Covers Telemedicine and NOT Telehealth***  ***Relates to FFS***  “Contact the MCO regarding whether or not the plan will authorize telemedicine coverage for services covered under the plan.” | Supersedes prior Billing Guides | Until superseded |
| Relaxing Regulatory Requirements  <https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020COVID19/RelaxingRegulatoryRequirements> | In response to the COVID-19 pandemic, the Department of Health, the State Board of Health, and Healthcare Professional Regulatory Boards and Commissions are working to ease some rules to make health care capacity and essential services better for the health of all people in Washington.  Note: Washington law related to giving out healthcare information has not been waived at this time (Chapter 70.02 RCW). The Department of Health and healthcare profession boards and commissions are working together on federal and state policy for COVID-19. | Chapter 70.02 RCW | Nationwide public health emergency |
| Online Prescribing  State of Washington, Medical Quality Assurance Commission, Guideline Appropriate Use of Telemedicine  <https://wmc.wa.gov/sites/default/files/public/documents/MD2014-03TelemedicineGuideline_approved10-3-14.pdf> | “A documented patient evaluation, including history and physical evaluation adequate to establish diagnoses and identify underlying conditions and/or contra-indications to the treatment recommended/provided, must be obtained prior to providing treatment, including issuing prescriptions, electronically or otherwise.  Treatment and consultation recommendations made in an online setting, including issuing a prescription via electronic means, will be held to the same standards of appropriate practice as those in in-person settings.  Treatment, including issuing a prescription, based solely on an online questionnaire or consultation does not constitute an acceptable standard of care.”  *Source: Center for Connected Health Policy* | Chapter 18.71 RCW, Chapter 18.71A RCW, Chapter 18.130 RCW,  Chapter 70.02 RCW, Chapter 246-16 WAC, Chapter 246-918 WAC, and  Chapter 246-919 WAC |  |
| State - Grants, Stimulus |  |  |  |
| Public Assistance, COVID – 19 Pandemic Outbreak  https://mil.wa.gov/public-assistance | Following the Presidential Emergency Declaration (3427-EM-WA) and the Major Disaster Declaration (4481-DR-WA), the Washington State Emergency Management Division has activated FEMA’s Public Assistance (PA) Program to initiate the recovery process for the COVID–19 Pandemic Outbreak.  The mission of FEMA's PA Program is to provide assistance to State, Tribal and local governments and certain types of Private Nonprofit organizations so that communities can quickly respond to and recover from major disasters or emergencies declared by the President.  For the COVID–19 Pandemic Outbreak, WA EMD-PA and FEMA will manage the PA Program process to provide supplemental Federal disaster grant assistance for Emergency Protective Measure activities that eliminate or lessen immediate threats to lives, public health, or safety. |  |  |
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| Federal |  |  |  |
| Office for Civil Rights (OCR) at the Dept of Health and Human Services (HHS) - Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency  <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html> | *We are empowering medical providers to serve patients wherever they are during this national public health emergency. We are especially concerned about reaching those most at risk, including older persons and persons with disabilities*. – Roger Severino, OCR Director.  …covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies. Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules.  OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.  This notification is effective immediately.  A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients | HIPAA Rules  \*\*\*Purposed continued\*\*\*  Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.  Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.  Covered health care providers that seek additional privacy protections for telehealth while using video communication products should provide such services through technology vendors that are HIPAA compliant and will enter into HIPAA business associate agreements (BAAs) in connection with the provision of their video communication products. The list below includes some vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA BAA.  Skype for Business / Microsoft Teams  Updox  VSee  Zoom for Healthcare  Doxy.me  Google G Suite Hangouts Meet  Cisco Webex Meetings / Webex Teams  Amazon Chime  GoToMeeting  Spruce Health Care Messenger | During the COVID-19 national emergency, which also constitutes a nationwide public health emergency |
| February 2020 Office for Civil Rights, U.S. Department of Health and Human Services BULLETIN: HIPAA Privacy and Novel Coronavirus  <https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf>  <https://www.hhs.gov/sites/default/files/hipaa-privacy-rule-and-sharing-info-related-to-mental-health.pdf> | In light of the Novel Coronavirus (2019-nCoV) outbreak, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) is providing this bulletin to ensure that HIPAA covered entities and their business associates are aware of the ways that patient information may be shared under the HIPAA Privacy Rule in an outbreak of infectious disease or other emergency situation, and to serve as a reminder that the protections of the Privacy Rule are not set aside during an emergency. | 45 CFR 164 |  |
| Information Related to Mental and Behavioral Health, including Opioid Overdose  Content last reviewed on December 19, 2017  <https://www.hhs.gov/hipaa/for-professionals/special-topics/mental-health/index.html> | This page is intended to be a one-stop resource for guidance and other materials on how HIPAA applies to mental health and substance use disorder information. It will be periodically updated with additional information.  Fact Sheets:   * HIPAA Helps Caregiving Connections * HIPAA Helps Mental Health Professionals to Prevent Harm - PDF * HIPAA Helps Family and Friends Stay Connected with Loved Ones Who Have a Substance Use Disorder, including Opioid Abuse, or a Mental or Behavioral Health Condition - PDF * When can I obtain treatment information about my loved one? (decision chart) - PDF * If You Experience a Health or Mental Health Crisis, HIPAA Helps Your Doctors, Nurses, and Social Workers to Reconnect You with Family, Friends, and Caregivers - PDF * How HIPAA Allows Doctors to Respond to the Opioid Crisis - PDF * When Your Child, Teenager, or Young Adult has Mental Illness: What Parents Need to Know about HIPAA - PDF NEW! * Am I my child’s personal representative under HIPAA? - PDF * When may a mental health professional use professional judgment to decide whether to share a minor client’s treatment information with a parent? - PDF * When can parents access information about their minor child’s mental health treatment? (Decision Chart) - PDF * HIPAA Privacy Rule and Sharing Information Related to Mental Health – PDF * Guidance on Responding to an Opioid Overdose – PDF * HIPAA and Personal Representatives for Adults and Minors * Mental Health FAQ’s * HIPAA Privacy Rule and Sharing Information Related to Mental Health - PDF * Additional FAQs on Sharing Information Related to Treatment for Mental Health or Substance Use Disorder—Including Opioid Abuse - PDF * Substance Use Disorder Treatment Records |  |  |
| HIPAA and COVID-19 Bulletin: Limited Waiver of HIPAA Sanctions and Penalties During a Declared Emergency  <https://www.hhs.gov/sites/default/files/hipaa-and-covid-19-limited-hipaa-waiver-bulletin-508.pdf> | HHS Secretary Azar has exercised the authority to waive sanctions and penalties against a covered hospital that does not comply with the following provisions of the HIPAA Privacy Rule:   * the requirements to obtain a patient's agreement to speak with family members or friends involved in the patient’s care. See 45 CFR 164.510(b). * the requirement to honor a request to opt out of the facility directory. See 45 CFR 164.510(a). * the requirement to distribute a notice of privacy practices. See 45 CFR 164.520. * the patient's right to request privacy restrictions. See 45 CFR 164.522(a). * the patient's right to request confidential communications. See 45 CFR 164.522(b). | 45 CFR | When the Secretary issues such a waiver, it only  applies: (1) in the emergency area identified in the public health emergency declaration; (2) to  hospitals that have instituted a disaster protocol; and (3) for up to 72 hours from the time the  hospital implements its disaster protocol |
| Trump Administration Issues Second Round of Sweeping Changes to Support U.S. Healthcare System During COVID-19 Pandemic  <https://www.cms.gov/newsroom/press-releases/trump-administration-issues-second-round-sweeping-changes-support-us-healthcare-system-during-covid>  <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet> | These changes include making it easier for Medicare and Medicaid beneficiaries to get tested for COVID-19 and continuing CMS’s efforts to further expand beneficiaries’ access to telehealth services.  Includes descriptions of multiple changes to “Further Expand Telehealth in Medicare, including:   * expanding the types of providers that can furnish Medicare telehealth services * Allowing hospitals to bill as the originating site for telehealth services furnished by hospital-based practitioners * Broadening of audio-only telephone services to include many behavioral health and patient education services, and increasing payment * Changing the rulemaking process, to speed up the process by using sub-regulatory basis * Paying for telehealth provided by RHC and FQHCs as “distant sites” per the CARES Act * Waiving the video requirement, and allowing audio only for certain E&M services |  | will apply immediately for the duration of the Public Health Emergency declaration |
| List of services payable under the Medicare Physician Fee Schedule when furnished via telehealth.  <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes> | CMS is broadening the list of services that can be conducted by audio-only telephone to include many behavioral health and patient education services. CMS is also increasing payments for these telephone visits to match payments for similar office and outpatient visits. |  | The payments are retroactive to March 1, 2020. |
| Federal - Funding, Grants, Stimulus |  |  |  |
| Economic Injury Disaster Advance Loan and New Eligibility  <https://www.sba.gov/funding-programs/disaster-assistance/coronavirus-covid-19>  Disaster Loan Assistance (incl. Application): <https://disasterloan.sba.gov/ela/> | Provides vital economic support to small businesses to help overcome the temporary loss of revenue they are experiencing as a result of the COVID-19 pandemic.  Eligible providers: Small businesses (500 or fewer employees) in operation since 1/31/2020, including: small businesses concerns, private and public nonprofit organizations, veterans organizations, sole proprietors and independent contractors, and agricultural enterprises.  This advance will provide economic relief to businesses that are currently experiencing a temporary loss of revenue. Funds will be made available within three days of a successful application. This loan advance will not have to be repaid. | CARES Act, Section 1110 | December 31, 2020 |
| Supplemental grants to HRSA funded health centers  <https://bphc.hrsa.gov/emergency-response/coronavirus-cares-FY2020-awards> | Provide supplemental awards for health centers to respond to the COVID-19 pandemic.  HRSA-funded health centers may use the awards to help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels to address this public health emergency. | CARES Act, Section 3211 | Funds awarded 4/8/20 |
| National Health Services Corps Loan Repayment Programs (NHSA Loan Repayment Program; NHSC SUD Workforce Loan Repayment Program; NHSC Rural Community Loan Repayment Program) | Licensed primary care clinicians in eligible disciplines can receive loan repayment assistance through the NHSC Loan Repayment Program (NHSC LRP).  Eligible clinicians providing primary medical, dental, or behavioral health care services or evidence-based SUD treatment.  In exchange for loan repayment, you serve at least two years of service at an NHSC-approved site in a Health Professional Shortage Area (HPSA). | CARES Act *\*\*Additional Research Needed\*\** | Extended to 5/21/2020 |
| Distance Learning and Telemedicine (DLT) Grant Program  <https://www.rd.usda.gov/programs-services/distance-learning-telemedicine-grants>  <https://www.grants.gov/web/grants/search-grants.html?keywords=RUS-20-02-dlt> | The Distance Learning and Telemedicine program helps rural communities use the unique capabilities of telecommunications to connect to each other and to the world, overcoming the effects of remoteness and low population density  Eligible providers: State and local governmental entities, federally recognized tribes, nonprofits, and for-profit businesses | Title I – Rural Development | 4/14/20-7/14/20 |
| COVID-19 Telehealth Program  <https://www.fcc.gov/covid-19-telehealth-program>  <https://www.fcc.gov/covid-19-telehealth-program> | Provides immediate support to eligible health care providers responding to the COVID-19 pandemic by fully funding their telecommunications services, information services, and devices necessary to provide critical connected care services | Title V – Federal Communications Commission | Until $180m of funds expended or pandemic ended |
| Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response  <https://www.cdc.gov/tribal/cooperative-agreements/covid-19.html>  <https://www.grants.gov/web/grants/view-opportunity.html?oppId=325942> | To support tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes to prevent, prepare for, and respond to COVID-19.  Award floor $25,000; Award ceiling $1,500,000 | Title VII – Funding for Native communities and Tribal Governments | 4/1/20-5/31/20 for applications |
| CARES Act Provider Relief Fund  <https://www.hhs.gov/provider-relief/index.html> | Public entities, Medicare- or Medicaid enrolled suppliers and providers, and other for-profit and non-profit entities as specified by HHS Secretary. Targeted allocations:   * Uninsured * COVID-19 high impact areas * Rural providers * Indian Health Services * Additional allocations   $50 billion of the Provider Relief Fund is allocated for general distribution to Medicare facilities and providers impacted by COVID-19, based on eligible providers' net patient revenue. The initial $30 billion was distributed between April 10 and April 17, and the remaining $20 billion is being distributed beginning Friday, April 24. | Title VIII – Preparedness and Response, Health Care Provider Fund |  |
| Private Payer |  |  |  |
| ENGROSSED SUBSTITUTE SENATE BILL 5385  <http://lawfilesext.leg.wa.gov/biennium/2019-20/Pdf/Bills/Session%20Laws/Senate/5385-S.SL.pdf> | NEW – AN ACT Relating to Reimbursing for telemedicine services at the same rate as in person  for health plans issued or renewed on or after January 1, 2021, a health carrier shall reimburse a provider for a health care service provided to a covered person through telemedicine at the same rate as if the health care service was provided in person by the provider.  upon initiation or renewal of a contract with the Washington state health care authority to administer a medicaid managed care plan, a managed health care system shall reimburse a provider for a health care service provided to a covered person through telemedicine at the same rate as if the health care service was provided in person by the provider. | RCW 48.43.735, 41.05.700, 74.09.325, and 28B.20.830 | Effective March 19, 2020 |

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| Other – REVIEW IN PROGRESS |  |  |  |
| HCA Memo: Apple Health (Medicaid) prior authorization requirements- COVID-19 related The Health Care Authority (HCA) recognizes the critical need to maintain swift decision making for patient transfers and discharges. Nothing should get in the way of patient flow as we all work to address the COVID-19 pandemic.  <https://www.hca.wa.gov/assets/billers-and-providers/COVID-related-apple-health-prior-auth-reqs.pdf> | Apple Health fee-for-service (FFS) program  Any service requiring authorization prior to discharge:  • Any service requiring prior authorization (PA) that is emergently provided due to COVID-19 may be  submitted for retro-review and authorization.  • Billing information: For claims to be paid without PA in the above instances, include the ‘CR’ modifier to  designate that the requested items or services are related to the COVID-19 response.  • Use this billing methodology as needed when facilitating patient discharge/transfer to maintain capacity  for the COVID-19 response. | More details related to 1135 #1 above |  |
| Apple Health (Medicaid) provider enrollment FAQ  during the COVID-19 pandemic <https://www.hca.wa.gov/assets/billers-and-providers/apple-health-provider-enrollment-FAQ.pdf> | Directions on expedited enrollment | Consistent with 1135 #2 | For the duration of the national emergency |
| Alien Emergency Medical COVID-19 Coverage (HCA Memo - <https://www.hca.wa.gov/assets/billers-and-providers/alien-emergency-medical-COVID19-policy.pdf>) | COVID-19 emergency rule change to expand coverage  Alien Emergency Medical (AEM) clients can access care within the provider’s\* office setting (outside of the  emergency department, inpatient and other outpatient settings) to diagnose and treat COVID-19.  \*Includes MD/DO, ARNP, NP providers  Includes coverage for testing and treatment in any office, mobile, non-hospital based setting.  Medications, medical supplies and follow-up visits may be covered in the following situations… | WAC 182-507-0115 |  |
| Second 1135 Waiver  <https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/98241> | HCBS Settings  Conflict of Interest Requirements  Requirement to obtain beneficiary and provider signatures of HCBS service plan |  | effective March 1, 2020 and will terminate upon termination of the public health emergency, including any extensions |
| WSR 20-09-128 | Align with Federal 1135 Blanket Waivers for Hospital Regulations | 1. Discharge Planning 2. Patient Transfer Process 3. Patient Care Services and Verbal Orders 4. Adverse Events Reporting 5. Seclusion | During the time period of Governor Inslee’s declared state of emergency |
|  | Provider licensing extensions |  |  |
|  | Waiver of continuing education requirements | * Emergency medial responders * Mental Health Counselors * Marriage and Family Therapists * Social Workers * Health Care Assistants * Medical Assistants * ARNPs, RNs, LPNs, and Nursing Assistants * Osteopathic Physicians and Physician Assistants * Pharmacists and Pharmacy Ancillary Personnel * Physicians and Physician Assistants * Respiratory Care Practitioners *  Home Care Aids |  |
|  | Medical Assistants working past 60 days if application pending |  |  |
| WSR 20-09-127 | Dietitians providing telehealth | Dietitians licensed in Oregon or Idaho may use telehealth to continue providing treatment to Washington residents, provided the patient-provider relationship was established prior to the COVID-19 declared emergency, and the practice does not create an unreasonable risk of harm. | Until withdrawn |
| CMS Health Care Facilities |  | For multiple facility types. Includes  Acute Care Hospitals – allowing care for patients in alternative care sites, allowing them to move patients from psychiatric units and rehabilitation units to acute care beds, and waiving requirements related to the “60% rule”. |  |
| Provider locations |  | Temporarily waive requirements that out-of-state providers be licensed in the state where they are providing services when they are licensed in another state. This applies to Medicare and Medicaid. |  |
| Federal “Blanket Waivers” |  | *Hospitals, Critical Access Hospitals, Psychiatric Hospitals, Long-Term Care Hospitals:* EMTALA, Verbal Orders, Discharge Planning, hospital pharmacy – Sterile Compounding, relocate patients from the psychiatric unit part of the hospital.  *Rural Health Clinics and Federally Qualified Health Centers*: Staffing |  |
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