

MEMORANDUM

TO: Representative William J. Lippert Jr., Chair

FROM: Sarah Squirrell, Commissioner, Department of Mental Health

DATE: April 2, 2020

SUBJECT: Follow up to Questions Received During Testimony March 27, 2020

This memorandum is in response to questions asked during testimony.

Question: What is the department's plan for providing crisis services statewide?

Answer: A primary focus for DMH at this time is to ensure crisis services remain available and accessible. The steps we are following include:

- 1) Maintaining fiscal solvency and stability of community mental health providers and VPCH and MTCR
 - a. Staffing challenges related to staff needs to be home to care for children, family and/or self
 - i. Set up a [Mental Health Job Board](#) on our website in collaboration with partners to address anticipated staffing shortages
 - ii. Worked with DAs to organize redeployment of mental health staff who can no longer work in schools, for example, to community based programs
 - iii. As of 3/31/2020, moved the seven residents of MTCR to VPCH utilizing a separate unit so the residents are still considered placed in a therapeutic residential setting.
 - b. Fiscal stability
 - i. Worked with DVHA to open up new billing codes to allow telephonic support for those needing services and support. Includes children's services.
 - ii. Under the current Mental Health Case Rate model DAs/SSAs are paid monthly for case rate services on a prospective basis using an annual budget. This prospective payment is paid in a lump sum at the same time each month.
 1. This provides assurance of maintaining prospective case rate payments through 2020 and documented notice that DMH can and will adjust the reconciliation process to reflect changes in practice due to COVID-19 that will mitigate financial risk at the point of reconciliation.

- iii. AHS creating new methodology for Residential programs outside of case rate, funded as private, non-medical institutions (PNMI) to provide fiscal stability, as well as expediting the process to apply for extraordinary financial relief
 - iv. Adult Residential facilities outside of case rate (Second Spring North and Second Spring South) can receive additional funding if needed
 - v. School-based mental health clinician services can now be provided through telehealth or telephone; changed minimum utilization requirements to allow continued reimbursement; considering case rate for behavior interventionists who work within Success Beyond Six. This would move them out of needing to bill fee for service; this shift will require collaboration with the Agency of Education and Local Education Agencies
 - vi. Reducing documentation requirements and triaging services with DAs according to their capacity and needs
 - vii. Creating process to support purchase of Personal Protection Equipment for mental health staff
- 2) Standing up alternate care sites – DMH is pursuing this in order to:
- a) provide a safe, secure facility for patients with significant psychiatric needs and who have mild COVID-19 symptoms,
 - b) mitigate the spread of COVID-19 in our inpatient and residential facilities across the state, and
 - c) preserve resources and capacity within our broader medical system for the most medically acute
- 3) Monitoring for continued risks

Question: What guidance is going out to regular providers, private practitioners as well?

Answer: DMH is providing guidance to all providers on all aspects of care provision under the unique circumstances posed by the Coronavirus and COVID-19. All guidance is available on our [website](#), but a full listing appears below, as well.

The guidance includes specifics about changes in billing codes to allow providing services over the phone, specific steps for providers serving children and youth and for school-based mental health services providers, as well as appropriate use of isolation and quarantine measures for inpatient care.

The first document (FAQ-COVID-19) is updated as often as new questions are asked by the Designated Agencies.

These documents are emailed to provider lists when they are produced.

[FAQ - COVID-19 Frequently Asked Questions and Guidance to Designated Agencies](#) - March 27

[Guidance for Residential Programs serving Children and Youth](#) - March 27

[New Executive Order - Essential Services](#) - March 26

[COVID-19 Success Beyond Six Guidance](#) - March 26

[Medical Clearance Guidance](#) - March 23

[New Medicaid Billing Codes](#), changes in BCBS billing, new HHS/OCR Guidance on use of telehealth and HIPAA Requirements - March 19

[Recommended Precautions for Caregivers](#) - March 19

[Home-Based Service Delivery Guidance](#) from the Vermont Department of Health - March 19

[Fact Sheets for Providers, Families, Leaders, from the Center for the Study of Traumatic Stress](#) - March 13

[Coronavirus Quarantine and Admissions Guidance for Inpatient and Residential Facilities](#) - March 13

[Telehealth Learning and Consultation Tuesdays](#) weekly series for providers who are unfamiliar with telehealth

Question: Can we get photographs of Woodside, inside and out?

Answer: Yes, we will forward those as soon as we have them. A great deal of work is underway at the facility to make it appropriate as a care facility for psychiatric patients with mild symptoms of COVID-19, so we have yet to take photographs.

Question: Are Designated Agency administrative staff considered “essential” staff and therefore eligible for the same benefits as other essential health care workers?

Answer: According to the [guidance](#) from the Governor’s Office, yes, such staff are covered. The pertinent information is excerpted, below.

ESSENTIAL HEALTHCARE WORKERS

The Governor’s Office defines designated agency staff as essential:

Essential persons are defined as:

- **Providers of healthcare including, but not limited to, workers at** clinics, hospitals, Federally Qualified Health Centers (FQHCs), nursing homes, long-term care and post-acute care facilities, respite houses, VNAs, **designated agencies**, and emergency medical services;
- Criminal justice personnel including those in law enforcement, courts, and correctional services;
- Public health employees;
- Firefighters;
- Vermont National Guard personnel called to duty for this response;

- Other first responders and state employees determined to be essential for response to this crisis under the State Emergency Operations Center; and
- Staff and providers of childcare and education services (including custodial and kitchen staff and other support staff) for children of other “essential persons.”