



INFORMATION NOTICE 20-05

Addendum 3: Administration Updates

Purpose

The purpose of this Information Notice (IN) addendum is to provide interim guidance applicable due to the COVID-19 pandemic to behavioral health administrators who are responsible for administrative functions. This IN addendum is in accordance with the Department of Health Care Services (DHCS) Behavioral Health IN No. [20-009](#), Governor's Executive Orders [N-43-20](#) and [N-55-20](#), the Weekly COVID-19 All County call, and DBH IN [20-04](#). This addendum is effective March 15, 2020, unless otherwise indicated, and will end, including any extensions, upon termination of the public health emergency in accordance with DHCS notification.

For the convenience of providers, DBH will update this same addendum as updates are released by DHCS. DBH is also issuing separate addendums to this COVID-19 notice for the following programs/topics:

- Driving Under the Influence [20-05 A1](#); and
 - Narcotic Treatment Program [20-05 A2](#).
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Telehealth Services Coding

For Drug Medi-Cal Organized Delivery System (DMC-ODS) services, no additional billing code (e.g. modifier) is required when submitting claims for services rendered via telehealth or telephone. The service provided should be claimed with the appropriate procedure code.

For Specialty Mental Health Services (SMHS), providers, contract agencies and DBH should add the telehealth billing modifier, GT, to identify that the SMHS was rendered via telehealth. If DBH, providers or contract agencies are unable to configure their billing systems or electronic health record (EHR) to accept this modifier, the modifier may be omitted during the pandemic, until these modifications can be made. The Short Doyle system will accept and pay the claim even if the modifier is not included on the claim. During the emergency, DHCS strongly encourages claims to be submitted and processed if the county systems are not set up yet to add the modifier; the lack of systems in place to add the modifier should not be a barrier to the provision of services. The location code is not required for outpatient services, but is required for inpatient services.

Telehealth Platforms

DHCS is not imposing requirements about which live video platform can be used to provide services via telehealth. The U.S. Department of Health and Human Services Office of Civil Rights (HHS-OCR) has provided advisement that providers can use any non-public facing remote communication product that is available to communicate with patients. Public facing applications such as Facebook Live, Twitch, TikTok, and similar video communication applications should not be used in the provision of telehealth.

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HIPAA Enforcement Flexibilities

HHS-OCR has clarified that they will use enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the Health Insurance Portability and Accountability Act (HIPAA) Rules when providers use telehealth in good faith during the COVID-19 public health emergency.

In addition, the Governor's Executive Order N-43-20 states that the administrative penalties for health care providers specified in Health and Safety Code section 1280.17, related to safeguards of health information, as applied to any inadvertent, unauthorized access or disclosure of health information during the good faith provision of telehealth services as a result of the use of technology that does not fully comply with federal and state law during the COVID-19 emergency period are suspended for health care providers.

Various County Data Reporting Requirements

DHCS provided advisement of the current reporting requirements during the COVID-19 pandemic in Behavioral Health IN No. 20-009, which are as follows:

- Consumer Perception Survey: Rescheduled the survey collection period to June 22-26, 2020.
- Client and Services Information System (CSI), Data Collection and Reporting System (DCR), CA Outcomes Management System (CalOMS), and American Society of Addiction Medicine (ASAM) Level of Care: Due to federal reporting requirements, waiver is not possible but DHCS recognizes there may be delays in the submission of data.
- Child and Adolescent Needs and Strengths (CANS) & Pediatric Symptoms Checklist – 35 (PSC 35): DHCS recognizes that there may be limitations in staff time as some staff are being redirected due to the emergency. Therefore, DHCS provided guidance that the CANS should be completed in partnership with placing agencies by telehealth or telephone. Furthermore, although [IN 20-003](#) requires counties to include the Client Index Number (CIN) with CANS and PSC-35 submissions to the Functional Assessment Screening Tool (FAST) system, due to COVID-19, DHCS will extend the implementation of the mandatory CIN requirement to July 1, 2020.

Fingerprinting

DHCS recognizes that many counties and providers are inquiring whether fingerprinting can be waived. For any emergency Medi-Cal enrollments DBH may complete during the pandemic, waiver of the fingerprint requirement is applicable. However, fingerprinting is not waived as providers are subject to existing statutory and regulatory requirements for the provider type and as required by DBH contract.

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SMHS Medi-Cal Certifications and Re-Certifications

DHCS is not conducting onsite visits for certifications/recertifications due to approval by the Centers for Medicare and Medicaid (CMS) under the 1135 waiver.

As stated in the Mental Health Plan (MHP) contract DHCS has with DBH, DHCS may use policy letters such as Behavioral Health IN No. 20-009 to provide clarification and instructions to counties regarding implementation of mandated obligations pursuant to state and federal statutes and regulations. Due to the challenges counties and its contractors have faced in obtaining a fire clearance during the approved 1135 Waiver period, DHCS is waiving Medi-Cal Certification requirements, including fire clearances.

During the pandemic, DBH clinics and contract agencies may be certified with the following streamlined procedures:

- For initial certifications and re-certifications of contracted providers, DBH as the MHP shall submit a Medi-Cal Certification Transmittal (DHCS Form 1735).
- For DHCS tracking purposes, DBH shall note "COVID-19 Emergency Medi-Cal Certification" on whichever form is being submitted to DHCS for processing, i.e., DHCS Form 1735, 1736 or 1737.
- By following these procedures, DBH and its providers will be granted enrollment for 60 days, retroactive to March 1, 2020.
- For initial certification of county-owned and operated providers, DBH shall submit an Application for Medi-Cal Certification (DHCS Form 1736), which includes a copy of the head of service license and Program Description for the provider.
- For re-certification of county-owned and operated providers, where DBH conducts the onsite review, it shall submit a MHP Recertification of County-Owned and Operated Providers Self-Survey Form (DHCS Form 1737), which includes a copy of the head of service license.
- For re-certification or change of address of county-owned and operated providers, where DHCS conducts the onsite review, i.e., juvenile detention center, crisis stabilization unit, day treatment and/or adding medication room(s), DBH shall submit all updates via email to include a head of service license and Program Description, as needed.
- Please note that the 60-day emergency Medi-Cal Certification may be extended in 60-day increments in accordance with the 1135 Waiver.
- Should the 1135 Waiver be extended, no further action will be required on behalf of the approved provider.
- Upon conclusion of the 1135 Waiver, DBH will be required to submit any outstanding documentation and meet all certification requirements, including the requirement for onsite review and having a valid fire clearance.

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SMHS Medi-Cal Certifications and Re-Certifications, continued

- DBH will have 180 days from the conclusion of the 1135 Waiver to conduct the onsite review and to submit any outstanding documents, including a current fire clearance.
 - If due to unforeseen circumstances a county is unable to meet the 180 day time frame the county may submit a request for an extension of up to an additional 90 days.
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Additional Time to Complete Counselor Certification Requirements

California Code of Regulations, Title 9, §13035(f)(1) requires AOD registered counselors obtain certification as an AOD counselor from a DHCS recognized certifying organization within five (5) years of the date of registration.

Under the authority of Executive Order N-55-20, DHCS shall suspend the requirement to complete AOD registration for the duration of the declaration of emergency. DHCS shall extend the AOD registrants' completion date by the same number of months that the requirement was suspended.

SUD Staff Licensing Requirements

DHCS reminds SUD treatment programs that pursuant to CA Code of Regulations Title 9, Chapter 8, Section 13010, at least thirty (30) percent of staff providing counseling services in all SUD programs shall be licensed or certified. DHCS does not require SUD treatment programs maintain a minimum of 30 percent licensed staff.

Expired AOD Certification

Due to the pandemic, some AOD counselors may be experiencing delays with their certification renewals. DHCS reminds AOD counselors that in accordance with [MHSUDS IN 18-056](#), if an AOD counselor fails to submit a renewal application prior to the expiration of their certification, the counselor may not provide counseling services until their certification is renewed. However, if an AOD counselor submits a renewal application prior to the expiration of their license, the counselor may continue to provide counseling services unless the certifying organization denies the renewal application. If the counselor's certification is denied, any service provided after the expiration date of the counselor's certification shall not be reimbursed with State or federal funds.

DMC-ODS Use of Non-Registered or Non-Certified Staff

DHCS reminds counties and DMC-ODS providers that the requirements for providing Recovery Support and Case Management services have not changed due to COVID-19.

For DMC-ODS, non-registered and non-certified peers are allowed to provide Recovery Support services within their scope of practice, so long as the services are provided for within the context of the client's treatment plan, and the peer support worker meets the training and county designation requirements as specified in the DHCS-approved county SUD peer support training plan.

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DMC-ODS Use of Non-Registered or Non-Certified Staff, continued

However, counties must have a DHCS-approved county SUD peer support training plan in order to receive reimbursement for providing services by a peer.

Non-registered or non-certified staff with lived experience are not allowed to provide Case Management services in DMC-ODS. Case Management services may be provided by a Licensed Practitioner of the Healing Arts (LPHA) or certified counselor. For more information, please reference the DMC-ODS 1115 Waiver, Standard Terms and Condition (STC) 142 - Recovery Support Services and STC 143 - Case Management, as well as the Mental Health & Substance Use Disorder Services (MHSUDS) IN regarding peer support services: [MHSUDS IN 17-008](#).

Relocation of SUD Residential Programs

Should a SUD Residential Program request to relocate into new location(s) on an emergency basis, the program must contact DBH SUDRS and submit a Supplemental Application (DHCS 5255) within 60 days from the date of the move.

Alcohol and Other Drug (AOD) Residential and Outpatient Treatment Facility

DHCS will grant flexibility to AOD Residential and Outpatient Treatment Facilities to allow ongoing access during the emergency.

AOD Programs interested in the applicable flexibilities during the COVID-19 pandemic are encouraged to read DHCS Behavioral Health Information Notice [20-017](#) before reaching out to DBH Substance Use Disorder and Recovery Services (SUDRS) for assistance/guidance.

Fee Reductions or Waivers

Effective January 1, 2020, Senate Bill 601 became law, set forth in Gov. Code Section, 11009.5, and authorizes DHCS to establish a process to reduce or waive any fees required to obtain a license, renew or activate a license, or replace a physical license for display, when a business has been displaced, or experiences economic hardship as a result of an emergency.

DHCS Mental Health Rehabilitation Centers (MHRC), Psychiatric Health Facilities (PHF), Narcotic Treatment Programs (NTP), DUI programs, or substance use disorder (SUD) residential and outpatient facilities, that have a license or certification issued by Licensing & Certification Division (LCD), shall notify DBH should they decide to request a reduction or waiver. MHRCs, PHFs, NTPs, DUI programs and SUD residential and outpatient facilities may submit a written request to DHCS for a fee reduction or waiver. The written request must:

- Identify whether the request is for a reduction or waiver of fee(s);
 - Identify the type of fee requested to be reduced or waived (i.e., renewal application fee, relocation fee, etc.) and the specific fee amount being requested to pay if seeking a fee reduction;
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Fee Reductions or Waivers, continued

- Describe how this reduction or waiver is specific to the COVID-19 emergency;
 - Describe the economic hardship or displacement that occurred due to the emergency;
 - Identify the provider type (MHRC, PHF, NTP, DUI, SUD Residential or Outpatient);
 - Identify the provider number and legal entity name;
 - Identify the program/facility name;
 - Identify the facility physical address;
 - Identify the facility mailing address; and
 - Identify the Program Director and contact person.
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Increase of Licensed Capacity

DBH recognizes the shortage of SUD treatment bed capacity and per DHCS, the DHCS Licensing & Certification Division will expedite review and approvals of requests for increases in treatment bed capacity. Residential SUD treatment facilities seeking to increase treatment bed capacity shall notify DBH and electronically submit a Supplemental Application (DHCS 5255) along with a Facility Staffing Data form (DHCS 5050) to DBH Substance Use Disorder and Recovery Services (SUDRS) at DBH-sudrsadmin@dbh.sbcounty.gov who will forward to DHCS.

DHCS shall also review and approve facility requests to temporarily operate above their licensed treatment bed capacity as long as the total bed capacity does not exceed the capacity allowed in the approved facility fire clearance.

Should a MHRC or PHF also request the ability to operate above licensed capacity, they should contact their respective DBH Program Managers of the request and include the following:

- Description of alternate concepts, methods, procedures, techniques, equipment, and personnel qualifications.
 - The reasons for the program flexibility request and justification that the goal or purpose of the regulations would be satisfied.
 - The time-period for which the program flexibility is requested.
 - Policies and Procedures to implement the provisions of the program flexibility, which demonstrate this flexibility meets or exceeds provisions for patient care and safety.
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Outpatient Services at PHFs and CSUs

Due to the need of BH outpatient services in many counties during the pandemic, counties are inquiring if PHFs and Crisis Stabilization Units (CSU) are services outside of the licensed part of the facility at locations that are already Medi-Cal certified for outpatient services. DHCS informed counties will review requests regarding PHF and CSU licensing on a case-by-case basis. Therefore, if any PHFs or CSUs are interested in providing outpatient services, please contact the respective DBH Program Manager.

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Provision of Treatment or Recovery Services Outside the Facility Service Location

If treatment facilities have concerns about providing treatment at the location due to COVID-19, DHCS may consider and allow services be rendered off-site. However, treatment facilities must review the following applicable guidance provided by DHCS:

- BH IN No. [20-015](#) regarding MHRCs and PHFs
- BH IN No. [20-017](#) regarding AOD facilities
- BH IN No. [20-014](#) regarding Residential MH facilities

Treatment facilities must then contact their respective DBH Program Manager for further action, if needed.

PHF Staffing Requirements

DHCS reminds counties and PHFs that proof must be recorded to demonstrate that there is a psychiatrist and licensed person (LCSW, LMFT) on the PHF unit each day, which is later audited for the hours of attendance. Due to the pandemic, counties and PHFs are inquiring if psychiatrists may be available by telehealth off-site, and, whether the obligation can be addressed by having two (2) licensed staff present at the PHF. DHCS advised that it will review requests regarding PHF licensing requirements on a case-by-case basis. Therefore, PHFs must inquire with its assigned DBH Program Manager.

Network Adequacy

DHCS confirmed that provider ratio requirements required by network adequacy are not waived during the pandemic, meaning DBH is required to maintain the number of providers it currently has in its network in order to serve the current Medi-Cal population needing behavioral health services.

In accordance with DHCS Behavioral Health Information Notice [20-12](#), SMHS is now required to submit its information on an annual basis to DHCS, like its DMC-ODS counterpart. However, DBH contract agencies and FFS providers will be required to submit their information on a quarterly basis.

Modification of NOABD and/or NAR

Based on [MHSUDS IN 18-010E](#), DBH updated Notice of Adverse Benefit Determination (NOABD) [QM024_E \(S\)](#) and Notice of Appeal Resolution (NAR) [QM025_E \(S\)](#) templates have been revised to inform clients of the additional 120 days allowed to request a State Hearing, now allowing clients a total of 240 days to request a hearing during the pandemic.

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Oversight Flexibilities and Requirements

In an effort to minimize the administrative burden to FFS Providers, contract agencies and DBH clinics, DBH Quality Management (QM) temporarily suspended outpatient chart reviews. Upon resuming outpatient chart reviews during the pandemic, DBH QM will identify other viable methods of review such as converting on-site audits and site reviews to virtual desk audits, or continue to postpone reviews that are not time-sensitive.

Additionally, DHCS provided the following information regarding reviews it conducts:

- SMHS Triennial and Post-Service Post-Payment reviews: March-June 2020 are postponed and rescheduled to later date and will be conducted virtually – DBH’s review was completed in 2019.
- Eternal Quality Review Organization (EQRO): Virtual reviews only but will consider an extension due to staffing issues – DBH’s review was conducted virtually in April 2020.
- Fiscal (DMC-ODS, MHSA, SMHS, SABG): Conducting reviews virtually to catch-up the fiscal audits and cannot be delayed, but extensions may be considered.
- MHSA Program Reviews: Temporarily suspended the onsite reviews. If counties wish to continue the review as scheduled, they should notify the DHCS analyst to complete a virtual review. Reviews will continue when COVID-19 related travel and social distancing restrictions are lifted.

References

- [DBH Information Notice 20-04](#)
- [DBH Information Notice 20-05](#)
- [DHCS Behavioral Health IN-20-009 BH Guidance](#)
- [DHCS Behavioral Health IN 20-014 Residential MH facilities](#)
- [DHCS Behavioral Health IN 20-015 MHRC and PHFs](#)
- [DHCS Behavioral Health IN 20-016 DUI Program](#)
- [DHCS Behavioral Health IN 20-017 AOD facilities](#)
- [DHCS Behavioral Health IN 20-024 BH Payment/Reimbursement](#)
- [DHCS MAT FAQs](#)
- [DHCS NTP FAQs](#)
- [SAMHSA COVID-19 FAQs](#)

For additional information COVID-19 information from DHCS please refer to its webpage: [DHCS COVID-19 Response](#).

Questions

For mental health questions regarding this Information Notice, please contact DBH Quality Management at (909) 388-8227 or via email at DBH-QualityManagementDivision@dbh.sbcounty.gov.

For SUD questions regarding this IN, please contact DBH Substance Use Disorder and Recovery Services at (909) 386-9740 or via email at DBH-sudrsadmin@dbh.sbcounty.gov.
