Behavioral Healthcare Provider Recommendations  
During Covid-19 Pandemic  
March 16, 2020

**Staffing:**
Behavioral healthcare worker availability is vital to keeping hospitals fully functional. Staff will need childcare assistance during the pandemic as schools and childcare centers have closed.

How can CMS help with workforce challenges as clinicians and other staff self-isolate or take time off work to care for their families as schools close?
- Relax staffing ratio requirements.
- Provide funding to cover costs related to childcare for staff who will work extra hours during the pandemic.
- Allow intensive outpatient programs/partial hospital program (IOP/PHP) providers to offer services in nursing homes to provide services onsite because patients are not permitted to leave; providers would be reimbursed as they would otherwise.
- Help identify resources available for healthcare employee daycare issues.

**Telehealth:**
Our members have received CMS’ guidance on telehealth for both Medicare and Medicaid. What else is CMS doing to improve telehealth capabilities so patients can receive services at home?
- Relax telemedicine requirements, especially regarding medication management.
- Allow more telehealth services in the home – some patients may not be able to do audio and video – and allow for flexibility to use both video and audio.
- Clarify waiver guidance regarding tele-behavioral health services, phone sessions, and less common options such as FaceTime if a patient can’t accommodate more formal telehealth downloads such as Zoom or Skype for Business.
- Reimbursement waiver for Medicare/MA patients in urban hospital inpatient and outpatient settings. Currently this is permitted in rural MSAs; this would allow providers to stretch an already overburdened physician workforce.
- Allow providers to deliver services from their home to the patient.

**Payers:**
Providers are concerned that they first do what’s best during the Covid-19 pandemic. After that, their concern shifts to the best practices for family therapy visits and youth traveling home for family visits. Our members are concerned payers will either deny care or payment in these instances. What can CMS do to help?
- Provide flexibility regarding the typical payer requirement that coverage requires patients to participate in group or family sessions.
- Direct payers to relax requirements regarding students traveling home to limit travel and avoid unnecessary risk during the pandemic.
Home passes are driven by contract and vary by state: can the federal government provide short-term waivers based on the CDC’s recommendations and/or travel restrictions?
- Remove IMD restrictions to permit access to acute care psychiatric hospitals.
- Provide reimbursement for triage and screening of patients in outpatient settings for Covid-19.

Supply Chain/Resources:
Behavioral healthcare providers are concerned that acute care hospitals will receive resources first, and behavioral healthcare providers will be affected negatively. Is CMS working with both state and local health departments to ensure all providers receive the supplies and resources they need in a timely manner?
- Supply chain management: how can we ensure behavioral healthcare providers are also a priority to receive food, supplies, consumables and equipment?
- Provider proper reimbursement to allow for added costs related to overtime, medical supplies, and cleaning supplies.

EMTALA:
How can CMS and healthcare providers work together to ensure that providers are following all guidance related to the pandemic and not violating EMTALA; and, at the same time, not violating pandemic guidance while adhering to EMTALA?
- Provide appropriate EMTALA guidance during the pandemic so behavioral healthcare providers know what is required to remain compliant.
- Provide guidance to behavioral healthcare providers about: 1) what to do if these providers have patients with Covid-19 and are not equipped to care for them, and 2) whether to allow patients with Covid-19 to be transferred to the appropriate facility.

Regulatory Relief
- Allow a paper process for certification in Joint Commission surveys
- Provide guidance on rules regarding visitation.

About NABH
The National Association for Behavioral Healthcare (NABH) advocates for behavioral healthcare and represents provider systems that treat children, adolescents, adults, and older adults with mental health and substance use disorders in more than 1,800 inpatient behavioral healthcare hospitals and units, residential treatment facilities, partial hospitalization and intensive outpatient programs, medication assisted treatment centers, specialty behavioral healthcare programs, and recovery support services. The association was founded in 1933.