BEHAVIORAL HEALTH UPDATE
A Monthly Report for Members of the American Hospital Association and the National Association for Behavioral Healthcare
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May 2020

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Stories:

1. **May is Mental Health Month**
   May is Mental Health Month, and Mental Health America (MHA) has created a 2020 Mental Health Month Toolkit to commemorate the national observance.

   MHA and its affiliates nationwide have led this monthly observance since 1949, and this year they will promote “Tools 2 Thrive” to provide practical tools to improve mental health.

   According to MHA, which reports that one in five people will experience a mental illness during their lifetime, some of the tools may need to be adapted due to social-distancing restrictions during the global pandemic.

2. **CMS Announces Additional Medicare Coverage Flexibility for Behavioral Health Services**
   The Centers for Medicare & Medicaid Services (CMS) in late April announced additional flexibility in Medicare coverage for several behavioral healthcare services during the COVID-19 pandemic, including partial hospitalization.

   CMS said it will allow payment for certain partial hospitalization services — namely, individual psychotherapy, patient education and group psychotherapy — that are delivered in temporary expansion locations, including patients’ homes.

   In addition, hospitals may bill for services provided remotely by hospital-based practitioners to Medicare patients registered as hospital outpatients, including when the patient is at home when the home is serving as a temporary provider-based department of the hospital. Examples of this include counseling...
and educational service as well as therapy services. This change expands the types of healthcare providers that can provide using telehealth technology.

CMS said hospitals may also bill as the originating site for telehealth services that hospital-based practitioners provide to Medicare patients registered as hospital outpatients, including when the patient is located at home. And while CMS announced previously that Medicare would pay for certain services conducted by audio-only telephone between beneficiaries and their doctors and other clinicians, the agency broadened that list 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. This would increase payments for these services to about $46-$110 from a range of about $14-$41. The payments are retroactive to March 1, 2020.

Until now, CMS only added new services to the list of Medicare services that may be provided via telehealth through its rulemaking process. CMS is changing its process for the duration of the COVID-19 pandemic and will add new telehealth services on a sub-regulatory basis as it considers practitioner requests.

CMS also announced that teaching hospitals, including inpatient psychiatric facilities, can increase temporary beds and admit more patients to alleviate pressure on acute-care hospital bed capacity without facing reduced payments for direct or indirect medical education.

3. President Trump Signs $484 Billion COVID-19 Relief Bill

On April 24, Congress passed and President Trump signed into law the Paycheck Protection Program and Health Care Enhancement Act, a $484-billion measure that supplements several programs for health care providers and small businesses originally created by the CARES Act.

Also referred to as COVID 3.5, the legislation includes an additional $75 billion for hospitals and health care providers to help cover, COVID-19-related expenses and lost revenue. This funding is in addition to the $100 billion that the CARES Act provided, and for which HHS has created a provider relief fund portal.

The legislation also includes $25 billion to research, develop, validate, manufacture, purchase, administer and expand capacity for COVID-19 tests, and it requires HHS to create a national strategy to provide assistance to states for testing.

4. ONDCP Reaffirms SUD Treatment as Essential Medical Service

The White House’s Office of National Drug Control Policy (ONDCP) reaffirmed that substance use disorder (SUD) treatment is an essential medical service.

In a letter to colleagues on April 23, ONDCP Director James W. Carroll noted that while his office already supports emergency federal exemptions to increase access and use of telemedicine to treat SUD during the COVID-19 pandemic, in-person patient/provider interactions will inevitably occur.

“Treatment providers and all others associated with maintaining this vital sector of health care serve in a critical capacity and will require personal protective equipment (PPE) during unavoidable face-to-face patient interactions,” Carroll wrote. “In line with guidance previously issued, President Trump’s position is that the treatment of SUD is an essential medical service, and PPE ordered and requested by facilities treating SUD is for a legitimate need and purpose.”

5. HHS, CMS Release Virtual Covid-19 Toolkits for Providers

HHS and CMS have released virtual toolkits for health care providers managing a host of challenges related to COVID-19.
HHS’ Virtual Workforce Toolkit includes a curated set of resources and tools on topics that include funding flexibilities, training, liability protections and volunteer workforce needs, while CMS’ State Medicaid & Children’s Health Insurance Program (CHIP) Telehealth Toolkit focuses on policy considerations for states expanding telehealth services.

6. **AHRQ Releases Consent Form Template for Telehealth Services**

HHS’ Agency for Healthcare Research and Quality (AHRQ) has released a consent form template for providers to document they had a discussion with a patient about telehealth services and that the patient understood the information discussed.

AHRQ said providers should mail or provide an electronic portal to the form so patients have it before the discussion, and they should arrange for a qualified interpreter if the patient does not speak English well.

The agency said the form is intended as a checklist to make sure providers cover all important information with patients in easy-to-understand language. Click [here](#) to access the form template and for tips to follow during the consent discussion.

7. **CDC Reports National Suicide Rate Increased 35% Between 1999 and 2018**

The Centers for Disease Control and Prevention (CDC) has reported the U.S. suicide rate increased 35% between 1999 and 2018.

During that period, suicide rates among females were highest for those between the ages of 45 and 64, while the rates were highest among males for those aged 75 and older. Meanwhile, in 2018, the suicide rate for males was 3.7 times the rate for females.

According to the CDC, suicide is the 10th leading cause of death for all ages in the United States.

8. **SAMHSA Announces Treatment, Recovery and Workforce Support Grants**

The Substance Abuse and Mental Health Services Administration (SAMHSA) said it is accepting applications for its Treatment, Recovery and Workforce Support grants, which implement evidence-based programs to support individuals in SUD treatment and recovery to live independently and participate in the U.S. workforce.

SAMHSA said it expects to issue eight grants of up to $500,000 per year for up to five years. Click [here](#) for more information and to register. Applications are due June 1.

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