

## COVID – 19

In these incredibly challenging times, CBC would like to express our ongoing commitment to assisting network providers during the COVID-19 pandemic. CBC continues to provide up-to-date information on COVID-19; please visit [our website](#) for a directory of sector-specific resources. CBC continues to work on purchasing and acquiring needed personal protective equipment (PPE) including masks, respirators, gloves, gowns and hand sanitizer for distribution to network agencies. CBC secured deeply discounted rates for two telehealth solutions for network providers, via IMSNY—our joint venture with Community Behavioral Health Services (CBHS).

The New York State Department of Health (DOH) has launched a new website (available [here](#)) to provide comprehensive COVID-19 information and data to the public. The website is updated daily with the latest testing and outcomes data. The tool provides visualizations of statewide and county-level testing, results over time and the ability to see demographic data. DOH has also launched a COVID-19 hotline—call 1-888-364-3065 for real-time information, including what to do if you are experiencing symptoms.

Similarly, the New York City Department of Health & Mental Hygiene (DOHMH) has a dedicated [page](#) with information about the virus and guidance specific to citywide health care professionals, [here](#).

Other locally available public resources to manage personal stress and anxiety include [NYC Well](#) and the OMH Emotional Support Helpline (1-844-863-9314).

## TELEMENTAL HEALTH GUIDANCE & ATTESTATIONS FOR OMH & OASAS PROVIDERS DURING THE COVID-19 PANDEMIC

Guidance from the Office of Mental Health (OMH) and Office of Addiction Support and Services (OASAS) regarding the use of telehealth services during the COVID-19 emergency was most recently updated on March 30<sup>th</sup>. Please see respective links, below:

- [NYS OMH Guideline for Use of Telephone & Two-Way Video Technology by OMH-Licensed, Funded or Designated Providers and Clients Affected by the COVID-19 Pandemic](#)
- [NYS OMH Self-Attestation of Compliance to Offer Telemental Health Services](#)
- [NYS OASAS Guideline for Regulatory Relief for Telepractice Services](#)
- [NYS OASAS Self-Attestation Form for Providers](#)

## NYC COVID-19 WORKER CARE NETWORK

As COVID-19 spreads, so has the psychological and spiritual toll on New Yorkers providing care on the frontline. Many essential workers lack adequate emotional support and may feel isolated or stigmatized for their contact with infected populations.

[NYC COVID Worker Care Network](#) is an emerging network of over 1,500 volunteer mental health professionals, spiritual care providers, circle-keepers and community builders supporting frontline COVID-19 workers during the crisis. All NYC-based essential workers and their families are eligible to participate in this **free** support program. The network is also seeking to add to its roster of volunteers—applications are available [here](#).

## OFFICE HOURS FOR FRONTLINE CAREGIVERS

OASAS has partnered with the [Institute on Trauma and Trauma-Informed Care](#) at University of Buffalo to provide support to frontline workers responding to trauma. Over the next two months, these “Office Hours” sessions will provide an opportunity for three distinct groups to huddle up and discuss how they are coping with issues of stress, anxiety and loss amongst each other. The first topic is “Navigating Worry, Stress & Fear.”

To register, please follow the link below that best fits your job description.

- [Peers](#) (available 4/15 & 4/21)
- [Direct care staff in inpatient & residential settings](#) (available 4/15 & 4/17)
- [Direct care staff in Opioid Treatment Programs & community-based settings](#) (available 4/16 & 4/20)

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## FUNDING OPPORTUNITIES

### SAMHSA COVID-19 EMERGENCY AWARD

On April 2<sup>nd</sup>, the Substance Abuse & Mental Health Services Administration (SAMHSA) created a funding opportunity for states to receive up to \$2 million each to support direct mental health and substance use disorder services to people impacted by the COVID-19 pandemic. These funds are being disbursed to specifically target individuals with serious behavioral health (BH) disorders and also those who are experiencing BH risk factors due to the pandemic, as well as to health care workers. States had eight days to submit the application and had to apply with a provider(s) so that funds could be leveraged as early as May 31<sup>st</sup>.

In coordination with CBC and CBHS IPAs, NYS OMH and OASAS applied for this grant on April 10<sup>th</sup>. The proposal enables flexibility so that funds can be used to support the work CBC/CBHS and their provider networks already do. NYS and local government representatives will partner with IPA/network provider members to establish a Steering Committee, from which a plan for funded activities and distribution criteria will be established.

These funds can be used to pay for care to uninsured/underinsured individuals and for services that are not typically reimbursable. CBC/CBHS suggested several ways this funding would be used based on need and established that \$100,000 will be budgeted to expand telehealth capacity. A more detailed plan will be forthcoming.

## SACHS POLICY GROUP COVID-19 FUNDING OPPORTUNITIES GRID

Our colleagues at Sachs Policy Group (SPG) have posted a [visual resource to their website](#) that provides an overview of certain funding sources that are available for organizations during the COVID-19 emergency. Currently focused on federal funding and private foundations, the document will necessarily expand and be updated as other resources become available.

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## CARE COORDINATION SERVICES

## HEALTH HOME PROGRAMMING DURING COVID-19

CBC Health Home (HH) continues to work closely with BTQ to ensure that claims submission and Medicaid disbursements for all HH CM activity this past month are processed without delay. CBC will continue to place CMA sustainability and advocacy for

community-based care management on behalf of its provider network at the forefront of what it does. Thank you for your persistence and hard work during these challenging times.

CBC HH offered two Special Edition Virtual Office Hours (VOH) on March 20<sup>th</sup> and 27<sup>th</sup>. These “value-add” trainings drew over 200 participants across 29 CMAs. These VOH calls offered highlights and question/answer opportunities to review the COVID-19 DOH guidance available through the [NYS DOH website](#), as well as on the [CBC website](#).

CBC has also issued a [CBC/DOH COVID-19 Resource Guide](#) via the GSI Resource Center. This guide will be updated weekly. Please refer to it for up-to-date information regarding verbal consent documentation, telephonic/telehealth engagement, outreach, diligent search, Medicaid recertification and other topics.

## HEALTH HOME NETWORK PROVIDER MEETING

CBC HH will host its Q2 2020 HH Network Provider Meeting on April 28<sup>th</sup> from 9:30-11am. Please [register now](#) to join the Zoom conference call.

## BILLING UPDATES FOR HEALTH HOME & HEALTH HOME SERVING CHILDREN (HHSC)

As reported at January’s HH Provider Meeting, the State had been expected to implement Across The Board (ATB) Medicaid payment reductions. Accordingly, CBC HH has seen the 1% Medicaid cut on the remittance received in March. More specifically, Medicaid recouped a 1% sum retroactive to all paid claims beginning January 1<sup>st</sup>. CBC has been able to confirm that effective and retroactive to April 1<sup>st</sup>, there will be an additional 0.5% ATB budget cut,

which will be applied to HH Serving Adults.

Health Home Serving Children, however, will not be impacted by the 1.5% ATB budget cut going forward. The 1% retroactive cut taken from HHSC for the period beginning January 1<sup>st</sup> and ending March 31<sup>st</sup> will not be restored. In other words, the ATB budget cut affected HHSCs first quarter only.

Additionally, the discontinuation of the HH and HHSC Outreach Rate, slated to go into effect on July 1<sup>st</sup>, will not include Diligent Search activities. This budget cut is expected to save the State \$16M.

The Medicaid Scorecard also includes an anticipated \$11.63M in savings related to HH Admission/Step Down Criteria Revisions. Essentially, this means that from July 1<sup>st</sup>, Medicaid Analytics Performance Portal (MAPP) will be upgraded to have a feature that prevents HH and HHSC billing after 60 days in the absence of a Plan of Care.

## CBC PARTNERS WITH RELEVANT AS NEW HEALTH INFORMATION TECHNOLOGY VENDOR

On March 26<sup>th</sup>, CBC announced a [new partnership with Relevant Healthcare Technologies](#)—a technology organization that builds care management, population health and analytics tools to support community health care providers.

With a go-live date set for July 1<sup>st</sup>, CBC staff is now working closely with Relevant to build out appropriate programmatic configurations for HH/HHSC and operational billing logic, while ensuring the platform can be adapted to fit CBC’s Innovative Programs as well. There will be ample opportunity

for trainings to ensure the workforce is prepared for this transition well in advance of launch.

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## QUALITY PERFORMANCE MANAGEMENT (QPM) & COMPLIANCE

### CBC IPA QO/CIC MEETINGS

CBC hosted a Quality Oversight/Clinical Integration Committee (QO/CIC) meeting on March 5<sup>th</sup> and reviewed the initial Tableau Dashboards and trends from PSYCKES for eleven (11) High Priority HEDIS Measures.

The meeting's intent was to elicit feedback on data collection and visualization in preparation for the development of pre-Data Analytic Business Intelligence (DABI) performance dashboards that enable nuanced interpretations of aggregate network data and outcomes. Future iterations of these dashboards may include both program and utilization data from PSYCKES and aggregate member data for geographic analysis.

### HIPAA vs. SAMHSA (42 CFR PART 2) — COMPLIANCE TRAIN LIVE SESSION

CBC Senior Director of QPM, Tracie Jones, attended a training that outlined “new updates” regarding important differences between HIPAA and SAMHSA (42 CFR Part 2) rules relevant to the uses and disclosure of Protected Health Information (PHI).

The training underlined the importance of establishing and maintaining a compliance program that protects the privacy and security of individuals' PHI. Recent trends from the Office of Civil Rights (OCR) have indicated increased enforcement of rules related to the

protection and security of individuals' PHI.

Two distinct regulations—HIPAA and SAMHSA (42 CFR Part 2)—provide guidelines for how to protect PHI. HIPAA is the general privacy and security rule related to PHI, while SAMHSA (42 CFR Part 2) adopted HIPAA and created additional protections and restrictions on what is disclosed.

The HIPAA Security Rule is more relevant now than ever before, as cyber-attacks are the most common and damaging form of PHI breach. Best practices for providers to defend against such attacks include investment in quality business grade technology, continued education for staff, and encryption of any PHI sent electronically. There is a greater chance of a PHI breach when data is transmitted via text messaging rather than email, so encourage staff to only send PHI via encrypted email or through a HIPAA-compliant texting application. More information can be found on the [HHS website](#).

The most important safeguard to ensure adherence to SAMHSA (42 CFR Part 2) is to establish proper consent before sharing specialized information. SAMHSA's website has a [FAQ section](#) that can help you understand when and how 42 CFR Part 2 information can be shared.

Providers need to adhere to both regulations HIPAA and SAMHSA (42 CFR Part 2) to remain in full compliance.

### HEALTHIX 2018 PATIENT CONSENT AUDIT RESULTS

In Fall 2019, HEALTHIX conducted a patient consent audit. This audit included a review of 2018 consents for

88 enrolled members to verify that “Consent Status” in CBC's HIT platform matched the DOH-5055 and HEALTHIX information for these members.

CBC is pleased to report that we received a preliminary rating of 93% compliance, pending final review.

### VERBAL CONSENT APPROVED FOR PSYCKES

PSYCKES has issued guidance that member's verbal authorization to obtain PSYCKES consent will be approved during the COVID-19 pandemic. PSYCKES has outlined proper procedure to obtain verbal consent and attest in PSYCKES as such, and CBC has drafted a [document that outlines these protocols](#).

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## TECHNOLOGY

### INNOVATIVE MANAGEMENT SOLUTIONS NEW YORK'S (IMSNY) TELEHEALTH SOLUTION

With COVID-19 now limiting the viability and safety of traditional service delivery in some instances, the need for a network-wide telehealth solution has never been greater. Accordingly, IMSNY has selected and negotiated pricing with two preferred telehealth vendors for the CBC and CBHS network—[Doxy.me](#) licensure is available to in-network providers at a 60% discount of the sticker price, while [Zoom](#) is similarly available at a 25% discount.

Telehealth has become an essential solution to ensuring the Medicaid population receives necessary services. During this COVID-19 pandemic, telehealth is the primary tool used to communicate with community members in need of support. Mental health providers play a critical role in continuing

care and reducing the inevitable anxiety that inordinately afflicts those with mental health disorders.

IMSNY conducted a four-step process to help expand telehealth across its network, outlined below:

- 1- **Demos**—IMSNY conducted demos with nearly twenty telehealth related vendors.
- 2- **Telehealth Vendors Summary Comparison Document**—IMSNY created a comparison starter kit which provides a summary of each solution to help agencies identify the solution that best fits respective workflow and price point.
- 3- **Roundtable Discussion with Providers**—IMSNY conducted two video conference meetings with provider agencies within the CBC and CBHS IPA networks to discuss the vendors under consideration.
- 4- **Network Discounts**—IMSNY led pricing negotiations with providers' preferred telehealth vendors (Doxy.me and Zoom) and enabled various contract options based on specific agency needs.

Please email [Elise\\_Kohl-Grant](mailto:Elise_Kohl-Grant) for information on licensing with either Doxy.me or Zoom for your agency.

## INNOVATIVE PROGRAMS

### PATHWAY HOME™ PROGRAMMING UNDER COVID-19

CBC's Pathway Home™ (PH) recognizes that uncertain times require novel practices to meet the needs of those receiving behavioral health care. Quarantine and social distancing protocols can lead to members feeling disconnected from the community. Currently, it's especially important for

members to remain connected to family, friends and providers via phone calls and/or the internet.

As the continuum of behavioral health care continues to evolve around COVID-19, PH has adjusted operations to keep members safe and ensure adherence to guidance from government and health care organizations.

Accordingly, PH now offers:

- a comprehensive and centralized resource guide for teams that includes paths to food (via Peapod, Instacart and Seamless), childcare, telehealth support and benefits assistance, phone/internet, crisis hotlines and online support groups.
- care package delivery to mitigate loneliness through consumer items like home audio players, art supplies, books and board/video games.
- direct shipping of toiletries and clothing to members with immediate needs.
- UberHealth transportation for members with scheduled medical/behavioral health appointments.

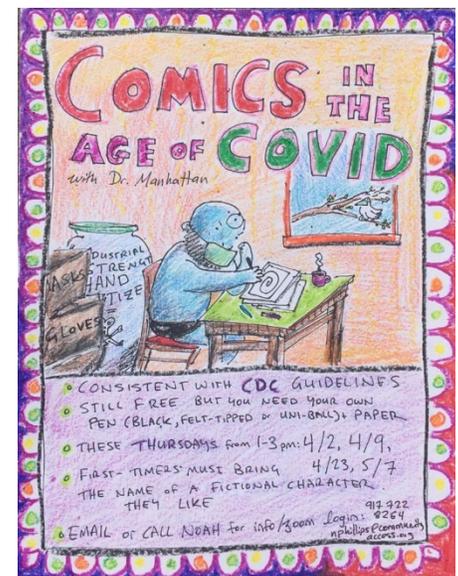
PH has also shifted the medium by which services are delivered to primarily be over the telephone/internet. To help this transition, PH has:

- created a "Tips and Tricks for Telephone & Video Care Management" guidance document to assist care managers.
- outreached former members who disenrolled in the last twelve months to offer emotional support and referrals to community resources.
- sent cell phones directly to members and/or purchased additional minutes for members

who would otherwise lose telephone service.

- organized an ongoing virtual series of peer-led comic-making workshops (see below).
- delivered safety kits (gloves, masks, sanitizer) to all staff.

(Below, Flyer for virtual comic-making workshop, courtesy of Noah Phillips, Community Access)



### CBC PROGRAMS ADAPT AS DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM EXPIRES

Under DSRIP, CBC's Preventive Case Management Program (aka Staten Island Community At-Risk Engagement Services (SI CARES) served over 7,500 Staten Island residents, with nearly 80% of referred individuals receiving at least one care plan. Through the efforts of SI CARES' health coaches, community residents received light-touch services that focused on social determinants and health care access.

As of April 1<sup>st</sup>, CBC continues to operate SI CARES, having shifted the model to serve an older adult population following preliminary outcome data that revealed the population over 55 yielded greatest cost-savings. And while DSRIP outcomes were focused on high volume, light-touch services, this new iteration of SI CARES will be shifted toward smaller caseloads and more intensive touch points. This adjusted model will undergo comparable evaluation with respect to services utilization and health outcomes.

CBC's Helping, Engaging and Linking to Health Interventions (HEALTHi) program is ending April 2020 with the conclusion of DSRIP. Introduced in 2018, the program served 117 high-risk hospital utilizers who lacked access to health and social services in the community. As a result of this intensive, value-add intervention, more than 90% of clients served accessed primary care services, received necessary labwork and medication management and engaged in groups focused on curbing unnecessary hospital use. All previously enrolled clients have been handed off to longer-term care, if eligible.

### OASAS STATE OPIOID RESPONSE GRANT UPDATES

CBC continues to seek agency responses to its ongoing Medication-Assisted Treatment readiness survey. So far 19 agencies have participated to date. Contact [Alex Wolff](#) for a link to the survey.

In March, CBC launched its first Project ECHO learning collaborative. The Training Institute and Members At-Risk Committee (MARC) invited providers coordinating and delivering care that has been complicated by a client's substance use disorder (SUD) to present individual cases to a group of other providers, CBC staff and a subject matter expert. Dr.

Bruce Trigg, an addiction treatment specialist, delivered a didactic to participants at each Project ECHO conference to date. The new format has and will continue to foster a "community of learners" within CBC's network of providers. CBC will host a MAT-specific Project ECHO call in May.

### TRAINING INSTITUTE

CBC's Training Institute has published its [training calendar for April](#). Many of April's offerings are designed to address COVID-19 and provide guidance on ways to support clients and providers during this time of uncertainty and stress. **Coping Skills for Your Participants in the Age of the Coronavirus** is meant to inform staff's support of their clients during this difficult time, while **Self-care in the Age of the Coronavirus** is tailored to providers themselves.

These trainings are **free** for any/all staff of CBC network agencies. There are also a wide variety of available webinars for Health Home care managers and staff.

To register for a training, please click its corresponding link on the training calendar itself and submit relevant information.

For questions about training content, contact CBC's Training Institute Director, [Emily Grossman](#). For technical assistance with registration, please contact [Patricia Lucia Quintero](#).

### CBC AGENCY SPOTLIGHT: ACMH, INC.

In 2019, ACMH launched its Hospital-to-Housing (H2H) initiative to link clients to housing and thereby reduce hospital readmissions and emergency room visits.

As part of this program, a housing navigator and peer program specialist work to engage clients in inpatient psychiatric units, so that they've secured supportive housing by discharge.

To date, H2H has enrolled 112 individuals, submitted 66 Human Resources Administration (HRA) applications and housed seven clients through ACMH (and four more externally).

ACMH recently learned the pilot will be extended for another year. Teams will continue to operate out of Mount Sinai West, Mount Sinai Morningside, Beth Israel and expand to include Mount Sinai Hospital.

