
This guidance has different elements that do not necessarily pertain to adults and facilities where adults reside. For adults, please refer to facility-related guidance provided by VDH and DAIL on their COVID-19 webpages.

Please find two documents attached that we (DCF, DAIL, and DMH).

This guidance is effective as of today and may evolve as things shift with our current reality.

Attached are:

- DMH Guidance regarding: New Medicaid Billing Codes, Blue Cross Blue Shield (BCBS) Billing Change and use of HIPAA for Telecommunications
- Joint guidance being provided by DCF, DMH and DAIL in partnership with VDH for residential programs serving children and families.

Guidance for Children/Youth Residential Programs serving DCF, DAIL, and DMH Clients

Updated: 3-19-2020

For questions about this guidance please contact Cheryle.Wilcox@vermont.gov, DMH

PLEASE NOTE – This information may be superseded by subsequent guidance. Always check <https://www.healthvermont.gov/response/infectious-disease/2019-novel-coronavirus> for updated information.

It is important in this current climate that when we can safely and appropriately have children at home rather than in group settings we should. We know this isn't possible for every child and youth, which is why this guidance is being provided.

Communication Requirements for Residential Programs

The following is essential information that is required to communicate to departments until further notice

Communication	Who to send to?	Timeline
<p><i>Visitation Plans</i> Send this information to the departments currently using your program.</p>	<p>DCF: AHS.DCFFSDRLSIAgencyLicensing@vermont.gov AHS.DCFFSDSSU@vermont.gov DMH: Dana.Robson@vermont.gov</p>	<p>If any changes occur send immediately to DCF and DMH contacts</p>
<p><i>Updates about:</i></p> <ul style="list-style-type: none"> • How many children you suspect are ill • How many staff you have out • Staffing needs <ul style="list-style-type: none"> • Behavioral problems <p><i>Contact information should you need clarifications or have questions</i></p>	<p>DCF: AHS.DCFFSDRLSIAgencyLicensing@vermont.gov AHS.DCFFSDSSU@vermont.gov DMH: Dana.Robson@vermont.gov</p>	<p>Report to DCF and DMH on Tuesday and Friday</p>
<p><i>Contact information should you need clarifications or have questions</i></p>	<p>DCF: AHS.DCFFSDRLSIAgencyLicensing@vermont.gov AHS.DCFFSDSSU@vermont.gov DMH: Laurel.Omland@vermont.gov</p>	

Visitation, Contact and Change in Placement

1. Are children/youth going to be moved between programs?

Answer: We want children transitioning as little as possible. There is a short window to make these moves as that may be prohibited soon. There are fewer options for emergency removal.

2. What are the differences between youth placed in programs by DCF vs. DMH/DAIL?

Answer:

DMH/DAIL placements: If parents want to take their child home during this period and they are in their parents' custody, it is important for programs to make informed decisions about this by doing the following:

- Conduct a clinical assessment of the ability for the child to be safely managed at home.
- Discuss with the family what to do if the child goes into a mental health crisis and be clear that they should not bring their child to the Emergency Department for screening.
- If the child/youth is going home, determine the most appropriate and available MH service/support.
- Families must be informed that resources may be limited in the community during this uncertain time.

DCF: Children/youth should remain in place to minimize movements unless otherwise planned with DCF.

3. How should we be handling children/youth and visits with family?

Answer: Screening for symptoms of fever, cough or difficulty breathing should occur before each visitation or home visit. Visitation to programs should be limited to 1-2 individuals per child who had been screened. Home visits can continue as well if no one in the home is sick and if screening occurs before the visit.

DCF: Family Services issued [specific guidance](#) on 3-19-2020 that addresses this issue.

Managing Health

4. What happens if a child/youth needs a medication refill?

Answer: If possible, be sure that all prescriptions are filled. If mail order option is available or drive up pharmacy is an option, this would limit contact with others and is preferable.

5. Can we share staff across programs?

Answer: We want to support staffing of programs. These decisions should be made after careful consideration.

DCF: From a regulatory perspective DCF Residential Licensing and Special Investigations (RSLI) supports programs getting creative with staffing (partner programs, for instance). If a staff person has had appropriate background checks and is hired in one program, the background checks are considered transferrable to assist other programs. DCF is aware that NCIC fingerprint supported background checks are currently not available due to Identification Centers suspending service due to COVID-related concerns. FSD issued [additional guidance on background checks](#) as part of a separate memo to Residential Treatment Providers.

6. How should staff changes be handled?

Answer: When staff come in, they should be screened for symptoms of fever, cough or shortness of breath, travel, and possible exposure to a person with COVID-19. (See screening at the end of this guidance) Staff should also be self-screening prior to coming to work.

7. Should we bring children/youth to the ED if they have symptoms or become ill?

Answer: If a child/youth of a residential program develops symptoms consistent with COVID-19, their primary care clinician should be contacted. Ideally, the child/youth would be tested for coronavirus, but this may not be possible. They should stay in their room as much as possible. If a mask is available, it should be given to the symptomatic person. Ideally, protective masks would also be provided to staff working with this individual, but this needs to be evaluated given the supply of personal protective equipment the site has. Per CDC guidelines, staff that have had contact with the resident can continue to come to work if asymptomatic. If the resident is unable to be contained in their room, consideration should be given to moving the patient, if possible, to another location or assessing if this person might be safely discharged from the program and sent home. If testing is available and the resident tests positive, contact the Vermont Department of Health.

8. Is the expectation that residents with mild symptoms of confirmed Coronavirus be isolated in our program?

Answer: As much as possible, ill children should be isolated from others. The symptoms may present in a resident in such a way that emergency department assessment and/ or hospitalization might be indicated.

9. If/when Personal Protective Equipment (PPE) in our facility runs out, who has supplies?

Answer: If you do not have PPE contact David Casey at the Vermont Department of Health by email at David.casey@vermont.gov

10. What is the notification process if someone has a positive test?

Answer: The Health Department lab notifies the submitting healthcare provider of a patient's test results. The provider then notifies the patient. For a positive result, confirming COVID-19 illness, the Health Department then follows up with the patient to provide public health recommendations and identify contacts.

11. Is the State Health Department providing guidance to health care workers following illness? Any test recommendations?

Answer: Stay alert to [VDH health advisory notices](#). Follow return-to-work recommendations and infection prevention recommendations as appropriate.

System of Care

12. Is the Brattleboro Retreat (BR) still accepting and discharging children?

Answer: Yes. They are currently admitting children who need acute psychiatric care and discharging children who no longer require hospital level of care.

13. What is happening with NFI Hospital Diversion (HDP) and Howard Center Jarrett House?

Answer: Both programs are still accepting youth. If the youth is from the BR, HDP will ask for documentation of temperature. Both programs are screening for signs of COVID-19 prior to intake and may not intake a child if they screen positive.

Fiscal

14. How are we going to continue being paid even if we have reduced children/youth in programs?

Answer: We are collectively working towards this and are looking into various possibilities.

Resources

- Use of HIPAA for Telecommunications, Blue Cross Blue Shield (BCBS) Billing Change and New Medicaid Billing Codes (See attached)
- Helping Homebound Children During the COVID-19 Outbreak:
https://www.cstsonline.org/assets/media/documents/CSTS_FS_Helping_Homebound_Children_during_COVID19_Outbreak.pdf
- Vermont Health Department Stay Informed; Current Status in Vermont:
(<https://www.healthvermont.gov/response/infectious-disease/2019-novel-coronavirus>)
- Centers for Disease Control and Prevention (CDC) Coronavirus Disease Information Page
<https://www.cdc.gov/>
- Department of Mental Health
<https://mentalhealth.vermont.gov/coronavirus-and-our-mental-health>
- Department of Disabilities, Aging and Independent Living:
<https://dail.vermont.gov/novel-coronavirus-information>
- Department for Children and Families:
 - Guidance specific to <https://dcf.vermont.gov/COVID-19>
- Parent Caregiver Guide to Helping Families Cope with Coronavirus:
<https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019>
- List of Essential Persons: <https://vem.vermont.gov/essentialpersons>

Coronavirus Disease 2019 (COVID-19) Recommended Precautions for Caregivers

SUMMARY – Coronavirus Disease 2019 (COVID-19) continues to spread and has been confirmed in every state. This notice provides information to homecare providers and caregivers on the symptoms, prevention and precautionary measures one should take in caring for an individual who may be experiencing symptoms.

PREVENTION - There is currently no vaccine to prevent Coronavirus Disease 2019 (COVID-19). The Center for Disease Control and Prevention (CDC) recommends these everyday actions to help prevent getting sick.

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

- Clean frequently touched objects and surfaces every day using a regular household cleaning spray or wipe.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol.
 - Follow the CDC's recommendations for using a facemask. The CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
 - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others.
 - Facemasks are crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

SYMPTOMS - Reported illnesses have ranged from mild symptoms to severe illness and death. The following symptoms may appear 2-14 days after exposure.

- Fever
- Cough
- Shortness of breath

IMPORTANT: *Call your doctor if you or the person you are caring for develop symptoms and has been in close contact with a person known to have COVID-19 or has recently traveled from an area with confirmed spread of COVID-19.*

CAREGIVERS – What to do if a person you are caring for has been diagnosed with COVID-19: CARING FOR A PERSON WITH COVID-19

- Household members, intimate partners, and caregivers in a nonhealthcare setting may have close contact with a person diagnosed with or under medical evaluation for COVID-19. Close contacts should monitor their health; they should call their healthcare provider right away if they develop symptoms suggestive of COVID-19 such as fever, cough, or shortness of breath.)
- Make sure that you understand and can help the patient follow their healthcare provider's instructions.
- If the patient is getting sicker, call his or her healthcare provider and tell them that the patient has laboratory-confirmed or clinician-diagnosed COVID-19.

- If the patient has a medical emergency and you need to call 911, tell the dispatch personnel that the patient has, or is being evaluated for COVID-19. If possible, the patient should put on a facemask before emergency medical services arrive or before entering any medical facility.
- The patient should not handle pets or other animals while sick.
- The patient should wash their hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains at least 60% alcohol. Soap and water should be used preferentially if hands are visibly dirty.
- The patient should avoid touching their eyes, nose, and mouth with unwashed hands.
- You and the patient should wear a facemask if you are in the same room.
- Wear a disposable facemask and gloves when you touch or have contact with the patient's blood, stool, or body fluids, such as saliva, sputum, nasal mucus, vomit, urine.
 - Throw out disposable facemasks and gloves after using them. Do not reuse.
 - When removing personal protective equipment, first remove and dispose of gloves. Then, immediately clean your hands with soap and water or alcohol-based hand sanitizer. Next, remove and dispose of facemask, and immediately clean your hands again with soap and water or alcohol-based hand sanitizer.
 - Place all used disposable gloves, facemasks, and other contaminated items in a lined container before disposing of them with other household waste. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after handling these items.
- Wash laundry thoroughly.
 - Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them, using the warmest temperature recommended on the label.
 - Wear disposable gloves while handling soiled items and keep soiled items away from your body.
 - Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after removing your gloves.

CLEANING AND PREVENTING THE SPREAD OF THE VIRUS

- Clean frequently touched objects and surfaces every day using a regular household cleaning spray or wipe.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol.

- Clean all “high-touch” surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the label instructions.

FURTHER STEPS FOR PREVENTION

- Caregivers and other household members should stay in another room or be separated from the patient as much as possible.
- Household members should use a separate bedroom and bathroom, if available.
- Prohibit visitors who do not have an essential need to be in the home.
- Make sure that shared spaces in the home have good air flow, like an air conditioner or an opened window, weather permitting.
- Avoid sharing household items with the patient. You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items. After the patient uses these items, you should wash them thoroughly.

Screening Guidelines for Novel Coronavirus (COVID-19)

Amid all the attention to the COVID-19 virus, it is important to remember that here in Vermont we are still actively engaged in efforts to prevent the spread of the virus. We are well aware of the enhanced risk that this virus poses to older and vulnerable Vermonters. Based on that enhanced risk, Governor Scott, the Vermont Department of Health, the Department of Disabilities, Aging and Independent Living, the Department for Children and Families and the Department of Mental Health are **strongly encouraging** the use of a short screening for all visitors to long term care facilities or congregate sites.

We have developed the screening questions for you to use; they are attached here. If someone that you screen answers positively to **any** of these questions, they should be encouraged to contact their own doctor to let them know about their symptoms or exposure and denied entry to your facility or site.

We realize this type of screening and response could be very distressing to family members or to attendees, so we encourage you to frame it as a “protect yourself, protect others” effort. We hope to reinforce that messaging across multiple channels to raise awareness about the importance of prevention.

State of Vermont
Department of Mental Health
Department for Children and Families, Family Services Division
Department of Disabilities, Aging and Independent Living
In partnership with the Vermont Department of Health
280 State Drive, NOB 1 South
Waterbury, VT 05671-1010

For more information on these screening guidelines, please contact the Vermont Department of Health at 802-863-7240.

For more information on the Novel Coronavirus (COVID-19), please visit healthvermont.gov/covid19.

Screening for Novel Coronavirus (COVID-19) – General Operating Instructions for Visitors

Name _____

Date _____

Facility _____

Name of Contact _____

Have you in the past 14 days:

1. Traveled to Vermont from one of the affected countries or regions or traveled on a cruise? (March 18th: China, Iran, South Korea, Europe, United Kingdom and Ireland) (listed at healthvermont.gov/covid-19)

YES / NO

2. Been in contact with a novel coronavirus/ COVID-19 infected person?

YES / NO

3. Have you had the following symptoms in the last few days:

- feel uncomfortable, especially with respiratory symptoms (cough, fever, shortness of breath, difficulty breathing)?
- feel unwell, especially with respiratory symptoms (cough, fever, shortness of breath, difficulty breathing)?

YES / NO



State of Vermont
Department of Mental Health
280 State Drive, NOB 2 North
Waterbury, VT 05671-2010
<http://mentalhealth.vermont.gov/>

Agency of Human Services

[phone] 802-241-0090
[fax] 802-241-0100
[tty] 800-253-0191

MEMORANDUM

TO: Mental Health Service Providers

FROM: Sarah Squirrell, Commissioner, Department of Mental Health

DATE: March 19, 2020

SUBJECT: New Medicaid Billing Codes, Blue Cross Blue Shield (BCBS) Billing Change and use of HIPAA for Telecommunications

New Medicaid Billing Codes

Effective Monday, March 23, Vermont Medicaid will implement several changes in order to support Medicaid-participating providers in their response to the emergency produced by the Coronavirus. These changes are intended to assure access to care for Vermont Medicaid members and enable Medicaid providers to receive reimbursement for services provided during the State of Emergency **without requiring**

- patients to travel to a health care facility or,
- the use of telemedicine (defined as two-way, real-time, audio and visual interactive communication) as many patients may not be comfortable with, or equipped, to use telemedicine during this emergency and best practice guidance indicates the importance of social distancing in order to reduce the risk of COVID-19 transmission.

In order to prevent Vermonters from unnecessarily traveling to health care facilities, to further protect the most vulnerable Vermonters, and to ensure that Medicaid-participating providers are reimbursed for medically necessary and clinically appropriate services they provide during this critical time, Vermont Medicaid will:

- 1) Provide coverage and reimbursement for the use of 3 “triage codes”:
 - a. G0071 for Federally Qualified Healthcare Centers (FQHC) and Rural Health Centers (RHC) only
 - b. G2012 & G2010 for providers located in non-FQHC/RHC settings

These codes will allow providers to receive payment for brief, virtual communication services used to determine whether an office visit or other service is needed.

- 2) Providing reimbursement at the same rate for medically necessary clinically appropriate services (e.g. new patient and established patient office visits, psychotherapy, etc.)

delivered by telephone as the rate currently established for Medicaid-covered services provided through telemedicine/face-to-face as long as the claim is submitted to Vermont Medicaid with a **V3 modifier** (to indicate "service delivered via telephone, i.e. audio-only") and a **place of service code of "99 - other."**

- a. For FQHCs and RHCs, it is important to note that these services, when billed with the V3 modifier and place of service code of "99-other," will reimburse at the established encounter rate when billed with the T1015 encounter code. **The V3 modifier should not be used with the T1015 encounter code but with the service-specific code.**
- b. For all providers, the V3 modifier and place of service code of "99 - other" should **not** be used with the 3 "triage codes" described above under Section 1 (G0071, G2012, and G2010).

SEE THE ATTACHED [MEMO](#) FOR COMPLETE GUIDANCE

Use of HIPAA for Telecommunications

Please be advised that the Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) announced, effective immediately, that it will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 nationwide public health emergency.

This exercise of discretion applies to widely available communications apps, such as FaceTime or Skype, when used in good faith for any telehealth treatment or diagnostic purpose, regardless of whether the telehealth service is directly related to COVID-19.

For more information see: <https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html>

Notify Clients/Patients of risk and Do NOT use Public Facing Applications

Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.

BCBS Billing Change

Blue Cross is now allowing billing for telephone-only visits if they meet criteria as specified in the attached policy.