

Hennepin County Children's Mental Health Collaborative Practice and Policy Questions re: COVID-19 and Telehealth

April 2, 2020

Hennepin County's Children's Mental Health Collaborative (CMHC) hosted four meetings with children's mental health providers and representatives of community-based organizations, mental health organizations, school districts, county agencies and families between March 23 and 27, 2020. There were 75 participants representing multiple children's mental health programs and agencies across the county.

Issues and Questions on the Impact of COVID-19 on Families

1. Is there a consumer-focused information hub for families to ask questions, get questions answered and/or easily find information specific to children's mental health services and learn what services are covered by insurance? Consumers requested information about MA coverage/waivers, what is being covered by insurance (public and private), family instruction for special education students/behavior management, etc.
2. Some parents are confused about what contact is available/allowed with their children in out-of-home placement and/or juvenile corrections. Providers have requested the state or county provide direct communication about visits/contact with children in out-of-home placement and/or juvenile detention during the pandemic. Providers ask similar communication be shared with community providers.
3. Inequities in access to technology, including computers, phones or tablets for online/distance learning and for use with mental health telehealth visits is exacerbated during this public health emergency. Lack of access increases stress for children, youth and their families. Are there resources available to address these needs now? Is there, or should there be, one entity leading this work in Hennepin County?
4. Children's mental health providers are finding that families have increased or changing needs, e.g. food security, housing concerns. Can mental health providers work with (or refer families to) school districts or Family Service Collaboratives to help identify families who need food, who weren't previously eligible?
5. Concerns that some undocumented families are relying on their adolescent children to work to support their families because their parents are not able to work (in this case in the food industry). What state resources are available to help undocumented families during this time?
6. Some providers mentioned that children of essential workers are starting to get kicked out of childcare for behaviors, which is likely to happen more as children are feeling stressed. What state or county supports are in place for other providers, e.g. child care providers, to help address social emotional health needs of infants and young children?
7. Families need help thinking about summer learning and care options. Parents were signing their children up for these opportunities, but it's unclear how, or whether, these out-of-school time programs will operate. Who is the best messenger for these questions in Hennepin County?

Issues and Questions on the Impact of COVID-19 on Children's Mental Health Practices & Services

1. Interpreters: There are issues and questions with access, consent and privacy. What advice does DHS or Hennepin County have for providers accessing interpreters?
 - a. Access - not all interpreters are set up for telehealth
 - b. Consent - providers are unclear how to manage consent for interpreters who are joining telehealth appointments
 - c. Privacy – providers are trying to manage privacy for telehealth appointments since interpreters are often home with their own families

2. Providers are different levels of understanding and clarity on what telehealth services are billable, since this list is regularly being updated. Children's mental health providers in Hennepin county requests telehealth coverage for the following services. Could DHS please clarify which of these services are covered, and provide links to online bulletins or notices?
 - a. Targeted Case Management
 - b. Diagnostic Assessments
 - c. Day Treatment
 - d. Systemic Family Therapy
 - e. Care Coordination
3. Could fee-for-services contracts with school districts, Hennepin County, and/or DHS be restructured using a three or six-month average for billing to help manage the unpaid costs associated with the transition into service delivery through telehealth for children's mental health providers?
4. Is there a billable code that can be used to bill for this transition to telehealth? These costs include staff training, outreach to all current families, outreach to families on waitlists, getting new consents for telehealth, etc.
5. Providers are beginning telehealth appointments with verbal consent while they work through technology or US Mail to secure written consent. However, they are concerned about their ability to bill for these services, including care coordination, without written consents. What are DHS's expectations around obtaining these consents within a specific time period?
6. What are reporting expectations on contracts with the county, schools or the state? Are all reports due on current schedule or is an alternative plan being developed?
7. Day treatment and Systemic Family Therapy sessions are using telehealth strategies except for the most emergent needs. Will billing be an issue if some services are provided through telehealth visits while others take place in person?
8. Can children's mental health providers still have access to schools or county buildings to provide in-person sessions if necessary? Is there a single point of entry for schools or county staff?
9. There will likely be a need for technical assistance from health plans in terms of billing. Each plan makes their own decisions and it is difficult to keep up with what is allowable and what is not. Can the state or county assist with an FAQ on different health plan options?
10. Communication between schools and county with community providers of children's mental health should be addressed. Everything is changing and finding consistent strategies to communicate with vendors and other community providers is important.
11. The designation of mental health providers as essential workers presents a public relations challenge for organizations because there is no consistency across mental health organizations in terms of how to manage in-person visits. What guidance should children's mental health providers use when conducting in-person visits?
12. Is there openness to considering alternative payment models or short-term solutions during this public health emergency?
13. Initial assessment of reduced billable hours makes it very difficult for children's mental health providers to keep fully staffed and respond to the likely growing need of this public health emergency. Is it possible to explore different business models to address these changing needs?
14. Based on past emergencies, it is likely that the stress of this public health emergency will be present when children return to school in the fall. How can adults work together to prepare for these increased needs?