



GCPD's COVID-19 Health and Education Policy Q&A

Questions for both TEA and HHSC

Slide 2. SHARS accounts for almost \$700M in revenue reimbursement throughout the state. What is HHSC and TEA's plan to help guide districts to help them safeguard this reimbursement stream?

HHSC has approved a policy waiver to permit the remote delivery (telehealth and telemedicine) for select SHARS services through the end of May 2020. The covered services are:

- Audiology services
- Counseling services (psychologist or master's level clinician delivered)
- Occupational therapy
- Physician services
- Physical therapy
- Speech therapy

HHSC continues to provide updates through provider notifications posted on the [Texas Medicaid Provider Home Page](#) and notification emails sent directly to school districts. HHSC is continually following updated guidance released from the [Department of Education](#) and the [Texas Education Agency](#).

To ensure school districts receive an accurate reimbursement for the year, HHSC Rate Analysis Department is seeking federal approval to exclude the final two quarters of the school year from the Random Moment Time Study percentage, a statistical sampling technique, which feeds into a school's final cost settlement.

HHSC has also amended the quarterly Certification of Funds process for school districts by moving away from a physical letter that must be signed, notarized, and mailed to an electronic version, to promote safety and ease the administrative burden on school districts during the COVID-19 pandemic. The Certification of Funds process is required for schools participating in SHARS and is used to certify that the schools expended non-federal public funds as the state's share in claiming the federal share of Medicaid reimbursement for SHARS providers.

HHSC recognizes the financial hardship COVID19 places on school districts and is continuing to research options to provide federal assistance to them. Upon receiving approval of any additional assistance, HHSC will notify participating districts.

Slide 4. Can you clarify SHARS billing guidance? Psychologists and master’s level clinicians were given approval to bill virtually, but psychologists were previously told not to bill under counseling services. Does this exclude LSSPs or are they included as a master’s level clinician that should bill under counseling? What about school counselors, since they are master’s level clinicians?

For SHARS billing, psychologists should bill under psychological services (TMPPM, Volume 2, Children’s Handbook, SHARS, Section 3.3.3.2 Psychological Services) which use the same CPT codes as counseling services but with their own modifier, as outlined in the [Texas Medicaid Provider Procedures Manual](#). LSSPs are masters level clinicians and can bill under psychological services, excluding psychological evaluations and assessments.

If a school counselor has a masters level licensure they are able to bill for counseling or psychological services, excluding psychological evaluations and assessments.

Slide 5. Who can districts contact if they have SHARS-specific billing questions?

Providers can continue to reach out using the SHARS inbox at RateAnalysisSHARS@hhsc.state.tx.us. It is monitored daily by HHSC staff. Providers can also reach out to the HHSC Medical Benefits inbox for policy specific questions at MedicaidBenefitRequest@hhsc.state.tx.us.

TEA and Early Childhood Intervention (ECI)

Slide 9. For those 3-year-old children with disabilities whose initial evaluation by ECI was not completed before aging out of Part C of IDEA, will school districts that found them eligible through ECI provide them with compensatory services or will local ECI providers be responsible?

If eligibility was not determined for Part C, then the child would be considered an initial evaluation for Part B, and timelines and eligibility determinations for Part B would apply.

Slide 10. Similarly, for children who did not receive ECI services per their IEP before transitioning to Part B under IDEA, will school districts provide compensatory services or will local ECI providers be responsible?

If services planned on the Individualized Family Service Plan (IFSP) were not provided because the ECI program was unable to deliver the services, the IFSP team should meet to determine if compensatory services are needed to address the child's developmental delay. If so, the ECI program is responsible for providing those services, even if the child has transitioned to Part B. If children did not receive ECI services due to family decisions to decline services, compensatory services will not be provided.

HHSC

Slide 21. There is a lot of concern among people with disabilities about the potential rationing of medical care. Will HHSC issue guidance explicitly stating people will not be denied care due to their disability, as this is a clear violation of multiple civil rights laws?

HHSC has not issued guidance related to the civil rights of persons with disabilities and the rationing of medical care. However, on March 28, 2020, the federal Health and Human Services (HHS) Office of Civil Rights released a [bulletin on civil rights during the COVID-19 disaster](#) stating that it continues to enforce Section 1557 of the Affordable Care Act and Section 504 of the Rehabilitation Act, which prohibit discrimination on the basis of disability in HHS funded programs, as well as other civil rights laws. The guidance states that “[p]ersons with disabilities should not be denied medical care on the basis of stereotypes, assessments of quality of life, or judgments about a person’s relative ‘worth’ based on the presence or absence of disabilities.” The guidance further indicates that decisions about an individual’s candidacy for medical treatment should be made on an individual basis, based on the objective medical evidence. If you believe a covered entity has violated a federal civil rights law, the HHS Office of Civil Rights provides information about submission of a civil right complaint at this internet website:

<https://www.hhs.gov/ocr/complaints/index.html>

Slide 23. CLASS services do not appear to have been included in the requirement for insurance companies to reimburse for telehealth services. What is being done to address that? It has been reported that families are being required to pay out of pocket even though the budget for these services is already approved.

On April 27, 2020, HHSC posted this alert on its website:

The following CLASS professional and specialized therapy services may be provided by telehealth due to COVID-19. This is retroactive effective March 15, 2020, and is through May 31, 2020.

- Physical therapy
- Occupational therapy
- Speech and language pathology
- Recreational therapy
- Music therapy
- Behavior support
- Dietary services
- Cognitive rehabilitation therapy

Acceptable telehealth formats are synchronous audiovisual interaction or asynchronous store and forward technology. Use these along with synchronous audio interaction between the client and the distant site provider.

The Office of Civil Rights has relaxed [HIPAA requirements](#) to allow for the use of video capabilities to deliver services by telehealth. Texas Medicaid recognizes OCR's HIPAA enforcement discretion as it relates to telehealth platform requirements.

Therapies must have a treatment plan with goals and outcomes that support being provided through telehealth. Revision of therapy hours may be added to an IPC and authorized by HHSC per the process outlined in [IL 20-12 \(PDF\)](#).

Therapies not eligible for delivery via telehealth are:

- Massage therapy
- Hippotherapy
- Therapeutic horseback riding
- Aquatic therapy

Slide 24. Some day programs have transitioned to providing services via Zoom (i.e., life skills training, recreation, exercise, etc..) and they've even provided weekly binders of activities to be done at home. They're doing a great job of helping to try and maintain skill levels but CLASS is not covering the cost. What can be done to get CLASS (or other waivers) to reimburse for virtual services they would otherwise be paying for? We face an extreme risk of these programs closing permanently and having nothing to return to when the pandemic is over.

HHSC is evaluating whether day habilitation and employment services can be delivered via telehealth, but a final decision has not been made. In the CLASS waiver program, this includes prevocational services, employment assistance, and supported employment. Information will be released to providers if these services can be delivered via telehealth in the future.

HHSC has waived office visit co-payments from March 13, 2020 through May 31, 2020. In addition, CHIP eligibility certifications ending in April and May have been extended by 90 days. At this time, HHSC is not waiving enrollment fees, the 90-day waiting period, or other co-payments.

Slide 26. Will the state suspend cost-sharing, enrollment fees, and the 90-day waiting period for children applying for or enrolled in CHIP?

HHSC has waived office visit co-payments from March 13, 2020 through May 31, 2020. In addition, CHIP eligibility certifications ending in April and May have been extended by 90 days. At this time, HHSC is not waiving enrollment fees, the 90-day waiting period, or other co-payments.

Slide 28. What is being done to help people who require mental health medications who no longer have insurance?

Individuals who lack insurance may be eligible for Local Mental Health Authority/Local Behavioral Health Authority (LMHA/LBHA) services in their region on a sliding scale or at no cost based on income as long as they meet the clinical and financial eligibility standards. LMHAs/LBHAs may have the ability to cover the costs of psychiatric medications or they may apply for Patient Assistance Programs to help cover the costs of psychiatric medications. Individuals can find their LMHA/LBHA at <https://hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/find-your-local-mental-health-or-behavioral-health-authority>. Depending on the city or county of residence, an individual may be able to access clinics or resources under their city or county health department that may be low cost or no cost. The SAMHSA treatment finder

also lists resources that are outside of LMHA/LBHA services and is located at:
<https://findtreatment.samhsa.gov/locator>

Slide 45. How many cases of COVID-19 are present at each SSLC? How many deaths have occurred (to date)?

HHSC works to provide as much information as legally permitted to share. Due to privacy laws, HHSC cannot confirm individual cases. HHSC has received consent to acknowledge there is at least one case of a positive resident at five SSLCs, as of May 1, 2020. HHSC would need consent from all individuals diagnosed with COVID-19 to provide total case count information for each SSLC.

Across the SSLC system, there have been fewer than 10 deaths, as of May 1, 2020.

Slide 46. Some SSLC employees are reporting they have not been given any PPE or even cleaning materials—what is the plan to support them and what can they do to keep themselves and residents safe?

Nothing is more important than the health and safety of our residents and our staff. Prior to confirming a positive COVID-19 case, we took steps to prevent the spread of COVID-19 by restricting visitors who are not essential to the operations or oversight of the center, screening and checking temperatures of all people who enter campus and requiring staff to wear fabricated masks.

Each center also developed a plan for how we would respond if we had a positive case, including developing isolation homes for residents who are COVID-19 positive and ensuring staff have proper PPE available. If an SSLC resident tests positive, all staff are issued commercial surgical/procedure masks. Staff working on a home designated for people with COVID-19 are issued additional PPE, including N95 masks, eye protection, gowns, and gloves.

Infection control procedures include sanitizing the area with disinfectants in accordance with CDC guidelines. Additionally, some SSLCs use UV lights as part of their infection control procedures.

If anyone tells you they are not being provided with proper PPE, cleaning materials, or anything of that nature, please encourage them to contact Scott Schalchlin at scott.schalchlin@hhsc.state.tx.us.

Slide 51. Will Texas accept the option of 100% federal funding available under the Families First Coronavirus Response Act to cover testing for uninsured Texans?

HHSC has submitted a Medicaid State Plan amendment to cover COVID-19 testing for the uninsured population in Texas allowed under Social Security Act 1902(ss). CMS approval for the state plan amendment is still pending.

Slide 52. Will Texas Medicaid allow and reimburse for telemedicine for well-child visits?

Please see provider guidance published May 12, 2020:

http://www.tmhp.com/News_Items/2020/05-May/05-12-20%20Texas%20Health%20Steps%20Checkups%20Guidance%20Eff%20May%207,%202020-May%2031,%202020.pdf

Slide 53. What is the plan to renew outreach and enrollment efforts so more families know about Medicaid and CHIP as coverage options for their children?

HHSC contracts with ADRCs and Community Partners to provide information in local communities about Medicaid and CHIP Services. Managed Care Organizations also advertise Medicaid and CHIP services in their service areas to ensure the general public is aware of Medicaid and CHIP coverage for children and individuals with disabilities. Area Agencies on Aging provide information on Medicaid and CHIP services to older individuals who may be in need of Medicaid supports for long-term care.

Question in Chat. I have a specific question about visitation to our loved ones who are living in a group home via HSC. My 20 year old son is in a 3 person group home. His roommates and my son all have an IDD. They are NOT medically fragile. Their visitation should not be grouped into other long term care facilities. My son cries at every video chat and begs me to come get him. We work and cannot bring him home indefinitely, which is the option our HCS provided gave us.

In order to ensure protection for vulnerable individuals with disabilities and to reduce the spread of COVID-19 to individuals and direct care staff members in the HCS and TxHmL programs, it is recommended that non-essential visitors be prohibited from entering the residences. Essential visitors are those who are there to provide critical assistance to the individual, including provider staff and other contract care providers and persons with legal authority to enter. To reduce the

exposure risk for individuals in the program, providers are encouraged to limit the amount and frequency of people entering and exiting the residence.

The providers in the HCS and TxHmL programs are responsible for ensuring a healthful and safe environment and protecting the health and safety of the individuals in the residence at all times. Provider Letter 20-22 outlines recommendations to promote the ongoing health of the individuals in the program. The best method of protecting individuals from the infection is to keep the infection out of the residence. In addition, HHSC has recommended to program providers that they provide alternate means for individuals to communicate with people who would otherwise visit the individuals in the residences, such as by video or telephone conferencing systems, to sustain ongoing contact between individuals and their loved ones.

Also, however, HHSC has instructed HCS program providers to allow an individual to temporarily leave a three-person or four-person residence, if desired by the individual, and allow the individual to return to the residence. If an individual has left the residence temporarily for any reason, HHSC requires the program provider to screen the individual for symptoms of COVID-19 upon return. If the individual meets any of the screening criteria, HHSC recommends that the program provider isolate that individual in one area of the residence to protect other individuals in the residence.

If an individual believes that a program provider is not in compliance with HHSC requirements, the individual may file a complaint with the HHSC Ombudsman.

Question in Chat. My son, who lives in a HSC group home. The staff there does not provide any 1:1 instruction or assistance for school work to continue. They cannot even figure out, they say, to help him log into the school provided Chromebook. He has received no instruction, interaction or contact from his school. This is Denton ISD.

HHSC recommends that you contact Denton ISD to discuss the availability of additional learning supports for your son. HCS program providers are limited in their ability to ensure that individuals in an HCS group home receive 1:1 supports necessary for the individual to participate in on-line education. This is because a greater number of individuals are in group homes for longer periods of time during the day as a result of school and day habilitation center closures. In addition, you may want to contact the Texas Education Agency if you have concerns about Denton ISD's ability to adequately support your son.

You may also want to consider having your son reside and receive HCS Program services in your home during the COVID-19 public health emergency to allow for

more supports for your son to participate in on-line education. Your son's service coordinator can assist in making changes to his plan of care to allow for a change in residence and HCS program services. You may also want to discuss a possible change in your son's residence and services with his HCS program provider.

Question in Chat. During the COVID-19 How are the Deaf and Blind learning during social distancing? They require touch.

HHSC has provided some technical assistance to providers regarding tactual communication and infection control among people who are deafblind. In addition, HHSC plans to address this issue during a webinar with Deaf Blind and Multiple Disability waiver providers on May 15, 2020.

Question in Chat. What is HHSC doing to implement welfare checks before removing elderly people with disabilities from their benefits if they did not receive paperwork?

Medicaid financial eligibility has been automatically extended for anyone whose eligibility expired from March 18, 2020 through May 31, 2020. The same action has been taken for functional eligibility for waiver and state plan Medicaid programs to ensure individuals continue to receive services.

DSHS

Slide 22. I am a healthcare worker who became ill last week. However, since my fever is below 100 degrees I've been told I don't qualify for testing due to the continued rationing of kits, even though my symptoms indicate possible COVID-19. Will more testing kits be available soon? What do you suggest to people like me who may be denied short term disability or sick leave because they cannot access a test? Will you ensure that Texans in my situation will be protected as much as those who have been tested? When can we expect an increase in availability of testing kits?

Refer to the Governor's Strike Force Report to Open Texas:

<https://gov.texas.gov/uploads/files/organization/opentexas/OpenTexas-Report.pdf>

Pages 12 – 15 cover testing and actions to increase the availability of testing in Texas. Refer to the Texas COVID-19 Test Collection Sites listed at Texas.gov:

https://www.texas.gov/covid19/?utm_source=texasgov&utm_medium=banner&utm_campaign=covid-19

Slide 37. Does the state have access to masks with a transparent mouth for sign language interpreters to use?

Hospitals and healthcare professionals should follow their normal process of trying to locate emergency medical supplies, personal protective equipment (PPE), and other healthcare resources with their regular vendors and exhaust all possible options. These options may include contacting any sister facilities for coordination, reaching out to local partners or stakeholders, looking at any possible reallocations within the Public Health Region, Healthcare Coalition, Regional Advisory Council regions, or other medical supply agencies. If hospitals and healthcare professionals cannot obtain any PPE from their vendor(s) and have exhausted all alternative options, they should send their official requests to their local office of emergency management via the [State of Texas Assistance Request \(STAR\)](#) process.

Slide 38. What is the advice for ASL interpreters who are not able to perform their job wearing face masks?

HHSC nor DSHS currently have guidance specific to ASL interpreters who are not able to perform their job wearing face masks. Other CDC and DSHS guidance on precautionary measures are recommended.

Slide 54. What is Texas doing to ensure we have the necessary amount of testing to ensure any reopening of the economy doesn't immediately lead to more outbreaks?

Refer to the Governor's Strike Force Report to Open Texas:

<https://gov.texas.gov/uploads/files/organization/opentexas/OpenTexas-Report.pdf>

The report covers actions to increase the availability of testing, contacting tracing, as well as minimum health protocols. DSHS has additional health protocols published on the Opening of Texas website:

<https://www.dshs.texas.gov/coronavirus/opentexas.aspx>