

April 3, 2020

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
M E M O R A N D U M**

TO: Behavioral Health Constituency Section

FROM: Lia Daniels, Director, Health Policy

SUBJECT: **COVID-19 Behavioral Health Update**

Below are several new updates concerning COVID-19 and hospital and health system behavioral healthcare, including:

- Background and direction for IHA resources regarding COVID-19;
- Illinois Department of Healthcare and Family Services (HFS) resources, including protocol updates for psychiatric hospitalization following a Screening, Assessment, and Support Services (SASS) and Mobile Crisis Response (MCR) in-person screening;
- Illinois Department of Human Services (DHS) resources and grant updates; and
- Substance use disorder record sharing changes from the federal Coronavirus Aid, Relief and Economic Security (CARES) Act.

IHA COVID-19 Resources

As a reminder, IHA has resources on its [website](#) that has the latest healthcare news on legislative proposals, industry trends, and local issues. The website also has news articles, IHA's Daily Briefing, IHA press releases, and member news spotlight, all of which can be filtered by category.

IHA also has a dedicated [COVID-19 webpage](#) with the latest information for healthcare providers and the public. We encourage all members to visit this page for the latest updates on key items (e.g., federal and state waiver requests, C-suite memorandums, telehealth, etc.). For example, [General Recommendations for Healthcare Settings](#) from the Illinois Department of Public Health is listed as a resource under *Clinical Guidance for Providers* on the IHA COVID-19 webpage.

HFS Resource and SASS/MCR Protocol Updates

HFS has a dedicated [Coronavirus Updates](#) webpage with all public and provider notices, emergency rules and FAQ documents related to the public health emergency. Most recently, HFS has highlighted broadened telehealth coverage by Medicaid fee-for-service and managed care providers (highlighted in an Apr. 1 [IHA Memo](#)), Medicaid and CHIP [eligibility changes](#), and guidance to hospitals on [SASS/MCR in-person screening](#). SASS/MCR hospital guidance details include:

- Coordination with SASS/MCR staff prior to hospital admission;
- Admission evaluation and triage recommendations;
- Requirements for medical clearance prior to admission; and
- Protocols for youth presenting directly to the hospital prior to SASS/MCR screening.

DHS Resource and Grant Updates

DHS has a dedicated [Coronavirus Information webpage](#) with public service announcements, messages to DHS providers (including mental health and substance use disorder providers), press releases, Illinois waiver requests, and messages from DHS divisions to providers (e.g., Division of Substance Use Prevention and Recovery, Division of Mental Health).

DHS' Division of Mental Health (DMH) has shared the following update this week on competitive and non-competitive grants for all Fiscal Year (FY) 2021 applicants.

FY21 Competitive Grants

DHS/DMH has been in the process of posting Notices of Funding Opportunity (NOFO) for FY21 program services. The FY21 NOFOs that were already posted to the DHS website will be removed, and no grants with a July 1, 2020 start date will be competitively awarded for FY21. The FY20 grant awards for these programs will be renewed for FY21. **The full list of all FY20 grant programs for which awards will be renewed for FY21 is below.** Grantees are requested to submit an application and enter your FY21 budget into the CSA system. Documents and instructions are available on the DHS/DMH Webpage in the Non-Competitive section. **The due date for ALL FY21 applications and budgets is April 30 by 5:00 p.m. CDT.**

- 121 Juvenile Justice
- 200 Housing Bridge Subsidy Administrator
- 410 Capitated Community Care
- 430 Community Support Team
- 510-RBHA Regions Rural Behavioral Health
- 515-JIFS Juvenile Inpatient Forensic Services
- 515-RDSP Regions Deaf Special Program
- 515-RIPS Regions IPS Trainers
- 515-RMSD Regions Extended MISA Detox
- 574 Psychiatric Medications
- 580 Crisis Staffing

FY21 Non-Competitive Grants

The remaining non-competitive grants are listed on the DHS-DMH webpage with instructions for renewal. Applicants for renewal will need to complete the Programmatic Risk Assessment (PRA) for each program as well as one FY21 Internal Control Questionnaire (ICQ), also found on the DMH webpage.

FY20 and FY21 Reporting

The due dates for the Periodic Financial Reports (PFR), Periodic Performance Reports (PPR) and the program specific Performance Report Template by Program (PRTP) for the FY20 third and fourth quarter reporting periods and all FY21 Financial and Performance reports due dates are extended for 90 days from the original due date. DMH may request the submission of other expenditure/cost documentation as needed to ensure that grantees are able to sustain operations while under the COVID-19 restrictions, maintain permitted services to our clients during the restricted period, and return to full services when those restrictions are lifted.

If you have questions or need further assistance, please contact DHS' Barb Roberson at Barb.roberson@illinois.gov.

CARES Act: Substance Use Disorder Record Sharing

The [CARES Act](#) was enacted on Mar. 27. As noted in the Mar. 26 IHA Memo, [CARES Act \(H.R. 748\) – Overview of Hospital Provisions](#), greater flexibility has been provided for the sharing of substance use disorder (SUD) records with patient consent. Following a patient's written consent, records pertaining to SUD treatment, or other activities may be used or disclosed to covered entities for the purposes of treatment, payment, or healthcare operations as permitted by the Health Insurance Portability and Accountability Act (HIPAA).

Section 3221 of the CARES Act, *Confidentiality and Disclosure of Records Related to Substance Use Disorder*, permanently updates long-standing 42 C.F.R. Part 2 (Part 2) regulations that provide direction on SUD record sharing requirements. The new law eases restrictions on SUD record disclosure, while strengthening patient protections related to discrimination and liability. The Department of Health and Human Services (HHS) and Substance Abuse and Mental Health Services Administration (SAMHSA) are required to revise regulations over the next year to comply with the CARES Act provisions. Part 2 regulatory implementation will determine overall impact of the changes on SUD record sharing, but a few key details on disclosure allowances, omissions regarding select circumstances related to redisclosure, and breach notification are provided below.

- Record Use and Redisclosure for Treatment, Payment and Healthcare Operations:
 - The Act expands the ability of covered entities (CEs), business associates (BAs), and federally-assisted programs offering SUD treatment (Part 2 Programs) that receive SUD patient information with the patient's written consent to use or redisclose that information for treatment, payment, and health care operations purposes without additional patient consent, more closely aligning with HIPAA.
 - Disclosure of Part 2 information to public health authorities may be carried out without a patient's written consent, as long as Part 2 information is de-identified with HIPAA standards.
 - Consents can also be provided once by the patient for all future use or disclosure, remaining valid unless a patient revokes that use in writing.

However, Part 2 implementation may need to clarify whether redisclosures are limited to the purview of the original patient consent and whether authorization for redisclosure by additional parties (e.g., CEs, BAs, other Part 2 programs) must be included as recipients.

- Broader Protections for Patients:
 - Aligning with HIPAA protections for breaches of unsecured protected health information, unauthorized use or disclosure of Part 2 information is now fully covered under the breach notification provisions of the Health Information Technology and Clinical Health (HITECH) Act.
 - For entities receiving Part 2 information, the Act requires that discrimination cannot be carried out against an individual based on that information in relation to admission, access to, or treatment of healthcare, when providing services paid for by federal funds, for terms of employment or receipt of workers' compensation, sale or rental of housing, access to courts, or access and approval of social services or benefits funded by government at all levels.