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Centers for Medicare & Medicaid Services (CMS) and Substance Abuse and Mental Health Services Administration (SAMHSA): Leveraging Existing Health and Disease Management Programs to Provide Mental Health and Substance Use Disorder Resources During the COVID-19 Public Health Emergency (PHE)¹

The outbreak of COVID-19 may cause stress and anxiety in adults and children. Finding healthy ways to cope will strengthen people and communities.² We remind health insurance issuers in the individual and group markets of the importance of ensuring access to mental health and substance use disorder resources. Because substance use disorders can cause or exacerbate a variety of physical ailments and conditions, it is important for health providers to routinely screen, treat and support the recovery of individuals with substance use disorders. Issuers may wish to consider implementing some or all of these practices in response to COVID-19.

Expanding coverage for mental health and substance use disorder services delivered via telehealth platforms, telephone, and similar mechanisms to mitigate the impact of the COVID-19 public health emergency

To reduce the spread of COVID-19, we have encouraged issuers to expand telehealth options for obtaining covered services.³ We encourage issuers to provide coverage for telehealth services delivered through audio-visual and online platforms and via telephone. Many issuers have already expanded their coverage of telehealth services, including for the treatment of mental health and substance use disorder. In some instances, issuers are permitting the delivery of covered services via telehealth or other audio-visual platform, or by telephone without cost sharing, and without requiring prior authorization or referral. As an incentive for health

¹ The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

² CDC, Coronavirus Disease 2019 (COVID-19), Coping with Stress, available at:

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>.

³ Center for Consumer Information and Insurance Oversight, FAQs on Availability and Usage of Telehealth Services through Private Health Insurance Coverage in Response to Coronavirus Disease 2019, March 24, 2020, available at: <https://www.cms.gov/files/document/faqs-telehealth-covid-19.pdf>.

professionals, issuers should consider making reimbursement rates for services via telehealth comparable to the rates for in-person services. Providers using opioid agonist and partial agonist treatments should review the Drug Enforcement Administration (DEA) COVID-19 Information Page to ensure they are practicing within the bounds of the law with respect to telehealth treatment.⁴

As part of the effort to expand telehealth options, we encourage issuers to reduce barriers such as prior authorization and other limits to telehealth services for covered mental health and substance use disorder services. Continued delivery of mental health and substance use disorder services via telehealth, including partial hospitalization services to enrollees in their homes, is critical during this PHE.

Issuers may want to examine their provider networks to ensure participating mental health and substance use disorder providers can provide services via telehealth. The Substance Abuse and Mental Health Services Administration (SAMHSA) has released guidance related to operations during the COVID-19 PHE for outpatient treatment programs, opioid use disorder treatment programs, and other substance use disorder treatment settings, and has released information about SAMHSA's Disaster Distress Helpline and other resources.⁵ Additionally, SAMHSA has provided guidance regarding the exceptions that apply to the confidentiality regulations detailed in 42 U.S.C. §290dd-2(b)(2)(A) and 42 C.F.R. §2.51 in cases of medical emergency.⁶ It is important to note that the HHS Office of Civil Rights will not impose penalties against covered health care providers for noncompliance with telehealth regulatory requirements under the Health Insurance Portability and Accountability Act of 1996 in connection with the good faith provision of telehealth during the COVID-19 nationwide PHE.⁷ Consumers may want to consider this guidance when seeking out telehealth services.

Providing mental health and substance use disorder resources during the COVID-19 PHE using online health and disease management programs

Prior to the COVID-19 PHE, many issuers established online health and disease management programs to encourage enrollees to stay healthy. Many issuers are now using these same platforms for efforts to mitigate the stress associated with COVID-19. Some examples include:

- Virtual drug and alcohol recovery support services for enrollees with mental health and substance use disorders.
- Electronic newsletters and blogs specific to managing stress associated with COVID-19.
- Webinars that provide stress and anxiety management education.

Connecting enrollees to community resources that provide mental health and substance use disorder support during the COVID-19 PHE

⁴ DEA, COVID-19 Information Page, available at: <https://www.deadiversion.usdoj.gov/coronavirus.html>.

⁵ SAMHSA, Coronavirus Disease 2019 (COVID-19), SAMHSA Resources and Information, available at: <https://www.samhsa.gov/coronavirus>.

⁶ SAMHSA, COVID-19 Public Health Emergency Response and 42 CFR Part 2 Guidance, available at: <https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf>.

⁷ Office for Civil Rights, Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency, March 17, 2020, available at: <https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html>.

Secular and faith-based organizations and local governments that provide peer, faith-based, or other services and supports for individuals with or in recovery from substance use disorders or mental illness and their families can be a stabilizing resource and access point for a range of other critical services and supports. Health insurance issuers can play a vital role in connecting enrollees to these resources. In response to the COVID-19 pandemic, several issuers have:

- Initiated programs to connect members to community resources, including virtual and telephonic support groups.
- Provided links to community, state, county, and federal resources on public-facing issuer webpages.
- Partnered with community organizations to provide no-cost counseling using a 24/7 crisis support line staffed by professionally trained mental health and substance use experts.
- Established specialized support lines for specific groups (e.g., employees of a particular company).
- Initiated well-being checks via calls and email for enrollees at higher risk for COVID-19, such as older adults and rural or otherwise isolated individuals.

Using mobile apps to provide resources during the COVID-19 PHE

Mobile apps make professional and peer support more accessible, efficient, and portable.⁸ They also have the potential to reach people who may not otherwise receive help, due to transportation barriers, the inability to travel, or other factors that impede access to in-person care. Several issuers have launched free on-demand apps that help enrollees cope with stress, anxiety, and depression during the COVID-19 pandemic. Online resources can be incorporated to raise awareness and screen for substance use and/or mental health disorders, as well as share resources for help. Some apps allow virtual face-to-face sessions or text messaging with a licensed therapist. Others offer games and activities to address issues people may be facing, as well as reading materials, video demonstrations, and online forums.

Providing enrollees and providers with access to other COVID-19 resources

The COVID-19 PHE presents challenges to meeting mental health and substance use needs. SAMHSA has released numerous mental health and substance use disorder resources and guidance to assist individuals, providers, communities, and states during the PHE. SAMHSA has also made a wide range of educational and technical assistance resources available nationwide through its Technology Transfer Centers, which provide direct training to providers on pertinent topics, including telehealth utilization and mental health and substance use resources related to COVID-19. Issuers may want to refer enrollees and providers to these SAMHSA resources, which can be found at <https://www.samhsa.gov/coronavirus>. The National Institutes of Health (NIH) has also made additional resources available.⁹

⁸ See, e.g., Bakker D, Kazantzis N, Rickwood D, Rickard N. Mental health smartphone apps: review and evidence-based recommendations for future developments. *JMIR mental health*. 2016;3(1):e7.

⁹ NIH National Institute on Drug Abuse, COVID-19 Resources, available at: <https://www.drugabuse.gov/related-topics/covid-19-resources>; NIH, National Institute of Mental Health, Shareable Resources on Coping with COVID-19, available at: <https://www.nimh.nih.gov/health/education-awareness/shareable-resources-on-coping-with-covid-19.shtml>; and NIH, National Institute on Alcohol Abuse and Alcoholism, Alcohol and COVID-19, available at: <https://www.niaaa.nih.gov/alcohol-and-covid-19>.