



Mental Health Treatment Addendum Pandemic Planning and Response Guidelines

Coronavirus Disease 2019 (COVID-19)

June 12, 2020 Edition

Recommendations on addressing COVID-19 are rapidly changing across the country. This addendum will remain fluid and be updated as necessary.

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The contents of this document are provided for reference and subject to modification by the CSG Virus Response Team at any time. This content should be referenced in combination with the overarching *CSG Pandemic Planning and Response Guidelines*. Decisions are fluid. Staff must keep up-to-date with decisions made (and changed) and follow all guidelines provided. Questions should be directed to supervisors who will address them with the Centers of Excellence, Virus Response Team, and Executive Leadership Team.

OVERVIEW

Community Services Group supports individuals who are vulnerable to respiratory illness due to mental illnesses, intellectual and developmental disabilities, co-morbidities, and the environment of communal living facilitates that can spread respiratory agents. Employees must prepare now, even if COVID-19 has not arrived in the communities where we operate. Through education and the implementation of best practice guidelines, we can already reduce working days lost due to illness and stop or slow the spread of COVID-19 if it arrives at one of our locations. An important thing to keep in perspective is coronaviruses are not uncommon. Our response follows guidance from the CDC, PA Department of Health, and the other agencies and payers involved in our services.

This addendum supports the overarching *CSG Pandemic Planning and Response Guidelines* and should be used in conjunction with that plan. All guidelines will remain in compliance with The Centers for Disease Control and Prevention, the Pennsylvania Department of Health, and CSG policies and procedures.

Signature Capture Change in Policy – Covid-19 Response

In response to the current COVID-19 outbreak and following advice provided by the Center for Disease Control (CDC) and the PA Department of Health (DOH) to minimize risk and exposure and in order to protect both our customers and employees as much as possible, CSG will no longer require clients, family members, guardians and/or other treatment team members to sign documents via pen or electronic touchscreen/stylus. CSG staff will instead log the name of the person verifying services or providing permission or agreement to the document.

OUTPATIENT SERVICES

Outpatient offices will be staffed and open for appointments as arranged by prescribers and clinicians.

- If an individual asks to be seen in person, health screening questions will be asked. Those questions are as follows:
 - Has the individual experienced any international travel within the last 14 days to restricted countries? For updated information on restricted countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.
 - Does the individual exhibit any signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat?
 - Has the individual had contact with someone with or under investigation for COVID-19.
- The measurement of vital signs at medication check appointments have been suspended unless deemed medically necessary.
- Clozaril clinics and those requiring other medications by injection will be in person visits. All individuals will be screened following The Centers for Disease Control and Protection questions.
 - Has the individual experienced any international travel within the last 14 days to restricted countries? For updated information on restricted countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.
 - Does the individual exhibit any signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat?
 - Has the individual had contact with someone with or under investigation for COVID-19.
- All other services will be provided via televideo platforms, or telephonically when televideo is not an option, for those individuals with Medical Assistance, Medicare, county, and private payers that will reimburse such services.
- During PA's 'Red Phase', Outpatient Group programming was initially suspended. During this time, one-to-one contact was completed by clinical staff. Each week, staff reached out to individuals the number of times they would have been seen in the office (e.g. persons in Dialectical Behavior Therapy Groups will be contacted twice weekly). Within a few weeks of the pandemic response, some outpatient groups were able to resume in a virtual, video-conferencing platform. DBT groups and programming resumed to its normal schedule in some areas.
- During PA's 'Yellow Phase', some in-person outpatient groups will resume as appropriate. All individuals meeting in person will receive a health screening, wear a mask at all times, and be seated with 6-feet in between each person.
- In-person Parent-Child Interaction Therapy (PCIT) sessions have been suspended. Clinicians will reach out on a one-to-one basis with each family.
- Clinicians have the option to modify child therapy through the use of telehealth platforms and may expand the time spent with families and caregivers.
- School-based outpatient clinicians will be provided work space in the office and adhere to guidelines of all clinicians.
- For individuals requesting Same Day Access appointments, those persons covered by Medical Assistance, Medicare, county, and private payers that permit televideo will be offered an online link to meet for an assessment. For individuals that walk into the clinic, the same offer for a televideo appointment will be made.
- Every individual seen in person will be asked the health screening questions:

- Has the individual experienced any international travel within the last 14 days to restricted countries? For updated information on restricted countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.
- Does the individual exhibit any signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat?
- Has the individual had contact with someone with or under investigation for COVID-19.

Outpatient - Green phase transition

Staff are welcome to work out of the office in green, as they were in yellow. When all Outpatient areas throughout the CSG footprint move to green, we will begin staggering staff schedules to allow for re-entry to the office. If staff have been working in the office full-time, they are welcome to continue doing so. Green phase guidelines are as follows:

- Telehealth will continue as appropriate for all outpatient services, including SDA. Telehealth will be dependent on client needs as well as payer reimbursement. For those needing to be seen in person, please schedule them on your in-office days.
- Staff in a high-risk category may be granted full work from home, pending Practice Manager/Director approval. This may change depending on payer requirements.
- In-person PCIT will be suspended in the green phase and will continue virtually.
- Offices will be measured to ensure 6-feet of distance between the clinician and client.
- Health screenings will continue for all staff and clients in the building.
- Masking will be required in all hallways and common areas. If the clinician is comfortable, he/she can offer to the client to remove the mask while seated in session. Both parties must be comfortable to remove masks, otherwise, both parties must keep them on.
- Clients attending in-person appointments will be limited to one additional guest i.e. parent, case manager.
- For medication management, vitals will be taken at the prescribers' request/discretion.
- Following in-person sessions, offices must be wiped down prior to the next in-person session.

PARTIAL HOSPITALIZATION PROGRAMS

- Partial Hospitalization Program groups have been suspended while the county is in red status. Individuals will be contacted by clinicians for one-to-one sessions the number of times they would have attended group on a weekly basis. For example, an individual who was attending three days per week will be contacted three times each week. Beginning the week of April 13, programs will begin to offer groups in addition to offering individual sessions.
- All sessions/contacts will be documented.
- Partial Hospitalization Programs located in counties identified as yellow can continue to do telehealth and in addition can start to have in person groups, at a decreased frequency and for a maximum of 3 hours each day. All individuals meeting in person will receive a health screening, wear a mask at all times, and be seated with 6-feet in between each person.

CASE MANAGEMENT

Red Phase -

- Targeted Case Management (TCM) will continually assess which individuals have medically necessary and other essential appointments. Those appointments will be kept as much as possible. All individuals will be asked appropriate screening questions prior to the appointment.
 - Has the individual experienced any international travel within the last 14 days to restricted countries? For updated information on restricted countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.
 - Does the individual exhibit any signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat?
 - Has the individual had contact with someone with or under investigation for COVID-19.
- TCM will verify with medical providers that appointments are still occurring prior to coordination and providing transportation to such appointments.
- Staff will call ahead for any appointment to alert the provider that the individual is symptom free. If, on arrival at the appointment it is confirmed that the individual is symptomatic, they will cancel the remainder of the appointment and leave the premises.
- TCM will coordinate and/or provide transportation with other support providers for medically necessary appointments for individuals showing no signs of COVID-19.
- Internal guidelines are in place for TCM around those tasks that can be completed independently and with individuals by telephone.
- Face-to-face contacts that occur outside the 14-day and 30-day regulatory window are documented in the person's medical record.

Case Management Yellow Phase:

- Health screenings to continue for all staff at the program site/office.
- TCM will continually assess which individuals have medically necessary and other essential appointments. TCM will coordinate and/or provide transportation with other support providers for medically necessary appointments for individuals showing no signs of COVID-19.
- Internal guidelines are in place for TCM around those tasks that can be completed independently and with individuals by telephone/telehealth.
- TCM will have the option to:
 - Meet with clients outside wearing masks and maintaining social distancing.
 - Work remotely or come into the office; gradual transition to more in offices.
 - Meet with clients/providers in the office when necessary.

Case Management Green Phase:

- TCM will provide a Hybrid of telehealth and face to face as permitted by other providers and based on individual needs.
- TCM will continually assess which individuals have medically necessary and other essential appointments. TCM will coordinate and/or provide transportation with other support providers for medically necessary appointments for individuals showing no signs of COVID-19.
- Internal guidelines are in place for TCM around those tasks that can be completed independently and with individuals by telephone/telehealth.
- TCM will have the option to:
 - Meet with clients outside wearing masks and maintaining social distancing.
 - Work remotely or come into the office; gradual transition to more in offices.
 - Meet with clients/providers in the office when necessary.

CHILDREN'S SERVICES

Red Phase-

- After school program groups will be offered via telehealth; with shorter duration than typical face-to-face groups. In addition, staff will make one-to-one contacts with each family. Total contacts, including group participation and one-to-one contacts, will not exceed authorized days of service per week for each child. For example, if the child was scheduled five (5) days per week, the child may opt to attend group via telehealth three (3) days per week and staff will make two (2) one-to-one contacts that same week on the days the child does not participate in a telehealth group.
- High Risk Therapeutic Staff Support Services (TSS) will continue if families and staff are healthy and willing to do so. Screening questions should be asked prior to visits.
 - Has the individual experienced any international travel within the last 14 days to restricted countries? For updated information on restricted countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.
 - Does the individual exhibit any signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat?
 - Has the individual had contact with someone with or under investigation for COVID-19.
- Family Based Mental Health Services (FBMHS), Juvenile Firesetter Assessment Consultation Treatment Service (JFACTS), Mobile Therapy (MT), Behavior Specialist Consultation (BSC), Community Residential Rehabilitation – Host Home (CRR-HH) and Adoption Services have suspended face-to-face meetings and are engaging in telehealth services.
- Foster Care will engage to telehealth appointments with the exception of provider home safety checks which must be done in person. Before entering the home staff will ask screening questions.
 - Has the individual experienced any international travel within the last 14 days to restricted countries? For updated information on restricted countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.
 - Does the individual exhibit any signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat?

- Has the individual had contact with someone with or under investigation for COVID-19.
- Community-based staff have been provided office space to complete telehealth sessions to assure security and HIPAA compliance. Requests to work in places outside the office requires supervisory approval.

Children's Services Yellow Phase-

- Health screenings to continue for all staff and individuals at the program site.
- Health screening questions continue for all individuals receiving face to face services.
- After school program groups will be offered via telehealth; with shorter duration than typical face-to-face groups. In addition, staff will make one-to-one contacts with each family. Total contacts, including group participation and one-to-one contacts, will not exceed authorized days of service per week for each child. Additional virtual group sessions will be added.
- High Risk Therapeutic Staff Support Services (TSS) will continue if families and staff are healthy and willing to do so. Screening questions will be asked prior to visits.
- Family Based Mental Health Services (FBMHS), Juvenile Firesetter Assessment Consultation Treatment Service (JFACTS), Mobile Therapy (MT), Behavior Specialist Consultation (BSC), Community Residential Rehabilitation – Host Home (CRR-HH) and Adoption Services have suspended face-to-face meetings and are engaging in telehealth services. Face to face meetings and sessions may be conducted on a case by case basis with supervisory approval.
- Foster Care will engage in telehealth appointments with the exception of provider home safety checks which must be done in person. Before entering the home staff will ask screening questions. Face to face meetings and sessions may be conducted on a case by case basis with supervisory approval.
- Supervised family visitation may resume in accordance with court orders.
- Provider Parent training will resume in small groups in the office setting.

Children's Services Green Phase-

- Health screenings continue for staff and individuals
- Gradual transition to return to office work for office-based staff.
- After School: gradual transition from telehealth to onsite services;
 - transportation: 2 kids per van, screening questions per pickup (temp before getting on van). 4 vans a day.
 - 3 groups to maintain distancing in classrooms
 - Prioritize kids coming back to those without access to telehealth
 - Telehealth still available for those not coming onsite; group telehealth gradually replace 1:1
 - Eliminate snack; provide meal
 - Masks worn at all times by children and staff
 - Continue regular handwashing, wiping services, etc per guidelines.
- Adoption & Permanency, Family Based Mental Health Services (FBMHS), Juvenile Firesetter Assessment Consultation Treatment Service (JFACTS), Mobile Therapy (MT), Behavior Specialist Consultation (BSC)
 - Return to services in home; telehealth for those more comfortable
 - Staff and individuals screened
 - Masks for staff and individuals

- Blend of face to face with telehealth
- FBMHS: will not transport
- Host Home Intensive Treatment Program (CRR-HH/CRR-ITP) & Foster Care
 - Return to services in home; telehealth will continue for those comfortable
 - Resume in-home safety checks following CDC/DOH guidelines, including screening questions, use of masks.
 - Continue to resume supervised child/natural family visitation per court order following CDC/DOH guidelines.
 - Gradually resume family visitation for non-supervised visitation as agreed to by all team members.
 - Follow guidelines for offices in order to conduct team meetings-screening attendees, practicing social distancing, wearing masks, and utilizing hand sanitizer. Continue to provide option for attendees to participate via telehealth.
 - Admissions for Host Home/ITP will continue for children with documentation of negative COVID-19 test and no exposure to anyone else with a positive COVID-19 diagnosis at least 14 days prior to admission.
 - Staff will follow CDC/DOH/CSG guidelines for all transports.