PPE and Supplies

- Hospitals and health care providers who have depleted their PPE supply channels may submit requests for PPE via a State of Texas Assistance Request (STAR). Please see the attached instructions.
- The state is very aware of the PPE shortage, and is pursuing every avenue to acquire additional PPE, including federal government supplies, private suppliers, and supplies from other industries.
- Individuals and groups wanting to donate or sell supplies (or volunteer) should visit www.texas.gov

Telemedicine

- TDI has issued an emergency rule to allow telemedicine visits for patients with state-regulated plans to be reimbursed at the same rate as in-person visits. This includes phone visits.
- Medicaid providers (both medical and behavioral health) may also bill telephone visits at the same rate as in-person visits. See the attachments.
- CMS has expanded telemedicine benefits to make the service available for all Medicare beneficiaries. Provider types do not need additional waivers to seek reimbursement.
- The bottom of this fact sheet shows the HCPCS/CPT Codes to bill for Medicare
- Please see the Medical Board's FAQ regarding telemedicine

Hospital Financing

- HHSC finalized the operational details for distribution of funding from the Uniform Hospital Rate Increase Program (UHRIP) for state fiscal year 2021. This 2-pass methodology will allow Medicaid providers to fully use the pooled amount of funding by allowing providers who have not reached their cap to be eligible for any unused funds. However, no hospital class will receive a rate increase greater than 100 percent. HHSC is accelerating Disproportionate Share Hospital (DSH) and Uncompensated Care payments.
- President Trump signed H.R. 6201, the Families First Coronavirus Response Act (FFCRA) on March 18th, which included a **6.2 percentage point increase** to each state's Federal Medical Assistance Percentages (FMAP) rate. It is estimated that Texas will have a quarterly impact of $480 million additional dollars from the federal portion of the Medicaid match.
- Currently, The two versions of the "Phase 3" Coronavirus relief packages are still being debated in Congress and would allocate between $75 billion to $150 billion dollars to health care providers. the House bill specifically, offers an additional $80 billion in low interest loans to hospitals.
- HHSC has also waived numerous state regulatory and licensing requirements and is seeking additional Section 1135 waivers to assist health care providers. Please see the attached document " HHSC COVID-19 activities FINAL" for all full list of HHSC actions.

Hospital visitation

- HHSC released guidance restricting nonessential visitors to hospitals

Elective Surgeries

- The Texas Medical Board has issued emergency rules in response to the Governor's executive order mandating that health care facilities postpone elective medical procedures.
- Please see the Medical Board's guidance and FAQ on scheduling non-urgent elective procedures

Negative Pressure Rooms

- The CDC has updated recommendations to clarify that COVID patients do not need to be placed in Airborne Infection Isolation Rooms (AIIR or "negative pressure room").
- Patients with known or suspected COVID should be cared for in a single-person room with the door closed. AIIRs should be reserved for patients undergoing aerosol-generating procedures.

Long-Term Care Facilities

- Routine inspections of both nursing facilities and Assisted Living Facilities have been suspended, with the exception of targeted inspections for facilities with a history of poor infection control
- HHSC has put out guidance restricting nonessential visitors and outlining screening procedures in nursing homes and assisted living facilities
- Visitors to SSLCs and State Hospitals are also restricted.
- HHSC has released an assessment form hospitals can use to evaluate whether they can discharge a hospital patient to a nursing facility or other LTC facility.
- CMS has also released guidance regarding discharging COVID-19 patients to LTC settings.

Workforce

- The Governor has approved flexibility to allow fast-tracking of out-of-state medical professional licenses
- The Medical Board is encouraging physicians who have been retired less than 2 years to apply for a return to active status
- The Governor has waived regulations to support the expansion of the nursing workforce
- The Medical Board is looking at the possibility of a similar waiver request for Physician Assistants

Case Counts

- DSHS has updated its method of case reporting in order to include more timely information.
- Previously, DSHS had been conducting validation and confirmation checks before officially counting case.
- This new dashboard reflects the most updated numbers

Testing

- Capacity for lab testing continues to expand, especially in the commercial sector
- Number of people tested as of 3/25 in public labs: 1,758
- Number of people tested as of 3/25 in private labs reporting to the state (ARUP, Cerna, LabCorp, and Quest): 11,477
- There are a number of other private labs and hospital labs doing testing who are not reporting testing numbers to the state and are therefore not included in the totals above.
- The criteria for testing can be found in the attachments, but please note that commercial labs may have different criteria.
- DSHS has begun posting drive-through testing locations on its website. Please note that these locations are mostly available to health care workers and high-risk populations.
- Individuals without insurance can call 2-1-1 to be directed to a local low-cost or no-cost provider

Federal Funds Distribution to locals

- DSHS will be distributing $19.4M in federal funds to local governments. The distribution to localities is attached.

- Local Public Health Emergency Preparedness (PHEP) partners will receive 110% of their annual PHEP grant on top of regular funding.

Discontinuation of isolation and return to work

- CDC guidance regarding: Discontinuation of Home Isolation
- CDC guidance regarding: Health Care Return to Work Guidance

Attachments

- HHSC activities related to COVID-19 as of March 23
- DSHS criteria for testing
- DSHS COVID-19 testing overview
- Instructions for submitting PPE requests via STAR
- TMHP billing codes for medical visits conducted by telephone
- TMHP billing codes for behavioral health visits conducted by telephone
- Local distribution of federal funds

Other Resources

- For people who want to partner or have ideas for keeping kids fed: feedingkids@usda.gov
- For those with ideas of needs regarding food supply: foodsupply@usda.gov
- Info for businesses: www.SBA.gov/coronavirus
- Info on disaster loans: www.SBA.gov/disaster
- Resources for school districts and higher ed institutions: www.ed.gov/coronavirus
- Info for employers and employees: https://www.dol.gov/agencies/whd
- Info about unemployment benefits for Texans: https://twc.texas.gov/jobseekers/unemployment-benefits-services
- Instructions for local cost tracking related to COVID-19 https://tdem.texas.gov/local-officials-resources/

Health and Human Services COVID-19 Related Activities as of March 23, 2020

- HHSC began transitioning FTE's to teleworking on March 17, 2020
    - Information Technology acquired additional laptops and licensures for "GoToMyPC" to support teleworking
    - HHSC encouraged Texans to submit benefit applications via YourTexasBenefits.com to reduce foot traffic.
- Program areas are daily issuing guidance and holding phone calls and webinars with providers across the agency
    - HHSC continues to update its COVID-19 Resource Webpage with the latest guidance - https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-information-people-receiving-services
- HHSC is currently preparing its Section 1135 waiver request to the federal government to request waivers to address the ongoing crisis
- HHSC staff are analyzing the federal Families First Coronavirus Response Act for its impact across the agency and programs, including enhanced FMAP
- HHSC activated additional options on the 2-1-1 Information and Referral Network to add information and resources related to COVID-19
    - 2-1-1 continues to see an increase in calls related to COVID-19
- Medicaid Flexibilities
    - HHSC reminded managed care organizations (MCOs) about existing flexibility to provide teleservices and the ability for a member's home to be a place of service.
    - HHSC also clarified that CHIP co-payments are not required for covered services delivered via telemedicine or telehealth to CHIP members. HHSC notified MCOs on March 9, 2020.
    - HHSC directed Medicaid MCOs to suspend face-to-face service coordination visits for 30 days in STAR Kids, STAR+PLUS, and STAR Health, effective March 13, 2020.

- HHSC authorized fee-for-service case managers and service coordinators to suspend face-to-face service coordination visits for 30 days and encouraged telephonic, telehealth, or telemedicine visits. HHSC provided notice on March 17, 2020.
- Medicaid and CHIP will cover COVID-19 testing for Medicaid and CHIP clients with no prior authorization required. HHSC provided notice on March 16, 2020.
    - A rate hearing will be conducted on March 23, 2020 related to the rate for the test.
- Effective immediately, HHSC will begin reimbursing FQHCs as telemedicine (physician-delivered) and telehealth (non-physician-delivered) service distant site providers. HHSC provided notice on March 18, 2020.
- MCS has published cancellation notifications for EVV trainings. The selection of a new EVV systems has been rescheduled to May 1, 2020. Information Technology

- Health and Specialty Care Services supported the US Government as it conducted quarantine operations at Joint Base San Antonio.
    - Texas Center for Infectious Disease (TCID) continues to assist with their care.

- HHSC internal/external Issues Management Log has been officially approved and put into use by Behavioral Health Services.
    - The issues log will monitor the progress of all COVID-19 related concerns for both internal departments and external contracted partners. The log is updated daily.

- Behavioral Health Services is providing COVID-19 resources and updates to Local Mental Health Authorities' (LMHAs) and Local Behavioral Health Authorities' (LBHAs) Medical and Nursing Directors through the Texas Council's Medical and Nursing Services Consortium.

- HHSC has temporarily suspended visitation and on-campus events at state hospitals and state supported living centers.
- To help address cash-flow issues some hospitals and related providers may be experiencing, HHSC is accelerating Disproportionate Share Hospital (DSH) and Uncompensated Care payments.

- HHSC IT is making changes to the system ReHabWorks (RHW) to allow tracking of COVID-19 program expenditures for Comprehensive Rehabilitation Services (CRS).

- HHSC developed an Information Letter for Home and Community-based Services (HCS) and Texas Home Living (TxHmL) program providers regarding day habilitation
- HHSC finalized the operational details for distribution of funding from the Uniform Hospital Rate Increase Program (UHRIP) for state fiscal year 2021.
    - HHSC is using a two-pass allocation methodology as a one-time scenario to ensure that Texas hospitals treating persons with Medicaid have access to as much funding that is supported by their Medicaid experience.
- HHSC Regulatory is using a call-down tree through the HHSC regions.
    - Have contacted all 1,222 nursing facilities in the state for a status check.
    - Currently contacting the 19,000 assisted living facilities in Texas.
- HHSC Regulatory has issued guidance to the following providers:
    - Daycare operators
    - Community Attendants and In-Home Caregivers
    - Assisted Living Facilities
    - Nursing Facilities
    - Home Health Agencies
    - Home and Community-based Services and Texas Home Living providers
- On March 20, The Office of the Governor has granted HHSC's request to suspend certain regulatory requirements in response to the COVID-19 disaster. In this guidance letter, you will find details on the suspension of rules related to the following:
    - Long Term Care Licensing Submission and Processing – Allows for flexibility on extending licenses while late applications are processed; any existing license at the time of disaster declaration is in effect until HHSC requires renewal.
    - Fire Marshall Approval Documentation - Requirements related to having an approved fire marshal report to submit an application for facility licensure. The facility's application will be pended until the

appropriate documentation is received at a later date as required by HHSC.

- Resident Right to Receive Visitors – Restrictions on visitors to protect resident health and safety.
- Suspension of Leave and Discharge Requirements – Requires facilities to report to HHSC when residents have exceeded the time frame away from a facility without being discharged; allows for limited duration waivers; does not permit facilities to bill for services while individuals are away from the facility.
- Suspension of Medicaid Occupancy Reporting Requirement for Nursing Facilities – Suspends this requirement; HHSC will notify providers when reports will be required at a later date.
- Suspension of Certain HCS Requirements – Allows for the addition of a resident to approved four-person residences if there is necessity and appropriate space; waives staff shift change requirements; waives day habilitation requirements.
- Suspension of Assisted Living Facilities' (ALFs) Requirement Related to Resident Policies – Allows ALFs to quickly adopt policies in accordance with new guidance without waiting to document notification of changes in existing policies.
- Suspension of Certain Notifications Requirements in Prescribed Pediatric Extended Care Centers (PPECC) – Waives 30-day requirement for advance notice of suspension of operations to be more responsive to changing community conditions.
- Suspension of the Non-Certified Nurse Aide (CNA) Restriction – Allows non-certified trained nurse aides (individuals who have complete the training, but not tested) to work more than four months following training, to allow them to continue working.
- Suspension of the Testing Requirements for Nursing Students Prior to Performing CNA Functions – Allows current nursing students to perform nurse aide functions without exams.
- Suspension of the Certain Nurse Aide Training and Competency Evaluation Program (NATCEP) and Medication Aide Training Program Requirements – Allows NATCEPs and Medication Aide training programs to complete classroom training online and clinical/skills training in a laboratory setting.

- On March 19, 2020, HHSC submitted three waiver requests to the United States Department of Agriculture Food and Nutrition Service (FNS) regarding the Supplemental Nutrition Assistance Program (SNAP). The waivers will allow HHSC to better serve Texas residents during the course of the COVID-19 outbreak. On March 23, 2020 FNS approved the extension of SNAP certifications.
    - Waiver to suspend required SNAP interviews.

      SNAP applicants are interviewed by HHSC staff as part of the SNAP eligibility process. This waiver requests suspension of that interview so that the agency may respond to requests for services more efficiently. The state will continue to utilize electronic data sources when processing applications.

    - Waiver to allow SNAP recipients to purchase hot and prepared foods

      Generally, SNAP benefits cannot be utilized to purchase hot or prepared foods. However, as the COVID-19 outbreak leads to increases in demand at grocery stores, some SNAP recipients may be faced with empty shelves at the store. In order to maintain access to food, this waiver would allow Texans to purchase hot and prepared items from FNS authorized retail food stores.

    - Waiver to extend SNAP certifications – APPROVED - March 23, 2020

      This waiver extends SNAP recertifications by three months to ensure continuity of benefits for Texas households. The waiver will increase efficient administration of SNAP.

- HHSC worked with Texas Workforce Commission to ensure no one is adversely impacted by work requirements for Temporary Assistance for Needy Families (TANF) at this time.
    - HHSC's current policy allows good cause for individuals not able to meet work requirements due to circumstances beyond the individual's control (e.g. COVID-19) that allows the households to continue receiving benefits.
    - HHSC is providing guidance that COVID-19 could be considered a good cause reason for some work requirements, but it would be evaluated on a case-by-case basis and within current policy.

- On March 23rd updated and provided guidance to the following providers and posted to COVID-19 website: (https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information)
    - Guidance to Home and Community Support Services Agencies (excluding Inpatient Hospice)
    - Guidance to Prescribed Pediatric Extended Care Center
    - Updated Guidance to HCS and TxHmL Program Providers
    - Guidance to Inpatient Hospice Units
    - Guidance for FMSAs and CDS Employers
    - Resources for Long Term Care Providers to request personal protective equipment (PPE)

Interim Criteria to Guide Testing of Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19)

To provide information about what's happening with COVID-19 in Texas, public health laboratories will use the following criteria to prioritize testing. Some commercial laboratories have testing available for situations that don't meet these criteria explicitly.

Clinical Features	&	Epidemiologic Risk
Fever[1] **or** signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	**AND**	Any person, including health care workers[2], who has had close contact[3] with a laboratory-confirmed[4] COVID-19 patient within 14 days of symptom onset
Fever[1] **and** signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)[5]	**AND**	A history of travel from affected geographic areas[6] (see below) within 14 days of symptom onset **OR** An individual(s) with risk factors that put them at higher risk of poor outcomes[7]
Fever[1] **and** signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization[5]	**AND**	No source of exposure has been identified

[1] Fever may be subjective or confirmed.
[2] For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19).

[3] Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case,

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

If such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, National Institute for Occupational Safety and Health (NIOSH)-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met. Additional information is available in CDC's updated Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings.

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings as described in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.

[4] Documentation of laboratory confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.

[5] Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).

[6] Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. See all COVID-19 Travel Health Notices. It may also include geographic regions within the United States where documented community transmission has been identified.

[7] Other symptomatic individuals such as, older adults (age ≥ 65 years) and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).

COVID-19
CORONAVIRUS DISEASE 2019

Testing Capacity

TEXAS Health and Human Services
Texas Department of State Health Services

Overview

- COVID testing can occur through two venues: public health laboratories and private laboratories.
- Providers take a specimen with a collection kit: a swab and a tube of viral transport media.
- The lab conducts the test using a testing kit, which is a specific lab supply. Labs need extraction kits and reagents to test. The extraction kits are used to pull RNA out of the specimen and the reagents are chemicals that detect the virus if it is present.

Comparison of Public Health and Commercial Laboratory Testing

	Public Health Testing	Private Testing
Who can be tested?	Public health testing focuses on those most at risk or testing that aids in public health surveillance. A person must have symptoms plus a risk factor: recently being in an area where the virus is spreading, contact with a case, risk of poor outcomes (age, medical condition), or hospitalization.	There are no specific criteria for testing via a private lab, it's simply ordered at a doctor's discretion. Some private lab efforts may have their own additional criteria to ensure targeted efforts.
Who collects the specimen?	A provider at a doctor's office, testing location, or hospital. For investigations, sometimes local health departments will collect the specimen.	A provider at a doctor's office, testing location, or hospital.
Where does the testing take place?	At one of nine Public Health labs located regionally throughout the state. The tenth Public Health lab is standing up week of March 22, 2020.	At private and hospital lab locations in Texas and other states. DSHS is aware of testing availability through ARUP, CPL, LabCorp, Mayo and Quest. Hospitals are also testing.
How fast are test results?	After receipt of specimen, 24 - 72 hours	It depends on the provider. Some labs ship their specimens out of state.
Does an initial positive result have to be tested by another lab?	No. Texas public health labs are validated by CDC to run the test. When a Texas public health lab reports a positive, the result is final.	Sometimes. When a private lab first begins to test, their results are confirmed by a peer lab for 5 positives and 5 negatives. After that, when they report a positive, the result is final.
How does DSHS get the test results?	From local health departments. In some cases, DSHS receives the results direct.	From laboratories. DSHS is working to allow some facilities/providers to submit direct.
What's the capacity?	A minimum capacity of 1,600 results per week and can test as many as 600 specimens per day.	DSHS doesn't have data on overall private lab capacity. However, DSHS is receiving over 1,000 private lab reports daily, and this number is on the rise.
Can the capacity increase?	Yes. Public health labs can surge capacity for response to specific outbreaks. Also, recent CDC changes have doubled the number of people who can be tested at once and allowed labs to use high-throughput platforms that increase the number of tests that can be run a day.	Yes. Private lab capacity continues to increase to meet the demand, as evidenced by the number of private labs coming online and reporting results to DSHS.
Are there any supply issues?	Yes. Collection kits, extraction kits, and reagents are on back order.	Yes. Collection kits (swabs and vital transport media) are on back order.

COVID-19
CORONAVIRUS DISEASE 2019

State of Texas Assistance Requests (STARs) for Personal Protective Equipment

TEXAS Health and Human Services
Texas Department of State Health Services

Overview

- Texas, the U.S. and the world are experiencing shortages in personal protective equipment, laboratory supplies, and medical supplies. PPE can include masks, gowns, and gloves.
- Production is not meeting demand, and so these supplies must be actively conserved by all users until production increases sufficiently.
- DSHS, the Texas Division of Emergency Management, and the Governor's Strike Force are actively working to acquire supplies through requests to the federal government and through third parties.
- When health care providers or facilities have depleted their stores, they may submit a request to the state through a State of Texas Assistance Request (STAR) by working with their local emergency management office or disaster district coordinator.
- Providers should include data about their critical need and details about their conservation strategies.
- Requests will be filled based on availability of supplies.

Guiding Principles for PPE Distribution

Life sustaining or Life saving	**Protection of the health care delivery system**	**Protection of populations highly vulnerable to COVID-19 related mortality**

Provider Responsibilities Before Submitting a STAR for PPE

Demonstrated implementation of conservation strategies
Demonstrated life extension strategies for PPE
Deferment of non-medically necessary procedures
Exhaustion of options procuring supplies through vendors
Exhaustion of community assistance options, including coordination with local partners and facilities for reallocation within regions
Provision of data on how much PPE is used daily

Key Point

Certain lab and medical supplies are in a shortage internationally. State supplies are limited. PPE will be distributed to those with the most imminent need.

Guiding Principles for PPE Distribution

Level One	Level Two	Level Three
Hospitals or providers in contact with or treating confirmed COVID patients with potential for high loss of life. Facilities with an emerging or active outbreak.	Facilities and EMS personnel that may encounter a suspected case and interface with a vulnerable population.	Health care facilities, providers, and first responders that have general patient encounters and needs.

STATE OF TEXAS ASSISTANCE REQUEST (STAR)

The state of Texas uses WebEOC, an online crisis management system, to support resource request management.

- Local jurisdictions, regional entities, state agencies and organizations may request resources to support disaster response operations.
- The Texas SOC fulfills requests for assistance with available resources from Emergency Management Council members, available contracts or vendors, interstate or federal resources, as available.
- The chart below provides an overview of emergency management coordination in Texas.

STAR Overview	
State Level	Texas State Operations Center
District Level	Disaster District Emergency Operations Center
Local Level	City/County

How a Request becomes a STAR:

- Locals submit a State of Texas Assistance Request (STAR) for a need that is beyond their capacity to fill and then submit the STAR through WebEOC.
- STAR Requests are then received by the Disaster District Coordinator and either filled by the disaster district with resources available within the district or pushed to the State Operations Center (SOC).
- Once a STAR is received at the SOC level, it is assigned to the responsible agency to fill, or sourced through other state partners, or through the Emergency Management Assistance Compact (EMAC) national mutual aid system.
- If a Federal Disaster Declaration has been granted, the SOC will push any request the state cannot fulfill to FEMA or the lead federal agency for assistance in fulfilling.

For additional information please visit: https://tdem.texas.gov/local-officials-resources/

COVID-19
CORONAVIRUS DISEASE 2019

Federal Funding

TEXAS Health and Human Services
Texas Department of State Health Services

Overview

- DSHS will receive $36.9 Million from CDC for Texas novel coronavirus public health response/activities.
- City of Houston has received its own direct federal allocation of approximately $5 Million.
- DSHS is distributing 52 percent of its grant to local jurisdictions ($19.4 Million)
  - $1.75 Million: dedicated to localities where federal activities have impacted operations.
  - $17.6 Million: distributed among all DSHS Public Health Emergency Preparedness (PHEP) local partners. Each will receive 110% of their annual PHEP grant, on top of their regular grant funding.
- $17.6 Million will retained by DSHS for:
  - Response in areas of the state where DSHS is directly responsible for public health activities
  - DSHS laboratory capacity
  - Statewide operations activities
  - Community awareness and messaging

Texas Federal Funding Overview

CDC Distribution to DSHS	**$36.9 M**
Portion Retained by DSHS	**$17.6 M (48%)**
Local Distribution	**$19.4 M (52%)**
Amount Dedicated to Local Federal Activity Reimbursement	$1.75 Million
Number Recipients Statewide	43
Formula for Local Distribution	110% of PHEP Grant Amount

$1.75 Million Overview

Jurisdiction	Federal Activity within Jurisdiction	Allocation Amount
Dallas	Funneling Airport	$184,225
San Antonio	Repatriation	$996,725
Tarrant	Funneling Airport	$559,225

PHEP Program

- DSHS contracts with PHEP providers throughout the state.
- PHEP providers are Local Health Departments throughout the state support the readiness of all Texas regions and respond to public health emergencies.

* note, where a local health dept. does not provide infectious disease services, DSHS regional offices are the safety net.

Grant Timeline

Starting Date for Eligible Costs	Jan. 20, 2020
State Notification	March 16, 2020
Budget Due to CDC	April 20, 2020
Funding Expiration Date	March 15, 2021

Allowable Uses

- Surveillance, lab testing and reporting
  - Implement/scale-up lab testing and data collection
  - Enable case identification and tracking
  - Implement real-time reporting
- Community intervention implementation
  - Slow transmission of disease
  - Minimize morbidity and mortality
  - Preserve healthcare, workforce and infrastructure functions and minimize social and economic impact

Allowable Uses with CDC Approval

- Clinical Care for individuals under quarantine or isolation orders (not general health care operations).
- Alteration or renovation of non-federal facilities supporting allowable activities.

COVID-19
CORONAVIRUS DISEASE 2019

Federal Funding

TEXAS Health and Human Services
Texas Department of State Health Services

Contractor	Funding Amount
Abilene Public Health District	$ 148,094
Angelina County/Cities Health District	$ 190,117
Austin/Travis County Health & Human Services	$ 838,004
Beaumont City Health Department	$ 178,611
Chambers County	$ 122,842
Brazoria County Health Department	$ 262,036
Brazos County Health Department	$ 166,358
Brownwood/Brown County Health Department	$ 123,206
Cameron County Health Department	$ 426,130
Cherokee County Health Department	$ 123,206
City of Amarillo Health Department	$ 304,813
City of Laredo Health Department	$ 406,775
City of Lubbock Health Department Laboratory	$ 311,664
Collin County Health Department	$ 669,893
Comal County HD	$ 132,341
Corpus Christi/Nueces County Public Health District	$ 285,679
Dallas County Health & Human Services	$ 2,138,867
Denton County Health Department	$ 573,124
El Paso City/County Health & Environmental Services	$ 728,884
Fort Bend County Health Department	$ 436,091
Galveston County Health Department	$ 254,757
Grayson County Health Department	$ 137,924
Hardin County Health Department	$ 248,247
Harris County Health & Environmental Services	$ 1,567,107
Hays County Public Health District	$ 150,838
Hidalgo County Health Department	$ 705,319
Jasper/Newton County PHD	$ 168,130
Medina County HD	$ 123,206
Midland County Health District	$ 125,532
Milam County Health Department	$ 123,206
Montgomery County Health District	$ 367,614
Northeast Texas Public Health District	$ 642,600
Port Arthur City Health Department	$ 123,206
San Angelo-Tom Green County Health Department	$ 123,206
San Antonio Metropolitan Health District	$ 1,231,308
San Patricio County Health Department	$ 123,206
South Plains Public Health District	$ 160,404
Sweetwater/Nolan County Health Department	$ 124,351
Tarrant County Health Department	$1,487,492
Victoria County HD	$ 123,206
Waco-McLennan County Public Health District	$ 211,426
Wichita Falls/Wichita County Public Health District	$ 148,094
Williamson County/Cities Public Health District	$ 325,987

*Amounts do not include the $1.75 Million allocation to San Antonio, Dallas, and Tarrant.

Claims for Telephone (Audio Only) Medical Services

Information posted March 20, 2020

Note: *Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.*

To help ensure continuity of care during the COVID-19 (coronavirus) response, HHSC is authorizing providers to bill the following procedure codes for telephone (audio only) medical (physician delivered) evaluation and management services delivered on March 20, 2020 through April 30, 2020:

Description of Services	Procedure Codes
Evaluation and Management (E/M)	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215

Providers should continue to use the 95 modifier to indicate the occurrence of remote delivery.

Telephonic evaluation and management services must not be billed if it is determined that an in-person or telemedicine (video) office visit is needed within 24 hours or at the next available appointment. In those cases, the telephone service will be considered a part of the subsequent office visit.

If the telephone call follows an office visit performed and reported within the past seven calendar days for the same diagnosis, then the telephone services are considered part of the previous office visit and are not billed separately.

Providers can refer to the *Texas Medicaid Provider Procedures Manual*, *Telecommunication Services Handbook* for additional information about the Texas Medicaid telemedicine services benefit.

For more information, call the TMHP Contact Center at 800-925-9126.

Claims for Telephone (Audio Only) Behavioral Health Services

Information posted March 20, 2020

Note: *Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.*

To help ensure continuity of care during the COVID-19 (coronavirus) response, HHSC is authorizing providers to submit claims for dates of service March 20, 2020, through April 30, 2020, for reimbursement of the following behavioral health services delivered by telephone (audio only):

Description of Services	Procedure Codes
Psychiatric Diagnostic Evaluation	90791, 90792
Psychotherapy	90832, 90834, 90837, 90846, 90847, 90853
Peer Specialist Services	H0038
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	99408, G2011, H0049
Substance Use Disorder Services	H0001, H0004, H0005
Mental Health Rehabilitation	H0034, H2011, H2012, H2014, H2017

To indicate the occurrence of remote delivery, providers should continue to use the 95 modifier.

Providers can refer to the *Texas Medicaid Provider Procedures Manual, Behavioral Health and Case Management Services Handbook* for additional information about Texas Medicaid behavioral health benefits and the *Telecommunication Services Handbook* for additional information about Texas Medicaid telemedicine and telehealth services.

For more information, call the TMHP Contact Center at 800-925-9126.