

NH Department of Health and Human Services (DHHS)
 Division for Behavioral Health
 Bureau of Mental Health Services

105 Pleasant St.
 Concord, NH 03301

Adult Mental Health Community Residential Programs

DATE:	March 25, 2020
TO:	Community residential programs licensed or certified under He-M 1002
FROM:	Julianne Carbin, Director, Bureau of Mental Health Services
SUBJECT:	COVID-19 Emergency Guidance #1 Adult Mental Health Community Residential Programs

The Bureau of Mental Health Services is working with our provider community to adhere to the guidance outlined by the Centers for Disease Control (CDC), the State's Division of Public Health Services, and our federal and State partners. Although organizations that operate residential programs for individuals with mental illness are responsible for daily operations and management of their COVID-19 responses, the following common questions have been raised by providers and therefore guidance is being provided.

In order to track and respond to your questions most efficiently and to ensure coverage of staff at the Division for Behavioral Health, please submit policy, billing, practice questions, barriers, issues, recommendations, or ideas to Julianne Carbin, Kelley Capuchino, and Erica Ungarelli with a CC to Julia McNamara at the email addresses below.

Julianne.Carbin@dhhs.nh.gov; Kelley.Capuchino@dhhs.nh.gov;
 ERICA.UNGARELLI@dhhs.nh.gov; Julia.McNamara@dhhs.nh.gov

The Bureau extends its sincere gratitude to those who are working to ensure the health and safety of the individuals and families we serve.

Timeline

COVID-19 Emergency guidance will be in place on a 60-day basis effective Wednesday, March 18, 2020. The Bureau will provide, modify and extend guidance to the Community Mental Health Programs and Providers as needed based on the emerging COVID-19 emergency response.

Question 1:

If a community residential program moves individuals to other residential settings (e.g. home with family, to hotels, etc.) in order to segregate an individual from the communal living environment and the residence closes temporarily, are there implications for the facilities' licensing or certification?

Response:

If individuals are displaced from their residence, it is expected that the provider continues to deliver services to ensure the individuals are safe, stable and receiving necessary medical treatment, including administering medications. Additionally, should an individual be displaced and relocated, he or she must be assured that his/her status at the residence is not in jeopardy and that he or she will not be evicted. The provider should document placements out of residence, reasons for placement, and the care plan to ensure adequate support and treatment. Any displaced individual may return to his/her placement once the crisis has passed.

If residences are vacated and become empty for a period of time, the certification and license would remain in place. Please keep the Department's Office of Legal and Regulatory Services and the Bureau of Mental Health Services up to date with any changes to services or closures, and please reach out with any questions or concerns to the persons listed below.

Peter E. Bacon, Community Residence Coordinator, Office of Legal and Regulatory Services:
Peter.bacon@dhhs.nh.gov

Kerri Swenson, Administrator of Community Mental Health Services, Bureau of Mental Health Services: Kerri.Swenson@dhhs.nh.gov

Question 2:

Can we waive TB testing requirements for staff of community residential programs and new hires?

Response:

TB testing requirements will be suspended for up to 60 days to reduce the burden on the health care system and reduce exposure of new employees to environments where sick individuals are present. This is a waiver of He-M 1002.04(b) which reads: (b) Prior to providing services to an individual, a prospective provider shall have evidence of a negative mantoux tuberculin test, or, if positive, evidence of follow-up conducted in accordance with the Centers for Disease and Prevention "Guidelines for Preventing the Transmission of *M. tuberculosis* in Health-Care Settings" (2005 edition), available as noted in Appendix A. Such test shall have been completed within the previous 6 months.

Question 3:

If current staff are unable to work due to COVID-19 related issues, what recommendations does the Bureau have to ensure that hiring is not delayed if current background checks are not on file for new-hires?

Response:

If the staff has a background check on file that indicates the individual successfully passed a criminal record check and driver's record check, it may be transferrable to another agency regardless of how long ago it was conducted.

It is understood that there is a delay in obtaining criminal record checks. Due to this delay, if the staff is new and does not have a successfully passed driver's or criminal record on file, the agency must obtain a self-attestation from the staff that the staff meets the requirements outlined in He-M1002.03(j) relative to background checks. The agency must still submit a waiver request with the attestation and a 90-day extension will be granted to have these on file for all new staff.

The Bureau of Mental Health Services is working closely with the Bureau of Developmental Services and Bureau of Long Term Supports and Services to identify and connect our provider communities in order to facilitate shared workforce opportunities.

Question 4:

If community residential programs experience extreme staffing shortages and the organization has staff who are He-M 1202 trained, but have not completed the observation requirement pursuant to He-M 1202.05(b)(4), would the State be willing to wave that provision to allow other staff to administer medications in community residences?

Response:

For staff who are fully He-M1202 trained, they may perform observations remotely via videoconferencing. If residential staff shortages are experienced to the extent that there are not enough He-M1202 trained staff, the provider must submit a waiver request in writing to the Bureau of Mental Health Services.

We are allowing a 30-day delay for medication administration recertification with the permission of the Nurse Trainers. This must be documented by the Nurse Trainer.

It is recommended that medication administration remains a priority for agencies. Traveling nurses or med-trained staff who administer medications to multiple individuals is an option. BMHS is working to offer virtual medication administration training for staff to ensure compliance.

Question 5:

If community residential programs experience significant reductions in residential staff due to staff self-quarantine or sickness, staffing ratios may become an issue. What allowances can be made if we are not able to meet the required staff to resident ratios?

Response:

Residential treatment programs licensed or certified under He-M 1002 are permitted, under these circumstances, to maintain the licensing ratios versus the certification ratios at the providers' discretion. The community residential provider must submit a notice in writing that includes a detail of the staffing limitations, staffing plan, and a plan for how the provider will ensure resident and staff safety during the time of reduced staffing. The plan must be submitted to the Bureau of Mental Health Services.

The Bureau also encourages providers to seek creative partnerships if/when necessary. The Bureau of Elderly and Adult Services, Bureau of Developmental Services and the Bureau of Mental Health Services are working together to facilitate provider connections to address workforce shortage and redeployment options.

Question 6:

If community residential programs experience extreme staffing shortages and have to relocate resident in order to uphold the health and safety of residents and staff, this could create a significant financial hardship for the providers. Do you have any guidance or solutions to the financial implications?

Response:

We recommend that all providers keep track of their COVID-19 related expenses. Please track the expenses related to the COVID-19 response, including staffing expenses, overtime, equipment and supplies etc. so that you are able to report this to the Department as requested. The Department will provide a template for agencies to track and submit these expenses.

Other valuable information/guidance:

- **Visitation to Residential Settings:** Please see the [Governor's Executive Order 2020-04](#) relating to the visitation requirements of all facilities providing care to older adults. This guidance applies to all certified and licensed settings. Specifically:
“Beginning at 11:59 p.m. on Sunday, March 15th, all assisted living facilities, long term care facilities, nursing facilities, residential care facilities or any other similar facilities providing residential care to elderly or infirm patients, shall prohibit visitor access to reduce facility based transmission of COVID- 19. This prohibition shall not apply to medically necessary personnel, visitors for residents receiving end of life care, or visitors necessary to provide for a resident[']s psychosocial needs as determined by a licensed medical care provider.”

Please continue to stay informed with the frequent updates about this evolving outbreak at our DHHS webpage: <https://www.dhhs.nh.gov/dphs/cdcs/2019-ncov.htm>. You may get current situation updates and technical guidance on the CDC's website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and <https://www.cdc.gov/coronavirus/2019-ncov/faq.html> and the SAMHSA website at: <https://www.samhsa.gov/coronavirus>