

Adult Mental Health and COVID-19

Response to the pandemic: increasing access, providing flexibility

The COVID-19 pandemic has challenged not only many people's sense of wellbeing and mental health, but also the programs that provide care and the systems that support them.

The Minnesota Department of Human Services (DHS) is working to ensure the 1.1 million Minnesotans covered by Medical Assistance and MinnesotaCare do not lose access to care and services, including behavioral health care, during the pandemic.

COVID-19 has been extremely disruptive to behavioral health services. Many services paid for by public health programs require in-person face-to-face visits, a challenge for the safety of people receiving services and health care providers.

Therefore, from the start of the COVID-19 peacetime emergency, DHS had worked closely with service providers to waive certain requirements that make it difficult or impossible to provide critical services to Minnesotans.

Expanding telemedicine

DHS received federal approval to temporarily ease certain limits in existing law for receiving needed care and services through telephone and video visits. This was critical to allow for continued mental health care while protecting the health of both providers and the people they serve. This included:

Easing limits for receiving care and services through telephone and video visits:

- Expanding the definition of telemedicine to include telephone calls.
- Allowing a provider's first visit with a patient to be conducted over the phone.
- Allowing Medical Assistance and MinnesotaCare enrollees to have more than three telemedicine visits in a week.
- Requiring DHS-contracted managed care plans to follow these same policies.

Expanding providers who can provide services through telephone and video visits:

- Licensed health care providers and providers supervised by licensed medical providers
- Mental health certified peer specialists and mental health certified family peer specialists
- Adult Rehabilitative Mental Health Services (ARMHS) providers
- Targeted Case Management (TCM) services.

Telemedicine Study

A statewide Telemedicine Study is taking advantage of the emergency waivers to study the effectiveness of telemedicine and telehealth service delivery methods. This will allow DHS to make well-informed recommendations regarding the future of telemedicine in Minnesota.



Flexibility for grantees

In response to the COVID-19 peacetime emergency, DHS is offering some **grantees flexibility** in policies and budgets.

- This includes **relaxation of certain contractual requirements**, such as the requirement that service needs to be provided face-to-face, and authorization **using existing funds for an activity that was not already in the budget or work-plan**, such as iPads and safety equipment or telepresence equipment or software.
- To help ease the work load for providers, DHS **extended recertification timelines** for certain mental health providers. At many mental health services across the state, staff are working remotely, making recertification challenging. Additionally, some providers are experiencing staffing shortages and have limited capacity to complete the recertification process while continuing to serve individuals.
- DHS supported providers in the preparation of required **COVID-19 preparedness plans**. All critical businesses in Minnesota must develop and implement a plan that describes specific health and safety practices in compliance with MDH and CDC guidelines.

Waiver process

Changes needed to offer increased flexibility during the pandemic required an executive order and usually a waiver from the federal government before it can be implemented. As of the beginning of August 2020, DHS has secured approval for 86 waivers.



Adult behavioral health related queries: contact [Neerja Singh, Deputy Director, Behavioral Health Division](#).

Reinforcing critical ongoing work

Meanwhile, our ongoing work hasn't stopped. We continue to focus on equity by prioritizing communities that are underserved, going to the community as much as possible to listen and learn, and to rethink on every level how we can support culturally specific providers and programs.

- **Culturally Responsive Workforce Grants** help decrease the inequities and disparities experienced in the behavioral health field by embracing the unique experiences of Minnesota's diverse cultural communities.
- **Mobile crisis** interventions are short-term, intensive mental health services provided during a mental health crisis or emergency. Mobile crisis teams are mental health professionals and practitioners who provide psychiatric services to individuals within their own homes and at other sites outside the traditional clinical setting.
- **Warmline services** have expanded. The Warmline, a program from a DHS grantee, offers a safe and supportive place for people to call and speak with peers who are there to listen and offer support.