State of California—Health and Human Services Agency
Department of Health Care Services

BRADLEY P. GILBERT, MD, MPP
DIRECTOR

GAVIN NEWSOM
GOVERNOR

DHCS COVID-19 Frequently Asked Questions:
Behavioral Health Services for People Experiencing Homelessness

Please see the DHCS COVID-19 Response Website for more information.

The State of California is acting quickly to protect public health and safety as we respond to novel coronavirus (COVID-19) and is mobilizing every level of government to prepare for and respond to the spread of the virus.

California has a demonstrated need for hotel and motel rooms around the State to immediately provide non-congregate shelter options for the sick and medically vulnerable. Individuals lacking stable housing are more likely to use hospital emergency rooms. In some places, individuals experiencing homelessness made up 20% to 30% of all adult hospital emergency room visits. Patients experiencing homelessness are admitted to inpatient units five times more often, and have average lengths of stay that are longer than people who have stable housing.

Further, many people experiencing homelessness also have behavioral health conditions, which include mental health and substance use disorders. People with these conditions are more likely to have a range of co-occurring chronic health conditions and have average life expectancies that are 20-30 years shorter than the general population. People with schizophrenia are more likely to have COPD, cardiovascular disease, influenza, pneumonia, HIV, and a range of cancers. People with serious mental illness consume almost 40% of all cigarettes smoked by adults. People with alcohol use disorder, when admitted to the hospital, are much more likely to need ICU care and ventilation, and alcohol withdrawal can dramatically increase morbidity of any respiratory illness if hospitalized. People using injection drugs have higher rates of pulmonary disease, HIV, hepatitis C, and tuberculosis. With regard to hospital utilization, people with behavioral health conditions are more likely to visit the emergency room than people in general U.S. population. Moreover, emergency room visits due to a behavioral health condition are more likely to result in a hospital admission than visits due to other conditions.

Consequently, protecting people who have behavioral health conditions and are experiencing homelessness will relieve pressure on the hospital system by separating

this group from COVID-positive or persons under investigation (PUI), to protect public health and safety for the duration of this Public Health Emergency.

The Department of Social Services (DSS) is coordinating a multi-department effort called Project Roomkey to provide non-congregate emergency shelter options for people experiencing homelessness in response to Covid-19. The effort is led by counties who enter into agreements with hotels and motels in order to provide the opportunity to self-isolate. Counties are working with local Behavioral Health Departments to provide behavioral health services in these locations, especially through telehealth. See the DSS Project Roomkey Fact Sheet for more information.

1. Who is eligible for shelter in Project Roomkey?

The referral and eligibility for Project Roomkey is managed at the county level. The majority of Project Roomkey expenditures are federally reimbursable under FEMA, for both hotel/motel room occupancy agreements and operating services, at 75 percent federal share of cost. FEMA reimbursement is allowable for the following populations:

- Individuals who test positive for COVID-19 who do not require hospitalization, but need isolation or quarantine (including those exiting from hospitals);
- Individuals who have been exposed to COVID-19 (as documented by a state or local public health official, or medical health professional) who do not require hospitalization, but need isolation or quarantine; and
- Individuals who are asymptomatic, but are at “high-risk,” such as people over 65 or who have certain underlying health conditions (respiratory, compromised immunities, chronic disease), and who require emergency non-congregant sheltering (NCS) as a social distancing measure.

Based on CDC guidance, those at high-risk for severe illness from COVID-19 are listed below. To ensure federal reimbursement for housing and services for people who have behavioral health conditions and are experiencing homelessness, counties should ensure that adequate information is collected, and processes followed, to ensure such reimbursement is possible. DHCS recommends that these individuals are screened for the conditions listed below.

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised. Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

2. Can FEMA funding be used to cover behavioral health services?

No. The FEMA regional administrator has confirmed that FEMA funding can be used non-congregant sheltering, and clarifies that FEMA funds can be used for "the reimbursement of costs incurred for wrap-around services directly necessary for the safe and secure operation of NCS facilities." The letter further clarifies that "costs associated with the provision of support services such as case management, mental health counseling, and similar services are not eligible for reimbursement under the PA [Public Assistance] program."

3. What funding sources may be used to pay for behavioral health and case management services in these hotels, motels and alternative sites?

The following funding sources may be used for behavioral health and case management services. In all cases, Medi-Cal should be used whenever possible and as appropriate, both to maximize federal match, and ensure other limited funding sources are used appropriately.

For Medi-Cal beneficiaries:

- **Specialty mental health services:** Many specialty mental health services in community settings, whether in-person, by telephone, or telehealth, are reimbursable by Medi-Cal if medical necessity criteria are met. See Behavioral Health Information Notice 20-009 and the DHCS COVID-19 Response website for up-to-date information on flexibilities during the COVID-19 emergency. See Mental Health and Substance Use Disorder Services Information Notice 16-051 for information about medical necessity in specialty mental health.

- **Substance Use Disorder treatment**: SUD treatment in community settings, whether in-person, by telephone, and telehealth, is reimbursable in the Drug Medi-Cal Organized Delivery System, and should be billed to Medi-Cal. See Behavioral Health Information Notice 20-009 and the DHCS COVID-19 Response website for up-to-date information on flexibilities during the COVID-19 emergency.

- **Mental health services for mental health disorders with mild to moderate distress or impairment:** Medi-Cal managed care plans must provide specified services to adults diagnosed with a mental health disorder resulting in mild to moderate distress or impairment of mental, emotional, or behavioral functioning. MCPs must also provide medically necessary non-specialty mental health services to children under the age of 21**.** (See DHCS All Plan Letter (APL) 17-018.) Guidance regarding telehealth, including telephonic, and provisions applicable for the current national emergency period due to COVID-19 are in APL 19-009 (Revised), the March 16, 2020 DHCS Memo to MCPs, and the March 18, 2020 Supplement to APL 19-009.

- **Tribal and Indian Health Services:** Both Tribal 638 clinics and urban Indian health clinics (FQHCs) may provide services outside of the clinic four walls to homeless individuals, reimbursed at the applicable Tribal 638 All Inclusive Rate or the FQHC Prospective Payment System rate, if the behavioral health service provider is a Medi-Cal billable provider.

For People with private insurance or Veteran's Administration (VA) coverage:

- People with private insurance or VA coverage should call the behavioral health number on their insurance card.

For Uninsured: If not Medi-Cal eligible, the following funding sources could be used:

- **Mental Health Services Act (MHSA) funds,** where appropriate: MHSA Full Service Partnership funds may be used to provide wrap around services or 'whatever it takes' services to clients who are experiencing homelessness or are at risk of homelessness. These services include mental health treatment as well as non-mental health treatment and support costs such as food, clothing, housing, and other health care. For more information see MHSA Homeless Fact Sheet.
- **SAMHSA block grants,** where appropriate: Grant funding can be used to cover services for individuals needing substance use disorder services and/or recovery housing while receiving treatment, accessed through county behavioral health departments. See SAMHSA Recovery Housing IN for more information.
- **Realignment funding,** where appropriate, accessed through county behavioral health departments.

4. How can I know if a patient has Medi-Cal, or could get Medi-Cal?

Medi-Cal status can be checked by calling the county social services office: see DHCS website for information.

Individuals can be assisted with completion of an online application at https://www.coveredca.com. The applicant will either be immediately informed that he or she is Medi-Cal eligible (with Medi-Cal coverage retroactive to the first of the month), or their application will be referred to the county for further determination.

DHCS continues to work to streamline Medi-Cal applications during the emergency: see the DHCS COVID-19 Response webpage for updated information. See Medi-Cal Eligibility Division Information Letter I2-06 for information about flexibilities in enrollment.