



BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

MUNTU DAVIS, M.D., M.P.H.
County Health Officer

DEBORAH ALLEN, Sc.D.
Deputy Director, Health Promotion Bureau

GARY TSAI, M.D.
Interim Division Director, Medical Director and Science Officer
Substance Abuse Prevention and Control
1000 South Fremont Avenue, Building A-9 East, 3rd Floor, Box 34
Alhambra, California 91803
TEL (626) 299-4101 • FAX (626) 458-7637

www.publichealth.lacounty.gov

BOARD OF SUPERVISORS

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District


Janice Hahn
Fourth District

Kathryn Barger
Fifth District

March 31, 2020

SAPC INFORMATION NOTICE 20-04
Supersedes IN 20-03

TO: Los Angeles County Substance Use Disorder
Prevention and Treatment Network Providers

FROM: Gary Tsai, M.D., Interim Division Director
Substance Abuse Prevention and Control 

SUBJECT: NOVEL CORONAVIRUS (COVID-19) RESPONSE AND FUNDING
SUPPORT FOR CONTINUATION OF CARE

The Department of Public Health's (DPH) Division of Substance Abuse Prevention and Control (SAPC) would like to thank each of our network providers and their staff for your continued dedication and commitment to those you serve in light of the unprecedented challenges presented by the novel coronavirus (COVID-19). Your adaptations of services and changes in facility configurations that align with DPH guidance around social distancing and reduced gatherings saves lives and reduces the toll of COVID-19.

Implementing Safety Efforts

In light of the risks of COVID-19 to our patients, staff, and communities, providers must ensure their staff and patients are informed about the symptoms of COVID-19 and implement appropriate preventative efforts to reduce the spread of the virus within their facilities. Providers need to develop or update policies and procedures, as well as emergency plans, to address health issues like COVID-19 and ensure ongoing operations and appropriate delivery of services during these times.

The science and knowledge related to this virus is continuing to evolve. As such, providers must stay informed and updated on the evolving COVID-19 situation by reviewing and posting (in common areas) the resources available on the [DPH COVID-19 Webpage](#) and SAPC's [Network Providers COVID-19 Webpage](#). DPH's Guidance for Residential Substance Use Settings and Guidance for Non-Residential Substance Use Settings contain detailed information and recommendations on current best practices to manage the risks of COVID-19. To ensure their staff and patients are fully informed as well, providers need to post educational materials on COVID-19 in all relevant threshold languages in common areas at each facility.

Additionally, steps should be taken to enhance sanitation/cleaning efforts and reduce proximity of individuals between each other, particularly in residential, inpatient, and Recovery Bridge Housing settings. The following essential resources comply with these expectations and can be downloaded for posting.

ESSENTIAL COVID-19 RESOURCES	
<i>Check the DPH and SAPC COVID-19 Webpages for Additional Resources</i>	
<u>DPH COVID-19 Webpage</u>	<u>What You Should Know (Infographic)</u> <u>General Cleaning Guidance in Group Setting</u> <u>Guidance for Non-Residential Substance Use Settings</u> <u>Guidance for Residential Substance Use Settings</u>
<u>SAPC COVID-19 Webpage</u>	<u>Training on COVID-19</u> <u>COVID-19 Frequently Asked Questions</u> <u>Residential & Recovery Bridge Housing Readiness Tool</u> <u>COVID-19 Alert Entrance Sign</u> Social Distancing and Bed Position (<i>Coming Soon</i>)

Assessing for Medical Stability

To balance substance use disorder (SUD) service needs and community health, individuals who are medically stable still need to be admitted for medically necessary treatment services. This includes individuals who are exhibiting symptoms that overlap with COVID-19 (e.g., cough, fever, shortness of breath) and who could be appropriately isolated in accordance with DPH guidance. The benefits of receiving SUD services may outweigh the risks to both the individual receiving treatment and the community. For example, individuals with un- or under-treated SUDs may not return to care and suffer morbidity or mortality as a result of their substance use, and/or exacerbate community spread if they were turned away from needed residential SUD treatment as opposed to being isolated in a residential setting. However, medically *unstable* individuals should always be immediately referred to appropriate health care services.

Reporting of COVID-19 Positive Cases

Providers must report to SAPC if a client/patient or staff tests positive for COVID-19. Providers can do this by submitting the [Adverse Event Reporting Form](#) to sapcmonitoring@ph.lacounty.gov within one business day. Additionally, residential and inpatient programs are required to report if any client/patient or staff tests positive for COVID-19 to the California Department of Health Care Services (DHCS) within one business day.

Essential Services – Maintaining Access to Treatment and Syringe Exchange

Your agencies provide essential health care services to the residents of Los Angeles County. SAPC’s Substance Abuse Service Helpline (SASH) and Client Engagement and Navigation Services (CENS) remain open and continue to see a high volume of individuals seeking care. By staying open and accessible during this public health emergency and diligently implementing DPH health and safety guidelines to reduce COVID-19 transmission, you support those struggling with alcohol and drug use and their loved ones during this pandemic by ensuring that these essential services are available, even when many other non-essential businesses are

closed due to the [Safer at Home Order](#). As we know, SUD are chronic and relapsing health conditions that need to be treated despite the understandable concern about how COVID-19 may impact our staff, patients, family, and friends. While our community members may shelter in place during this emergency, their addictions will not.

As essential health care services, SUD network providers must ensure that any person eligible for SAPC services seeking treatment are able to access it, including those who may be symptomatic or positive for COVID-19.

- *Residential Settings:* We understand that some capacity may be reduced because symptomatic and COVID-19 positive patients are in isolation or under quarantine. However, vacant beds need to be filled in accordance with the health/social distancing *Guidance for Residential Substance Use Settings*. We also encourage staff in these facilities to use telephone and telehealth service delivery methods (see *Flexible Service Options* below), especially for those in isolation or under quarantine, including exploring if prohibitions on personal devices can be safely relaxed during this period.
- *Outpatient Settings:* We encourage your agencies to launch telehealth service delivery methods (see *Flexible Service Options* below) to enable completion of assessments remotely, especially given the expanded [federal guidance](#) on the use of telehealth services during the public health emergency. If not, in-person assessments still need to be scheduled and conducted in accordance with health/social distancing *Guidance for Non-Residential Substance Use Settings*. In both cases, treatment services need to begin after the assessment for those who need care.
 - *Driving Under the Influence (DUI):* Continue delivery of services in the same manner as outpatient settings, including expanded use of telephone and telehealth services and temporary suspension of in-person groups as outlined below.
- *Syringe Exchange Programs (SEP):* Continue delivery of needle exchange supplies and services to prevent the transmission of other communicable diseases during this time and ensure availability of overdose prevention medications.
- *Opioid Treatment Programs (OTP):* May offer take-home dosing, even if minimum treatment standards are not met, at the discretion of the Medical Director if the OTP submits a letter of need to DHCS for review and approval. OTPs should consider this option to minimize risks related to inability to access necessary Medications for Addiction Treatment (MAT) due to COVID-19.
- *Client Engagement and Navigation Services (CENS):* Continue delivery of navigation and connection services at co-locations where the facility remains open. If a site is closed, submit a request for approval of alternate work location(s) to Nislan Jose at njose@ph.lacounty.gov. SAPC will review each request and notify the CENS provider of the determination via email. Telephone or telehealth services can temporarily be used for screening, connection, and follow-up during this emergency period. If services are delivered at an alternate location, or services are delivered via telephone or telehealth, make sure this is documented in the notes section of the Service Connection Log.

Non-Essential Services: Modifying Services During Safer at Home Order

Network providers delivering primary prevention services must suspend in-person outreach, group activities and programs. We encourage you to use this time for program planning, development and reporting work and ensuring service delivery readiness once the Safer at Home Order for non-essential workers has been lifted. The Work Plan can be modified to replace non-essential services with program planning, training, development and reporting work, particularly if school sites are closed or due to required service suspension.

If you are able to connect with clients using telehealth or telephone, you may continue to do so, as appropriate. While these services have largely been suspended, your work is critical to addressing the adverse impact of alcohol and drug use on individuals and communities and reducing the likelihood that youth, young adults, and adults need SUD treatment. Whatever you can safely do to support the many needs of the public at this time is appreciated. See DPH's *Guidance for Non-Residential Substance Use Settings* for more detailed information.

Temporary Suspension of All In-Person Group Activities

In light of escalating COVID-19 cases and the growing need to enhance infection control to relieve overburdened hospitals, unprecedented actions are being taken to mitigate the risks of COVID-19 transmission in our communities. SAPC recognizes the importance of group counselling as a treatment modality. However, the growing risks of COVID-19 transmission necessitate the temporary suspension of all in-person group activities. SAPC understands the strain this places on the workforce and on patient connectedness with peers and staff. These actions are necessary to support the community-wide efforts to minimize disease spread through the limitation of gatherings. SAPC will continually reassess the temporary suspension of all group activities and envisions a reinstatement of group activities once the benefits of doing so outweigh the risks to community, patients, and staff. Providers are encouraged to explore approved on-line platforms to deliver these services as groups may be offered via telehealth.

Flexible Service Options

To encourage continued patient participation and reduce COVID-19 transmission, providers can deliver services using one of the following options:

- *Telephone:* SAPC already allows treatment providers to use the telephone to deliver crisis intervention, individual counseling, collateral services, case management, and recovery support services. Telephone services can also be offered in primary prevention and CENS office settings during this COVID-19 emergency period. The requirement that calls originate from a Drug Medi-Cal (DMC) certified site has been suspended during this COVID-19 emergency period. The mode of delivery (e.g., telephone) and consent agreement must be indicated in a Progress Note or Miscellaneous Note (see Provider Manual for more details). *Importantly, per State requirements, initial assessments may only be conducted via in-person or telehealth encounters (not telephonic).*
- *Telehealth:* Providers who are capable of delivering telehealth services in accordance with the DHCS Mental Health and Substance Use Disorder Information Notice ([MHSUDS 18-011](#)) inclusive of other [DHCS Medi-Cal Policy](#) or federal [Health and Human Services emergency telehealth guidelines](#) may do so immediately. Allowable staff positions, working within their scope of practice may deliver telehealth services (i.e., assessment,

treatment planning, crisis intervention, individual counseling, collateral services, case management, recovery support services, group counseling, and patient education) in any location that maintains patient confidentiality and patients may participate in telehealth services at any location of their choice. The mode of delivery (e.g., telephone) and consent agreement must be indicated in a Progress Note or Miscellaneous Note (see Provider Manual for more details).

During this public health emergency period, federal guidance has modified restrictions on allowable telehealth platforms:

- Temporarily Allowable Platforms: Non-public facing popular video chat applications include Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Skype, Whatsapp video app, and Zoom.
- Non-Allowable Platforms: Facebook Live, Twitch, TikTok, and similar video communication applications that are public facing applications.

For services that require patient signature (e.g., Treatment Plans), provider must document in the patient file that the service is being provided by telehealth due to the COVID-19 emergency and obtain the patient's signature once the patient is able to return to in-person services.

To ensure compliance with regulations, submit the Telehealth Attestation Form within 30-days of initiating telehealth services to Daniel Deniz, Chief of the Contract Management and Compliance Unit at ddeniz@ph.lacounty.gov and sapcmonitoring@ph.lacounty.gov.

Technical Assistance and Support

Transitioning to telephone and telehealth whenever possible to deliver treatment services is critical to slowing COVID-19 transmission and maintaining continuity of care for patients. Network providers who would like assistance in launching or growing their use of these formats of service delivery in outpatient and residential settings can reach out to the California Institute for Behavioral Health Solutions (CIBHS) for technical assistance by reaching out to Belia Sardinha at bsardinha@ph.lacounty.gov. SAPC is also working with CIBHS to deliver web-based training sessions on these topics.

Funding Support for Continued Treatment Service Delivery

SAPC is committed to supporting network providers who are fulfilling their role as essential health care workers and facilities in spite of concerns about COVID-19.

Payments for March, April, May and June 2020 will be reflective of actual prorated monthly costs and average claims up to a total of 1/4th of the executed contract amount as of March 31, 2020, unless fee-for-service (FFS) claims are higher, in which case providers will be paid according to their adjudicated FFS claims. In order to facilitate timely disbursement of funds, the initial payment for March 2020 will be based on the average of claims between July and January 2020. This figure is being used since approximately 75 percent of providers submit claims that are below their 1/12th contract amount before augmentations.

As you consider your expenditures for this period, please know that staffing, benefits and infrastructure costs are allowable for those who are telecommuting and using telephone or telehealth to continue serving patients, ideally as regularly as outlined in the Treatment Plan, even if sessions are shorter due to the need to accommodate their caseloads. This is important as staff who are exhibiting any COVID-19 symptoms must abide by DPH's [Home Isolation Order](#) and staff in close contact (as defined by being within 6 feet for more than 10 minutes or touching bodily fluids or secretions of an individual with COVID-19 symptoms) to a symptomatic patient or staff must abide by DPH's [Home Quarantine Order](#). If these staff become ill and unable work, they should be offered compensated sick/personal time.

Operationalizing telehealth and supporting staff who are unable to work are allowable costs and could be included if within the executed contract amount. Investing in a compliant telehealth platform should also be considered so this service modality can continue after the COVID-19 public health emergency. A budget modification will be required, however, if the change results in an increase above 10 percent of the line-item.

SAPC will continue to evaluate if a different reimbursement formula should be used to ensure network providers are able to continue to deliver essential services and able to make necessary investments to implement telehealth for patients and telecommuting for staff, and support employees who are not able to work due to illness. Network providers may submit an accounting of costs to their SAPC Finance liaison for consideration and/or payment if SAPC's estimated payment is inaccurate. *Note: Opioid Treatment Programs are only eligible for cost reimbursement payments if also submitting a cost report to SAPC for Fiscal Year 2019-2020, otherwise a Transitional Payment may be allowable ([MHSUDS 19-005](#)).*

Depending on how this public health emergency evolves, SAPC will consider if reimbursement changes are needed for Fiscal Year 2020-2021. Prevention contracts will continue to settle at cost. CENS contracts will continue to settle at staff hour.

Compliance Monitoring

SAPC will conduct desk reviews instead of onsite monitoring visits during this COVID-19 emergency period, except to conduct critical oversight and technical assistance as it relates to issues such as health and safety or extensive noncompliance issues. SAPC will not issue citations or disallowances if it is documented that DMC timeframes could not be adhered to due to the patient's inability to attend services or coverage was not possible due to significant workforce reductions. Examples include, but may not be limited to: (1) minimum service hours for outpatient and intensive outpatient, including delivery of one required service every 30-days (DHCS DMC and Title 22); (2) minimum weekly service hours for residential when one clinical service is provided daily; (3) on time completion and signatures on mandated documents (assessment, physical, health questionnaire, treatment plan per Title 22); and (4) on time co-signature of documents. The inability to meet these requirements must be appropriately documented in the patient's file and indicate why COVID-19 impacted care. Any disallowances as a result of a federal or state audit, however, will be recouped by SAPC.

Treatment providers are expected to maintain compliance with DMC requirements for all patients who do not suspend/reduce services due to COVID-19 and/or who are not participating in telephone or telehealth services as a means to reduce exposure/transmission and are thereby unable to sign forms; and where on duty staff can provide appropriate coverage.

Site Closures or Service Reductions

Accessing SUD services during this public health crisis may be more critical for some patients to reduce the risk of relapse. Providers must ensure that services described in your SAPC Agreement, with the considerations and allowances described in this document, remain in effect. In accordance with the SUSPENSION OR TERMINATION FOR DEFAULT section of your agreement, the County may suspend or terminate a contract if the contractor fails to perform any contracted services.

If workforce shortages or other COVID-19 related issues necessitate site closures or service reductions that cannot be appropriately addressed through telehealth or telephone services, which includes suspension of new admissions or reduced services for enrolled patients, submit an electronic letter addressed to Dr. Gary Tsai, Interim Division Director, but emailed to Daniel Deniz at ddeniz@ph.lacounty.gov prior to, or immediately upon changes, that outlines the emergency procedures and duration. SAPC's Contract Management and Compliance Unit will reach out to the impacted provider and sites.

Effective Period

This public health emergency continues to evolve and SAPC will update this Information Notice as new information becomes available. Unless updated, this guidance will remain in effective through April 19, 2020.

Additional Information

If you need additional information, please contact your assigned Contract Program Auditor who will provide a response or direct you to the most appropriate SAPC Unit.

GT:gt

Attachment