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May 15, 2020

SAPC INFORMATION NOTICE 20-06
Supersedes IN 20-05; Sunsets Effective 12/31/2020

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

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

SUBJECT: NOVEL CORONAVIRUS (COVID-19) RESPONSE

The Department of Public Health's (DPH) Division of Substance Abuse Prevention and Control (SAPC) is working relentlessly alongside its provider network during the ongoing coronavirus (COVID-19) pandemic. We would like to thank each of you and your staff for your continued dedication and commitment to those you serve amidst the unprecedented challenges presented by COVID-19. Your ongoing services and adaptations to minimize transmission risk consistent with DPH guidance is saving lives and helping to reduce the toll of COVID-19.

This Information Notice (IN) provides important updates from SAPC's prior IN 20-05 that was released on April 20, 2020. IN 20-06 includes the latest information available with respect to the evolving situation around COVID-19. However, to keep its provider network informed, SAPC will continue to release updates as new information and guidance becomes available.

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 still evolving. As such, providers and particularly frontline staff must continually stay informed with respect to the 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 to 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>		
DPH COVID-19 Webpage	Roadmap to Recovery (Flyer and PowerPoint)	Posted 05/06/20
	Safer at Home Order Overview	Revised 05/08/20
	Safer at Home Order – Road to Recovery	Revised 05/13/20
	Home Isolation Order	Revised 05/01/20
	Home Quarantine Order	Revised 05/01/20
	What You Should Know (Infographic)	Revised 04/29/20
	General Cleaning Guidance in Group Setting	Posted 03/24/20
	Guidance for Non-Residential Substance Use Settings	Revised 05/01/20
	Guidance for Residential Substance Use Settings	Revised 05/01/20
	Social Distancing	Revised 04/10/20
SAPC COVID-19 Webpage	Cloth Facial Coverings	Revised 05/04/20
	Bed Positioning (Infographic)	Posted 04/05/20
	Guidance on Proper Grouping (Cohorting) of Residents	Revised 04/28/20
	Optimize the Supply of Personal Protective Equipment (PPE)	Posted 05/01/20
	Training on COVID-19	Posted 03/27/20
DHCS COVID-19 Webpage	COVID-19 FAQ for Prevention Providers	Revised 05/15/20
	COVID-19 FAQ for Treatment and DUI Providers	Revised 05/15/20
	Residential & Recovery Bridge Housing Readiness Tool	Posted 03/27/20
	COVID-19 Alert Entrance Sign	Posted 04/08/20
	Guidance for Alcohol/Drug Use or Recovery During COVID-19	Coming Soon
	Information Notice 20-009: COVID-19	Revised 05/01/20
	General Behavioral Health FAQ	Posted 05/01/20
	Driving Under the Influence (DUI) FAQ	Revised 03/17/20
	Opioid Treatment Program FAQ	Revised 04/23/20
	Medications for Addiction Treatment and Telehealth	Revised 04/07/20

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 any client or staff test 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 or staff test positive for COVID-19 to the California Department of Health Care Services (DHCS) within one business day.

Essential Services – Treatment, Driving Under the Influence and Syringe Exchange

Your agencies provide essential health care services to the residents of Los Angeles County.^{1,2} 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 is able to access it, including those who may be symptomatic or positive for COVID-19.

- *Residential, Inpatient and Recovery Bridge Housing 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

¹ DHCS Stakeholder Letter, Clarifying the Urgency of Essential Critical Infrastructure Workers

² DPH Safer at Home for Control of COVID-19, Section 15

methods (see *Telehealth and Telephone – 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 (see *Telehealth and Telephone – Flexible Service Options* below) to enable the delivery of services remotely, especially given the expanded State and federal guidance on the use of telehealth during the public health emergency. See *Guidance for Non-Residential Substance Use Settings* for more details.
- *Opioid Treatment Programs (OTP)*: During the COVID-19 emergency period, OTPs may offer take-home dosing at the discretion of the Medical Director if the OTP submits a letter of need to DHCS for review and approval, even if minimum treatment standards are not met. OTPs should consider this option to minimize risks related to inability to access necessary Medications for Addiction Treatment (MAT) due to COVID-19. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) has also released [guidance](#) that an initial evaluation by telehealth or telephone is now allowed for buprenorphine. For new patients receiving methadone, an in-person medical evaluation is still required, as per SAMHSA. Refer to the OTP FAQ document on the DHCS COVID-19 website and available [SAMHSA guidance](#) for more details.
- *Driving Under the Influence (DUI) and Penal Code 1000 (PC1000)*: Continue delivery of services in the same manner as outpatient settings, including expanded use of telephone and telehealth and modifications for in-person groups as outlined below. DUI providers who have suspended all DUI program activities should refer participants to a program that continues to offer telephone or telehealth services. Participants who prefer to take a leave of absence (LOA) must be notified it will postpone their date of program completion. The LOA must be documented in each participant's file specifying the reason is due to COVID-19. DUI providers also need to advise participants to check with their court of conviction to confirm their 90-day continuance, as some cases may have remained on the calendar as statutorily required. Participants can check their case summary at www.lacourt.org or by calling their court of conviction court clerk's office. SAPC will temporarily waive the collection of fees from DUI and PC1000 providers from March 1, 2020 to June 30, 2020. Refer to the DUI Program FAQ document on the DHCS COVID-19 website for more details.
- *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.
- *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 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

Los Angeles County has created a [Roadmap to Recovery](#) that outlines a phased approach to reopen low-risk businesses with appropriate safeguards in place. Prevention providers are able to reopen and resume limited in-person work if ensuring appropriate social/physical distancing, proper infection control, and prioritizing access to critical services. Importantly, group activities via telehealth or telephone are still encouraged. In addition to the platform options under the *Telehealth and Telephone* section below, prevention providers are able to use public facing platforms inclusive of Facebook Live, Twitch, TikTok, and similar video communication applications for efforts that are not associated with individual- or group-based processing/counseling sessions.

As social/physical distancing protocols continue to be enforced for large group gatherings and schools/university closures, we encourage you to use this time for program planning, development, and ensuring service delivery readiness where appropriate. Similar to SAPC Treatment, in-person group activities are now allowable as outlined under the *Temporary Limit of Participants for All In-Person Group Activities* section below.

Your work continues to remain critical in 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 services. See DPH's *Guidance for Non-Residential Substance Use Settings* for more detailed information.

Temporary Limit of Participants for 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. In recognition of the need to balance concerns about transmission risk with the benefits of group activities, beginning May 15, 2020 for treatment and prevention and until further notice, group activities (including but not limited to group counseling and patient education sessions) are limited to no more than ten (10) participants, including staff and patients/participants, if conducted in accordance with social/physical distancing requirements. Importantly, group activities via telehealth or telephone are still encouraged.

These actions are necessary to support the community-wide efforts to minimize disease spread through the limitation of group gatherings and activities. SAPC will continually reassess these temporary modifications of group activities and modify allowances based on COVID-19 transmission risks and considering risks and benefits of clients, staff, and communities. Providers are encouraged to explore approved on-line platforms to deliver these services as groups may be offered via telehealth and telephone.

Telehealth and Telephone – Flexible Service Options

To encourage continued patient participation and reduce COVID-19 transmission, DHCS recently clarified that during this public health emergency period, providers can deliver all services using telephone and telehealth in accordance with the DHCS Mental Health and Substance Use Disorder Information Notice [18-011](#) inclusive of other [DHCS Medi-Cal Policy](#) or

temporary modifications as outlined in the DHCS Behavioral Health Information Notice [20-009](#) and the DHCS Behavioral Health FAQ document. This temporary allowance includes the initial American Society of Addiction Medicine (ASAM) assessment and consultations between counselor and Licensed Practitioners of the Healing Arts (LPHA) to establish medical necessity, as well as all subsequent services after the establishment of medical necessity, in accordance with State allowances. Importantly, this includes:

- Documentation must include if services are delivered via telehealth or telephone; all other SAPC required documentation remains in place.
- Ink or electronic signatures are not required if it is documented that the patient is participating via telephone or telehealth due to COVID-19.
- Calls do not need to originate from a Drug Medi-Cal (DMC) certified site during this COVID-19 emergency period.
- Allowable staff positions, working within their scope of practice may deliver services via telehealth and/or telephone (i.e., assessment, treatment planning, crisis intervention, individual counseling, group counseling, collateral services, case management, Recovery Support Services, patient education) in any location that maintains patient confidentiality and patients may participate in telehealth services at any location of their choice.
- SAMHSA has released [guidance](#) that an initial evaluation by telehealth or telephone is now allowable for buprenorphine.
- Telephone services can also be offered in primary prevention and CENS office settings during this COVID-19 emergency period.

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.

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.

Personal Protective Equipment and Other Essential Supplies

Even as Los Angeles County's Stay at Home Health Officer Orders are relaxed, COVID-19 will continue to circulate within communities. Therefore, SAPC providers will need to identify strategies for optimizing their supply of Personal Protective Equipment (PPE). PPE includes, but is not limited to, surgical masks, gloves, gowns, and eye protection; other essential supplies to minimize risk of transmission include non-medical cloth face coverings and hand sanitizer. Providers should also obtain a thermometer (infrared, if possible) to check staff and patient/participant temperatures at least once per day, and particularly when there has been a confirmed COVID-19 positive case (staff or patient/participant).

Providers must follow PPE guidance for residential and non-residential settings available on the DPH and SAPC COVID-19 websites.

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. Therefore, SAPC modified its reimbursement structure for March, April, May, and June 2020 to settle at prorated actual allowable costs.³ In order to facilitate timely disbursement of funds, payments are based on the higher of the average of fee-for-service claims from July 2019 through January 2020 or current monthly fee-for-service claims. Actual costs incurred for this period will be settled during cost reporting, which SAPC expects to occur shortly after the close of Fiscal Year 2019-2020. However, if your March through June payment is significantly below your average monthly costs, you may email Edita Mendoza at emendoza@ph.lacounty.gov with the subject line "COVID-19 Cost Payments" to inquire if a payment adjustment can be made with appropriate documentation.

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.

Providers with a pending augmentation must continue to provide services and admit new patients. Billing should not be submitted until the augmentation has been processed. Once the request has been processed, providers may submit service claims. Please contact your assigned Contract Program Auditor for status updates on your request.

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 needs-based Transitional Payment may be allowable ([MHSUDS 19-005](#)).

Allowable Costs for Prevention and Treatment Providers

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 prevention participants or treatment patients (as outlined in the Treatment Plan, even if sessions are shorter due to the need to accommodate their caseloads).

³ Payments for July 2019 through February 2020 remain dependent of the volume of submitted fee-for-service claims, and the lesser of costs or charges ("claims"). Contract augmentation processed after March 30, 2020 are subject to reductions due to anticipated commensurate reductions in service volume. Contract augmentation requests received after April 15, 2020 may be denied based on review of provider performance, utilization, and overall network need.

This is important as staff who are exhibiting any COVID-19 symptoms must abide by DPH's Home Isolation Order and staff who may have been exposed to COVID-19 or who have been 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) with a symptomatic patient/participant 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 beyond 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.

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:

- Minimum service hours for outpatient and intensive outpatient, including delivery of one required service every 30-days (DHCS DMC and Title 22);
- Minimum weekly service hours for residential when one clinical service is provided daily;
- On time completion and signatures on mandated documents (assessment, physical, health questionnaire, treatment plan per Title 22); and
- On time co-signature of documents.

Importantly, providers are not expected to get required signatures from patients who receive services during the time period of the COVID-19 public health emergency but must document the reason for the missing or late signature in all instances. When the public emergency ends, providers should obtain signatures from all patients per usual, but signatures cannot be backdated. Providers are not expected to obtain signatures on these documents for patients that started and discontinued services during the COVID-19 public health emergency. California Outcome Measurement System (CalOMS) data reporting is a federal requirement and is not suspended.

SAMHSA has issued [new guidance](#) which allows providers to share patient information that would normally be protected under 42 CFR Part 2 in instances of a bona fide medical emergency. Usage of the medical emergency exception must be documented by providers.

In all instances, the inability to meet these requirements must be appropriately documented in the patient's file with an indication of how and why COVID-19 impacted care. Any disallowances as a result of a federal or state audit, however, will be recouped by SAPC.

Unless modifications to requirements during the COVID-19 emergency period are otherwise indicated by DHCS or SAPC, treatment providers are expected to maintain compliance with all applicable local, state, and federal requirements.

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 there are service hour reductions or temporary site closures, providers must submit for approval from SAPC, with a justification for why such service reductions or closures are necessary, the plan to resume contracted business hours and how to ensure the ability to continue to provide services, including admitting new patients. Providers must submit an electronic letter addressed to Dr. Gary Tsai, Interim Division Director, and 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. This guidance will be effective starting May 15, 2020 and will remain in effect through December 31, 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.

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Attachment