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January 1, 2021

SAPC INFORMATION NOTICE 21-01
Supersedes IN 20-06. Sunsets Effective 6/30/21.

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

FROM: Gary Tsai, M.D., Division Director 
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 are saving lives and helping to reduce the toll of COVID-19.

This Information Notice (IN) provides important updates from SAPC’s prior IN 20-06 released on May 15, 2020. IN 21-01 includes the latest information available concerning the evolving situation around COVID-19. However, to keep its provider network informed, SAPC will continue to release updates as new information and guidance become 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 even with vaccinations currently underway. As such, providers and particularly frontline staff, must continually stay informed of 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 your staff and patients are fully informed as well, you must post educational materials on COVID-19 in all relevant threshold languages in common areas at each facility.

Additionally, steps should be taken to continue enhanced sanitation/cleaning efforts and reduce the proximity of individuals to each other, particularly in residential, inpatient, and Recovery Bridge Housing settings. The following essential resources, most of which have been updated since IN 20-06, 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	Safer at Home Order – Temporary Targeted	Revised 12/30/20
	Home Isolation Order and Information	Revised 12/17/20
	Home Quarantine Order and Information	Revised 12/17/20
	What You Should Know (Infographic)	Revised 06/27/20
	DPH COVID-19 Frequently Asked Questions	Revised 12/20/20
	General Cleaning Guidance in Group Setting	Posted 03/24/20
	Guidance for Non-Residential Substance Use Settings	Revised 09/17/20
	Guidance for Residential Substance Use Settings	Revised 09/17/20
	Social and Physical Distancing	Revised 10/28/20
	Cloth Facial Coverings	Revised 07/17/20
	Bed Positioning (Infographic)	Posted 04/05/20
	Guidance on Proper Grouping (Cohorting) of Residents	Revised 10/27/20
	Optimize the Supply of Personal Protective Equipment (PPE)	Revised 10/04/20
	Targeted Testing Guidance Congregate Residential Settings	Posted 06/13/20
	DPH COVID -19 Vaccine Page	Revised 12/12/20
	Vaccine Distribution and Other Information	Posted 12/12/20
	Vaccine Frequently Asked Questions	Posted 12/12/20
Vaccine Myths	Posted 12/19/20	
SAPC COVID-19 Webpage	Training on COVID-19	Posted 03/27/20
	COVID-19 FAQ for Prevention Providers	Revised 05/15/20
	COVID-19 FAQ for Treatment and DUI Providers	Revised 07/01/20
	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	Posted 06/24/20
	Information Notice 20-009: COVID-19	Revised 07/23/20

DHCS COVID-19 Webpage	General Behavioral Health FAQ	Revised 07/23/20
	Driving Under the Influence (DUI) FAQ	Revised 07/23/20
	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 may 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

All providers are required to report positive client or staff COVID-19 tests as follows:

1. **SAPC:** Report every client or staff who tests positive for COVID-19 to SAPC at any site or level of care by submitting the [Adverse Event Reporting Form](#) to sapcmonitoring@ph.lacounty.gov within one (1) business day.
2. **DPH:** Report three (3) or more client or staff COVID-19 positive tests at any site or level of care (i.e., prevention, treatment, DUI) in a 14 calendar days span to DPH using the following link www.redcap.link/covidreport and/or by calling (888) 397-3993 or (213) 240-7821 if internet access is not available.
3. **DHCS:** Report every client or staff who tests positive for COVID-19 at any site or level of care (i.e., prevention, treatment, DUI) to the California Department of Health Care Services (DHCS) within one (1) business day to DHCSLCBcomp@dhcs.ca.gov.

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} Additionally, 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 substance use and their loved ones. As we know, SUDs 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.

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

² DPH Safer at Home for Control of COVID-19

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

- *Residential, Inpatient, and Recovery Bridge Housing Settings:* We understand that bed 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 *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 utilize 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 the 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. 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 should advise participants requesting a LOA to check with their court of conviction to confirm their proof of completion due date and request an extension from their Court if needed. Per Presiding Judge-elect General Order dated December 31, 2020, progress reports set for January 4, 2021 to January 28, 2021 have been extended for 90 calendar days. Participants can obtain information by contacting their [Court's Call Center](#) line. Advance appointments for in-person service at the Clerk's Offices and Self-Help Centers are required. Out of custody, misdemeanor pre-trial hearings for PC 1000 set for January 4, 2021 to January 28, 2021 are extended for 90 calendar days, unless statutorily required to be held sooner or the defendant does not consent to a continuance. SAPC will temporarily waive the collection of fees from DUI and PC 1000 providers from January 1, 2021 to June 30, 2021. 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 requested by the referring entity. 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 issued a revised Targeted Safer at Home Health Officer Order on December 30, 2020 to address the surge in COVID-19 cases, hospitalizations, and deaths, and in accordance with State requirements for the Southern California Region that outlines changes to business operations and requirements for residents. Prevention providers can remain open and continue 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 can use public-facing platforms inclusive of Facebook Live, Twitch, TikTok, and similar video communication applications for efforts that are not associated with an individual- or group-based processing/counseling sessions.

As social/physical distancing protocols continue to be enforced for all sectors, 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 continue to be 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, groups (including but not limited to group counseling and patient education sessions) must be conducted in accordance with social/physical distancing, face cover, and infection control requirements AND remain limited to no more than ten (10) individuals including staff and patients/participants. 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. DPH and SAPC will continually reassess these temporary modifications of group activities and modify allowances based on COVID-19 transmission risks and considering the risks and benefits of clients, staff, and communities. Providers are encouraged to explore approved online 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 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 be included 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.

Although providers may offer services as described above, they may NOT close offices and must remain open as SUD treatment is considered an essential service. Providers may adjust scheduling to reduce the number of staff working in-person to minimize potential exposure as long as this does not negatively impact the ability to accept walk-ins, answer phones, address patient need or any other essential service. See section Site Closures or Service Reductions.

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.

Though providers may continue to operate under the temporarily allowable platforms, SAPC strongly encourages providers to begin the transition to a HIPAA Compliant platform. There is no information on when the temporary allowance will be rescinded so beginning the transition now will allow additional time to support a smoother transition. To ensure compliance with regulations, Network Providers must submit the Telehealth Attestation Form to Contract Management and Compliance Unit at SAPCmonitoring@ph.lacounty.gov.

Personal Protective Equipment, Other Essential Supplies, and Testing

Over the course of the pandemic, COVID-19 cases have continued to increase in the community and new strains appearing to be more contagious are starting to emerge in California and other parts of the United States. 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, face shields, gloves, gowns, and eye protection; and other essential supplies includes, but is not limited to, 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 are responsible to securing all the needed PPE to safely provide services. DPH has also identified a distributor where providers can purchase PPE at wholesale prices. Providers may visit www.lovla.org to procure the needed PPE. DPH may provide additional PPE to providers, as supplies allow, to supplement provider PPE inventories. For more information on PPE, please reach out to ddeniz@ph.lacounty.gov.

Residential, inpatient withdrawal management, and recovery bridge housing settings also need to implement a targeted COVID-19 testing strategy for asymptomatic residents in accordance with DPH's Targeted Testing Guidance for Congregate Residential Facilities guidance.

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 request technical assistance from the California Institute for Behavioral Health Solutions (CIBHS) 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 is modifying its reimbursement structure for Fiscal Year 2020 – 2021 (July 1 2020 through June 30, 2021) to settle at actual allowable costs where final payment will be reduced by the total non-replaceable claims (specifically legitimate local/State denials that cannot be resubmitted and approved) and associated disallowances incurred over the Fiscal Year.³ Therefore, it remains critical to continue to work and resolve denials during the pandemic period and submit corrections as allowable. Actual costs incurred for this period will be settled during cost reporting with interim recoupments as outlined below.

Patients must continue to be admitted and served during the entire fiscal year and throughout the duration of the pandemic, therefore, SAPC's Contract Management and Compliance Section and the Finance Services Section will review the volume of claims submitted monthly and reach out to agencies and sites as needed and with consideration of any required residential and inpatient closures due to DPH outbreak requirements. Any changes to days or hours of operations must be immediately reported to SAPC (see *Site Closures and Service Reductions* section below).

For all treatment levels of care (excluding Opioid Treatment Programs), the Finance Services Section will take the following actions to determine prorated cost-based payments:

1. **July 2020 through December 2020**: A payment will be made by February 2021 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 for this term.⁴ Network Providers must submit substantiated costs (e.g., General Ledger detail) for this period by February 28, 2021 and any variation will be recouped in subsequent cost-based payments (see #2).
2. **January 2021 through June 2021**: A monthly payment will be made by the 25th of the subsequent service month 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 for this term.⁵ Network Providers must submit substantiated costs (e.g., General Ledger detail) for this period by July 31, 2021 and any variation will be recouped in subsequent fee-for-service payments.

If the 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. Any increase in payment amount will be reviewed, and if applicable approved, by the SAPC Division Director.

This reimbursement methodology above does not apply to the following services:

³ Contract augmentation processed after January 1, 2021 will be based on utilization given the shift in reimbursement for the remainder of the fiscal year and will not be processed solely for the reason of covering allowable expenditures. Contract augmentation requests received after April 30, 2021 may be denied.

⁴ This is the same methodology and data period used for the similar payment which occurred between March 2020 and June 2020 since it is likely the most stable data period for the majority of providers and levels of care.

⁵ This is the same methodology and data period used for the similar payment which occurred between March 2020 and June 2020 since it is likely the most stable data period for the majority of providers and levels of care.

1. Opioid Treatment Programs are only eligible for cost reimbursement payments if also submitting a cost report to SAPC for Fiscal Year 2020-2021, otherwise a needs-based Transitional Payment may be allowable ([MHSUDS 19-005](#)).
2. Prevention contracts will continue to settle at cost.
3. CENS contracts will continue to settle at staff hours.

Providers with a new or pending augmentation must continue to deliver services and admit new patients. Billing cannot be submitted until the augmentation has been processed. Once the request has been processed, providers may submit service claims. Augmentation approvals are based on a provider's performance, utilization of funds, and overall network need. Please contact your assigned Contract Program Auditor for status updates on your request.

SAPC will continue to evaluate the need for reimbursement changes as this public health emergency evolves.

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).

This is important as staff who are exhibiting any COVID-19 symptoms must abide by DPH's Home Isolation Order. Staff who may have been exposed to COVID-19 or who have been in close contact (as defined by being within 6 feet for 15 minutes or more over a 24-hour period or had unprotected contact with body fluids and/or secretions from someone with COVID-19) with a symptomatic patient/participant must also abide by DPH's Home Quarantine Order. If these staff become ill and unable to 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 increases by 10 percent of the line-item.

Compliance Monitoring

SAPC will continue to conduct compliance activities remotely and limit onsite visits during this COVID-19 emergency period. Onsite visits will include critical oversight and technical assistance as it relates to issues such as health and safety or extensive non-compliance issues.

Inability to meet required timeframes will be noted in monitoring reports, but 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 the 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](#) that 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 emergency 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.

For service hour reductions or temporary site closures, providers must submit a request which includes the justification for why such service reductions or closures are necessary, a plan to resume contracted business hours, and how the provider will ensure the ability to continue to provide services, including admitting new patients. Providers must submit an electronic letter addressed to Dr. Gary Tsai, 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 Informational Notice as new information becomes available. This guidance will be effective starting January 1, 2021 and will remain in effect until further revision and notification, except as outlined under the Funding Support for Continued Treatment Service Delivery section above.

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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