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**SAPC INFORMATION NOTICE 22-11**

June 6, 2022

**TO:** Los Angeles County Substance Use Disorder  
Contracted Treatment Network Providers

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

**SUBJECT: COVID-19 FEDERAL PUBLIC HEALTH EMERGENCY – RESIDENTIAL  
AND INPATIENT OUTBREAK PAYMENTS**

As part of the Federal COVID-19 Public Health Emergency, the County of Los Angeles Department of Public Health’s (DPH) Division of Substance Abuse Prevention and Control Division (SAPC) may issue as needed COVID-19 Residential and Inpatient Outbreak Payments (CROP) to support residential and inpatient (e.g., ASAM 3.1, 3.3, 3.5, 3.2-WM, 3.7-WM, 4-WM) sites during periods where a COVID-19 outbreak has been designated. This information notice describes the process and outlines required information needed to approve the request. These payments may be requested for outbreak periods beginning January 1, 2022 and until further notice.

Though the COVID-19 situation has stabilized in many ways, the pandemic continues to impact residential and inpatient programs due to local public health emergency guidelines. SAPC recognizes the impact these guidelines may have on the ability to fully utilize contracted beds, specifically when a site has been deemed an outbreak site. SAPC contracted treatment providers may request a CROP to support residential and inpatient programs. Because outpatient programs may continue to provide services via telehealth or telephone, CROPs are not available for these levels of care (i.e., ASAM 1.0, 2.1, 1-WM, 2-WM).

The ASAM 3.1 rate on the most current Standard Rate Matrix will be used to calculate the CROP for vacant contracted residential and inpatient beds regardless of the levels of care offered at the provider location. To qualify for a CROP, the residential or inpatient site must have been designated a COVID-19 outbreak site by the local public health department in its jurisdiction which limited the ability to enroll new patients and use vacated beds. The payment will not exceed the total ASAM 3.1 rate for contracted beds that were vacant during an outbreak period up to 1/12 of the contracted amount for the current fiscal year.

### **Requesting a COVID-19 Residential and Inpatient Outbreak Payment**

Providers must submit a completed CROP Request Form with the following items:

- Outbreak notice from the applicable local public health department and impacted period
- Patient census for the outbreak period at the impacted residential and inpatient site
- Number of SAPC contracted beds at address<sup>1</sup>
- Plan to ensure staffing for residential or inpatient site
- Staff timesheets for outbreak period
- Plan for addressing outbreak designation

All required materials must be submitted to [SAPC-Finance@ph.lacounty.gov](mailto:SAPC-Finance@ph.lacounty.gov).

### **Current COVID-19 Isolation and Quarantine Guidelines**

Residential and inpatient providers may identify a need to isolate or quarantine patients based on their vaccination status, symptoms and/or close contact status. DPH has developed instructions for individuals in need of isolation or quarantine:

- [DPH COVID-19 Isolation Homepage](#)
- [DPH COVID-19 Quarantine Homepage](#)

Importantly, given that residential and inpatient SUD settings are considered high-risk from a COVID-19 transmission perspective, the patient and staff isolation and quarantine practices in these settings must be consistent with requirements in these high-risk settings.

### **Additional Action**

Providers must also ensure that any patient they are unable to enroll is referred to another appropriate provider agency for appropriate care. Providers must use the Substance Abuse Service Helpline (SASH) or Service and Bed Availability Tool (SBAT) to engage other providers to ensure a linked referral.

For more information, please contact your Contract Program Auditor.

GT:dd

Attachment

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<sup>1</sup> SAPC may also consider actual average bed utilization for all levels of residential and inpatient care prior to the pandemic if the number of contracted beds exceeds typical standard utilization.