



COVID-19 Frequently Asked Questions (FAQ)

Novel coronavirus (COVID-19) FAQ document is intended to provide guidance to SAPC Providers in response to this public health emergency to ensure ongoing essential operations for individuals newly seeking care or receiving services while implementing strategies that reduce virus transmission.

The information provided is in effect during the pandemic period.

July 1, 2020

Essential Treatment Services Resources:

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
	Reopening Safer at Work and In the Community Order	Posted 06/28/20
	Reopening Safer at Work and In the Community FAQ	Posted 06/28/20
	Home Isolation Order	Revised 05/01/20
	Home Quarantine Order	Revised 05/01/20
	What You Should Know (Infographic)	Revised 06/27/20
	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 06/05/20
SAPC COVID-19 Webpage	Cloth Facial Coverings	Revised 06/26/20
	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
	COVID-19 FAQ for Prevention Providers	Revised 05/15/20
DHCS COVID-19 Webpage	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
	Are Alcohol and Drugs Getting in Your Way During COVID-19?	Posted 05/14/20
Information Notice 20-009: COVID-19	General Behavioral Health FAQ	Revised 05/20/20
	Information Notice 20-016 DUI and FAQ	Posted 05/20/20
	Opioid Treatment Program FAQ	Revised 04/23/20
	Medications for Addiction Treatment and Telehealth	Revised 04/23/20

Treatment Services

1. **What is SAPC's current guidance on Group Counseling/Group activities?**

Updated 07/01/20

Answer: Beginning May 15, 2020 and until further notice, in-person 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 if conducted in accordance with social/physical distancing requirements. See **Question 67** for Prevention Services guidance.

Group sessions can be conducted via telephone or telehealth using any of the temporary platforms described in **Question 20**. The participant group limit is 12 clients group session and 30 clients for patient education groups when conducted via telehealth or telephone.

2. **Has SAPC considered reducing the length of the group sessions to 30 minutes due to facilitator and clients reports of challenges with breathing and talking in group sessions with a face mask on for an extended period of time.**

Added 05/15/20

Answer: SAPC will inquire with the Department of Health Care Services (DHCS).

3. **Will SAPC be relaxing the DMC requirements (timeframes, signatures) of services provided?** *Updated 07/01/20*

Answer: Yes. SAPC's Information Bulletin (IN) 20-08 indicates that if there was an inability to meet DMC requirements (timeframes, signatures and/or services) as a result of patient inability to attend services or due to workforce reductions it must be appropriately documented in the patients file and indicated why COVID-19 impacted care. For example, if a treatment plan cannot be signed due to COVID-19 related situation, the treatment plan must be documented.

Examples of requirements requiring additional documentation include:

(1) minimum service hours for outpatient and intensive outpatient, including delivery of one required service every 30 days;

(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.

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.

4. **Do providers need to get signatures from patients during COVID-19 emergency?** *Added 04/20/20*

Answer: Providers are not expected to get required signatures from clients who receive services via telephone or telehealth during the COVID-19 public health emergency but must document the reason for the missing or late signature.

5. **When the public emergency ends, should providers obtain the signatures of all documents the patient could not sign? Should it be backdated to the date the services were provided?** *Added 04/20/20*

Answer: Once the public emergency ends, providers should obtain signatures from all clients, but signatures cannot be backdated. Providers are not expected to obtain signatures for clients who started and discontinued services during the COVID-19 public health emergency.

6. **If a client is authorized for ASAM 2.1, but doesn't meet service hour requirements, does the patient need to be stepped down?**

Answer: The provider should deliver the service hour requirements via telehealth and telephone if feasible, but SAPC is not requiring the patient be stepped down at this time. Progress/Miscellaneous Notes need to clearly document why it was not possible to deliver the minimum service hours for this level of care.

7. **What protocols should programs be following regarding drug testing since the majority of client contact is over the phone?** *Updated 05/15/20*

Answer: SAPC does not have a requirement regarding frequency of Urine Analysis (UA) testing. However, 42 CFR ¶ 8.12(f)6 does require Opioid Treatment Programs (OTP) to perform at least eight (8) random drug tests per year. During the national emergency, OTP providers may request a blanket exception from the California Department of Health Care Services (DHCS) for UA, visit [Opioid Treatment Program FAQ](#)

All providers should assess what is essential during this COVID-19 emergency. If alcohol/drug testing is conducted, then safety precaution recommendations need to be followed regarding social distancing and use of appropriate personal protective equipment (PPE) if coming into contact with bodily fluids. Given the shortage of PPE, however, the benefit of conducting the UA test should outweigh the use of emergency PPE for this purpose.

8. **Is CalOMS data reporting still required?** *Added 04/20/20*

Answer: Yes, the California Outcomes Measurement System (CalOMS) data reporting is a federal requirement and is still required.

9. **Given that primary care providers (PCP) have been asked to postpone non-medically necessary visits, can the 30-day requirement for DMC History and Physicals be temporarily waived as many providers may not be able to obtain that service from PCP?**

Answer: While this requirement cannot be waived, there are flexibilities built into these requirements that have always been in place. Specifically, current regulations (Title 22 § 51341.1) indicate that a physician may a) review documentation of physical exam performed within the last 12 months within 30 calendar days of the beneficiary's admission to treatment date; b) may perform a physical exam within 30 days of admission to treatment; or c) shall document the goal of obtaining a physical exam on the beneficiary's initial and updated Treatment Plans until the goal has been met. Option C allows for flexibility if DMC History and Physicals need to be delayed.

10. **Should counselors be tested for COVID-19 before leading group sessions?**

Added 05/15/20

Answer: There is not a requirement that staff are tested prior to leading group sessions. As testing becomes more available then it would be advisable.

11. **COVID-19 is creating high anxiety and a desire to use, we are seeing an increase in individuals requiring crisis interventions. Is there a limit of crisis interventions services a counselor can do for a client per week?**

Answer: No. Crisis intervention sessions focus on stabilization and immediate management of a crisis by strengthening coping mechanisms and alleviating a patient's psychosocial functioning and well-being when there is an imminent threat of serious relapse.

12. **During the COVID-19 period, are we still required to discharge clients if there has been a lapse in treatment for 30 days or longer?**

Answer: Yes, providers are required to discharge beneficiaries who have had a lapse in treatment of more than 30 days. The beneficiary may be reassessed for readmission when ready to resume treatment.

Telehealth/Telephone Services

13. **What is the difference between telephone and telehealth counseling services?**

Updated 06/12/20

Answer: Telehealth includes the use of both audio and visual communication technology and is not strictly telephonic.

DHCS has 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 ASAM assessment and consultations between counselor and Licensed Practitioners of the Healing Arts (LPHA) to establish medical necessity.

Telephone Services	Telehealth Services
Screening	Screening
Assessment	Assessment
Crisis Intervention	Crisis Intervention
Individual Counseling	Individual Counseling
Treatment Planning	Treatment Planning
Collateral Services	Collateral Services
Case Management	Case Management
Recovery Support Services (RSS)	Recovery Support Services (RSS)
Group Counseling	Group Counseling
Patient Education	Patient Education

Services can be provided by allowable staff positions at any location that maintains patient confidentiality. The patient may select any location to participate. **Telephonic DMC certified site requirement is suspended during COVID-19 emergency period.*

Individual counseling visits include visits focused on short-term personal, family, job/school or other problems and their relationship to substance use, in addition to allowable visits for the purpose of intake, crisis intervention collateral services and treatment and discharge planning.

Ink or electronic signatures are not required if it is documented that a patient is participating via telephone or telehealth due to COVID-19.

If providing services via telehealth, Telehealth Attestation Form must be submitted within 30 days of initiating telehealth services to Daniel Deniz, Chief of Contract Management and Compliance Unit at ddeniz@ph.lacounty.gov and sapcmonitoring@ph.lacounty.gov.

14. What are the guidelines on conducting intakes via telehealth, particularly around obtaining signatures? *Updated 04/20/20*

Answer: ASAM assessments are available via telephone or telehealth, see **Question 13** regarding signatures.

15. Can individual counseling be provided and billed using telehealth?

Answer: Yes. Individual counseling can be provided and billed using telehealth. SAPC encourages staff to use this service delivery method. Residential settings are also encouraged to use telehealth or telephones, especially for those in isolation or

under quarantine, including exploring prohibitions on if personal devices can be safely relaxed during this period.

16. Can physical exams be conducted by MD or Nurse Practitioner using Telehealth? *Added 06/12/20*

Answer: Per DHCS <https://www.dhcs.ca.gov/Documents/COVID-19/IN-20-009-Guidance-on-COVID-19-for-Behavioral-Health.pdf> with the exception of Narcotic Treatment Programs intake/physical exam for methadone maintenance, the required physical exam can be conducted via telehealth. When a physical exam cannot be secured within 30 days, it is acceptable to list the physical exam as a goal on the treatment plan.

17. Do telephone services have to originate from a DMC location?

Answer: No. Per SAPC's Information Notice (IN) 20-08, telephone services do not need to originate from a DMC site during the COVID-19 emergency.

18. For telehealth group counseling and patient education, what are the expectations on sign-in sheets? Will a list of patients in attendance without wet signatures suffice?

Answer: Yes. A list of patients in virtual attendance must be maintained that also includes the date, time, educator/counselor name, and topic.

19. Can a telehealth/telephonic group session be more than twelve (12) patients?

Answer: No. Groups sessions conducted via telehealth or telephone must be between 2-12 patients.

20. Our agency does not have telehealth set up yet, what do we do? *Updated 07/01/20*

Answer: Review the Department of Health and Human Services (HHS) guidelines for telehealth, during the COVID-19 national emergency, it has exercised its discretion to not impose penalties for noncompliance with the HIPAA rules in connection with good faith provision of telehealth in using non-public facing audio or video communication products. The allowable platforms have been expanded to include popular communication applications for video chats. Providers should notify patients that these platforms may introduce privacy risks and should enable all available encryption and privacy modes available.

Temporary Allowable Platforms	Not Allowed
NON-public facing video chat applications Apple FaceTime, Facebook Messenger Video Chat, Google Hangouts video, Skype, Whatsapp video app, and Zoom	Public facing video communication applications Facebook Live, Twitch, TikTok

Whichever platform is selected, the Telehealth Attestation Form must be submitted within 30 days of initiating telehealth services to Daniel Deniz, Chief of Contract Management and Compliance Unit at ddeniz@ph.lacounty.gov and sapcmonitoring@ph.lacounty.gov. Providers utilizing a temporarily allowed platform are encouraged to transition to a HIPAA compliant platform to minimize service interruptions once the temporary allowance expires or is lifted.

Providers who would like assistance in launching or growing their use of these formats of service delivery in outpatient and residential setting can reach out to the California Institute of Behavioral Health Solutions (CIBHS) for technical assistance by reaching out to Belia Sardinha at bsardinha@ph.lacounty.gov.

Another resource is the California Telehealth Resource Center (CTRC) dedicated to helping providers implement and sustain telehealth programs. Services available through CTRC include program needs assessment for implementation or expansion, equipment selection, telehealth presenter training; operational workflow; contracting with specialists; billing; and credentialing and staff roles. In addition, CTRC also produces a Telehealth Program Developer Kit that can be downloaded from the CTRC website at www.cchpca.org. It provides a step-by-step guide to help providers develop a telehealth program.

21. Will DHCS eventually disallow all telehealth services when the pandemic subsides? Added 05/15/20

Answer: Telehealth is an allowed mode of service even prior to the COVID-19 emergency. The regulations will revert to what they were pre-COVID-19. SAPC will update guidance on telehealth with DHCS standards and expectations. If you are using a HIPAA compliant platform you would continue telehealth services. If you are using a platform that is approved temporarily (not HIPAA compliant), then it would not be allowable in the future. It would be beneficial to prepare now to move toward HIPAA compliant platform to easily transition patients to continue on even after COVID-19. The procurement of telehealth equipment is an allowable cost. If this is a purchase you are considering there would be a benefit to do that this fiscal year due to the temporary changes SAPC has implemented in funding due to COVID-19.

Residential/Recovery Bridge Housing (RBH):

22. Is SAPC moving forward with requiring daily summary notes for residential clients instead of weekly notes? Will a template be provided? *New! 07/01/20*

Answer: Yes, as of July 1, 2020 the intention is for the Daily Summary notes in residential settings to include all the activities of a client within the standard Progress Note format. The Progress Note templates are already posted on the SAPC website, no additional templates will be added.

23. Will authorizations for Residential be extended automatically for people without safe discharge due to outbreak?

Answer: No. The length of stay for residential episodes will not be increased beyond the medically necessary lengths of stay.

24. If residential/RBH patients leave the facility to quarantine (14 days), should they be discharged? *Added 05/15/20*

Answer: Yes. Since the quarantine period extends beyond the 7-day bed holds permitted by SAPC, then the patient should be discharged and re-enrolled when the quarantine period is over.

25. In a residential setting, can an assessment or education count as the “one clinical service” provided daily?

Answer: Yes. An assessment (if conducted in-person or by telehealth) or patient education session (if conducted by telehealth at this time) counts as a clinical service.

26. In a residential setting, what is SAPC’s guidance if a client/patient is exhibiting symptoms, but is not willing to isolate or take any steps for the safety of others?

Answer: [Quarantine](#) or [isolation](#) requirements have been instituted by the County Health Officer and individuals are required to follow them. The best thing we can do in these situations where individuals do not want to follow quarantine or isolation protocols is to employ our “soft skills” of persuasion, incentives (contingency management), motivational interviewing, etc. to try to encourage individuals to follow quarantine or isolation protocols. While an option, engaging law enforcement to help in cases like this is neither ideal nor likely to result in the best outcome.

27. Will RBH authorizations/stays be extended beyond 180 days during the COVID-19 emergency?

Answer: No. The length of stay for RBH will not be increased beyond the 180 days. For assistance in placing persons experiencing homelessness with suspected or confirmed COVID-19 contact the Quarantine and Isolation Intake Call Center at (833) 596-1009 between the hours of 8am-6pm.

28. Are residential facilities required to tell all new patients if there is a current patient who has tested positive for COVID-19? Also, are there requirements to inform patients who have been discharged but may have been exposed to a participant who tests positive for COVID-19? *Added 06/12/20*

Answer: The Health Officer Order does not require notification in these instances; however, it would be a best practice to notify both staff and patients due to a potential exposure when someone tests positive for COVID-19.

29. What is SAPC’s guidance regarding policies for the residents leaving (working, shopping) and returning to the residential facility?

Added 06/12/20

Answer: Minimize clients leaving the residential setting for non-essential reasons. All precautions should be taken upon return to the facility.

30. Social workers from the Department of Family and Child Services (DCFS) are calling to set up child visitation as clients have been unable to see their children in over 2.5 months. Does SAPC have guidelines with regards to both monitored and unmonitored visits? *Added 06/12/20*

Answer: The Department of Children and Family Services (DCFS) reported that on April 6, 2020, their Dependency Court Judicial Council made its ruling ordering DCFS to notify the court if in-person visits had changed to virtual visits. As these notifications started, the courts either agreed to virtual visits or disagreed and ordered the visits to occur in person.

Please refer to page 17 of the [DCFS-COVID-19 Response Visitation Policy FAQ 05.13.20](#), which outlines that ALL previously authorized visitation must continue during COVID-19 emergency; however, Child Social Workers (CSWs) must ensure the needs of the family are met, and determine the manner of visitation including: In-person, virtual or telephonic.

DCFS has instructed that decisions about the manner of visitation to occur shall be considered on a case-by-case basis by balancing the public health directives and best interest of the child, while also considering whether in-person visitation may continue to be held safely.

DCFS encourages facilities, on behalf of the parents served, to contact the CSWs and SCSWs and let them know that they will support virtual visits for their parents, and will work with the caregivers to arrange these visits

Opiod Treatment Program (OTP)

31. What is the current guidance regarding “take-home” medications for OTP Providers due to National Emergency? *Added 05/15/20*

Answer: Visit <https://www.dhcs.ca.gov/Documents/COVID-19/COVID-19-FAQ--NTP.042320.pdf> question 7 for detailed guidance. During this emergency, blanket exceptions will be requested directly from DHCS instead of through the federal Substance Abuse and Mental Health Services Administration (SAMHSA) extranet. Exceptions may be requested for take-home doses, urinalysis requirements and/or counseling. If approved, OTP providers may offer take-home dosing, even if minimum treatment standards are not met, at the discretion of their Medical Director. Stable patients in an OTP may receive 28 days of take-home doses; those who are

less stable, but who the OTP believes can safely handle take-home medication may obtain up to 14 days of medication. OTP's should consider this option to minimize risks related to inability to access necessary Medications for Addition Treatment (MAT) due to COVID-19.

As of March 16, 2020, the U.S. Department of Justice, Drug Enforcement Administration (DEA) has also granted an exception to 21 CFR 1301.74(i) allowing authorized OTP personnel, law enforcement and/or National Guard to deliver medication to a patients home in the event a patient is quarantined due to COVID-19. Chain of custody protocol adherence is required.

32. Can an initial evaluation for Buprenorphine be conducted by telephone and telehealth? *Added 04/20/20*

Answer: Yes, SAMHSA has released [guidance](#) that an initial evaluation is now allowable by telephone and telehealth.

Youth Services:

33. Youth providers with Adolescent Prevention Services (APS) contracts provide Parent Education groups. These are essential services for the parents as most are court-ordered. Are we able to provide these groups via telephone and/or telehealth? *Added 04/23/2020*

Answer: Yes. These patient education groups and individual education can be conducted by telehealth or telephone.

34. Given the current situation, we are seeing more frustrations with everyone in the households. Doing a virtual parent group could help parents out in supporting our treatment plans, which ultimately means it will help our young clients in their recovery process. Can we revisit billing educational/support groups for the parents of young clients? *Added 05/15/20*

Answer: DHCS does not allow for reimbursable multi-family groups. However, an alternative would be to conduct a collateral service between the client and family members, which is reimbursable.

Client Engagement and Navigation Services (CENS):

35. What should CENS counselors do if a site is closed? *Updated 07/01/20*

Answer: In case a site is closed, CENS providers must notify DPH-SAPC, Adult System of Care Unit, attention: Nislan Jose at njose@ph.lacounty.gov on a monthly basis and obtain approval to station staff at an alternative location (e.g., CENS Area Office) in advance to allow for continued payment. DPH-SAPC will review each request and notify the CENS provider of the determination via email.

36. Can CENS counselors who are 65 years and older, and/or those with pre-existing or underlying health conditions work from home?

Answer: Yes. CENS providers must notify DPH-SAPC of all counselors who are 65 years and older who are advised to work from home. If the site is closed, the CENS counselors must have a computer to input data into the Service Connection Log and access to a telephone to connect clients to CENS services (screening, connection, and follow-up); if the co-location remains open, an alternate staff person must be identified to fulfill this function. CENS providers must notify DPH-SAPC, Adult System of Care Unit, attention: Nislan Jose at njose@ph.lacounty.gov. DPH-SAPC will review each request and notify the CENS provider of the determination via email.

37. Can CENS counselors use telephone services?

Answer: Yes. CENS counselors can use telephone services during this public health emergency as outlined under **Question 13**. Document in the notes section of the Service Connection Log that the telephone was used.

38. Can CENS counselors use video conferencing with clients?

Answer: Yes. CENS counselors can use telehealth services during this public health emergency as outlined under **Question 13**. If a non-HIPAA compliant video platform is used, providers should notify patients that these platforms may introduce privacy risks and should enable all available encryption and privacy modes available. Document in the notes section of the Service Connection Log that videoconferencing was used.

39. Can CENS counselors use videoconferencing for the Adult At-Risk education sessions?

Answer: Yes. See **Question 37**.

40. Can CENS counselors request to work from home for any reason?

Answer: No. If the assigned co-location site is open, CENS counselors must work at their assigned work location or another agency staff must be identified to fulfill this function.

Driving Under the Influence (DUI) and PC 1000 Programs:

41. Are DUI programs considered essential services?

Answer: Yes. According to SAPC Information Bulletin (IN) 20-08, DUI services are deemed essential services and as such, they are exempt from the “Safer at Home” order because these activities maintain the health and wellbeing of Los Angeles County residents.

42. What services can DUI programs continue to provide? *Updated 04/20/20*

Answer: DUI programs may continue delivery of services in the same manner as outpatient settings, including use of telephone and telehealth and modifications for in-person groups, See Question 13. DUI providers who have suspended DUI program activities should refer patients to a program that continues to offer telephone or telehealth services. See DPH's Guidance for Non-Residential Substance Use Settings for more detailed information.

43. What if a DUI Participant prefers to take a leave of absence (LOA) than to participate in DUI program services? *Added 04/20/20*

Answer: The LOA must be documented in each participant's file specifying the reason is due to COVID-19.

44. Will SAPC suspend DUI fee collection? *Updated 07/01/20*

Answer: SAPC will resume collection of fees from DUI and PC1000 providers for client enrollments beginning July 1, 2020. Refer to the DUI Program FAQ document on the DHCS COVID-19 website for more details.

45. DUI participants have a limited amount of absences. Will the courts waive those requirements, or will they be returned to court? *Updated 04/20/20*

Answer: Per Presiding Judge Kevin C. Brazile, in all criminal cases, all status reports and progress reports are continued for 90-days and all criminal misdemeanor cases with out-of-custody defendants are continued for 90 days, unless otherwise statutorily required. Participants can check their case summary at www.lacourt.org or by calling their court of conviction clerk's office.

Finance/Contract Related:

46. How vulnerable is the current Drug Medi-Cal (DMC) budget given the need to restate the state budget? Is a budget expected to be passed by July 1, 2020?

Added 06/12/2020

Answer: Medi-Cal is an entitlement program that guarantees certain services to specific populations. SAPC, like every other County department will be looking at our budgets carefully and making some difficult decisions. There will most likely be changes related to funding through non-DMC dollars.

47. Where can providers find the information covered during the SAPC State Denial Investigation and Resolution Webinar on June 25, 2020 including access to KPI link? *New! 07/01/20*

Answer: The information provided can be found at:
<http://publichealth.lacounty.gov/sapc/Sage/SageWebinars.htm>

For assistance with accessing Key Performance Indicators (KPI) link, please contact the Sage Helpdesk at (855) 346-2392

48. What type of support will SAPC be offering for providers who are open and providing essential services during COVID-19 emergency? Updated 07/01/20

Answer: SAPC is committed to supporting our network providers who are fulfilling their role as essential health care workers and temporarily modified its reimbursement structure for March, April, May and June 2020. Payments for March-June 2020 will be reflective of actual prorated allowable costs. Beginning on July 1, 2020, SAPC will resume the cost reconciliation process and settle Fiscal Year 2020-2021 at the lesser of costs or charges. The movement to telehealth and telephone services should assist treatment network providers in continuing to admit new patients and serving current patients in accordance with the treatment plan. See Information Bulletin (IN) 20-08, *Funding Support* for additional details.

Prevention contracts will continue to settle at cost.
CENS contracts will continue to settle at staff hour.

49. If billings were higher than the estimate provided for cost settlement, will SAPC reimburse the balance? Added 06/12/20

Answer: Yes, if you are serving more patients and if contract augmentations have been processed, then yes, SAPC would be reimbursed based on billings up to the contract amount.

50. Are there capacity building funds available towards the purchase of telehealth?

Answer: No. SAPC does not have nor does it anticipate funding for this purpose. See Information Bulletin (IN) 20-08, *Funding Support* for additional details about changes made which might also be an opportunity to make telehealth equipment purchases.

51. Can contract funds be used to purchase equipment such as Chromebooks for client/patient use during treatment if needed to ensure patient has access to telehealth services? Added 05/15/20

Answer: Equipment to be used for telehealth is an allowable expense, however, equipment must be purchased and remain at the facility, it cannot be purchased and given away to patients for use.

52. Should my agency stop providing services if our contract augmentation is still pending? Added 05/15/20

Answer: No. Services should continue; however, billing should not be submitted until the augmentation request has been processed. Once the augmentation has been processed, providers may submit service claims. Please contact your assigned Contract Program Auditor (CPA) for an update on your request.

53. Will Contract Program Monitors (CPAs) be completing onsite programmatic audits during COVID-19 emergency time frame? *Updated 07/01/20*

Answer: During this emergency period, SAPC will continue conducting desk reviews at this time, but it is evaluating how and when to resume onsite visits. Critical oversight and technical assistance related to health and safety or extensive noncompliance issues may be conducted onsite. SAPC will not issue citations or disallowances if the inability to meet DMC requirements, are due to impacts of COVID-19, which should be appropriately documented in the patient's file. SAPC is also coordinating with County partners to postpone fiscal audits during this emergency period. See *IN 20-08 Compliance Monitoring*.

54. How can a provider change the hours of operation, including temporary removal of weekend/evening hours? *Added 05/15/20*

Answer: 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 and your assigned Contract Program Auditor (CPA) prior to, or immediately upon changes, that outlines the emergency procedures and duration.

55. Are providers required to notify SAPC if closing due to the County curfew?

Added 06/12/20

Answer: Not if the agency closure is occurring at the time of the curfew. However, there may be instances where an agency opts to close prior to the curfew time due to proximity of disturbances which would require notification to SAPC at sapcmonitoring@ph.lacounty.gov and your assigned CPA.

56. How can providers report if a client/patient or staff tests positive for COVID-19? *Updated 07/01/20*

Answer: Providers must report client or staff COVID-19 positive cases to SAPC by submitting the [Adverse Event Reporting Form](#) to sapcmonitoring@ph.lacounty.gov within one (1) 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 day. You may report this via telephone to your assigned DHCS analyst directly

57. During the COVID-19 emergency, many counselors provide services after their certification expires, while waiting for renewal?

Answer: As outlined in MHSUDS IN 18-056, if an AOD Counselor fails to submit a renewal application prior to the expiration of their certification, the counselor cannot provide counseling services until their certification is renewed. But, if an AOD

Counselor submits a renewal application prior to the expiration of their license, the counselor may continue to provide counseling services unless the certifying organization denies the renewal application. If the counselor's certification is denied, any service provided after the expiration date of the counselor's certification shall not be reimbursed with State or federal funds.

Miscellaneous:

58. I am concerned about safety of staff and patients, am I allowed to ask screening questions for COVID-19 symptoms on the phone?

Answer: SUD treatment providers deliver essential health services and need to accept and treat new patients, even those with COVID-19 symptoms or diagnosis (positive cases). Asking about COVID-19 symptoms on the phone and in advance of a telehealth or in-person assessment/intake appointment should only be done to inform care considerations related to isolation areas (for residential or Recovery Bridge Housing setting) or to inform patients seeking care in non-residential (outpatient) settings that they should home quarantine or home isolate depending on if they've been exposed or if they are symptomatic, respectively. If care can be provided via telehealth or telephone for allowable services per SAPC's Information Notice 20-08, that should be delivered, both in outpatient and residential settings. Providers need to establish and follow safety and social distancing protocols for any in-person contact as this provides the best protection against transmission. The guidance for [Non-Residential](#) and [Residential](#) settings provides detailed recommendations on how to establish a safer environment, and [entrance signs](#) and [entering/exiting isolation signs](#) clearly inform individuals about expectations at your facility. We need to ensure that individuals reaching out for treatment feel welcomed and do not experience barriers to care, and we do not inadvertently stigmatize care. If you would like to inform prospective patients about your safety measures, you could say something like *"We look forward to seeing you at the appointment we scheduled. We would like you to know that we take very seriously the health of our patients and staff during this COVID-19 public health emergency. We ask that if you are experiencing any COVID-19 symptoms (such as a fever AND a cough, cold/flu-like symptoms or difficulty breathing) that you let staff know immediately and we will ask you to wear a mask"*.

59. What is the usual duration between coronavirus exposure and positive test results? Can someone carry the virus and test negative early in exposure?

Added 05/15/20

Answer: For the Diagnostic (molecular/PCR) testing to detect active infection, since the known incubation period for COVID-19 may be up to 14 days, if someone has been infected, it may take up to 14 days for a diagnostic test to come back positive. For the serologic/antibody testing to detect prior infection, it typically takes 5-10 days for the body to produce antibodies after infection, so the serologic/antibody test

would take longer than the diagnostic (molecular/PCR) test to come back positive to indicate prior infection.

60. Will SAPC assist programs with needed supplies, such as surgical masks, gowns, eye protection, and gloves? *Updated 04/20/20*

Answer: DPH had a limited supply of personal protective equipment (PPE) and other essential supplies to minimize risk of transmission such as non-medical cloth face coverings and hand sanitizer. At this time, we encourage all providers to seek their own PPE. For guidance on optimizing the use of PPE, visit <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>.

Providers should obtain a thermometer (infrared, if possible) to check staff/patient temperatures at least once per day, particularly when there has been a confirmed COVID-19 positive case (staff or patient).

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

61. What is SAPC's guidance for providers whose patients are awaiting an inter-county transfer of Medi-Cal benefits or determination on a new application that extends beyond the 30-day grace period, since Department of Public Social Services (DPSS) is closed. *Updated 07/01/20*

Answer: As of July 1, 2020, SAPC has reduced its grace period to 30 days. DPSS is closed to the public currently, however, personnel remain available to the public by either contacting the DPSS Customer Service Center at (866) 613-3777 or online at <https://www.yourbenefits.laclrs.org/ybn/Index.html> to obtain case status, view benefits, and/or obtain worker information. The DPSS website indicates that benefits (Cal Fresh, Medi-Cal, etc.) will continue uninterrupted through May 2020. Providers should assist patients in navigating this system to obtain benefits as part of case management benefit.

Providers need to continue to deliver medically necessary SUD treatment services after the 30-day period if the initial determination or transfer is still pending and cannot terminate care based on a lack of response.

62. Are we able to document a positive diagnosis of COVID-19 on a patient's chart without violating any confidentiality rules?

Answer: Yes. The patient chart is confidential, therefore a COVID-19 positive diagnosis can be documented. See **Question 56** for additional steps to be taken if someone is diagnosed with COVID-19.

63. What is the guidance surrounding disclosure of patient information during this COVID-19 emergency period? *Added 04/20/20*

Answer: 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.

64. How can I contact my Contract Program Auditor (CPA) if I am having difficulty in reaching them? *Added 05/15/20*

Answer: Please email your CPA. If you still experience difficulties, please contact (626) 299-4532 for assistance.

65. Can Outreach Providers resume outreach services? *Added 06/12/20*

Answer: Outreach services are allowable, with precautions due to known risks.

66. Are Syringe Exchange Programs (SEP) operational currently? *Added 04/20/20*

Answer: Yes. SEP's continue to deliver needle exchange supplies and services and ensure availability of overdose prevention medications.

67. Where can I find mandates and information that applies to substance use prevention services? *Updated 05/15/2020*

Answer: Los Angeles County has created a [Roadmap to Recovery](#) or a phased approach to reopen non-essential businesses with appropriate safeguards in place. Prevention providers can re-open and resume limited in-person work if ensuring appropriate 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 Question 20* 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 in the *Temporary Limit of Participants for All In-Person Group Activities* section of Information Bulletin (IN) 20-08.

Please visit the SAPC Prevention Services-Frequently Asked Questions at http://publichealth.lacounty.gov/sapc/docs/providers/covid19/documents_and_forms/COVID19FAQPreventionCYE.pdf