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SAPC INFORMATION NOTICE 20-03

March 17, 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 Los Angeles County Department of Public Health (DPH), Division of Substance Abuse Prevention and Control (SAPC) is issuing guidance to its substance use disorder (SUD) prevention and treatment network providers (hereafter referred to as Providers) in response to the novel coronavirus (COVID-19).¹ Since SUDs are chronic and relapsing health conditions, it is essential to maintain access to care and ensure ongoing essential operations for individuals newly seeking care or receiving services while implementing strategies that reduce virus transmission.

Implementing Safety Efforts

Providers need to ensure that staff and patients are informed about the risks and symptoms of COVID-19 and implement appropriate preventative efforts to reduce the spread of the virus within SUD facilities. Providers should develop or update policies and procedures, as well as emergency plans, to address health issues like COVID-19 and ensure appropriate delivery of services during these times.

Providers need to stay informed and updated on the evolving COVID-19 situation, including following DPH's [Guidance for Residential Substance Use Settings](#) and [Guidance for Non-Residential Substance Use Settings](#), which include detailed information and recommendations on current best practices to manage the risks of this virus. Providers need to post basic educational materials (see DPH's [What You Should Know \(Infographic\)](#)) in all relevant threshold languages in prominent locations at each facility. Additionally, steps should be taken to enhance sanitation/cleaning efforts (see DPH's [General Cleaning Guidance](#) for more information) and

¹ Prevention and treatment network providers are all entities who deliver SUD services on behalf of Los Angeles County, which includes DUI programs, navigation services, directly-operated facilities, and public and private entities operating under a memorandum of understanding.

reduce proximity of individuals between each other, particularly in residential/inpatient settings (see DPH's [Guidance for Residential Substance Use Settings](#)). More information is available on the [DPH COVID-19 webpage](#).

Assessing for Medical Stability

To balance SUD service needs and community health, individuals who are medically stable should continue to be considered for medically necessary substance use 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. This is because the benefits of receiving SUD services may outweigh the risks. 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.

Maintaining Access to Services

Primary Prevention: Suspend or postpone major outreach and group activities and programs. If individual-level activities and programs are offered, consider temporarily transitioning to telephone instead of in-person interactions. The Work Plan can be modified to replace non-essential services with program planning, training, and development work, particularly if school sites are closed or due to required service suspension. See DPH's [Guidance for Non-Residential Substance Use Settings](#) for more detailed information.

Driving Under the Influence (DUI): DUI programs may suspend educational and group counseling sessions until March 31, 2020, but should continue to be open for business for enrollments and face-to-face interviews that can be conducted per social distancing guidelines. See DPH's [Guidance for Non-Residential Substance Use Settings](#) for more detailed information.

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, the Adult Services Unit must approve any alternate location (e.g. CENS Area Office) in advance to allow for continued payment. Telephone services can temporarily be used for screening, connection, and follow-up. If services are delivered at an alternate location, or services are delivered via telephone, make sure this is documented in the notes section of the Service Connection Log. See DPH's [Guidance for Non-Residential Substance Use Settings](#) for more detailed information.

Treatment: Continue to deliver medically necessary treatment services and use telephone or telehealth options, as applicable. If the patient is unable to continue participation at the frequency outlined in the Treatment Plan, document the change in a Progress Note and include the expected timeframe. If the change becomes permanent, a Treatment Plan update will be required. Opioid Treatment Programs (OTP) may offer take-home dosing, even if minimum treatment standards are not met, at the discretion of their Medical Director if an exception is submitted to the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and Department of Health Care Services (DHCS), and should consider this option to minimize risks related to COVID-19 when appropriate.

Providers need to report to SAPC if a client/patient or staff tests positive for COVID-19 by submitting the Incident Report Form to sapcmonitoring@ph.lacounty.gov within one business day. Additionally, residential and inpatient programs are required to report if any client/patient or staff tests positive for COVID-19 to DHCS within one business day

See applicable DPH for [Guidance for Residential Substance Use Settings](#) and [Guidance for Non-Residential Substance Use Settings](#) for additional more detailed information.

Note: Whenever possible ensure that group participants are at least six feet apart to reduce possibility of transmission.

Alternate Service Options

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

Telephone: DPH-SAPC already allows treatment providers to use the telephone to deliver crisis intervention, individual counseling, collateral services, case management, and recovery support services when the mode of delivery (e.g., telephone) and consent agreement is indicated in a Progress Note or Miscellaneous Note (see page 80 of Provider Manual for more details). Telephone services can also be offered in primary prevention and CENS office settings during this COVID-19 emergency period. The requirement that calls originate from a DMC certified site has been suspended during this COVID-19 emergency period.

Telehealth: Providers who are capable of delivering telehealth services in accordance with the Department of Health Care Services (DHCS) Mental Health and Substance Use Disorder Information Notice ([MHSUDS 18-011](#)) inclusive of other [DHCS Medi-Cal Policy](#) or federal [Health and Human Services emergency telehealth guidelines](#) may do so immediately. Allowable staff positions may deliver telehealth services (i.e., assessment, crisis intervention, individual counseling, collateral services, case management, recovery support services, group counseling, and patient education) in any location that maintains patient confidentiality and patients may participate in telehealth services at any location of their choice. Mode of service delivery (e.g., telehealth) and patient consent agreement must be indicated in the progress or miscellaneous note. 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.

Site Closures or Service Reductions

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

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

Funding and Lost Revenue

The federal government is in the process of identifying options to address lost revenue for small businesses impacted by COVID-19. DHCS is communicating with counties on allowable administrative options. Currently, local efforts are focused on determining which services (e.g., primary prevention, CENS) can be modified to support sustained revenue; what alternate service options (e.g., telephone, telehealth) can maintain fee-for-service revenue sources while supporting patient care; and how changes in administrative oversight (e.g., extended deadlines, delayed audits) could ease clinical and programmatic responsibilities. Supplementing lost revenue has not been approved at this time.

Compliance Monitoring

DPH-SAPC will conduct desk reviews instead of onsite monitoring visits during this COVID-19 emergency period, except to conduct critical oversight as it relates to issues such as health and safety or extensive noncompliance issues. DPH-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: (1) minimum service hours for outpatient and intensive outpatient, including delivery of one required service every 30-days (DHCS DMC and Title 22); (2) minimum weekly service hours for residential when one clinical service is provided daily; (3) on time completion and signatures on mandated documents (assessment, physical, health questionnaire, treatment plan per Title 22); and (4) on time co-signature of documents. The inability to meet these requirements must be appropriately documented in the patient's file and indicate why COVID-19 impacted care. Any disallowances as a result of a federal or state audit, however, will be recouped by DPH-SAPC.

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

Effective Period

This public health emergency continues to evolve and DPH-SAPC will update this Information Notice as new information becomes available. **Unless updated, this guidance will remain in effect through March 31, 2020.**

Additional Information

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

GT:mg

Attachment