



## COVID-19 Frequently Asked Questions (FAQ)

April 20, 2020

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.*

### Essential Treatment Services Resources:

<b>ESSENTIAL COVID-19 RESOURCES</b>		
<i>Check the DPH and SAPC COVID-19 Webpages for Additional Resources</i>		
<a href="#"><u>DPH COVID-19 Webpage</u></a>	<a href="#"><u>Safer at Home Order</u></a>	Revised 04/10/20
	<a href="#"><u>Safer at Home Order Overview</u></a>	Revised 04/13/20
	<a href="#"><u>Home Isolation Order</u></a>	Revised 04/01/20
	<a href="#"><u>Home Quarantine Order</u></a>	Revised 04/01/20
	<a href="#"><u>What You Should Know (Infographic)</u></a>	Revised 04/13/20
	<a href="#"><u>General Cleaning Guidance in Group Setting</u></a>	Posted 03/24/20
	<a href="#"><u>Guidance for Non-Residential Substance Use Settings</u></a>	Revised 04/10/20
	<a href="#"><u>Guidance for Residential Substance Use Settings</u></a>	Revised 04/05/20
	<a href="#"><u>Social Distancing</u></a>	Revised 04/06/20
	<a href="#"><u>Cloth Facial Coverings</u></a>	Revised 04/10/20
<a href="#"><u>SAPC COVID-19 Webpage</u></a>	<a href="#"><u>Bed Positioning (Infographic)</u></a>	Posted 04/05/20
	<a href="#"><u>Guidance on Proper Grouping (Cohorting) of Residents</u></a>	Posted 04/15/20
	<a href="#"><u>Training on COVID-19</u></a>	Posted 03/27/20
	<a href="#"><u>COVID-19 FAQ for Prevention Providers</u></a>	Posted 03/31/20
	<a href="#"><u>COVID-19 FAQ for Treatment and DUI Providers</u></a>	Posted 04/20/20
	<a href="#"><u>Residential &amp; Recovery Bridge Housing Readiness Tool</u></a>	Posted 03/27/20
	<a href="#"><u>COVID-19 Alert Entrance Sign</u></a>	Posted 04/08/20
<a href="#"><u>DHCS COVID-19 Webpage</u></a>	Guidance for Managing Alcohol/Drug Use in Uncertain Times	Coming Soon
	Optimize the Supply of Personal Protective Equipment (PPE)	Coming Soon
	<a href="#"><u>Information Notice 20-009: COVID-19</u></a>	Revised 03/19/20
	<a href="#"><u>General Behavioral Health FAQ</u></a>	Coming Soon
	<a href="#"><u>Driving Under the Influence (DUI) FAQ</u></a>	Revised 03/17/20
	<a href="#"><u>Opioid Treatment Program FAQ</u></a>	Revised 04/03/20
	<a href="#"><u>Medications for Addiction Treatment and Telehealth</u></a>	Revised 04/17/20

## Treatment Services

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

**Updated!**

**Answer:** Beginning April 20, 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 five (5) participants, including staff and patients if conducted in accordance with social/physical distancing requirements. Group sessions can be conducted via telephone or telehealth using any of the temporary platforms described in **Question 16**.

2. **Will SAPC be relaxing the DMC requirements (timeframes, signatures) of services provided? Updated!**

**Answer:** Yes. SAPC's Information Bulletin (IN) 20-04 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. 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.

3. **Do providers need to get signatures from patients during COVID-19 emergency? New!**

**Answer:** No. Providers are not expected to get required signatures from clients who receive services during the COVID-19 public health emergency but must document the reason for the missing or late signature.

4. **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? New!**

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

**5. 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.

**6. What protocols should programs be following regarding drug testing since the majority of client contact is over the phone?**

**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 <https://www.dhcs.ca.gov/Documents/COVID-19/COVID-19-FAQ-NTP-031820.pdf>.

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.

**7. Is CalOMS data reporting still required? *New!***

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

**8. 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.

**9. 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.

## Telehealth/Telephone Services

### 10. What is the difference between telephone and telehealth counseling services?

**Updated!**

**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.*

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](mailto:ddeniz@ph.lacounty.gov) and [sapcmonitoring@ph.lacounty.gov](mailto:sapcmonitoring@ph.lacounty.gov).

**11. What are the guidelines on conducting intakes via telehealth, particularly around obtaining signatures? *Updated!***

**Answer:** ASAM assessments are available via telephone or telehealth, see Question 10 regarding signatures.

**12. 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, especially for those in isolation or under quarantine, including exploring prohibitions on if personal devices can be safely relaxed during this period.

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

**Answer:** No. Per SAPC's Information Notice (IN) 20-04, telephone services do not need to originate from a DMC site during the COVID-19 emergency.

**14. 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.

**15. Can a telehealth group be more than twelve (12) patients?**

**Answer:** No. Groups performed via telehealth must be between 2-12 patients.

**16. Our agency does not have telehealth set up yet, what do we do?**

**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.

<b>Temporary Allowable Platforms</b>	<b>Not Allowed</b>
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](mailto:ddeniz@ph.lacounty.gov) and [sapcmonitoring@ph.lacounty.gov](mailto:sapcmonitoring@ph.lacounty.gov).

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](mailto: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](http://www.cchpca.org). It provides a step-by-step guide to help providers develop a telehealth program.

## Residential:

**17. 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.

**18. 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.

**19. 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.

## Recovery Bridge Housing (RBH):

### 20. 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.

## Opioid Treatment Program (OTP)

### 21. What is the current guidance regarding “take-home” medications for OTP Providers due to National Emergency?

**Answer:** Visit <https://www.dhcs.ca.gov/Documents/COVID-19/COVID-19-FAQ-NTP-031820.pdf> question 6 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 in a locked box to a patients home in the event a patient is quarantined due to COVID-19. Chain of custody protocol adherence is required.

### 22. Can an initial evaluation for Buprenorphine be conducted by telephone and telehealth? *New!*

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

## Youth Services:

### 23. 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?**

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

## Client Engagement and Navigation Services (CENS):

### 24. What should CENS counselors do if a site is closed?

**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](mailto:njose@ph.lacounty.gov) 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.

### 25. 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](mailto:njose@ph.lacounty.gov). DPH-SAPC will review each request and notify the CENS provider of the determination via email.

### 26. Can CENS counselors use telephone services?

**Answer:** Yes. CENS counselors can use telephone services during this public health emergency as outlined under **Question 10**. Document in the notes section of the Service Connection Log that the telephone was used.

### 27. 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 10**. 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.

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

**Answer:** Yes. See **Question 27**.

### 29. 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:

### 30. Are DUI programs considered essential services?

**Answer:** Yes. According to SAPC Information Bulletin (IN) 20-04, 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.

### 31. What services can DUI programs continue to provide? *Updated!*

**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 10. 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.

### 32. What if a DUI Participant prefers to take a leave of absence (LOA) than to participate in DUI program services? *New!*

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

### 33. Guidance for Providers who cannot pay DUI fees due to financial challenges.

**Answer:** DUI program providers can suspend remitting monthly administration and monitoring fees to SAPC from March 1, 2020 to June 30, 2020.

### 34. DUI participants have a limited amount of absences. Will the courts waive those requirements, or will they be returned to court? *Updated!*

**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](http://www.lacourt.org) or by calling their court of conviction clerk’s office.

## Finance/Contract Related:

### 35. What type of support will SAPC be offering for providers who are open and providing essential services during COVID-19 emergency? *Updated!*

**Answer:** SAPC is committed to supporting our network providers who are fulfilling their role as essential health care workers and has modified its reimbursement structure for March, April, May and June 2020. Payments for March-June 2020 will be reflective of actual prorated allowable costs. To facilitate timely disbursements of funds, payments are based on the higher of the average of fee-for-service claims from July 2019 through January 2020. 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. See Information Bulletin (IN) 20-04, *Funding Support* for additional details about allowable expenditures.

OTP's are only eligible for cost reimbursement payments if also submitting a cost report to SAPC for Fiscal year 2019-2020, otherwise a Transitional Payment may be allowable [MHSUDS 19-005](#).

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

**36. Who can providers contact if the March through June payment is significantly below average monthly costs? *New!***

**Answer:** You may email Edita Mendoza at [emendoza@ph.lacounty.gov](mailto:emendoza@ph.lacounty.gov) with the subject line "COVID-19 Cost Payments" to inquire if a payment adjustment can be made with appropriate documentation.

**37. 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) 20-04, *Funding Support* for additional details about for changes made which might also be an opportunity to make telehealth equipment purchases.

**38. Will Contract Program Monitors (CPAs) be completing onsite programmatic audits during COVID-19 emergency time frame?**

**Answer:** No. During this emergency period, SAPC will focus on desk audits except to conduct critical oversight and technical assistance related to health and safety or extensive noncompliance issues. 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 20-04 Compliance Monitoring*.

**39. How can a provider change the hours of operation, including temporary removal of weekend/evening hours?**

**Answer:** If a temporary reduction in hours or services is necessary, please notify SAPC with a signed letter of request addressed to Dr. Gary Tsai, and emailed to

Daniel Deniz ([ddeniz@ph.lacounty.gov](mailto:ddeniz@ph.lacounty.gov)) and your assigned Contract Program Auditor (CPA).

**40. How can providers report if a client/patient or staff tests positive for COVID-19?**

**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](mailto: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.

## Miscellaneous:

**41. 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 20-04, 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"*.

**42. Will SAPC assist programs with needed supplies, such as surgical masks, gowns, eye protection, and gloves? *Updated!***

**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 until which time DPH is able to replenish its supply. 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.

**43. 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 60-day grace period, since Department of Public Social Services (DPSS) is closed.**

**Answer:** 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 60-day period if the initial determination or transfer is still pending and cannot terminate care based on a lack of response.

**44. 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 40** for additional steps to be taken if someone is diagnosed with COVID-19.

**45. What is the guidance surrounding disclosure of patient information during this COVID-19 emergency period? *New!***

**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.

**46. Are Syringe Exchange Programs (SEP) operational currently? *New!***

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

**47. Where can I find mandates and information that applies to substance use prevention services?**

**Answer:** SAPC prevention providers are considered non-essential services with respect to the "[Safer At Home](#)" order and are required to immediately suspend face-to-face services, ensure appropriate notification of those served, and transition staff to telework, when possible. For information on how strategies can be modified during this period including, workplan adjustments, reporting, and invoicing requirements, please visit the SAPC Prevention Services-Frequently Asked Questions at

[http://publichealth.lacounty.gov/sapc/docs/providers/covid19/documents\\_and\\_forms/COVID19FAQPreventionCYE.pdf](http://publichealth.lacounty.gov/sapc/docs/providers/covid19/documents_and_forms/COVID19FAQPreventionCYE.pdf)