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**SAPC INFORMATION NOTICE 21-08**  
*Superseded by IN 22-01*

October 1, 2021

**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) thanks its provider network for its continued dedication and commitment to those they serve amidst the unprecedented challenges presented by the coronavirus (COVID-19) pandemic. 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 21-06 released on July 1, 2021 and includes the latest information available concerning the evolving situation around COVID-19. SAPC will continue to release updates as new information and guidance become available in order to keep its provider network informed.

**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 continue to evolve. 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](#), which includes the most recent Health Officer Order as well as information tailored for Health Care Facilities such as substance use disorder (SUD) prevention and treatment providers, Congregate Living Facilities such as residential treatment programs, and other general information. 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.

### **Assessing for Medical Stability**

To balance 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 quarantined and/or isolated, in accordance with DPH guidance. Whether or not the benefits of receiving SUD services outweigh the risks to both the individual receiving treatment and the community must be considered on a case-by-case basis. 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](mailto: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](http://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](mailto:DHCSLCBcomp@dhcs.ca.gov).

## **Substance Use Prevention and Treatment Community-Based Services**

Your agencies provide essential health care services to the residents of Los Angeles County.<sup>1,2</sup> Additionally, SAPC's Substance Abuse Service Helpline (SASH), Client Engagement and Navigation Services (CENS) and Connecting to Opportunities for Recovery and Engagement (CORE) Centers 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 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:* Continue to isolate and quarantine patients in accordance with the current DPH Health Officer Order and associated guidance, with the understanding 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 physical distancing requirements.
- *Outpatient Settings:* We encourage your agencies to deliver an appropriate balance of in-person and telehealth services to support the needs and preferences of patients.
- *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. See [DHCS' OTP FAQ](#) for more information on service modifications during the pandemic.
- *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. The State has sunset blanket leave of absences (LOA) and thus programs must resume compliance with California Code of Regulations (CCR) Title 9, Division 4, Chapter 3, §9876.5. SAPC is resuming collection of fees for clients enrolled after July 1, 2021 from DUI and PC 1000 providers. Refer to the [DHCS IN 20-016](#) 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 and all sites now need to be open for in-person services. 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, it must be documented in the notes section of the Service Connection Log.

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<sup>1</sup> DHCS Stakeholder Letter, Clarifying the Urgency of Essential Critical Infrastructure Workers

<sup>2</sup> DPH Safer at Home for Control of COVID-19

Prevention Services also remain important components in the care continuum to address individual and community health during and after the pandemic period. As such, prevention providers need to balance the delivery of both in-person and remote services to best meet the needs and preferences of the populations served. Group activities for Prevention Services via telehealth or telephone remain a service option and include 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. These platforms on public-facing platforms are not allowable for treatment service given federal prohibitions.

### **Participants for All In-Person Group Activities**

Previously instituted temporary limitations on patient education and group counseling sessions have been lifted. Adherence to State and County guidance regarding masking and social distancing still applies.

### **Service Hour Expectations**

Providers need to adhere to the minimum services hours for outpatient, intensive outpatient, residential and withdrawal management services. When patients are unable to attend as outlined or indicated on the Treatment Plan, this should be documented in the client chart and available for review and evaluation during monitoring activities. Providers also need to ensure that appropriate patient and staff signatures are obtained for required documentation per regulation (see “Telehealth and Telephone” section for more information).

### **Telehealth and Telephone – Flexible Service Options**

To encourage continued patient participation and reduce COVID-19 transmission, DHCS continued telehealth and telephone allowances through December 2022. 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.
- Providers must obtain and document verbal or written consent before the use of telehealth or telephone services as outlined in Business Professions Code section 2290.5 (b).
- 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.

- The consultation between physician/LPHA and SUD counselor to review the assessment to establish the SUD diagnosis, medical necessity and level of care assignment may be conducted through a face to face, telehealth, or telephone discussion.
- Certain services, such as residential services, require a clearly established site for services and in-person contact with a beneficiary in order to be claimed. However, the California Plan does not require that all components of those services be provided in-person. For example, services via telephone for a patient quarantined in their room in a residential facility due to illness.

Although providers may offer services as described above, they may NOT close offices and must remain open unless otherwise directed according to the DPH COVID-19 response, as SUD treatment is considered an essential service.

During this public health emergency period, federal guidance has modified restrictions on allowable telehealth platforms for treatment services, and will remain permissible until modified by the [federal](#) or [State](#) government:

- ***Temporarily Allowable Platforms:*** Non-public facing popular video chat applications include Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Skype, 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.

### **Staff Vaccination, Testing and Masking**

In accordance with the [State Public Health Order](#) issued on August 5, 2021, all workers (paid and unpaid) who provide services or work in SUD treatment facilities (i.e., ASAM 1.0, 2.1, 3.1, 3.3, 3.5, 1-WM, 2-WM, 3.2-WM, 3.7-WM and 4-WM) and prevention staff working in these facilities must be fully vaccinated with the Johnson and Johnson, Moderna, or Pfizer COVID-19 vaccine by September 30, 2021. Exemptions may be available with written declaration for (1) religious or (2) qualifying health condition reasons (with a written statement from an appropriate health care provider) with mandatory COVID-19 testing two (2) times per week in acute health care and long-term care settings or one (1) time per week in other health care settings, AND use of a surgical mask or higher-level respirator whenever in the facility. The SAPC Contractor must maintain records to this effect. For additional information on how to maintain compliance with this requirement and verify vaccination status of employees, see DHCS [IN 21-043](#) revised in August.

Furthermore, all staff working in healthcare settings, including SUD treatment sites must wear a mask regardless of vaccination status until further notice, per DHCS IN 21-043. Additional requirements outlined in any DPH updated Health Order must also be adhered to.

### **Personal Protective Equipment, Other Essential Supplies, and Testing**

SAPC providers will need to ensure continued and sufficient supply of Personal Protective Equipment (PPE) equipment for use during the COVID-19 pandemic and beyond. PPE includes, but is not limited to, surgical masks, face shields, gloves, gowns, and eye protection; and other

essential supplies which includes, but is not limited to, non-medical cloth face coverings, infrared thermometers and hand sanitizer.

All providers need to implement ongoing policies and procedures that educate new staff and patients about the COVID-19 vaccination options and use of appropriate PPE to mitigate transmission. Efforts need to be made to facilitate patient access to the COVID-19 vaccine if desired.

### **Funding Support for Continued Treatment Service Delivery**

Though in many cases treatment levels have stabilized, SAPC will permit cost-based payments on an as-needed and as-approved basis for SUD treatment providers between July 1, 2021 and December 31, 2021 where allowable costs exceed claims as it relates to the contract, site, and/or level of care.

Agencies whose monthly allowable costs between July 1, 2021 and December 31, 2021 are above revenue generated by DMC fee-for-service rates for the respective month(s) may request a pro-rated cost-based payment on a month-by-month basis for affected treatment levels of care (excluding Opioid Treatment Programs) and sites. Providers that require cost-based payments will need to reach out to SAPC with this request by emailing Edita Mendoza at [emendoza@ph.lacounty.gov](mailto:emendoza@ph.lacounty.gov) with the subject line "COVID-19 Cost Payments." The request will be required to include justification for the need for a cost-based payment, including providing financial data and information on what caused the inability to deliver services. Justifications must be COVID-19 related and include detailed information on how cost was determined.

For participating agencies, final payment will be based on actual allowable costs and 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.<sup>3</sup> 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 to ensure patients have access to treatment and that providers are generating revenue. Any changes to days or hours of operations must be immediately reported to SAPC and will be shared with DHCS (see *Site Closures and Service Reductions* section below).

If the federal and State government continue the COVID-19 public health emergency and the allowances for cost-based reimbursement for the DMC system beyond December 2021, SAPC will revisit if this allowance can be continued at the local level through the remainder of the fiscal year.

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<sup>3</sup> Contract augmentation for Fiscal Year 2021-2022 will be approved based on the provider's utilization and the addition of sites and/or levels of care. Cost-based payments may be based on a pre-augmentation contract allocation. This is to help ensure that SAPC is able to appropriately manage its fiscal responsibilities.

### **Compliance Monitoring**

SAPC will resume standard monitoring practices. However, SAPC will be incorporating the use of uploading documents to a Secure File Transport Protocol (SFTP) to ensure the secure and safe sharing of information. Providers will be given a minimum of two weeks to prepare documents and upload to the system to allow for Compliance staff to review. The use of file uploads is increasingly become the standard way of sharing documents among providers and oversight agencies, including DHCS. Providers must adhere to this process as mandated by the providers of their contract

### **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](mailto: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 July 1, 2021 and will remain in effect until further revision and notification.

### **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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Summary of Department of Health Care Services (DHCS) COVID-19 Flexibilities Sunset Dates  
 See DHCS Information Notices (IN) and Frequently Asked Questions (FAQ) Applicable to Counties and Contract Providers  
 Updated: 10/1/21

**Background**

During the COVID-19 Public Health Emergency, the State Department of Health Care Services (DHCS) allowed various regulatory flexibilities to ensure access to specialty substance use disorder (SUD) services. With the improvement of the COVID-19 situation, many of these flexibilities will be sunsetting. Please visit [DHCS' Information for Providers & Partners](#) page for additional details. Below is a summary of the flexibilities and sunset dates. See DHCS IN [20-016 \(DUI\)](#), [20-017](#), [NTP FAQ](#) for more information.

**Behavioral Health Services – BH-IN 20-009 Updated**

Flexibility Topic	Flexibility Description	Expiration Date		
		6/30/21	9/30/21	Other
Meetings, gatherings, and events	<ul style="list-style-type: none"> <li><u>Expired Flexibility</u>: Meetings, gatherings, and events were modified/suspended during COVID-19 emergency.</li> </ul> <p><b><i>The executive order is no longer in effect, however there are a subset of provisions that facilitate ongoing recovery. See <a href="#">Safely Reopening California</a> and <a href="#">CDPH-State Public Health Order June 11, 2021</a></i></b></p>			X (06/15/21)
Administrative penalties not imposed for non-compliance with safeguards of health information	<ul style="list-style-type: none"> <li><u>Extended Flexibility</u>: The federal Department of Health and Human Services Office of Civil Rights (HHS-OCR) guidelines for telehealth exercised discretion during COVID-19 to not impose administrative penalties for non-compliance with the HIPAA rules in connection with good faith provision of telehealth in using non-public facing audio or video communication products.</li> <li><u>Extended Flexibility</u>: Allowable platforms were expanded to include popular communication applications for video chats such as Apple FaceTime, Facebook Messenger Video Chat, Google Hangouts, Skype, and Zoom.</li> </ul> <p><b><i>Health and Safety Code section 1280.17 administrative penalties for non-compliance related to safeguards of health information of unauthorized access or inadvertent disclosure. Only HIPAA-compliant communication applications may be used to provide telehealth services.</i></b></p>			X



Summary of Department of Health Care Services (DHCS) COVID-19 Flexibilities Sunset Dates  
 See DHCS Information Notices (IN) and Frequently Asked Questions (FAQ) Applicable to Counties and Contract Providers  
 Updated: 10/1/21

	<p><b><i>Specific guidance for providers regarding HIPAA and telehealth is available from the external resources listed on DHCS' <a href="#">Telehealth Resources</a> page.</i></b></p> <p><b><i>For technical assistance related to a HIPAA-compliant platform of service delivery contact California Institute of Behavioral Health Solutions (CIBHS) Amy McIlvaine <a href="mailto:amcilvaine@cibhs.org">amcilvaine@cibhs.org</a>.</i></b></p>							
Provider consent and documentation requirements waived.	<ul style="list-style-type: none"> <li><b><i>Expired Flexibility:</i></b> Waived the responsibility of a provider to obtain and document verbal or written consent before the use of telehealth services.</li> </ul> <p><b><i>Business Professions Code section 2290.5 (b) provider must obtain and document verbal or written consent before use of telehealth services.</i></b></p>	<b>X</b>						
Allowed treatment and recovery services outside the facility service location	<ul style="list-style-type: none"> <li><b><i>Expired Flexibility:</i></b> DHCS allowed facilities to provide in-person treatment or recovery services off-site for any concerns related to COVID-19.</li> </ul> <p><b><i>In-person treatment and recovery services to be provided inside the facility service location.</i></b></p>	<b>X</b>						
Additional time to complete counselor certification requirements.	<ul style="list-style-type: none"> <li><b><i>Expiring Flexibility:</i></b> Alcohol and other drug (AOD) registered counselors were given three (3) additional months to complete certification requirements.</li> </ul> <p><b><i>California Code of Regulations, Title 9, §13035(f)(1) requires AOD Certification completion within 5-years of registration by one of the DHCS recognized certification organizations.</i></b></p>		<b>X</b>					
No additional billing code (e.g., modifier) required	<ul style="list-style-type: none"> <li><b><i>Expiring Flexibility:</i></b> Did not require a billing code (modifier) for claims of services rendered via telehealth or telephone.</li> </ul> <p><b><i>Use of modifiers for claim reimbursement of telehealth and telephone services is mandatory for DMC-ODS counties as of November 1, 2021 and encouraged before this date.</i></b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td><i>Televideo Service</i></td> <td><i>02 GT</i></td> </tr> <tr> <td><i>Telephone Service</i></td> <td><i>02 UB</i></td> </tr> </table>	<i>Televideo Service</i>	<i>02 GT</i>	<i>Telephone Service</i>	<i>02 UB</i>			<b>X</b> (11/1/21)
<i>Televideo Service</i>	<i>02 GT</i>							
<i>Telephone Service</i>	<i>02 UB</i>							

**Summary of Department of Health Care Services (DHCS) COVID-19 Flexibilities Sunset Dates**  
**See DHCS Information Notices (IN) and Frequently Asked Questions (FAQ) Applicable to Counties and Contract Providers**  
**Updated: 10/1/21**

Telehealth and telephonic service provisions extended <i>Updated 9/15/21</i>	<ul style="list-style-type: none"> <li>• <u>Extended Flexibility:</u> <ul style="list-style-type: none"> <li>○ Assessments allowed via telephone or telehealth.</li> <li>○ Telephone and telehealth services, including group counseling, allowed in SUD residential, SUD outpatient, and Driving Under the Influence (DUI) programs.</li> <li>○ Payment parity for telephone and telehealth services.</li> </ul> </li> </ul>			<b>X</b> <b>12/2022</b>
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**Opioid Treatment Programs (OTP) Also Known As: Narcotic Treatment Programs (NTP)**

Flexibility Topic	Flexibility Description	Expiration Date		
		6/30/21	9/30/21	Other
Obtaining criminal background checks (CBC)	<ul style="list-style-type: none"> <li>• <u>Expired Flexibility:</u> Allowed Narcotic Treatment Programs (NTP) and Alcohol and Other Drug (AOD) Residential Treatment facilities with an adolescent treatment waiver the ability to request alternatives to criminal background checks (CBC), such as online criminal justice checks and/or exemption of telehealth only staff (those with no direct contact) from obtaining CBC.   <b><i>Resume criminal background checks including fingerprinting pursuant to state and federal statutes and regulations.</i></b> </li> </ul>	<b>X</b>		
Provider consent and documentation requirements waived.	<ul style="list-style-type: none"> <li>• <u>Expired Flexibility:</u> Waived the responsibility of a provider to obtain and document verbal or written consent before the use of telehealth services.   <b><i>Per Business Professions Code section 2290.5 (b), a provider must obtain and document verbal or written consent before use of telehealth services.</i></b> </li> </ul>	<b>X</b>		
Additional time to complete counselor certification requirements.	<ul style="list-style-type: none"> <li>• <u>Expiring Flexibility:</u> Alcohol and other drug (AOD) registered counselors were given three (3) additional months to complete certification requirements.   <b><i>California Code of Regulations, Title 9, §13035(f)(1) requires AOD Certification completion within 5-years of registration by one of the DHCS recognized certification organizations.</i></b> </li> </ul>		<b>X</b>	

Summary of Department of Health Care Services (DHCS) COVID-19 Flexibilities Sunset Dates  
 See DHCS Information Notices (IN) and Frequently Asked Questions (FAQ) Applicable to Counties and Contract Providers  
 Updated: 10/1/21

**Alcohol & Other Drug (AOD) Facilities – BH-IN 20-017 Updated**

Flexibility Topic	Flexibility Description	Expiration Date		
		6/30/21	9/30/21	Other
License or certified AOD Residential & Outpatient facility application extensions	<ul style="list-style-type: none"> <li><b>Expired Flexibility:</b> DHCS Licensing Analysts will grant application extensions to licensed or certified AOD Residential and Outpatient treatment facilities to address any outstanding and/or needed documentation of regulatory and certification standard requirements.</li> </ul> <p><b><i>Providers must adhere to DHCS regulatory and certification requirements within application deadline timeframes.</i></b></p>	X		
Expedited review and approval process for AOD residential increased treatment bed capacity requests.	<ul style="list-style-type: none"> <li><b>Expired Flexibility:</b> DHCS initiated an expedited review and approval process for requests to increase treatment bed capacities for AOD residential treatment facilities by electronic submissions of DHCS Supplemental and Facility Data Staffing Form.</li> </ul> <p><b><i>DHCS will resume normal review and approval of AOD increased bed capacity requests.</i></b></p>	X		
Suspension of DHCS on-site licensing inspections.	<ul style="list-style-type: none"> <li><b>Expired Flexibility:</b> DHCS suspended inspection requirements of on-site initial and biennial licensing inspections instead conducting inspections virtually (video conferencing, photographs, and/or conference calls).</li> </ul> <p><b><i>DHCS will resume on-site initial and biennial licensing inspections.</i></b></p>	X		
Expedited AOD Residential Licensing review and processing.	<ul style="list-style-type: none"> <li><b>Expired Flexibility:</b> DHCS was granted authority to expedite review/process and streamline the application process for an entity applying for licensure as an AOD residential treatment facility by:               <ul style="list-style-type: none"> <li>o Allowing entity to submit requirement information after DHCS issuance of incomplete application;</li> <li>o Conducting virtual inspections of facility(ies);</li> <li>o Approving a one-year provisional license period in accordance with Health and Safety Code 11834.09(d).</li> </ul> </li> </ul> <p><b><i>DHCS will resume normal AOD Residential Licensing review process.</i></b></p>	X		

**Summary of Department of Health Care Services (DHCS) COVID-19 Flexibilities Sunset Dates**  
**See DHCS Information Notices (IN) and Frequently Asked Questions (FAQ) Applicable to Counties and Contract Providers**  
**Updated: 10/1/21**

Criminal background check (CBC) alternative options.	<ul style="list-style-type: none"> <li><b>Expired Flexibility:</b> Allowed Narcotic Treatment Programs (NTP) and Alcohol and Other Drug (AOD) Residential Treatment facilities with an adolescent treatment waiver the ability to request alternatives to criminal background checks (CBC), such as online criminal justice checks and/or exemption of telehealth only staff (those with no direct contact) from obtaining CBC.</li> </ul> <p><b><i>Resume criminal background checks including fingerprinting pursuant to state and federal statutes and regulations.</i></b></p>	<b>X</b>		
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**Driving Under the Influence (DUI) Program – BH-IN 20-016 Updated**

Flexibility Topic	Flexibility Description	Expiration Date		
		6/30/21	9/30/21	Other
Provided affected participants with blanket Leaves of Absence (LOA)	<ul style="list-style-type: none"> <li><b>Expired Flexibility:</b> Blanket leaves of absence (LOA) were available for:               <ul style="list-style-type: none"> <li>Each participant affected by COVID-19 to be placed on LOA.</li> <li>Programs that temporarily closed due to COVID-19 to impose a blanket LOA for all enrolled participants.</li> </ul> </li> </ul> <p><b><i>Resume Leave of Absence procedures stipulated in California Code of Regulations (CCR) Title 9, Division 4, Chapter 3, §9876.5.</i></b></p>	<b>X</b>		
Suspension of DHCS on-site inspections	<ul style="list-style-type: none"> <li><b>Expired Flexibility:</b> During the pandemic, on-site inspections were suspended, and virtual sessions were implemented. These inspections documented virtually that the facility was clean, safe and free of alcohol or illicit drug use, and required files sent via secure email.</li> </ul> <p><i>On-site inspections will resume</i></p>	<b>X</b>		
Alternate DUI program funding mechanisms	<ul style="list-style-type: none"> <li><b>Expired Flexibility:</b> During the pandemic DUI providers were permitted to receive funding from other sources.</li> </ul> <p><i>Per regulation, DUI providers must be self-supported from participant fees</i></p>	<b>X</b>		

**Summary of Department of Health Care Services (DHCS) COVID-19 Flexibilities Sunset Dates**  
**See DHCS Information Notices (IN) and Frequently Asked Questions (FAQ) Applicable to Counties and Contract Providers**  
**Updated: 10/1/21**

<p>Additional time to complete counselor certification requirements</p>	<ul style="list-style-type: none"> <li>• <u>Expiring Flexibility</u>: Alcohol and other drug (AOD) registered counselors were given three (3) additional months to complete certification requirements.   <b><i>California Code of Regulations, Title 9, §13035(f)(1) requires AOD Certification completion within 5-years of registration by one of the DHCS recognized certification organizations</i></b></li> </ul>		<p><b>X</b></p>	
<p>Process to request fee reductions or waivers</p>	<ul style="list-style-type: none"> <li>• <u>Expired Flexibility</u>: Alcohol DHCS allowed DUI providers to submit requests to waive State fees.   <i>State fee process will resume.</i></li> </ul>	<p><b>X</b></p>		
<p>DUI services via telephone and telehealth <i>Updated 7/1/21</i></p>	<ul style="list-style-type: none"> <li>• <u>Extended Flexibility</u>: DUI programs may utilize telehealth services (i.e., video conferencing for counseling, groups, and education requirements) if participant identities are verified.</li> </ul>			<p><b>X</b> <b>12/2022</b></p>