

**SUBSTANCE ABUSE PREVENTION AND CONTROL  
COVID-19 RESIDENTIAL & INPATIENT OUTBREAK PAYMENT REQUEST FORM**

COVID-19 Residential and Inpatient Outbreak Payments (CROP) may be approved to support providers facing financial challenges as a result of COVID-19 outbreak designations by the local public health department. Please provide the requested information below to assist in the review process.

<b>AGENCY NAME</b>			
<b>SITE ADDRESS</b>			
<b>FISCAL YEAR</b>		<b>DATE</b>	
<b>CONTRACT NUMBER</b>		<b>CONTRACT AMOUNT</b>	
<b>SITE ADDRESS</b>			
<b>CONTRACTED BEDS</b>		<b>LICENSED BEDS</b>	

**Required Document Check List**

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

Has this site been designated a COVID-19 Outbreak site by your local Public Health Department?  
 Yes     No

If yes, please provide a copy of the outbreak notice and the following information:

- Start Date of Outbreak:
- Is the outbreak still active:     Yes     No
  - If no, outbreak end date:

Describe how the outbreak has impacted your ability to recruit and enroll patients?

---

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

**SUBSTANCE ABUSE PREVENTION AND CONTROL  
COVID-19 RESIDENTIAL & INPATIENT OUTBREAK PAYMENT REQUEST FORM**

COVID-19 Residential and Inpatient Outbreak Payments (CROP) may be approved to support providers facing financial challenges as a result of COVID-19 outbreak designations by the local public health department. Please provide the requested information below to assist in the review process.

What other services do you provide at this residential location?

- Substance use disorder (SUD) or mental health (MH) residential services contracted with another County Behavioral Health Department
- SUD, MH, or physical health residential services contracted with a managed care plan
- SUD or MH services contracted with the criminal justice system (e.g., Probation)
- SUD or MH residential services contracted with another Los Angeles County Department
- Other contracted SUD or MH services.

Please provide additional information for any of the checked boxes above:

Is your agency maintaining a 60-day cash reserve?     Yes     No  
If no, please explain:

Is your agency in default for any payments due (i.e., payroll, payroll taxes, property taxes)?  
 Yes     No  
If yes, please explain: