State of California—Health and Human Services Agency
Department of Health Care Services

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DHCS COVID-19 Frequently Asked Questions: Behavioral Health

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Principles:
DHCS recognizes that COVID-19 presents a myriad of challenges. DHCS plans to work collaboratively with counties, plans, providers, and other stakeholders to ensure we continue to protect access to care and services, while also minimizing the spread of disease.

1. Where are up-to-date resources on COVID-19?

California Department of Public Health – COVID-19 Updates
CDPH Gathering/Meeting Guidance
CDC COVID-19 webpage
Guidance for the Elderly
Guidance for Employers
What to do if you are sick
Guidance for Workplace/School/Home Document
Steps to Prevent Illness
Guidance for use of Certain Industrial Respirators by Health Care Personnel
Medicaid.gov, COVID-19 resource page
CMS: Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications
Governor Newsom's 3/12/20 Order
CDPH: For Individuals With Access and Functional Needs
CDPH: Mass Gatherings Guidance on COVID-10

2. How should behavioral health programs reduce transmission of COVID-19?

The CDC has provided interim infection prevention and control recommendations in health care settings. Recommendations include:

- Provide supplies for respiratory hygiene and cough etiquette, including 60%-95% alcohol-based hand sanitizer, tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, patient check-ins, etc.

- Wash hands often with soap and water for at least 20 seconds.
- Cover mouth and nose with a tissue when coughing or sneezing and immediately dispose of the tissue.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Clean all surfaces and knobs several times each day with sanitizers.
- Anyone with a respiratory illness (e.g., cough, runny nose) should be given a mask before entering the space.
- Stay home and away from others when sick.

3. How should behavioral health programs manage patients presenting with upper respiratory symptoms?

Programs should develop procedures to minimize the risk that symptomatic patients will infect staff or other patients. Patients with cough should wear a mask if available.

Ensure that patients with respiratory symptoms (e.g., fever, cough) do not wait among other patients. Set up waiting rooms so chairs are separated by 6 or more feet, with easy access to tissues, hand sanitizer, and a nearby sink to wash hands. Programs should allow clients to wait in a personal vehicle or outside the facility where they can be contacted by mobile phone when it is their turn to be evaluated.

DHCS strongly encourages use of telehealth or telephone services to minimize infection spread. See COVID-19 Information Notice for information about how specialty mental health and substance use disorder services can be delivered by telehealth or telephone, including in facilities where patients may want to access services by telephone even when needing to be isolated in their room.

Programs should follow infection prevention and control recommendations in health care settings published by the CDC.

4. When should programs refer a patient to medical care?

There is currently no treatment for COVID-19, only supportive care for severe illness. Mildly symptomatic patients should stay home. See CDC guidelines for health care professionals on when patients with suspected COVID-19 should seek medical care.

5. What should facilities do in the event a client is diagnosed with COVID-19?

If a client of an outpatient facility is confirmed to be positive for COVID-19, the client should be instructed to stay home. Services may be provided by telephone or telehealth (see question 8). Residential or inpatient facilities with a patient or resident diagnosed with COVID-19 should ensure the patient is isolated in a room, has a mask for use when leaving the room, and should contact their local public health department for guidance. Inpatient and residential facilities must also report to DHCS, within one (1) working day, any events identified in California Code of Regulations Title 9 Chapter 5 Section 10561(b)(1), which would include cases of communicable diseases such as COVID-19.

6. If a former client is later found to have been diagnosed with COVID-19, what action should be taken?

Staff should inform possible contacts of their possible exposure, but must protect and maintain the participant's confidentiality as required by law. Clients exposed to a person with confirmed COVID-19 should refer to CDC guidance on how to address their potential exposure, as recommendations are evolving over time.

7. What should facilities do in the event a staff member is diagnosed with COVID-19?

Staff members who have symptoms of a respiratory illness should stay home until symptoms completely resolve. Staff members with confirmed COVID-19 infection, or who are under investigation (testing pending), should stay home and the facility should contact their local public health department for guidance. Inpatient and residential facilities must also report to DHCS, within one (1) working day, any events identified in California Code of Regulations Title 9 Chapter 5 Section 10561(b)(1), which would include cases of communicable diseases such as COVID-19.

8. What services may be provided by telehealth?

DHCS encourages all counties to permit telehealth services within state and federal requirements, given the importance of minimizing COVID-19 spread. See the COVID-19 Behavioral Health Information Notice (to be posted on the BH Information Notice website), the DHCS telehealth website and the DHCS Telehealth FAQ.

9. How can providers ensure their patients do not run out of medications?

Medi-Cal allows patients to fill up to 100 days of non-controlled medications. Narcotic treatment programs can receive exemptions to provide take-home medications for patients who are sick or quarantined. See COVID-19 FAQ: Narcotic Treatment Programs for more detail. Patients receiving buprenorphine products can currently receive 30-day supplies on Medi-Cal.

Utilization limits on quantity, frequency, and duration of medications may be waived by means of an approved Treatment Authorization Request (TAR) if there is a documented medical necessity to do so. See DHCS pharmacy guidance.
Some medications are anticipated to be in shortage due to supply-chain challenges. The FDA keeps a list of medications in shortage, including some medications for behavioral health conditions. DHCS recommends that providers prescribe 100-day supplies of all chronic medications, and patients may obtain early refills if 75% of the estimated duration of the supply dispensed has expired (other than certain medications with quantity/frequency limitations). Pharmacies are required to supply up to 72 hours of prescribed medications in an emergency and may provide the emergency supply without an approved TAR.

Medi-Cal allows for, and reimburses, mail order pharmacy providers enrolled as a pharmacy provider in the Medi-Cal program.

10. How can providers maintain services in the face of staff shortages?

DHCS anticipates that staff illness and quarantine may create challenges for provider organizations. DHCS encourages providers to do contingency planning to ensure that patients are able to access needed care. DHCS is providing more specific guidance in the COVID-19 Behavioral Health Information Notice (to be posted on the BH Information Notice website)

11. Are facilities able to provide treatment or recovery services outside the facility service location if there are concerns about providing treatment at the location due to COVID-19?

DHCS is pursuing a federal 1135 waiver to provide flexibility to facilities in the COVID-19 emergency. In some circumstances, DHCS shall consider and may allow facilities to provide treatment or recovery services off-site for any concerns related to COVID-19,

even before a waiver is granted. Providers should contact their Licensing Analyst for questions. Further guidance is forthcoming.

12. What else can behavioral health programs do to prepare for or respond to COVID-19?

DHCS encourages providers to adhere to the CDC's and CDPH's recommendations to prepare for COVID-19. Some helpful preparedness strategies include but are not limited to the following:

- **Screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your healthcare facility.** Providers can refer to the following resources on the CDC's Guidelines for patient screening and Infection Prevention and Control Recommendations for more information.

- **Ensure proper use of personal protection equipment (PPE)**
  Healthcare personnel who come in close contact with confirmed or possible patients with COVID-19 should wear the appropriate personal protective equipment.

- **Encourage sick employees to stay home**
  Personnel who develop respiratory symptoms (e.g., cough, shortness of breath) should be instructed not to report to work. Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.

- **Encourage adherence to the CDC's** recommendations, including but not limited to the following steps, to prevent the spread of illness:
  - Avoid close contact with people who are sick.
  - Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
  - Avoid touching your eyes, nose, and mouth.
  - Clean and disinfect frequently touched objects and surfaces.
  - Stay home when you are sick, except to get medical care.
  - Wash your hands often with soap and water for at least 20 seconds

- **Ensure up-to-date emergency contacts** for employees and patients.

- **Reach out to patients** through phone calls, emails, and onsite signs to contact the treatment program before coming on-site if they develop symptoms, so alternatives (such as phone or telehealth visits) can be discussed.

- **Change seating in waiting room and group visit sessions** to maintain a six-foot distance between patients.

- **Limit group visits,** especially for those at high risk (e.g., over age 60). If you hold group visits, set up chairs six feet apart.

- **Protect the health of high-risk staff**. For example, staff over the age of 60 or with health conditions should consider conducting all or most visits by telephone and telehealth visits, where appropriate.