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GAVIN NEWSOM  
GOVERNOR

DATE: November 7, 2022

Behavioral Health Information Notice No: 22-058  
Supersedes BHINs: [22-051](#), [22-002](#), and [21-043](#)

TO: California Alliance of Child and Family Services  
California Association for Alcohol/Drug Educators  
California Association of Alcohol & Drug Program Executives, Inc.  
California Association of DUI Treatment Programs  
California Association of Social Rehabilitation Agencies  
California Consortium of Addiction Programs and Professionals  
California Council of Community Behavioral Health Agencies  
California Hospital Association  
California Opioid Maintenance Providers  
California State Association of Counties  
Coalition of Alcohol and Drug Associations  
County Behavioral Health Directors  
County Behavioral Health Directors Association of California  
County Drug & Alcohol Administrators

SUBJECT: **UPDATED:** Requirements for COVID-19 vaccination, boosters, vaccination verification, masking and testing for behavioral health facility workers

PURPOSE: Inform counties and behavioral health providers about updated public health requirements related to vaccination, vaccination verification, mask use, and testing for workers

REFERENCE: [Order of the State Public Health Officer Health Care Worker Vaccine Requirement](#)  
[Order of the State Public Health Officer Guidance for the Use of Face Masks](#)

BACKGROUND:

The California Department of Public Health (CDPH) issued requirements for health care and congregate care facilities to decrease the risk of COVID-19 outbreaks given the emergence of more contagious variants and recent surges of COVID-19 cases. DHCS requires all behavioral health facilities to follow CDPH public health orders. This Behavioral Health Information Notice covers new requirements for (1) health care worker vaccine requirements, and (2) adult care facilities and direct care worker vaccine

requirements. Please note the guidance applies to all mental health and substance use disorder facilities, including outpatient, residential, and inpatient.

Since the start of the pandemic, the CDPH has led with science and data to better understand this disease. California has seen a dramatic increase in the percentage of Californians that are fully vaccinated and boosted. At present, 80% of Californians 12 years of age and older have completed their primary series of COVID-19 vaccines, and 48% have received their first booster dose. Vaccines for children 5-11 years of age have been available since October 2021. Vaccine coverage is also high among workers in high-risk settings, and the proportion of unvaccinated workers is low. As we've also seen, the Omicron subvariants have shown immune escape and increased transmissibility, and while unvaccinated individuals still have higher risk of infection, previously infected, vaccinated, and boosted persons have also been infected. Consequently, mandated testing of the small number of unvaccinated workers is not effectively preventing disease transmission as it did with the original COVID-19 virus and prior variants earlier in the pandemic.

On August 11, 2022 and August 24, 2022, the Centers for Disease Control (CDC), in updated [guidance](#), also indicated that screening testing is no longer recommended in general community settings, and while screening testing may still be considered in high-risk settings, if implemented it should include all persons, regardless of vaccination status, given variants and subvariants with significant immune evasion.

COVID-19 vaccination and boosters continue to remain the most important strategy to prevent serious illness and death from COVID-19.

Accordingly, amendments to the State Public Health Officer Order of February 22, 2022, regarding required testing for exempt covered workers are needed at this time, to reflect recent CDC recommendations, the current science of the Omicron subvariants, the increases in community immunity from vaccination and infection, and increases in vaccine coverage of our healthcare workforce.

**POLICY:**

**1. Health Care Vaccine Requirement and Testing – UPDATED: September 13, 2022**

1. All workers who provide services or work in facilities described in (a) have their dose of a one-dose regimen or their second dose of a two-dose regimen, prior to working in any of the following facilities:
  - a. Health Care Facilities:
    - i. General Acute Care Hospitals

- ii. Skilled Nursing Facilities (including Subacute Facilities)
  - iii. Intermediate Care Facilities
  - iv. Acute Psychiatric Hospitals
  - v. Adult Day Health Care Centers
  - vi. Program of All-Inclusive Care for the Elderly (PACE) and PACE Centers
  - vii. Ambulatory Surgery Centers
  - viii. Chemical Dependency Recovery Hospitals
  - ix. Clinics & Doctor Offices (including behavioral health, surgical)
  - x. Congregate Living Health Facilities
  - xi. Dialysis Centers
  - xii. Hospice Facilities
  - xiii. Pediatric Day Health and Respite Care Facilities
  - xiv. Residential Substance Use Treatment and Mental Health Treatment Facilities
- b. Two-dose vaccines include: Pfizer-BioNTech, Moderna, or Novavax or vaccines authorized by the World Health Organization. The one-dose vaccine is: Johnson and Johnson [J&J]/Janssen. All COVID-19 vaccines that are currently authorized for emergency use can be found at the following links:
- i. By the US Food and Drug Administration (FDA), are listed at the [FDA COVID-19 Vaccines webpage](#).
  - ii. By the World Health Organization (WHO), are listed at the [WHO COVID-19 Vaccines webpage](#).
- c. "Worker" refers to all paid and unpaid individuals who work in indoor settings where (1) care is provided to patients, or (2) patients have access for any purpose. This includes workers serving in health care or other health care settings who have the potential for direct or indirect exposure to patients or SARS-CoV-2 airborne aerosols. Workers include, but are not limited to, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the health care facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

2. All workers currently eligible for boosters, who provide services or work in facilities described in subdivision 1 (a) must continue to comply with all required primary series and vaccine booster doses pursuant to Table A below. The timing of the required booster doses has been amended to reflect current CDC recommendations. Additionally, facilities must continue to track workers' vaccination or exemption status to ensure they are complying with these requirements. CDPH recommends that all workers stay up to date on COVID-19 and other vaccinations.
  
3. CDPH continues to assess conditions on an ongoing basis. California must be vigilant to maintain situational awareness through surveillance and be ready to pause or reinstate a higher level of protective mitigation recommendations or requirements.

**Table A: California Immunization Requirements for Covered Workers**

COVID-19 Vaccine	Primary Series	When to get the vaccine booster dose	Which vaccine booster dose to receive
Moderna, Pfizer-BioNTech or Novavax or vaccines authorized by the World Health Organization	1st and 2nd doses	Booster dose at least 2 months and no more than 6 months after 2nd dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred. Novavax is not authorized for use as a booster dose at this time
Johnson and Johnson [J&J]/Janssen	1st dose	Booster dose at least 2 months and no more than 6 months after 1st dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred. Novavax is not authorized for use as a booster dose at this time
World Health Organization (WHO) emergency use listing COVID-19 vaccine	All recommended doses	Booster dose at least 2 months and no more than 6 months after getting all	Single booster dose of Moderna or Pfizer-BioNTech COVID-19 vaccine. Novavax is not

		recommended doses	authorized for use as a booster dose at this time
A mix and match series composed of any combination of FDA-approved, FDA-authorized, or WHO-EUL COVID-19 vaccines	All recommended doses	Booster dose at least 2 months and no more than 6 months after getting all recommended doses	Single booster dose of Moderna or Pfizer-BioNTech COVID-19 vaccine. Novavax is not authorized for use as a booster dose at this time

- a. Those workers currently eligible for booster doses per the Table above must have received their booster dose by no later than March 1, 2022. Workers who provide proof of COVID-19 infection after completion of their primary series may defer booster administration for up to 90 days from date of first positive test or clinical diagnosis, which in some situations, may extend the booster dose requirement beyond March 1st. Workers not yet eligible for boosters must be in compliance no later than 15 days after the recommended timeframe above for receiving the booster dose. Workers with a deferral due to a proven COVID-19 infection must be in compliance no later than 15 days after the expiration of their deferral.
4. Workers may be exempt from the vaccination requirements under sections (1) and (2) only upon providing the operator of the facility a declination form, signed by the individual, stating either of the following: (1) the worker is declining vaccination based on Religious Beliefs, or (2) the worker is excused from receiving any COVID-19 vaccine due to Qualifying Medical Reasons.
  - a. To be eligible for a Qualified Medical Reasons exemption the worker must also provide to their employer a written statement signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician stating that the individual qualifies for the exemption (but the statement should not describe the underlying medical condition or disability) and indicating the probable duration of the worker's inability to receive the vaccine (or if the duration is unknown or permanent, so indicate).
  - b. Exempt workers must wear a respirator approved by the National Institute of Occupational Safety and Health, such as an N95 filtering face piece respirator, or surgical mask, at all times while in the facility.
5. Covered facilities should maintain capacity at their worksite, to continue to test as recommended during outbreaks and in the event it is required again at a future

date. Facilities may also still consider various screening testing strategies (point in time testing, serial testing, etc.) and based on concerning levels of transmission locally. Workers may also consider routine diagnostic screening testing if they have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), due to the greater risks such individuals face if they contract COVID-19.

- a. Skilled Nursing facilities must continue to comply with current federal requirements that may require more stringent testing of staff, including QSO-20-38-NH REVISED ([cms.gov](https://www.cms.gov) | PDF) “Interim Final Rule (IFC), CMS-3401- IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care Facility Testing Requirements” or similar requirements that may be imposed in the future.
6. Consistent with applicable privacy laws and regulations, the operator of the facility must maintain records of workers' vaccination or exemption status. The operator of the facility then also must maintain records of the worker's testing results, if testing is required, pursuant to section (4).
    - a. The facility must provide such records to the local or state Public Health Officer or their designee promptly upon request, and in any event no later than the next business day after receiving the request.
    - b. Operators of the facilities subject to the requirement under section (1) must maintain records pursuant to the CDPH Guidance for Vaccine Records Guidelines & Standards with the following information: (1) full name and date of birth; (2) vaccine manufacturer; and (3) date of vaccine administration (for first dose and, if applicable, second dose).
    - c. For unvaccinated workers: signed declination forms with written health care provider's statement where applicable, as described in section (2) above.
    - d. Testing records (when required) pursuant to section (4) must be maintained.
  7. Nothing in this Order limits otherwise applicable requirements related to Personal Protective Equipment, personnel training, and infection control policies and practices.
  8. Facilities covered by this Order are encouraged to provide onsite vaccinations, easy access to nearby vaccinations, use of work time to get vaccinated, and education and outreach on vaccinations, including:

- a. access to epidemiologists, physicians, and other counselors who can answer questions or concerns related to vaccinations and provide culturally sensitive advice; and
  - b. access to online resources providing up to date information on COVID-19 science and research.
9. This Order took effect on September 17, 2022, and facilities must be in compliance with the Order at that time, with the exception of the deadlines set forth in section 2.a, which facilities must comply with as written.
10. The terms of this Order supersede the August 5, 2021, State Health Officer Health Care Worker Vaccine Requirement Order.
11. This Order is issued pursuant to Health and Safety Code sections 120125, 120140, 120175, 120195 and 131080 and other applicable law.

## **2. Guidance for the Use of Face Masks – UPDATE: September 20, 2022**

### **Masking Requirements in Specified High-Risk Settings:**

The CDC COVID-19 Community Levels can also be used to define the level of recommended mitigation strategies for certain settings.

CDPH is updating its masking requirements in specified high-risk settings, consistent with current CDC recommendations. These changes became effective September 23, 2022. CDC has noted that [CDC COVID-19 Community Levels](#) do not apply in healthcare settings, such as hospitals and skilled nursing facilities.

In the following healthcare and long-term care indoor settings, masks are required for all individuals regardless of vaccination status. Surgical masks or higher-level respirators (e.g., N95s, KN95s, KF94s) with good fit are highly recommended.

- Healthcare Settings
- Long Term Care Settings & Adult and Senior Care Facilities

In the following non-healthcare indoor settings, facilities may use the CDC COVID-19 Community Levels to determine the level of masking requirements within their facility.

- [Homeless shelters](#), [Emergency shelters](#) and [cooling and heating centers](#)
- State and local [correctional facilities and detention centers](#)

- 1) When the [COVID-19 Community Level](#) is low, masking may be optional:
  1. Only in **non-clinical areas** (such as in housing units, communal dining areas, visitation areas, and in administrative areas where only staff may have access), **and**
  2. When there have been no [outbreaks](#) (defined as three suspected, probable, or confirmed COVID-19 cases within a 14-day period among epidemiologically linked residents and/or staff) in the entire facility or within separated, closed subunits that do not allow for mixing of those residents or staff with the general population.

Facilities should make surgical masks or higher-level respirators (e.g., N95s, KN95s, KF94s) with good fit available at all times to any residents and staff who would like to use them based on their personal preference.

- 2) When the [COVID-19 Community Level](#) is medium or high, facilities must maintain or reinstate universal masking requirements for all staff and residents, regardless if there are no outbreaks within the facility.

Universal masking of all staff and residents, regardless of vaccination status and Community Level, is required in all clinical areas (or when any healthcare is being delivered), including isolation and quarantine areas, or any other areas that are covered by other specified high-risk settings.

#### **Additional Masking Requirements:**

In workplaces, employers and employees are subject to either the CalOSHA COVID-19 [Emergency Temporary Standards \(ETS\)](#) or the [Cal/OSHA Aerosol Transmissible Diseases \(ATD\) PDF](#) Standard and should consult those regulations for additional applicable requirements.

Local health jurisdictions and entities may continue to implement additional requirements that go beyond this statewide guidance based on local circumstances. These requirements and recommendations will continue to be updated as CDPH continues to assess conditions on an ongoing basis.

For additional information on the most effective types of masks and ensuring a well-fitted mask for adults, individuals should refer to CDPH [Get the Most out of Masking](#) and see [CDPH Masking Guidance Frequently Asked Questions](#).



No person can be prevented from wearing a mask as a condition of participation in an activity or entry into a business.

Exemptions to Masks requirements:

The following **individuals** are exempt from wearing masks at all times:

- Persons younger than two years old. Very young children must not wear a mask because of the risk of suffocation.
- Persons with a medical condition, mental health condition, or disability that prevents wearing a mask. This includes persons with a medical condition for whom wearing a mask could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a mask without assistance.
- Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication.
- Persons for whom wearing a mask would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.

Sincerely,

Original signed by

Janelle Ito-Orille, Chief  
Licensing and Certification Division