



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



DHCS BH All Provider Call

Brief Summary 01/12/2022

Here is the [link](#) to the BH all provider COVID-19 Updates page.

To get on the mailing list for updates, email DHCSBHLicenCert@dhcs.ca.gov

Moderator: Kelly Pfeifer, MD, Deputy Director, Behavioral Health, DHCS

CHHS Updates – Stephanie Welch, Deputy Secretary, CHHS

- Budget released 1/10/2022: Governor Newsom still very committed to behavioral health issues
- Proposals: \$2.7 B of aid, \$1.4B to be used by end of this fiscal year
- [COVID Governor's Budget 2022 Fact Sheet](#)
- Accelerate vaccine distribution, continuing to support combatting misinformation, prioritizing vaccination for those under age 18,
- Current vaccination rate of our kids at 17% (need to improve but consistent with current national rates)
- Testing: \$500M in current budget year for workforce, to address staff testing positive, staff exhaustion and burn-out
- Border crisis, \$100M to address public health issues, \$200M to expand services authority to staff and better technology to work with community BH.
- If you need PPE, staffing, please continue to use MHOAC system to submit request. [All county MHOAC contacts](#)
- CalHHS 2022-2023 Budget Highlights [CalHHS CA Blueprint 2022-23 Budget Highlights - California Health and Human Services](#)

CDPH Updates –

1. Trudy Raymundo, Lead for External Affairs CDPH COVID-19 Response; CDPH

- 12/22 3 state public health orders: vaccine requirement for those working in healthcare setting includes booster requirement for those eligible, facilities must be in full compliance with the Order by February 1, 2022, same requirement for correctional setting, adult and senior facilities and direct care providers.

- Links to [CalOSHA ETS FAQ](#) – now aligned with CDPH recommendations [CalOSHA ETS FAQ addressing alignment to the CDPH isolation & quarantine guidance](#)
- [Current CDPH Isolation and Quarantine Guidance](#)
- [News Release CDPH/CalOSHA Guidance on Isolation and Quarantines](#)

2. Erin Epton, Medical Director & Chief of HAI, CDPH

- [CDPH AFL 21-08.6](#): Temporary adjustment: healthcare personnel in acute care hospitals, psychiatric hospitals and SNFs who test positive and asymptomatic may return to work immediately without quarantine, must wear N-95 – see guidance for details.
- CDC has declared 5 months instead of 6 months wait between 2nd dose and booster – CDPH acknowledge that there is now a conflict. Providers are only required to comply with what's in the order (6 months).

DSS Updates –

Kevin Gaines, Deputy Director, Community Care Licensing, CDSS

- PINs referenced in DSS remarks were:
 - [PIN 21-44-ASC](#)
 - [PIN 21-53-ASC](#)
 - [PIN 21-51-ASC](#)
- PIN Update
 - [PIN 22-04-ASC](#) informs Adult and Senior Care (ASC) residential licensees of the [Public Health Officer Order of December 31, 2021](#), which supersedes the [August 26, 2021 Requirements for Visitors in Acute Health Care and Long-Term Care Settings](#). Pursuant to the terms of this Order, this PIN updates the Visitation Waiver and processes for verifying the vaccination status and test results of all visitors, in order to have an indoor or outdoor visit. This Order took effect on January 7, 2022. Facilities must be in full compliance at that time. This Order will remain in effect until February 7, 2022, and the California Department of Public Health (CDPH) and California Department of Social Services (CDSS) will continue to assess ongoing conditions during this time to determine any further updates. Released 1/18/22
 - Provider Info Notices (PINs) to/for facilities licensed by CDSS available [here](#)
 - [Care Provider Management Bureau](#)
 - Email for questions: kevin.gaines@dss.ca.gov

**DHCS Updates –
Dr. Kelly Pfeifer and Michele Wong, Branch Chief, BH Licensing & Certification,
DHCS**

For DHCS licensing questions and concerns:

- PHFs/MHRCs - MHLC@dhcs.ca.gov
- DUI Programs - DUIProviders@dhcs.ca.gov
- SUD Residential and Outpatient - LCDQuestions@dhcs.ca.gov
- NTPs - DHCSNTP@dhcs.ca.gov

For any concerns regarding a criminal record clearances not being processed timely for MHRCs and PHFs, please contact MHLC@dhcs.ca.gov.

QUESTIONS AND ANSWERS

Patient signatures

Q: How should patient signatures for psychiatric medications be managed through telehealth?

A: Patient signatures are only required for anti-psychotic medications. If they cannot be obtained, as the visit is through telehealth, and the patient does not have access to on-line signature modalities, then the provider should document the reason for the lack of signature in the patient chart.

STRTPs

Q: Do public isolation and quarantine guidelines apply to STRTPs?

A: STRONG recommendation to adhere to guidance, but not legally required nor enforceable. For STRTPs, we strongly urge providers to follow the most restrictive guidance between CDC, DPH, local ordinance

Q: For STRTPs is it correct that CCL is aligning with CDPH's quarantine and isolation requirements for residents?

A: Aligning where there is legal room to do so, yes. In the case of STRTPs, that alignment goes as far as a set of STRONG recommendations, but not legally enforceable requirements, at this time.

Q: Is there staffing ratio waiver for STRTPs? Is it correct that for STRTPs client quarantine period is 14 days and staff is 10 because we aren't an acute psychiatric hospital?

A: Yes, based on the Governor's Proclamation of a State of Emergency, CDSS can issue individual facility waivers for staffing ratios and any other regulation impacting an STRTPs ability to operate due to COVID-19. These individual waivers are outlined in [PIN 20-04-CCLD](#). Quarantine periods noted on the [California Department of Public Health Website](#) differ depending on whether a person tests positive for COVID-19 or was potentially exposed to COVID-19. The quarantine period generally consists of 5-10 days depending on individual circumstances and the guidance applies broadly without differentiation between clients and staff. Acute Psychiatric Hospitals follow [separate guidance](#) which does not apply to an STRTP.

Q: Many STRTP providers are asking for clarification on the impact of the new access criteria to specialty mental health services as described in the recent [BHIN 21-073](#) to the documentation standards outlined in the Interim STRTP Regulations V2 released in [BHIN 20-005](#).

A: CDSS defers to the Department of Health Care Services regarding clarification of [BHIN 21-073](#) as it relates to documentation required by DHCS regulations released via [BHIN 20-005](#). The Interim STRTP Regulations V2 oversee standards established by DHCS.

Q: Are there any guidelines regarding in-person direct care services to youth being served in their homes/communities?

A: The [State Public Health Order of December 22, 2021 Adult Care Facilities and Direct Care Worker Vaccine Requirement](#) includes certain requirements for covered workers that provide direct care services. To the extent that such workers and activities meet the definitions as provided in that order, workers would need to comply with those requirements.

Testing

Q: Where can providers get tested?

A: We recommend working through your local health department. For more information, go to: <https://testing.covid19.ca.gov/>

Q: Do outpatient BH facilities still need to test once a week for healthcare workers with religious/medical exemption?

A: Twice a week testing only applies to hospitals and skilled nursing facilities. Most BH facilities need to test once a week – see public health order for details.

Isolation/Quarantine

Q: Does the quarantine guidance apply to outpatient facilities?

A: The temporary AFL18.7 only applies to SNFs, acute care and psychiatric hospitals. There will be an updated FAQ which will mirror past definition of exposure that warrants quarantine as exposure for 15 min, within 6ft, within 24 hours if not fully vaccinated (including boosters). In alignment with CDC, there's clear distinction for vaccinated, booster-eligible but not yet received booster. If you're vaccinated without a booster, you have to quarantine. For healthcare workers, if you're fully vaccinated but asymptomatic, continue to wear mask for entire 10 days. The CalOSHA ETS FAQ that addresses alignment to the CDPH I&Q guidance is [here](#).

Q: Is exposure (as defined by 15 minutes within 6 feet with 24 hours) SELF reported or is that only when identified by Health Official?

A: Self-report. See [CalOSHA FAQ's](#).

Q: What about for patients at long term care facilities? Can patients be admitted if not vaccinated?

A: Guidance from CDC will be updated soon. For long term care facilities, recommend to quarantine unvaccinated or partially vaccinated new admissions.

Q: Have DHCS and CCL updated their client intake guidance for SUD and MH residential facilities to account for positive cases either at referring

units, like crisis units, and/or at the residential facilities? Does the state have guidance on admission freezes if there is a COVID-positive case?

A: We recommend contacting your local public health department. We do not have statewide guidance that applies to all facility types.

Vaccine guidance

Q: Is the definition of fully vaccinated going to change to include a booster shot? Use the term up to date instead of vaccinated?

A: CDC is now using the term "Up-to-Date" versus "Fully Vaccinated" - we are in discussions now on how/when CDPH also moves in that direction.

Q: CDPH booster requirement is 6 months following 2nd dose of Pfizer/Moderna, but now the CDC has declared booster eligibility after 5 months for both. Will CDPH update this?

A: We are aware that CDC has updated their timeframes for booster doses. Covered facilities in the newly amended orders just need to comply with the timeframes indicated in the order. But we certainly encourage everyone to get their booster when they become eligible, even if it sooner than stipulated in the orders.

Q: Does the booster requirement apply to residential treatment centers?

A: Yes, the booster requirement applies to residential facilities licensed by CDSS and DHCS.

Vaccination Exemptions

Q: Have more clear guidelines been delineated for employees who obtain religious exemption for vaccination? Has CDPH weigh in on clear guidelines for religious exemption?

A: CDPH defers to provider facility and employer for management of religious exemptions.

Q: Can staff get medical exemption for the booster shot? They are fully vaccinated and declining the booster. Willing to get tested weekly.

A: CDPH defers to providers and employers for medical and religious exemption policies. However, please note that in the [FAQ for the 12/22 State Public Health Order for HCWs](#) a worker cannot opt to regularly test instead of getting vaccinated or boosted. Testing will be an alternate means for satisfying this Order only for those who are granted an exemption pursuant to the Order.

Q: For unvaccinated staff who participate in weekly antigen testing (they have provided medical or religious exemption): if they were recently positive for COVID, do they continue to participate in weekly antigen testing? or follow 90 day no testing rule of thumb (more specific to PCR)?

A: There is no need to test within 90 days of a positive COVID test. This is addressed in the associated FAQs attached to all the public health orders.

Staffing Issues

Q: How should facilities manage criminal background check backlogs?

A: DHCS is not aware of a backlog; please email with specifics:
MHLC@dhcs.ca.gov.

Q: Are there options for staffing flexibilities?

A: Facilities should reach out to their licensing liaison for questions. DHCS can provide case-by-case flexibilities for MHRCs and PHFs, but does not have statutory authority for SUD residential facility flexibilities.

Q: Is the MHOAC system only for medical staffing, or does it provide behavioral health staffing?

A: Questions should be brought to the MHOAC; CalHHS will research whether the MHOAC has behavioral health staffing options.

Masking

Q: Does a fully vaccinated healthcare employee alone in a private office need to remain masked?

A: Please see associated [CalOSHA ETS FAQ](#) regarding specific masking exemptions in the workplace.

Resources

[MHOAC County Contact List](#)

[BH All-Provider Call COVID-19 Updates](#)

[COVID Budget-Fact Sheet](#)

[CDPH Isolation and Quarantine Guidance](#)

[CalOSHA ETS FAQ](#) aligning with the CDPH I&Q guidance.

[Provider Info Notices](#)

Concerns regarding a criminal record clearances for MHRCs and PHFs, please contact MHLIC@dhcs.ca.gov.

PINs referenced in DSS remarks were:

[PIN 21-44-ASC](#)

[PIN 21-51-ASC](#)

[PIN 21-53-ASC](#)

[COVID Testing Task Force](#)

DHCS licensing questions and concerns:

- [PHFs/MHRCs](#)
- [DUI Programs](#)
- LCDQuestions@dhcs.ca.gov
- [NTPs](#)

[CDSS Care Provider Management Bureau](#)

Phone: 1-888-422-5669

[Medical/Health Resource Requesting](#)

Field level providers should contact the applicable [MHOAC Program](#) to request medical/health resources they are unable to obtain through established vendors, day-to-day mutual aid process, corporate relationships, or pre-existing agreements.