



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



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DHCS BH All Provider Call

Brief Summary – 08/18/21

[Link](#) to weekly meeting notes and meeting link on DHCS webpage

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

CDPH Updates – Cassie Dunham and Dr. Erin Epton

- Recent public health order that requires health care worker vaccination; goes into effect Sept. 30 and applies to:
 - 1) General Acute Care Hospitals
 - 2) Skilled Nursing Facilities
 - 3) Intermediate Care Facilities
 - 4) Psychiatric Hospitals
 - 5) Adult Day Health Care Centers
 - 6) PACE Programs
 - 7) Ambulatory Surgeries
 - 8) Chemical Dependency Recovery Hospitals
 - 9) Clinics (including behavioral health)
 - 10) Doctor's Offices
 - 11) Congregate Living Health Facilities
 - 12) Dialysis Centers
 - 13) Hospice Facilities
 - 14) Pediatric Health
 - 15) Residential and SUD Treatment FacilitiesFAQs are tied to the public health order
- One dose vaccines (J&J) are required by Sept. 30; if there is a requirement for a second dose (Pfizer, Moderna), it also must be completed by Sept. 30.

- Two Vaccine exemption categories (info on what the documentation should look like is forthcoming):

- 1) Religious-based exemption
- 2) Qualifying medical reason exemption

While CDPH is not providing template forms, such forms are available. An implementation toolkit (<https://ortp.guidelinecentral.com/covid-19/>) from the Society for Healthcare Epidemiology of America (SHEA) and the multisociety statement on mandating COVID 19 vaccine

(<https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/multisociety-statement-on-coronavirus-disease-2019-covid19-vaccination-as-a-condition-of-employment-for-healthcare-personnel/690D1804B72FFF89C5FC0AED0043AD62>) provide information to inform policy and form development.

- PHO also discusses privacy laws and vaccination.
- Clarification on Contracted Staff is a common question; depends on the definition of the role of the health care worker, exposure to patients or residents in the setting, what their role or function is in the environment.
- Confusing around two separate orders 1) the vaccination requirement order and 2) the vaccination verification and testing order from July 26; both are in effect. Order 2 is not an alternative to Order 1. A worker covered under Order 1 cannot elect to be tested regularly per Order 2, unless they have an exemption for the vaccine requirement.
- Layer of multiple health orders to bridge us to the vaccine deadline.
- Outbreaks in congregate settings have been traced back to staff of the program, not clients – this is why the public health order focuses on the staff.

DSS Updates – Vicki Smith

- DSS will be putting out guidance to make the distinction of what does and does not apply to Children’s Residential. If licensed by DSS, not included in the mandate for vaccinations. Notice coming.
- [PIN 21-40-ASC](#) Updated Statewide Visitation Waiver, and Testing and Vaccination Verification Guidance for Visitors Related to Coronavirus Disease 2019 (COVID-19)
 - Link to Amended PHO from 8/26 is linked in the PIN.

DHCS Updates – Dr. Pfeifer

- DHCS is interpreting the PH order to apply to any behavioral health clinic, whether it is outpatient, residential, or inpatient – the only exception is Driving Under the Influence (DUI) treatment programs and STRTPs and Children’s

Residential programs (even though they may have a mental health program approved by DHCS, they would fall under DSS licensing).

QUESTIONS AND ANSWERS

On Testing

Q: Do people exempt from vaccination need to be tested if they have had COVID in the last 90 days?

A: Workers meeting qualified exemptions from the vaccination requirement, who have recovered from a diagnosis of COVID-19 in the last 90 days, and remained asymptomatic, do not need to submit to testing until after 90 days has expired but must self-monitor for symptoms and continue to follow all other infection control requirements, including masking, as stated in the July 26 Order. Workers must provide documentation of previous diagnosis from a healthcare provider or confirmed laboratory results to refrain from testing. Workers must immediately follow [self-isolation guidelines](#) and resume testing if new COVID-19 symptoms occur during the 90 days post-infection.

This issue is now addressed in this [FAQ](#):

Q: Who will cover the cost of diagnostic screening testing in health care and other congregate settings?

A: Health plans are obligated to cover the cost of COVID-19 testing in these settings. For more information view the [All Plan Letter 21-020](#) from the DMHC. Health insurers are also required to waive cost sharing amounts for certain COVID-19 related screening and testing. For more information see the [California Department of Insurance FAQ](#) regarding COVID Testing and Coverage.

Q: Is testing to be in place, for unvaccinated workers by August 23 or September 30?

A: If someone is not vaccinated by 8/23, they will need to continue weekly testing until vaccination is verified.

Q: We've had a number of negative BINAX tests that were followed by positive PCR tests. Does CDPH still feel that the BINAX antigen test is an adequate screening testing for asymptomatic staff and clients?

A: The antigen tests are performing fairly well in terms of sensitivity. There's always a possibility for false positives/negatives. Antigen tests aren't as sensitive as PCR tests. An employee may choose either type of test. In facilities where there is particular concern, using molecular tests may be a preferable option. If you are seeing many false negative tests, consider reviewing the process followed by the person performing the test to be certain that it is according to manufacturer instructions. Please note that home tests for the purpose of diagnostic screening must be performed and observed on site at the facility.

Q: Is there a required turnaround time for the diagnostic PCR surveillance testing for COVID-19 for staff in the residential setting? In other words, how long is acceptable from time of test to time of results?

A: There is no requirement for turnaround time, as long as the testing is done at the required interval (e.g., once a week for behavioral health). If the interval is weekly, the staff member can continue working while awaiting results. It is preferred to have a turnaround time \leq 48 hours.

Q: Do we need to perform diagnostic screening testing on asymptomatic staff members who have a documented positive Covid-19 PCR test in the last 90 days? (It is understood that once the 90 days passed they would be eligible for diagnostic screening testing once more.)

A: No testing is required for staff members until 90 days have past after documented COVID-19 positive test. Tests may continue to be positive after an infection, even though the patient is no longer infectious. Tests should be performed on any staff member who develops new symptoms even if the COVID episode was within 90 days.

Q: If someone is positive, isolates for 10 days, is asymptomatic without antipyretics, and returns to work...until they are vaccinated, does the mandate for weekly COVID-19 surveillance testing to go effective 08/24 not apply to said individual for 90 days?

A: As above, no testing is required for 90 days after a positive test as long as no new symptoms develop.

Q: If a staff is vaccinated, comes in contact with those who are COVID positive, gets tested and is negative, does the staff have to quarantine for 14 days or not because she received a negative covid test result?

A: CDC and CDPH recommend (available at [COVID-19 Public Health Recommendations for Fully Vaccinated People](#)) fully vaccinated individuals be tested 3-5 days after exposure but can refrain from quarantine if asymptomatic. Such staff members need to self monitor for development of symptoms for the 14 days after exposure and need to adhere to the other infection control practices, (e.g., wearing a mask for source control, hand hygiene, maintaining spatial distance). If a fully vaccinated staff member had moderate or severe immunocompromising condition, quarantine for 14 days may still be considered.

Q: If at the end of the isolation period someone is still coughing and has some symptoms, do they still need to isolate?

A: For those with mild to moderate illness who are no immunocompromised, the symptoms must have improved and the individual must be fever free without antipyretics for 24 hours ([CDC guidance](#))

Q: For exposure are we only required to test if they were within 6 feet for 15 min within 24 hours? And not considered exposed if contact was less than 15 min and/or greater than 6 feet?

A: That is correct – quarantine for a possible exposure is only required for a significant exposure, defined as within 6 feet with both parties unmasked for 15 minutes within 24 hours. Consider: Since it is often challenging to identify those who meet these criteria, consider testing all who are in the general area and exclude only if in a separate building who definitely had no contact.

Q: Does someone need to test if they do not have any contact with clients?

A: There are exceptions for those who have no contact with clients, nor contact with staff who have client contacts.. The vaccination order applies to all who are in indoor settings where care is provided or connected services are provided.

Q: Just confirming what was said on the call today: that BH programs should follow the same guidance as SNF's which states: As soon as possible after a COVID-19 positive resident or staff member is identified in a facility, the licensee of your facility should test all residents and facility staff at least weekly, until no new cases are identified over a 14-day period.

Would it be possible to get input from BH providers re. feasibility for this requirement? We have some staff who are positives who have not been onsite during risk of transmission so does not make sense that this would apply. Also we quarantine and test clients upon entry to the program. We only test close contacts as testing in our bigger facilities of >100 would be burdensome, do we need to adjust to do this? And how do we access testing if we our BH program does not provide it on site? Do we send all clients out to be tested or would counties be mandated to support our programs with testing?

A: DHCS does not require BH facilities to follow standards for SNFs; BH facilities should work with their local health department for guidance on particular cases. In the situation of a staff who tests positive, but has not been on-site, then that would not trigger the need to test residents and vaccinated facility staff. Unvaccinated facility staff must be tested weekly, per the public health order. You may also consult the [Testing Task Force](#) to see what other resources may be available to implement the needed testing.

On Labor

Q: In order to maintain confidentiality of staff vaccine information, what staff members can test other staff members? We can't have staff knowing the vaccine status and testing results for their peers.

A: Please refer to your program's human resources program for this guidance.

Q: What options do we have for those team members that decide they do not want to vaccinate but also decline the doctor's note and the religious exemption? Can we document that as a straight refusal and require them to wear masks and get tested once/week like those staff that chose the medical/religious route?

A: Per the CDPH guidance; [Health Care Worker Vaccine Requirement](#), the provider must document the declination and follow the guidance required for unvaccinated or incompletely vaccinated workers. It is not an option for a provider to allow a staff member to continue to work at a facility impacted by the public health order if the staff is not complying with vaccination or testing requirements and has not obtained a valid exemption.

Q: *If staff decline vaccination after 9/30, regardless of local personnel policies regarding actions, can they still claim M/C services? Staff might make the case they can work remotely.*

A: DHCS requires BH facilities to follow the public health order. If a staff is working 100% remotely and does not have in-person contact with clients or other clinic staff, and the staff person provides telehealth services that meet DHCS telehealth Medi-Cal requirements, than those services are claimable under Medi-Cal.

Q: *Some employees have tried to use this order to say they will just work 100% remote and do telehealth. Do you have an FAQ to say that this order applies to ALL employees of BH clinics (whether or not they are on-site, hybrid, or remote)?*

A: Yes, please see the recently posted [FAQ](#). If an employer allows a staff person to work 100% remotely, with no contact with staff or other clients, than the vaccination and testing requirements do not apply.

Q: *If PHFs are negatively impacted by staff leaving due to the mandatory vax/testing order, are there staffing resources that MHPs can tap to fill the gap? I understand that critical care hospitals have resources that they can tap into to cover staffing shortages collectively. Is there something similar for county PHFs or other licensed facilities that have staffing ratio requirements?*

A: Please reach out to your local [Medical Health Operational Area Coordination Program \(MHOAC\)](#) for staffing resources.

Q: *Is there a plan to bring back attestations to expedite hiring in PHFs?*

A: No, the current PHO no longer permits attestations – proof of vaccination is required.

Q: *Are we still required to track and report to public health on vaccination status of staff who are exempt (i.e. 100% remote) to public health?*

A: There are some reporting requirements that are specific to facility type. If your oversight entity has requirements for reporting, you are encouraged to follow them. Best guidance is to develop a verification and documentation process, to be able to provide reporting on request.

Q: *What if there is staff who have symptoms increase due to a PTSD or Anxiety, is there still a requirement for staff to wear the mask indoors?*

A: The current [guidance for face coverings](#) from CDPH states, in part:

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

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.” Staff who are not able to wear a mask for source control should not be present in areas where patient care is provided.

Q: Are we able to write our own medical notes for clients regarding mental health conditions that preclude clients from wearing masks? PTSD, GAD. It is very difficult to conduct 1:1 and group counseling when clients cannot see clinical faces and vice versa.

A: CDPH [guidance for face coverings](#) allows providers to exempt clients or staff with mental health conditions. There is no requirement for a note to be written by an off-site or independent provider.

On Exemptions

Q: Is there any additional guidance on what we need to receive from our employees that are using a religious exemption? Is a self-generated attestation acceptable?

A: CDPH has not yet produced specific guidance related to religious exemptions, and providers will need to develop their own policies until further guidance is released. Please see the following sites for more information to assist in developing policies: An implementation toolkit (<https://ortp.guidelinecentral.com/covid-19/>) from the Society for Healthcare Epidemiology of America (SHEA) and the multisociety statement on mandating COVID 19 vaccine ([Cambridge article](#)) provide information to inform policy and form development.

Q: Any guidelines on what is to happen with staff who aren't exempt and aren't vaccinated by the deadline?

A: The staff person would need to be tested every week until that deadline. Employers should refer to their program policies, labor agreements and their individual counsel about what steps will be used to enforce compliance.

On Children's Residential

Q: What does and does not apply to Children's Residential that are licensed by DSS?

A: Please see the recent [PIN 21-23](#) from DSS on recommendations for children's residential facilities.

On Clients and Visitors

Q: The notification that was sent out on 8/6 had great information regarding staff but where are the guidelines for clients and visitors? Are we solely going off of the most recent CDPH general guidelines and applying those to clients and visitors in health care settings or will DHCS be providing anything additional for our settings specifically?

A: Visiting policies are at the discretion of the provider. See recent guidance from CDPH: [Visitors in Acute Health Care and Long Term Care Settings](#) and CDSS: [PIN 21-17-2 ASC](#) for other recommendations. Additional information has been provided [here](#).

Q: There is a requirement that all visitors be vaccinated. Does that apply to all vendors, facility contractors, and ancillary services providers such as Shred-it, copy machine service personnel, etc.

A: Any contractors that are on-site at a health care facility falling under the Public Health Order, in contact with staff or work in an area where there is patient exposure are under the jurisdiction of the Public Health Order, must also follow vaccination or testing guidelines. This would not apply, for example, to janitorial staff who work in a health facility after hours, when other staff are not present.

Other

Q: If we can please get some clarification, we have several employees that got vaccinated after receiving the Public Health Order on 7/30/21 because they do not want to be Covid-19 Tested every week. However, this order really didn't provide employees enough time to be fully vaccinated. Just to clarify, that all of these employees will have to be Covid-19 tested weekly no later than 8/23/21 while they are in process of being fully vaccinated? Are there any other options since they have received their first vaccine and waiting to be fully vaccinated not to have to test weekly? Especially since there was not enough time slotted to do so...

A: Incompletely vaccinated (partially vaccinated) do need to test until they become fully vaccinated, two weeks after second dose.

Q: A program in which a clinician is providing mental health services at a family resource center (clinician is part of a county contracted program) and a wraparound program that primarily provides home-based services, but either the clinician does documentation at the office, or may hold an occasional meeting with other staff or family members at the office. Each of the sites where services are provided must be certified (e.g., schools, FRCs) so would each of these sites be considered an outpatient "clinic"?

A: The public health order only applies to the facility level, so we are not holding providers accountable if they are 100% in the field. However, if they come into a facility and are in contact with other health care workers, then the public health order would apply.

Q: Can you reconsider implementing some of the COVID flexibilities around hiring, specifically for psychiatric health facilities for background clearances and LPCC's? We are expecting that we may lose up to 30% of our staff and will need to hire assertively.

A: While DHCS cannot consider exceptions to vaccination and testing standards in place due to the Public Health Order, requests for program flexibility for specific Psychiatric Health Facility (PHF) and Mental Health Rehabilitation Center (MHRC) regulatory standards and requirements will be considered on a case-by-case basis. These include operational flexibilities to allow a Licensed Professional Clinical Counselor, as defined in subdivision (e) of section 4999.12 of the Business and Professions Code, to be included in the Licensed Mental Health Professionals classification. Consequently, MHRCs and PHFs may submit program flexibility requests

at any time, which shall be in writing and emailed to: MHLC@dhcs.ca.gov. The request shall include the following components:

- 1) Description of alternate concepts, methods, procedures, techniques, equipment, and personnel qualifications, including specific expertise that will be provided.
- 2) The reasons for the program flexibility request and justification that the goal or purpose of the regulations would be satisfied.
- 3) The time period for which the program flexibility is requested.
- 4) Policies and Procedures to implement the provisions of the program flexibility and which demonstrate that they meet or exceed provisions for patient care and safety.

Q: How do we explain that this is mandatory and it's under emergency approval?

A: The Governor has the authority to issue a PHO that we are all required to follow; it is not optional. All in CA are required to follow the order.

Q: Currently the CDPH FAQ says that the second order does not apply to homeless shelters. We embed health care staff in a shelter - does it still not apply to that setting?

A: The order would apply if the homeless shelter meets licensing criteria for a health care clinic. The staff would fall under the order if they also work on-site in a health care clinic. The order does not apply to staff who are working 100% in the field, outside of a health care clinic, or to homeless shelters. Nevertheless, vaccination is recommended to all with client contacts.

Q: If a facility has some programs licensed by CCL and some programs not licensed by CCL, what applies? Are those uncovered by CCL regs under the PHO?

A: If a facility is licensed by CCL, then they are not under the public health order, even if they also have an approved Mental Health Program from DHCS.

Q: There is a requirement for Behavioral Health contractors, since all STRTP are required to have a BH contract, wouldn't that mean that STRTP's would be required to follow?

A: Please see the recent [PIN 21-23](#) from DSS on recommendations for children's residential facilities. STRTPs are exempt from the public health order.

Q: In the outpatient setting, does "worker" apply to couriers, contract cleaners and handyman?

A: A worker is defined as anyone who has the potential for direct or indirect exposure to patients/clients/residents, per the [Order of the State Public Health Officer Unvaccinated Workers In High Risk Settings](#)

Q: Has there been confirmation of the regulation mentioned last week about a mandate that providers/insurance companies cannot charge for testing? I found language that states that testing for employment or public health screening is

NOT covered by insurance and will be charged for. Can you provide the regulation that states they can't be charged?

A: The DMHC's jurisdiction is over licensed health plans under the Knox-Keene Act (HSC Sec. 1340 et seq).

See the reference from Blue Shield below: The federal government issued [new guidance](#) on February 26, 2021 clarifying health plans must cover COVID-19 diagnostic testing for all health plan enrollees by any provider with no cost-sharing. The new guidance made changes to the requirements on health plans to cover COVID-19 tests. The DMHC also created a [COVID-19 Testing Fact Sheet](#) and issued an [All-Plan Letter](#) (APL) to DMHC-regulated health plans to help explain this new guidance. In particular, the linked APL contains information on diagnostic testing, versus testing for purposes other than individualized diagnosis or treatment of COVID-19.

If a health plan enrollee receives a bill related to the coverage of a COVID-19 test, they should first file a grievance with their health plan and include a copy of the bill. If the enrollee does not agree with their health plan's response or if the plan takes more than 30 days to fix the problem, they should file a complaint with the DMHC Help Center at www.HealthHelp.ca.gov or by calling 1-888-466-2219.