



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



GAVIN NEWSOM
GOVERNOR

DHCS BH All Provider Call
Brief Summary – 1/20/21 *Updated 2/12/21*

We apologize for the technical snafus in this meeting. To resolve the issues, we are returning to using the same link for every meeting, going forward.

Please add this link to your calendar as a recurring invite: [All Provider Meeting Link](#)
(Ctrl+Click to follow link)

Meeting number (access code): 145 307 4227

Meeting password: g4dFGUhYx34

Join by phone

+1-415-655-0001 US Toll

[Link](#) to weekly meeting notes

DSS Updates (Ley Arquisola)

- Adult and Senior Care facilities
 1. 28% decrease in positivity rate for 7 days
 2. Case mix: 58% residents 42% staff
- If there is a staff shortage due to COVID-19 positive staff:
 1. DSS has [a help line](#) with clinical staff to support infection control
 2. Leverage temporary manager authority for facilities facing closure due to staff shortages
 3. Facilities licensed by the CDSS with COVID-19 positive residents and/or staff experiencing staffing shortage should inform their Community Care Licensing Regional Offices and ask for staffing assistance. The Regional Office will determine whether a Temporary Manager is appropriate:
[RO Contact Information](#)

CDPH Updates (Dr. Erin Epton, Miren Klein)

- Vaccine Updates
 1. A number of local health jurisdictions have established mass vaccination clinics for phase 1a and 1b; 1b now includes 65+. Individuals can register on-line to receive their vaccine in many counties. Examples below:

[Alameda](#) [Alpine](#) [Butte](#) [Calaveras](#) [El Dorado](#)
[Fresno](#) [Glenn](#) [Inyo](#) [Lake](#) [Los Angeles](#)
[Mono](#) [Placer](#) [Riverside](#) [Sacramento](#) [San Benito](#)
[San Bernardino](#) [San Diego](#) [San Luis Obispo](#) [Sutter](#) [Tehama](#)
[Ventura](#) [Yuba](#)

To enroll in the CalVax system to become a vaccine provider:

- Immunization Registration log in page:
<http://cairweb.org/covid/>
 - CalVax log in page: <https://calvax.cdph.ca.gov/s/>
 - This website includes several resources for organizations that would like to become providers. <https://eziz.org/covid/>
- Other CDPH updates:
 1. Updated the priority group on COVID19.ca.gov: 1b now includes people 65 or over.
 - a. Variant virus (UK) has been detected in California.
 - b. Additional variant reported over the weekend that appears to be unique to California and has been identified in a number of samples, but not a broad representation of samples.
 - A lot of unanswered questions about virulence for this variant. Need additional whole genome sequencing.
 - Vaccines appear to be protective -- but not enough is known yet.
 - Testing for variants is inconsistent across the state. If you are concerned that an outbreak may be due to a variant, ask the lab to save the sample and contact your local public health department

Agency update (Stephanie Welch and Brijesh Varma)

1. Will continue to explore options for FEMA federal funding to supplement costs for caring for COVID-positive patients
2. The MHOAC (Medical Health Operational Area Coordinator) should be your local resource for help managing the emergency; the more you work with them, the more they will be able to respond to the particular needs of behavioral health facilities. [Contact list here.](#)

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

Questions and Answers:

Q: What Phase/Tier would a substance use facility fall under?

A: Healthcare workers – including MH and SUD providers and staff – are in the top priority, phase 1a, and should have access to vaccines now. CDPH clarified that staff of all BH treatment programs are included in the top priority for vaccines:

- ***Phase 1a, Tier 1:*** Staff of residential and inpatient SUD treatment, and staff of residential and inpatient mental health facilities
- ***Phase 1a, Tier 2:*** Staff of outpatient SUD treatment, mental health facilities, and crisis stabilization units

Q: Are Residential Alternative Care Sites available in San Diego? I emailed the regional office and did not receive a response back.

A: Sites are currently available in the following counties: 6 sites with 114 beds (Indio, Murrieta, Norwalk, Sacramento, Stockton, and Modesto). Information on Residential Alternate Care Sites: [PIN 21-01](#). For more information, contact ley.arquisola@dss.ca.gov

Q: Any comments on if, you get the vaccine and you unknowingly are COVID positive? Any concerns?

A: No concerns. The reason for the recommendation to wait 90 days after confirmed COVID infection is due to the shortage of the vaccine. The chances of getting COVID within 90 days of a recent confirmed infection is extremely low. However, if someone gets vaccinated during or after a recent infection, it would not harm the individual.

Q: Is the staffing available for Alcohol Drug Programs?

A: Facilities with questions about staffing should reach out to the local MHOAC, but recognize that staffing resources are scarce and are prioritized for medical acute care facilities facing severe surges in COVID-19 ICU cases.

Q: Can you provide more information on how to operate a Residential Alternate Care Site (RACS)? And can you comment on the issue of compatibility, as it may lead to exclusion of people with BH diagnoses?

A: See detailed information below:

The facilities eligible to operate a Residential Alternate Care Site (RACS), per [PIN 21-01-ASC](#) are Adult Residential Facilities (ARF), Residential Care Facilities for the Chronically Ill (RCFCI), Residential Care Facilities for the Elderly (RCFE) and Social Rehabilitation Facilities (SRF). They are required to follow their own applicable statutes and regulations (only RCFEs follow RCFE regulations and statutes). They all have regulations which speak of the requirement to provide care and supervision. Only RCFE, ARF and SRF speak to compatibility.

Providers may quote the “compatible” regulation to answer why they are not admitting a client, but sometimes are validly considering some of the following regulations as reasons to deny admission of a given applicant for residence. An important one is the licensee’s responsibility to provide care and supervision. If they accept a dangerous

client beyond their staffing and training abilities, they are acutely aware of the jeopardy in which they put all of the clients as well as their license.

Notwithstanding the above, the Department could grant a waiver or exception request sent by the licensee, if they adequately showed how they would meet the health and safety requirements of the regulations with an alternative means. Adding competent staff would indeed be helpful evidence that the licensee is prepared to meet the needs of the clients for which they are requesting the exception or waiver.

To use the most commonly used facilities for illustration, the following ARF and RCFE regs are some of what give the licensee pause, yet could be waived if apropos.

ARF Regulations, [Title 22, section 85068.4 Acceptance and Retention Limitations](#)

- (a) The licensee shall not accept or retain the following:
 - (3) Persons who have needs that are in conflict with the needs of other clients or the program of services offered.
 - (4) Persons who require more care and supervision than is provided by the facility.
 - (5) Any person whose primary need is acute psychiatric care due to a mental disorder.
- (b) The licensee may admit or retain persons who are 60 years of age or older whose needs are compatible with those of other clients if they require the same level of care and supervision as the other clients in the facility and the licensee is able to meet their needs.

The Title 22, RCFE regulations provide: [87455 Acceptance and Retention Limitations](#)

- (a) Acceptance or retention of residents by a facility shall be in accordance with the criteria specified in this article 8 and Section 87605, Health and Safety Protection, and the following.
- (b) The following persons may be accepted or retained in the facility:
 - (2) Persons receiving medical care and treatment outside the facility or who are receiving needed medical care from a visiting nurse.
 - (5) Persons with mild temporary emotional disturbance resulting from personal loss or change in living arrangement.
 - (7) Persons who are under 60 years of age whose needs are compatible with other residents in care, if they require the same amount of care and supervision as do the other residents in the facility.
- (c) No resident shall be accepted or retained if any of the following apply:
 - (3) The resident's primary need for care and supervision results from either:
 - (A) An ongoing behavior, caused by a mental disorder, that would upset the general resident group; or
 - (B) Dementia, unless the requirements of Section 87705, Care of Persons with Dementia, are met.