



BRADLEY P. GILBERT, MD, MPP  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**DHCS COVID-19 Frequently Asked Questions:  
Mental Health Rehabilitation Centers (MHRCs) and  
Psychiatric Health Facilities**

Updated March 13, 2020

**Please see DHCS FAQ for Behavioral Health Programs for other information on COVID-19.**

**1. How should facilities manage patients with upper respiratory symptoms?**

Facilities should develop procedures to minimize the risk that symptomatic patients will infect staff or other patients.

Ensure that patients with respiratory symptoms (e.g., fever, cough) are isolated in their room and do not congregate with other patients. Set up public spaces so chairs are separated by 6 or more feet, with easy access to tissues, hand sanitizer, and a nearby sink to wash hands. Patients should wear a mask while in public spaces.

Facility staff should follow infection prevention and control recommendations in health care settings [published by the CDC](#).

**2. 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 in their room and be provided with a mask, as above. See [CDC guidelines for health care professionals](#) on when patients with suspected COVID-19 should seek medical care.

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

If a patient is diagnosed with COVID-19, he or she should be isolated in a room, have a mask for use when leaving the room, 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.

**4. 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.

**5. 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.

**6. Should facilities stop all supervised outings/activities away from the facility?**

At the time of publication, the California Department of Public Health (CDPH) does not recommend cancellation of all public events, other than large gatherings. Facilities should check the [CDPH COVID website](#) daily for updates as the situation is evolving rapidly.

**7. What services may be provided by telehealth?**

If a patient requires isolation in a room due to illness, telephone or telehealth mental health services are reimbursable in community and residential settings. See the DHCS COVID-19 Information Notice, the [DHCS telehealth website](#) and the [DHCS Telehealth FAQ](#) for more detail.

---

---

### **8. Can a facility admit a patient who has tested positive for COVID-19?**

The facility should communicate with the local public health about management of patients with COVID-19 to determine appropriate placement. The patient may be admitted to the facility in the absence of severe respiratory symptoms requiring acute hospitalization, and if the patient can be placed in a private room, or in a room with other patients with COVID-19. The patient should wear a mask when outside of the room, and should remain at six feet distance from staff and other patients.

### **9. Can facilities restrict visitation for clients?**

A facility should have written policies and procedures regarding the visitation rights of clients, including those describing clinically necessary or reasonable restrictions. Facilities may prevent visitation by people with fever or signs of respiratory infection. Other visitor restrictions must balance patient rights (guaranteed pursuant to Section 5325 of the Welfare and Institutions Code) with the need to take precautions during a pandemic.

### **10. Can an employee who is cleared at one location be allowed to work at another similarly licensed facility operated by the same licensee?**

Yes. DHCS Mental Health Licensing Section will work collaboratively with facilities to process a Criminal Record Approval Transfer Notification (CRATN). An additional criminal background check (CBC) is not required if an individual or licensee has received a prior CBC clearance while working in a licensed facility and wishes to transfer to another similar facility. The individual or licensee who wishes to obtain a CRATN shall complete DHCS Form 1818 located here: [DHCS form 1818](#)

### **11. What else can be done 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, patients, and patients' family.
  - **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.
- 
-