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To: DBHDD Contracted providers of Adult Mental Health and Addictive Diseases Residential Services

From: Terri Timberlake, Ph.D., Director, Office of Adult Mental Health  
Cassandra Price, Director, Office of Addictive Diseases

Date: 4/3/2020

Re: COVID-19 related operational guidance

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The current Coronavirus pandemic has sparked heightened health and safety concerns across our state. Our Department is hopeful that each provider is taking the recommended precautions to reasonably support the wellbeing of your staff. Similarly, we expect health and safety measures to be taken to support the needs of individuals in community adult mental health and addictive diseases residential services. The individuals residing in residential services are a vulnerable, high need population and without necessary support, these individuals face increased risks.

The DBHDD has adopted general guidance for all residential facilities as outlined by the National Council for Behavioral Health (see attached) COVID-19 Guidance, please read the entire publication. Providers are strongly encouraged to follow additional guidelines from the Centers for Disease Control (CDC) and the Georgia Department of Public Health (GDPH). Special allowances that were detailed in the DBHDD COVID-19 Provider Relations Special Bulletin dated March 24, 2020 should also be reviewed. Further, any changes made by providers to residential capacity/ admission standards should be reported to the appropriate DBHDD office immediately and positive cases must be promptly reported through IMAGE system.

The CDC and state health departments have issued guidelines for health care workers who have tested positive or who have been in contact with a COVID-19 positive person, which include less stringent quarantine and return to work criteria for workers in times of shortage. These guidelines should be considered if the program experiences significant staff shortages.

Behavioral health residential facilities/settings should implement the following additional efforts to protect clients and staff in these programs:

1. Facilities should post educational information from official health sources throughout the building, including signage on how to properly wash your hands, signs and symptoms of early detection and outdoor signage to halt visitors or inform health care workers of access restrictions. Tools can be found on the CDC website.
2. Individuals should be educated to stay in the residence as much as possible. If they do go out, they should keep a distance of at least 6 feet away from anyone else, including relatives who do

not live in the residence, and avoid touching their faces. Programs should cancel all planned social or recreational outings. Upon returning home, everyone should immediately wash their hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer. Cell phones and other frequently handled items should be sanitized daily.

### **Visitors**

1. Residential settings/facilities should restrict visitation of all nonresidents (visitors and non-essential health care personnel) unless it is deemed necessary to directly support a resident's health and wellness or for certain compassionate care situations, such as young children in residential treatment or end-of-life care. In those cases, visitors should be limited to only a specific room. Facilities are expected to notify potential visitors to defer visitation until further notice through the facilities' websites, door signage, calls to family members, letters, etc. Note: If a state implements actions that exceed CMS requirements, such as a ban on all visitation through a governor's executive order, a facility would not be out of compliance with CMS' requirements.
2. Prior to entering the residence, all visitors should sanitize their hands and should be asked if they have a recent cough, sore throat, shortness of breath, fever or if they recently traveled on an airplane or on a cruise. If the response of any of these questions is "yes", the visitor should not be allowed into the residence.
3. For individuals who enter for compassionate situations meriting exceptions, facilities should require visitors to perform hand hygiene and use personal protective equipment (PPE), such as facemasks and gloves. Decisions about visitation during a compassionate exemption situation should be made on a case-by-case basis, which should include careful screening of the potential visitor for fever or respiratory symptoms or travel by airplane or cruise. Potential visitors with symptoms of a respiratory infection such as fever, cough, shortness of breath or sore throat, or recent airplane or cruise travel should not be permitted to enter the facility at any time, even in end-of-life situations. Visitors who are permitted, must wear a facemask while in the building and restrict their visit to the resident's room or other location(s) designated by the facility. They should also be reminded and monitored to frequently perform hand hygiene.

### **Staff**

1. Staff should implement active screening and monitoring of residents and staff for fever and respiratory symptoms. Advise employees to check for any signs of illness before reporting to work each day and notify their supervisor if they become ill. Facilities may consider screening staff daily for fever or respiratory symptoms before entering the facility; when doing so, actively take their temperature and document absence of shortness of breath, cough or sore throat. If they are ill, have them put on a facemask and self-isolate at home for 14 days. Staff members should stay home if they are sick. Staff members who have had direct contact with individuals who test positive for COVID-19 or who are designated a person under investigation (PUI) should self-quarantine for 14 days and not come to the residential program and report symptoms to their supervisor. If, after 14 days following the last contact, they have not developed symptoms, they may return to work.

2. Facilities should identify staff who work at multiple facilities, including agency staff, regional or corporate staff, etc., and actively screen and restrict them appropriately to ensure that they do not place individuals in multiple facilities at risk for COVID-19.
3. Staff should review and revise how they interact with vendors and receive supplies. Incorporation of CDC contact precautions is necessary to prevent any potential transmission for agency staff when interacting with emergency medical services (EMS) personnel and equipment, food delivery, transporting residents to offsite appointments. For example, do not have supply vendors transport supplies inside the facility; supplies should be dropped off at a dedicated location and sanitized before entering the facility/residence.
4. Staff /residential facilities are advised to increase janitorial service at all public access points throughout the facility.

### **General Program guidance**

1. To the extent possible, staff should work with clients' health care providers to institute telemedicine appointments
2. CDC guidance currently recommends suspending all groups and activities with more than 10 people. Communal dining and all group activities with more than 10 people, such as internal and external group activities, should be canceled.
3. Residential programs should utilize non-face-to-face meeting options, such as phone, video communications, etc., to the extent possible.
5. In shared bedrooms for individuals who have not developed symptoms, ensure that beds are at least 6 feet apart when possible and require that clients sleep head-to-toe.
6. Review CDC guidance for Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019.
7. Increase the availability and accessibility of alcohol-based hand rubs (ABHR), reinforce strong hand-hygiene practices, tissues, no-touch receptacles for disposal, and facemasks at health care facility entrances, waiting rooms, resident check-ins, etc.
8. Ensure ABHR is accessible in all resident-care areas including inside and outside resident rooms.
9. Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.

### **Accepting New Admissions**

It is important for individuals with mental health and substance use conditions to participate in necessary services even during this crisis. Residential programs should continue accepting new client referrals if able to meet the following conditions:

1. Have space/capacity to isolate new residents for 14 day,
2. Have the necessary PPE equipment for staff
3. People with potential exposure to COVID-19 who are asymptomatic and have not tested positive for the virus should be accepted for admission consistent with your facility's pre-existing admission criteria and protocols.
  - a. Programs should request referring facilities to attest that the client has not had any new symptoms consistent with COVID-19 infections.
4. For the first 14 days after an individual arrives at the program, they should wear a mask when interacting with others, if masks are available and if possible, they should have their own room.
5. In the event that a referral is received directly from a hospital, CSU, BHCC admission, the 14-day isolation is not required, if the individual has tested negative for COVID-19 upon discharge.
  - a. A behavioral health residential facility can accept a resident diagnosed with COVID-19 under transmission-based precautions for COVID-19 as long as the facility can follow CDC guidance for transmission-based precautions. If a behavioral health residential facility cannot follow CDC guidance for transmission-based precautions, it must wait until these precaution requirements are discontinued.

### **Responding to an Individual Who Develops Symptoms**

If an individual in a residential program develops symptoms indicative of a COVID-19 infection, the individual should be isolated in a single room or in the designated isolation room/area if a single room is not available. Exposed roommates should, if possible, also have their own rooms for 14 days and if they remain symptom-free, can then share a room with others. The individual, and others potentially exposed should wear a mask. Meals and medication should be taken in the room. Common bathrooms must be disinfected after each use.

### **Program Specific Guidance**

#### **Office of Adult Mental Health -Residential and Crisis Respite Apartments**

##### **AMH Intensive Residential**

- o Providers must develop a COVID -19 plan based on the general guidance as outlined above and any additional guidance set forth by the CDC, GDPH and DBHDD.
- o These residential facilities must be staff 24 hours a day, 7 days a week, and all residents must be monitored and supported through this crisis.
- o New admissions should be accepted if the provider has the ability to follow CDC guidelines
- o Providers should continue accepting individuals from state hospitals, CSU, or BHCC. Admission is possible if the provider has more than one bed open. If the provider has only one bed available, they are not required to accept individuals and have the discretion to utilize this bed as an insolation bed if needed for residents presenting with symptoms of COVID 19.

##### **AMH Semi – Independent Residential**

- o Providers must develop a COVID plan based on the general guidance as outlined above and any additional guidance set forth by the CDC, GDPH and DBHDD.

- o These residential facilities must be staffed the minimum of 36 hours and all residents must be monitored and supported through this crisis.
- o New admission should be accepted if the provider has the ability to follow the recommended guidelines by the CDC.

#### Independent Residential

- o Approval is granted for a telephone contact if the once per week face to face in person visit is not permissible.
- o If an enrolled individual is unreachable or refuses telephone contact for a period of 5 days, an in person, face-to- face contact is required.
- o If there is indication of behavioral health decline/decompensation, including but not limited to behavioral health symptom escalation, behavioral health crisis, or new behavioral health symptoms, there must be a face to face intervention within 24 hours for enrolled individuals.

#### Crisis Respite Apartments

- o Approval is granted for telephone contacts if the required contacts per week face to face in person visit is not permissible.
- o If there is indication of behavioral health decline/decompensation, including but not limited to behavioral health symptom escalation, behavioral health crisis, or new behavioral health symptoms, there must be a face to face intervention within 24 hours for enrolled individuals.
- o Providers must respond to individuals in the case of a crisis call and provide the most appropriate service intervention needed for stabilization.

### **Office of Addictive Diseases – Residential and Women’s Treatment Residential**

#### Intensive Residential

- o Providers must develop a COVID 19 plan based on the general guidance as outlined above and any additional guidance set forth by the CDC, DPH and DBHDD.
- o These residential facilities must be staff 24 hours and all residents must be monitored and supported through this crisis.
- o New admission should be accepted if the provider has the ability to follow CDC guidelines.

#### Semi – Independent Residential

- o Providers must develop a COVID 19 plan based on the general guidance as outlined above and any additional guidance set forth by the CDC, DPH and DBHDD.
- o A minimum of twelve (12) hours of clinical programming per week that includes but is not limited to therapy, education and relapse prevention.
- o Provision of individual therapy by telephone, group therapy and education in accordance with telehealth guidelines.
- o Self-help can be utilized via internet
- o In addition, services should be provided on-site vs in-clinic if possible, to reduce transportation of individuals.
- o Group modalities must not exceed 10 participants per group.
- o New admissions should be accepted if the provider has the ability to follow the recommended guidelines by the CDC.

#### Independent Residential

- o Approval is granted for a telephone contact if the once per week face to face in person visit is not permissible.

- o Providers must respond to individuals in the case of a crisis call and provide the most appropriate service intervention needed for stabilization. Services provided by telehealth as outline by DBHDD guidance
- o Self-help groups via internet

Women’s Treatment Service Residential  
Intensive Residential

- o Providers must develop a COVID plan based on the general guidance as outlined and any additional guidance set forth by the CDC, GDPH and DBHDD.
- o These residential facilities must be staff 24 hours a day, 7 days a week and all residents must be monitored and supported through this crisis.
- o New admissions should be accepted if the provider has the ability to follow CDC guidelines.
- o Mothers with child(ren) on the unit should identify emergency placement, if needed in the event of implementation of an isolation plan
- o Visitation of child(ren) within the child welfare system has been recommended to cease during this time, however, increase in communication via phone or video conferencing should be allowed.
- o Pregnant women should be supported in making changes in birth plan, if applicable, to comply with identified birthing hospital

Adolescent Intensive Residential  
Intensive Residential

- o Providers must develop a COVID 19 plan based on the general guidance as outlined above and any additional guidance set forth by the CDC, GDPH and DBHDD.
- o These residential facilities must be staffed 24 hours a day, 7 days a week and all residents must be monitored and supported through this crisis.
- o New admission should be accepted if the provider has the ability to follow CDC guidelines.
- o Visitation guidelines above should be followed

**Questions and Information**

The Georgia Department of Public Health (DPH) and the Centers for Disease Control and Prevention (CDC) websites contain the most up-to-date information that will help us take sensible steps and support our ability to make health promoting choices. Guidance for clinicians and those providing direct service to individuals can be found at [www.dph.georgia.gov](http://www.dph.georgia.gov) . DBHDD will continue to provide updates via the Provider Newsletter: Network News. Should you have questions, please submit them to our Provider Relations team via the Provider Issue Management System or submit an email to [DBHDD.Provider@dbhdd.ga.gov](mailto:DBHDD.Provider@dbhdd.ga.gov).

Please remember to be vigilant about hygiene practices.

Thank you for your continued partnership.

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