



6/26/20

## **Preliminary Guidance from OASAS about Opioid Treatment Program Services during New York Forward**

New York State is reopening in phases, on a regional basis, based on specifically defined data metrics. Please familiarize yourselves with the plan, [New York Forward](#), as well as the [Regional Monitoring Dashboard](#). Opioid Treatment Programs (OTPs) should also review previous COVID-19 [programmatic guidance](#) and [FAQs](#) from OASAS for OTPs, as this guidance updates these documents in the context of New York Forward.

OTPs should review general programmatic guidance from OASAS about New York Forward, [“Guidance to OASAS Certified Programs about Addiction Treatment, Recovery, and Prevention Services during New York Forward.”](#) and should follow all requirements for outpatient programs, unless otherwise indicated by the following OTP-specific addenda:

- The federal regulatory blanket waiver remains in effect, there is no date as of yet for when this waiver will be rolled back, and it is OASAS's understanding that when SAMHSA intends to roll back the blanket waiver, there will be a transition period for this to occur.
- Current take home schedules, designated other arrangements, and medication deliveries, as applicable, should continue. Do not start to hold more in-person dosing visits and reduce take home schedules simply due to the fact that the region that your program is in or NYS overall is "reopening." OASAS strongly recommends that existing patient schedules in your clinics should remain in place, unless a change / decrease in take home schedules is individually indicated, on a case-by-case basis. OTPs should continue to consider all risks related to COVID-19 transmission, including increased risk to the patient with increased frequency of in-person clinic visits and the risk of travel to and from clinic sites.
- Face-to-face, in-person individual counseling services should continue with minimal frequency until your region is in phase 3 of reopening. Instances where a face-to-face counseling visit would be indicated include if telepractice services are unavailable or the patient is in need of critical counseling services that must be done in-person (e.g., certain crisis management circumstances).
- If a patient does need to be seen for an in-person individual counseling visit prior to when your region is in phase 3 or reopening, the following should be adhered to:
  - The patient should be seen only for an in-person visit on a day when they are coming in to be medicated/for a medication administration visit.
  - The patient should be placed in one room and the counselor is placed in a separate room to conduct a telepractice visit, or the patient and counselor are in a large enough space to permit social distancing and while both the counselor and the patient are wearing a protective face covering.

- OTPs should submit their applications for telepractice services as soon as possible. The emergency Telepractice Attestation approval is insufficient in providing long-term telehealth services and OASAS is strongly encouraging all providers, including OTPs, to address this if it is still outstanding for your program.
- Please note that while telephonic buprenorphine initial (i.e., induction) visits currently can occur, SAMHSA has indicated that they do not support this practice post-COVID-19. It is important for OTPs to have the capacity to do audio-and-visual telehealth buprenorphine initial visits and be ready for when this current regulatory flexibility eventually may be rolled back.
- Face-to-face, in-person group counseling services should not be held until your region is in phase 3 of reopening. The only instance where a face-to-face, in-person group counseling visit can occur prior to when your region is in phase 3 would be if held outdoors, maintaining social distancing and using face coverings. It is still recommended to do telepractice group counseling services as possible.
- Face-to-face medical services should be done with minimal frequency and only when medically necessary. In most instances, procedures such as routine blood work and electrocardiogram are either not regulatory required and/or are unnecessary. However, the following specific services are OASAS and/or federal regulatory requirements and can begin to occur on a routine basis once your region has entered phase 3 of reopening:
  - Annual physicals, including bringing patients in who would have been due for annual physicals since March 16, 2020.
  - Toxicology testing, though this should continue to be prioritized as medically necessary. The intent should NOT be to bring all patients in for usual, routine toxicology testing, but to consider the individual patient needs for toxicology testing.
  - Infectious disease screening, including bringing patients in who would have been due for this screening since March 16, 2020.
  - All in-person medical services should be conducted in accordance with previous infection control guidance, including the 3/11/20 "[Guidance for NYS Behavioral Health Programs](#), including but not limited to pre-screening patients for COVID-19 risk and symptoms, appropriate use of personal protective equipment, maintaining social distancing as much as possible, and using face coverings, and should occur only when a patient is already coming to the clinic for a medication dosing visit.
- NYS has a mental health hotline available for anyone who needs it. OTPs should provide education to patients, as well as staff, regarding this important resource. For free emotional support, consultations, and referrals to a mental health provider, individuals should call 1-844-863-9314.
- We are not recommending any OTP requests for a permanent decrease in hours of operations at the present time. On a case-by-case basis, temporary requests to change existing hours of operations, based on need, should be directed to Belinda Greenfield ([Belinda.Greenfield@oasas.ny.gov](mailto:Belinda.Greenfield@oasas.ny.gov)) or Gregory James ([Gregory.James@oasas.ny.gov](mailto:Gregory.James@oasas.ny.gov)), and your Regional Office staff.
- OASAS's requirement that no OTP administrative discharges should occur at present time remains in effect; if there are any questions regarding a patient whom an OTP is considering for an administrative discharge, these should be directed to Belinda Greenfield or Gregory James (email addresses above), before any administrative discharge decision is made.

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- OASAS is encouraging OTPs to submit mid-level practitioner exception requests, which would allow an OTP to use a mid-level practitioner to admit patients, as well as perform other physician-related services. Please contact Sharon Davis ([Sharon.Davis@oasas.ny.gov](mailto:Sharon.Davis@oasas.ny.gov)) if you need an application or are submitting an application for both NYS SOTA and SAMHSA review and approval.

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