



8/25/20

Updated Preliminary: Guidance from OASAS about Opioid Treatment Program Services during New York Forward

New York State's reopening occurred 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 the updated version of 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' 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 because 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.
- If and when a region no longer meets the 7 metrics for Phase Three of [reopening](#) (i.e., falls back into Phase Two or One), all programs in the region should **minimize** patient visits to the OTP with expanded take home schedules, designated other arrangements, and medication deliveries, as much as possible. This will likely mean re-instating previous take home flexibility at the peak of the pandemic in NYS for many patients that may have begun coming to the OTP more frequently for dosing.
- Face-to-face, in-person individual counseling services should continue with minimal frequency until your region is in Phase Three or Four 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).
- When a patient does need to be seen for an in-person individual counseling visit, 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 (at greater than or equal to 6 feet) 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 (please contact your OASAS Regional Office for the application). 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 might 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.
- OTPs in regions that have been allowed to enter Phase Three or Four of reopening may resume face-to-face, in-person group counseling indoors. Programs must continue to schedule and pre-screen all in-person client visits per [previous outpatient guidance from OASAS](#), and must adhere to social distancing between all parties during groups, as well as require [face coverings](#). Indoor groups should be of limited size (ten or fewer people in a room, depending on room size and ability to physical distance within the room) and duration (less than an hour).
 - Any program that has a confirmed COVID-19 case among staff or patients on-site *that results in contact tracing activity among anyone who was on-site* must revert to restricting all in-person services except critical services that cannot be otherwise performed AND eliminate indoor in-person groups until there has not been a confirmed or suspected COVID-19 case among staff or patients on-site for at least 14 days.
 - If and when a region no longer meets the 7 metrics for Phase Three of [reopening](#) (i.e., falls back into Phase Two or One), all programs in the region must minimize one-on-one in-person counseling AND eliminate indoor in-person groups until the region has been approved to enter Phase Three or Four again. The only instance where a face-to-face, in-person group counseling visit can occur prior to when your region is in Phase 3 or 4 would be if held outdoors, maintaining social distancing and using face coverings. It is still recommended to do telepractice group counseling services as possible.
 - Please note that local health departments and the NYS DOH have the ability to place further restrictions on in-person services at programs as the result of contact tracing or outbreak investigation activities. If this occurs, programs should immediately notify Belinda Greenfield (Belinda.Greenfield@oasas.ny.gov), Gregory James (Gregory.James@oasas.ny.gov), and the appropriate OASAS Regional Office.
- 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 Three or Four of reopening:
 - Annual physicals, including bringing patients in who would have been due for annual physicals since March 16, 2020.

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- 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.
- Any program that has a confirmed COVID-19 case among staff or patients on-site *that results in contact tracing activity among anyone who was on-site* must minimize face-to-face, in-person medical services until there has not been a confirmed or suspected COVID-19 case among staff or patients on-site for at least 14 days.
- If and when a region no longer meets the 7 metrics for Phase Three of [reopening](#) (i.e., falls back into Phase Two or One), all programs in the region must minimize face-to-face, in-person medical services until the region has been approved to enter Phase Three again. The only instance where a face-to-face, in-person medical service can occur prior to when your region is in Phase Three would be for methadone initial evaluations, and if absolutely medically necessary. It is still recommended to do telepractice medical services as possible with the exception of methadone initial evaluations.
- Please note that local health departments and the NYS DOH have the ability to place further restrictions on face-to-face, in-person medical services at programs as the result of contact tracing or outbreak investigation activities. If this occurs, programs should immediately notify the SOTA Team (contact information above) and the OASAS Regional Office .
- 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 the SOTA Team (contact information above) and the Regional Office.
- OASAS' 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 the SOTA Team (contact information above), before any administrative discharge decision is made.
- 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) if you need an application or are submitting an application for both NYS SOTA and SAMHSA review and approval.

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