



Last updated 12/15/21

### ***Guidance from OASAS about Opioid Treatment Program Services during COVID-19***

Opioid Treatment Programs (OTPs) should also review previous COVID-19 [programmatic guidance](#) and [FAQs](#) from OASAS for OTPs, as this guidance updates those documents in the context of reopening during COVID-19. OTP programs should also review [Guidance for Management in Opioid Treatment Programs During the COVID-19 Pandemic](#).

OTPs should review the updated version of general programmatic reopening guidance from OASAS, [Guidance to OASAS Certified Programs about Addiction Treatment and Recovery Services during COVID-19](#) 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 as long as the federal public health emergency remains in effect. There is no definitive date when this waiver will be rolled back; however, HHS has advised there will at least 60 days' notice to allow a transition period 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 COVID-19 metrics in your geographical region appear improved. OASAS strongly recommends that existing patient schedules in your clinics should remain in place, unless a change/decrease in take home schedules is indicated individually, 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. 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 counseling visit, the following should be adhered to:
  - To the extent possible, 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 staff member is placed in a separate room to conduct a telepractice visit, or the patient and staff member are in a large enough space to permit social/physical distancing (greater than or equal to 6 feet) AND the staff member and patient are both wearing masks or face coverings. The mask or face covering should fit snugly and completely cover the nose and mouth. Eye protection (face shield or goggles) is recommended for staff if there is close physical

contact with the patient. See NYS DOH guidance on recommended eye protection [here](#) and CDC guidance on eye protection [here](#). See OASAS masking guidance [here](#).

- 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 apply for permanent approval if it is still outstanding for your program.
- Please note that while telephonic (audio only) buprenorphine initial (i.e., induction) visits currently can occur, there is no authority for this practice to continue after the federal PHE is over.
- OTPs may resume face-to-face, in-person group counseling indoors so long as the following conditions are met. Programs must continue to schedule and pre-screen all in-person group patient visits per [previous outpatient guidance from OASAS](#), and must adhere to social/physical distancing between all parties during groups, as well as require healthcare personnel and patients to wear masks or face coverings. Eye protection (face shield or goggles) is recommended for staff if there is close physical contact with patients. Indoor groups should be of limited size (depending on room size and ability to distance socially/physically within the room) and duration (less than an hour). See NYS DOH guidance on recommended eye protection [here](#) and CDC guidance on eye protection [here](#). See OASAS masking guidance [here](#).
  - 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 group 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.
  - Please note that local health departments (LHD) 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](mailto:Belinda.Greenfield@oasas.ny.gov)) or Lesley.Puryear ([Lesley.Puryear@oasas.ny.gov](mailto:Lesley.Puryear@oasas.ny.gov)), Gregory James ([Gregory.James@oasas.ny.gov](mailto: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 electrocardiograms are either not regulatorily 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:
  - 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.
  - Periodic assessments/physical examinations, as medically necessary (please note that the requirement for the annual physical exam had been removed as of 3/27/19).
  - Any in-person medical services should be conducted in accordance with previous infection control guidance, including the 3/11/20 [Guidance for NYS Behavioral Health](#)

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[Programs](#) and its subsequent updates, including, but not limited to, pre-screening patients for COVID-19 risk and symptoms, appropriate use of personal protective equipment (PPE), maintaining social/physical distancing as much as possible, and using masks or face coverings for staff and patients, and should occur only when a patient is already coming to the clinic for a medication dosing visit. Eye protection (face shields or goggles) is recommended for healthcare personnel with direct physical contact with patients (e.g., medication administration, physical exams, etc.). See NYS DOH guidance on recommended eye protection [here](#) and CDC guidance on eye protection [here](#). See OASAS masking guidance [here](#) which delineates which staff members must wear a surgical mask versus which staff members may wear a cloth face covering.

- 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 10 days.
- It is still recommended to utilize telepractice medical services as possible with the exception of methadone initial evaluations.
- Please note that the LHD 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 authorizing 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 is not regularly authorizing OTP administrative discharges at this time; 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 Celine Ng ([Celine.Ng@oasas.ny.gov](mailto:Celine.Ng@oasas.ny.gov)) for information on the application process.