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Guidance to OASAS Certified Programs about Addiction Treatment and Recovery Services during COVID-19

Residential and Inpatient Addiction Treatment Programs The following applies to OASAS certified residential and inpatient addiction treatment programs:

- For residential and inpatient addiction treatment programs, OASAS rescinds the criteria in point 1 of the guidance issued on 3/20/20, [Guidance for Admissions and Continued Stay in Community Based OASAS Inpatient and Residential Settings during the COVID-19 disaster emergency](#). Programs can return to admitting and discharging patients per previous LOCADTR 3.0 criteria.
 - Residential and inpatient addiction treatment programs with a confirmed COVID-19 case among staff or patients must confer with the OASAS Regional Office (who will confer with the OASAS Office of the CMO) to determine whether the facility must pause admissions for 10 days. Programs no longer need to notify the local health department (LHD), but if they are contacted by the LHD are required to follow any recommendations they make. Each situation will be evaluated on a case-by-case basis to determine if an admissions pause must occur to protect the health and safety of the patients and staff at the facility. If it is determined that the outbreak can be reasonably contained (whether a unit, floor, or building or by another means), or that exposure to staff and patients was sufficiently limited, then admissions may not need to be paused.
 - If a program must pause admissions, the program must continue following the criteria for admission and discharge detailed in point 1 of the above referenced 3/20/20 [guidance](#) until they have not experienced a confirmed or suspected COVID-19 case among staff or patients for at least 10 days.
 - **Exceptions: if a facility accepts a known COVID-19 positive patient and immediately isolates the patient appropriately on admission as per OASAS guidance OR a patient tests positive upon admission to the facility and the patient has been quarantined and/or isolated from admission while awaiting test results as per OASAS guidance, then the facility does not need to revert to following the criteria for admission and discharge detailed in point 1 of the 3/20/20 OASAS guidance. The facility can continue admitting and discharging patients per usual LOCADTR 3.0 criteria.**
- Programs must continue to follow other parts of the [3/20/20 guidance](#), including prioritizing admission for those individuals who do not have a safe living space or situation.

- Programs must continue to follow all infection control guidance from OASAS, the NYS Department of Health (DOH), and local health departments (LHD) (i.e., formal and informal written and verbal communications from the LHD), including but not limited to, reserving at least one private room at all times for patients who may need to be isolated or quarantined, as well as maintaining a low enough total census to allow for continued social/physical distancing within programs.
- Programs must continue to report both staff and patient COVID-19 cases to their OASAS Regional Office and follow any recommendations, if given, by their LHD.
 - Please note that the LHD and the NYS DOH have the ability to place further temporary restrictions on program admissions as the result of outbreak investigation activities. If this occurs, programs should immediately notify the OASAS Regional Office. Please note that the LHD will no longer engage in contact tracing as per the 1/14/22 NYS DOH guidance (see [here](#) and [here](#)). Programs will be responsible for determining close and proximate contacts of cases identified in their programs to take necessary measures with respect to testing, quarantine, and isolation.
- Residential and inpatient addiction treatment programs may allow visitation to and from programs. No client who is being isolated or quarantined due to COVID-19, suspected COVID-19, or a recent contact with a case of COVID-19, may have visitors at the program or be allowed to leave the program to visit in the community. Programs must continue to schedule and pre-screen all visitors to the program per infection control guidance from OASAS and must adhere to social/physical distancing between all parties during visits, as well as require face coverings. All visits should occur in pre-designated areas to facilitate infection control and social/physical distancing practices. One-on-one visits and visits outdoors should be encouraged. However, indoor visits of limited size (depending on the size of the room) and duration (less than an hour) can occur. When residents visit the community outside the program, they must be educated about standard infection control practices before the visit (i.e., hand hygiene, face coverings, social/physical distancing) and must be screened for COVID-19 symptoms and risk (including taking their temperature) in-person when returning and, if the screening is positive, must be isolated or quarantined as appropriate per infection control guidance from OASAS. Resources for resident visitation in the community can be found in the OASAS COVID-19 Infection Control Summary for Non-hospital-based Inpatient and Residential Addiction Treatment Providers (see [here](#)).
 - Any program that has a confirmed COVID-19 case among staff or patients must restrict non-critical visitation to and from the programs until they have not experienced a confirmed or suspected COVID-19 case among staff or patients for at least 10 days. **Exceptions: if a facility accepts a known COVID-19 positive patient and immediately isolates the patient appropriately on admission as per OASAS guidance OR a patient tests positive upon admission to the facility and the patient has been quarantined and/or isolated from admission while awaiting test results as per OASAS guidance, then the facility does not need to restrict non-critical visitation as per above.**
 - Please note that the LHD and the NYS DOH have the ability to place further temporary restrictions on program admissions as the result of outbreak

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investigation activities. If this occurs, programs should immediately notify the OASAS Regional Office. Please note that the LHD will no longer engage in contact tracing as per the 1/14/22 NYS DOH guidance (see [here](#) and [here](#)). Programs will be responsible for determining close and proximate contacts of cases identified in their programs to take necessary measures with respect to testing, quarantine, and isolation.

Outpatient Addiction Treatment Programs

Outpatient addiction treatment programs can modify how they follow the 4/19/20 guidance, [New York State Office of Addiction Services and Supports \(OASAS\) COVID-19 Guidance for Outpatient Addiction Treatment Programs](#), as follows:

- Telepractice is still the preferred method of providing treatment, whenever possible; however, in person treatment may resume consistent with this guidance.
- Programs must continue to follow all infection control guidance, including the 3/11/20 [Guidance for NYS Behavioral Health Programs](#) and the Addendum to said guidance issued (10/1/21).(see [here](#))
- All settings, as well as program policies and protocols, need to be assessed for their ability to maintain infection control standards and social/physical distancing, such as (but not limited to) having waiting areas with clear direction about seating and standing distances indicated with tape or other markings.
 - 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 per the guidance, [New York State Office of Addiction Services and Supports \(OASAS\) COVID-19 Guidance for Outpatient Addiction Treatment Programs](#), until there has not been a confirmed or suspected COVID-19 case among staff or patients on-site for at least 10 days.
 - Please note that the LHD and the NYS DOH have the ability to place further temporary restrictions on program admissions as the result of outbreak investigation activities. If this occurs, programs should immediately notify the OASAS Regional Office. Please note that the LHD will no longer engage in contact tracing as per the 1/14/22 NYS DOH guidance (see [here](#) and [here](#)). Programs will be responsible for determining close and proximate contacts of cases identified in their programs to take necessary measures with respect to testing, quarantine, and isolation.
- Programs must have a plan to maintain adequate social/physical distancing among/between any onsite staff and clients. All staff who have close physical contact with clients must wear surgical masks*. Eye protection (face shield or goggles) is recommended for all staff who have close physical contact with clients. See OASAS masking guidance [here](#). All staff who do not fit in the categories specified in the masking guidance may wear cloth face coverings. All masks and face coverings must fit the face snugly and cover completely the nose and mouth. All clients must wear face coverings when on site unless otherwise documented by the

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individual's medical provider as having a medical reason that they cannot do so. See NYS DOH guidance on recommended eye protection [here](#) and CDC guidance on eye protection [here](#). See OASAS masking guidance [here](#). *See the CDC updated mask guidance and recommendations [here](#).

- In-person **individual sessions** may occur with mandatory masks or face coverings for staff and mandatory face coverings for clients*. Eye protection (face shield or goggles) is recommended for staff with close physical contact with patients. Social/physical distancing should be maintained, and providers should still consider the risks vs benefits of in-person sessions (including risk to clients during transport to/from the program) for each client in the context of continued COVID-19 infection risk. See NYS DOH guidance on recommended eye protection [here](#) and CDC guidance on eye protection [here](#). See OASAS masking guidance [here](#). *See the CDC updated mask guidance and recommendations [here](#).
- **Toxicology** can resume but to the extent possible should occur only in the context of an in-person program visit for another reason, and the risks vs benefits of in-person procedures (including risk to clients during transport to/from the program) should be considered for each client in the context of continued COVID-19 infection risk. In general, toxicology should not be frequent and for some clients may still not occur at all. See OASAS guidance on toxicology [here](#).
- Outpatient addiction treatment programs may resume in-person **group counseling** indoors. Programs must continue to schedule and pre-screen all clients scheduled for an in-person group visit per [previous outpatient guidance from OASAS](#), and must adhere to social/physical distancing between all parties during groups, as well as require face coverings for clients and require masks or face coverings for staff*. Eye protection (face shield or goggles) is also recommended for staff who have close physical contact with clients. Indoor groups should be of limited size (depending on room size) 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](#). *See the CDC updated mask guidance and recommendations [here](#).
 - Any program that has a confirmed COVID-19 case among staff or clients on-site *that results in contact tracing activity among anyone who was on-site* must eliminate indoor in-person groups until there has not been a confirmed or suspected COVID-19 case among staff or clients on-site for at least 10 days.
 - Please note that the LHD and the NYS DOH have the ability to place further temporary restrictions on program admissions as the result of outbreak investigation activities. If this occurs, programs should immediately notify the OASAS Regional Office. Please note that the LHD will no longer engage in contact tracing as per the 1/14/22 NYS DOH guidance (see [here](#) and [here](#)). Programs will be responsible for determining close and proximate contacts of cases identified in their programs to take necessary measures with respect to testing, quarantine, and isolation.
- Please note that there are additional/distinct operational and clinical considerations for OTPs, which are addressed in separate guidance on the [OASAS coronavirus page](#).

Recovery Services

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Programs offering recovery services may allow but not require staff to resume operating in their office spaces but must adhere to all [business guidance for reopening](#). These programs must develop specific policies and protocols consistent with state issued [guidance specific to office spaces](#). These policies and protocols to ensure infection control precautions in office spaces should include, but not be limited to, staff screening (e.g., COVID-19 risk and symptom questions, temperatures), visitor screenings, social/physical distancing among staff, staggered work schedules as needed, continued remote working when able, use of mandatory surgical masks for staff that have close physical contact with clients, mandatory face coverings for staff who do not have close physical contact with clients, and mandatory face coverings for clients*, and disinfecting procedures. Eye protection (face shield or goggles) is recommended for staff that have close physical contact with clients. Programs must adhere also to any and all procedures of facility hosts when they are tenants and are responsible for ensuring infection control precautions within the space they occupy. See NYS DOH guidance on recommended eye protection [here](#) and CDC guidance on eye protection [here](#). See OASAS masking guidance [here](#). *See the CDC updated mask guidance and recommendations [here](#).

- Any program that has a confirmed COVID-19 case among staff or clients on-site *that results in contact tracing activity among anyone who was on-site* must revert to working entirely through telepractice with most staff out of the office for at least 10 days.
- Please note that the LHD and the NYS DOH have the ability to place further temporary restrictions on program admissions as the result of outbreak investigation activities. If this occurs, programs should immediately notify the OASAS Regional Office. Please note that the LHD will no longer engage in contact tracing as per the 1/14/22 NYS DOH guidance (see [here](#) and [here](#)). Programs will be responsible for determining close and proximate contacts of cases identified in their programs to take necessary measures with respect to testing, quarantine, and isolation.

Programs offering recovery services may resume offering in-person services to the public. They must adhere to any and all procedures of facility hosts when they are tenants and must also have their own infection control policies and protocols and adhere to social/physical distancing and require mandatory surgical masks for staff with close physical contact with clients, mandatory face coverings for staff with close physical contact with clients, and mandatory face coverings for clients*. Eye protection (face shield or goggles) is recommended for staff with close physical contact with clients. Activities outdoors should be encouraged whenever possible. One-on-one indoor activities (with social/physical distancing and mandatory surgical masks for staff with close physical contact with clients, mandatory face coverings for staff with close physical contact with clients and mandatory face coverings for clients) are safer than group activities. Eye protection (face shield or goggles) is recommended for staff with close physical contact with clients. However, any indoor group activities should be of limited size (depending on room size) 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](#).

- Please note that the LHD and the NYS DOH have the ability to place further temporary restrictions on program admissions as the result of outbreak investigation activities. If this occurs, programs should immediately notify the OASAS Regional Office. Please note that the LHD will no longer engage in contact tracing as per the 1/14/22 NYS DOH guidance (see [here](#) and [here](#)). Programs will be responsible for determining close and proximate contacts of cases

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identified in their programs to take necessary measures with respect to testing, quarantine, and isolation.

Questions should be directed to OASAS Regional Offices, PICM@oasas.ny.gov, or Legal@oasas.ny.gov

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