

Last revised 7/18/22

**New York State Office of Addiction Services and Supports  
(OASAS) COVID-19 Guidance for Outpatient Addiction  
Treatment Programs**

This guidance serves as an addendum to [Guidance for NYS Behavioral Health Programs](#), revised on March 11, 2020 and supersedes the 6/17/21 Addendum. This guidance should be used in conjunction with other relevant guidance posted on the [OASAS COVID-19 page](#), including specific communications about telehealth and for opioid treatment programs (OTPs).

OASAS licensed outpatient addiction treatment programs are essential services and their staff are essential healthcare workers. Therefore, OASAS programs remain open and operational and would not be subject to any non-essential workforce reductions. However, while it is essential to maintain access to critical addiction treatment services, it is important to reduce in-person visits when needed, and encourage physical distancing in both staff and patients, in order to protect staff and patients from COVID-19 and reduce community transmission of COVID-19.

In addition to any previously issued guidance concerning necessary in-person services, OASAS licensed outpatient programs should be operating along the following principles and guidelines:

1. Programs should maximize the use of telehealth services, including for psychosocial services and supports, as well as medication management services, including medication for addiction treatment (MAT), as clinically appropriate for patients and taking into account patient preferences.
2. Programs are allowed to maintain as many staff onsite as necessary to address needs for in-person services, and to support critical administrative functions that cannot be performed remotely.
3. Programs may conduct in-person groups as outlined in the OASAS reopening guidance.
4. Programs may do individual counseling sessions using telehealth methods, unless there is a specific need to do services in person (e.g., a patient has no phone access, urgent risk assessment or crisis management, patient preference, etc.).
5. *Programs should not be bringing persons into the program solely for performing toxicology testing until otherwise instructed by OASAS.* If patients are coming on site for additional services, that would be the appropriate time to collect a toxicology sample.

6. Programs should not be performing in-person procedures (e.g., laboratory specimen collection, physical examinations, tuberculosis screening, etc.), even if they are required by existing OASAS regulations, unless the in-person procedure is medically necessary and critical for the near-term health and safety of a patient. During the COVID-19 federal public health emergency (PHE), an outpatient program intake, as well as an induction on MAT, can be conducted safely and appropriately through telehealth, without any in-person procedures. Non-critical procedures required by regulations are waived during the COVID-19 federal PHE.
7. For any in-person physical (physical exams, phlebotomy, vital signs, etc.) interactions that are deemed medically necessary, staff should utilize personal protective equipment (PPE), including a surgical mask or higher-grade mask, gloves, and eye protection (goggles or face shield), and additional PPE (i.e., gown and fit-tested N95 respirator mask) as appropriate, and are encouraged to maintain as much physical distancing as possible between both patients and staff, as well as among patients in the facility (e.g., encourage physical distancing in waiting areas). This could mean deferring parts of procedures that require direct contact (e.g., deferring parts of a physical examination that are not critical). Clinicians should document in the chart which parts of procedures were deferred and the reason. All staff should be wearing a surgical or higher-grade mask with any close physical contact with patients and a cloth face covering is permitted while in the facility without close physical contact with patients. All patients should be wearing a face covering while in the facility. All masks and face coverings should fit snugly and completely cover the nose and mouth. Eye protection (face shield or goggles) is required for staff with close physical patient contact. See NYS DOH guidance on recommended eye protection [here](#) and CDC guidance on eye protection [here](#). See OASAS masking guidance: <https://oasas.ny.gov/guidance-mask-wearing-requirements>. See updated CDC mask guidance [here](#).
8. Programs should create and/or update infection control policies and procedures, in collaboration with neighboring health care providers when necessary, to ensure continued access to long-acting injectable medications, while encouraging physical distancing and protecting staff from COVID-19 exposure (e.g., a single injection clinic with scheduled appointments, staffed by a nurse in full PPE).
9. Please note that there are additional operational and clinical considerations for OTPs, which are addressed in separate guidance.

Please send any further questions to the PICM Mailbox at [PICM@oasas.ny.gov](mailto:PICM@oasas.ny.gov)

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