

COVID-19 and opioid treatment programs

Frequently asked questions

The following information is meant to support opioid treatment program (OTP) medical directors relating to the corona virus (COVID-19) situation in Washington. This guidance contains recommendations and resources from state and federal partners.

States are responsible for regulating OTPs in their jurisdictions. Therefore, each State Opioid Treatment Authority (SOTA) is responsible for working with the OTPs within their state to develop and implement a disaster plan to address COVID-19.

If you have additional questions, please email them to jessica.blouse@hca.wa.gov. We will update this document as needed and post updated versions on [our OTP webpage](#).

How do we reduce transmission in our program facility?

- The Centers for Disease Control and Prevention has provided [interim infection prevention and control recommendations in health care settings](#).
- We have created [a fillable and printable sign](#) that you can customize for your program.
- Anyone with a respiratory illness (e.g., cough, runny nose) should be given a mask before entering the space.
- Provide hand sanitizer at the front desk and at each dosing window.
- Clean all surfaces and knobs several times each day with EPA-approved sanitizers.

Can we dose someone in a separate room if they present with a fever or cough?


Yes.

Develop procedures for OTP staff to take clients who present at the OTP with respiratory illness symptoms such as fever and cough to a location other than the general dispensary and/or lobby, to dose clients in closed rooms as needed.

OTP staff should use [interim infection prevention and control recommendations in health care settings](#) published by the Centers for Disease Control and Prevention.

What guidance is there from Washington State and SAMHSA to provide clients with take-home dosing during this public health emergency?

For individual client cases, please continue to submit exceptions through the SAMHSA OTP extranet website. Consider communication outreach to clients through phone calls, emails, and signage onsite to let them know if




they become sick to contact the OTP before coming onsite, so take-home approval can be prepared in advance for dispensing.

For large-scale, agency-wide policies to provide take-homes to large numbers of individuals, please submit a blanket exception request for your OTP through the SAMHSA OTP extranet website on a monthly basis.

Please submit one blanket exception request for each OTP branch site, once monthly.

As per SAMHSA's Division of Pharmacologic Therapies and the State Opioid Treatment Authority of Washington State, here are the 7 following approved blanket exceptions which a Washington State OTP may consider applying for via the SAMHSA OTP extranet website at this time relating to the Coronavirus public health threat in Washington State.

- a. Blanket take home medication exceptions for patients with lab confirmed COVID-19 disease: As described above, patients with symptoms of a respiratory viral illness, with or without confirmation via COVID-19 viral testing, present an immediate risk to the rest of the population, not to exceed 14 days of take homes
- b. For patients endorsing symptoms of a respiratory infection and cough and fever. They will be isolated and evaluated by a medical provider who will decide as to a safe number of take-home doses, taking into consideration the patient's stability in treatment and ability to safely store and protect medication, not to exceed 14 days of Take-Home
- c. For patients who have already earned one additional take home: These patients have meaningfully fulfilled the eight take-home criteria and have done so for a period sufficiently long to suggest likely ongoing compliance. In the setting of a public health emergency of this scale, these patients have demonstrated enough clinical stability to warrant limiting their in-person dosing with Monday and Friday clinic schedule for a total of 5 take home doses per week; e.g Attend clinic for dosing on Monday and Friday and receive take homes on the alternate days and weekend.
- d. Patients with significant medical comorbidities, particularly those patients over the age of 60, such as comorbid chronic and severe pulmonary, cardiac, renal or liver disease, immunosuppression, can be eligible for not to exceed 14 days of Take-Home, at discretion of medical provider.
- e. For patients with only one take home (unearned), determined by the medical provider to be appropriate: a staggered take-home schedule whereby half the OTP's patients present will present on Mondays, Wednesdays and Fridays, and the other half of OTP patient's present on Tuesday, Thursday, Saturdays, with the remaining doses of the week provided as a take home would be appropriate. Patients should receive no more than two consecutive take homes at a time. This reduces the clinic's daily census in half



and has a tolerable risk profile, as patients are still evaluated frequently and do not receive more than 2 days of take-home medication at any one time, as we often due clinic-wide during long holiday weekends.

- f. Patients on buprenorphine: Based on the more favorable safety profile of buprenorphine, outpatient dosing on buprenorphine for new clients will be extended to 1 per week clinic visits with take homes (no CSAT exemption required). Stable patients should already have earned at least a two-week clinic attendance schedule on average.

- g. Unstable patients: Patient in any of the population categories above who are determined unstable or unsafe to manage take home doses should continue daily dosing in the clinic. Inability to safely take unsupervised medication due to a cognitive or psychiatric condition, or inability to keep a take-home dose of medication safe due to a chaotic living situation would be grounds for patients being deemed ineligible for this emergency take-home exemption. For these unstable patients who, for safety reasons, need to continue daily dosing, every precaution should be made to limit exposures from symptomatic patients, and to medically fragile patients (No CSAT exemption required).

FOR ALL STATES WITH DECLARED STATES OF EMERGENCY

The Washington State Opioid Treatment Authority has requested from SAMHSA blanket exceptions for all stable patients in an OTP to receive 28 days of Take-Home doses of the patient's medication for opioid use disorder.


The Washington State Opioid Treatment Authority has requested from SAMHSA up to 14 days of Take-Home medication for those patients who are less stable but who the OTP believes can safely handle this level of Take-Home medication.

All patients must have a lockable take-home container and written instructions on protecting their medication from theft and exposure to children or animals. The clinic should remain open during regular business hours to field calls from patients who are receiving take homes. The efficacy and safety of this take-home strategy should be continually assessed. All medical exceptions should provide appropriate and complete documentation.

How can we provide medications to our clients if they cannot leave their home, if they are in quarantine or isolation relating to COVID-19?

As per SAMHSA Division of Pharmacologic Therapies Guidance Released on 3-13-20.





1. OTP must document in the client's health records that the patient is medically ordered to be under isolation or quarantine. When possible confirm source of information- e.g.: doctor's order, medical record. Ensure the documentation is maintained in the patient's OTP record.

2. Identify a trustworthy, patient designated, uninfected 3rd party, i.e. family member, neighbor, to deliver the medications using the OTP's established chain of custody protocol for take home medication.

This protocol should already be in place and in compliance with respective state and DEA regulations.

OTPs should obtain documentation now for each patient as to who is designated permission to pick up medication for them and maintain this process of determining a designee for any new patients.

3. If a trustworthy 3rd party is not available or unable to come to the OTP, then the OTP should prepare a "doorstep" delivery of take-home medications. Any medication taken out of the OTP must be in an approved lock box.

- The OTP should always communicate with the patient prior to delivery to reduce risk of diversion. This may involve, but is not limited to:

a. Call placed to the patient prior to staff departure to deliver the medication ensuring that the patient or their approved designee is available to receive the medication at the address provided by the patient and recorded in the patient's OTP medical record.

b. Upon arrival, medication is delivered to the patient's residence door and another call is made to the patient/designee notifying that the medications are at the door.

c. The OTP staff is to retreat a minimum of 6 feet to observe that the medications are picked up by the patient or the designated person to receive the medications. The OTP staff person must ask the person who is retrieving the medication to identify themselves. Staff should determine that the person appearing to retrieve the medication is the patient or the person named by the patient as having permission to do so. The OTP staff who deliver the medication remain until observed retrieval of the medication by the designated person takes place, and then documents confirmation that medications were received by the individual identified as permitted to pick up the medication.

d. Do not leave medication in an unsecured area. OTP staff must remain with the medication until the designated individual arrives and retrieves the medication.

e. If the person who is to receive the medication is not at the designated location, an attempt should be made to reach the person. If the person does not arrive timely (this wait period will need to be determined by OTP staff), then the staff person must bring the medication back to the OTP where it will be stored in the pharmacy area until a determination is made as to whether another attempt will be made to deliver medication. Any medication returned to the OTP must be logged in. The medication delivery and pick up by the designated person or return of medications to the OTP must be documented in the patient's OTP record and appropriate pharmacy records."





What should our OTP do to continue to serve clients who need to receive their opioid pharmacotherapy medication in a supervised, controlled environment settings?

As per SAMHSA Division of Pharmacologic Therapies Guidance Released on 3-13-20.

For individuals receiving opioid pharmacotherapy from an OTP that provides the medication to supervised, controlled environment settings such as nursing homes or jails/prisons, upon request to minimize risk of COVID-19 infection and/or contain COVID-19 infection;

Supervised, controlled environment settings facilities will be granted 14 days of opioid pharmacotherapy medication for each patient residing in the facility after receiving such medication from the OTP.

The 14-day supply of medication for each patient must be stored safely under staff supervision in a locked area utilized for medication preparation and dispensing in the facility.

Staff at the facility must administer the medication to the patient (s) and document as they would for any controlled substance medication administered at the facility.

This exception is renewable upon healthcare provider request and SOTA approval.

What does our OTP need to know about the use of telemedicine or telephonic services to provide medically necessary services for the continuity of care for OTP clients?

As per SAMHSA and the Washington State Opioid Treatment Authority as of 3-16-20-Please see the following 3 scenarios where the use of telemedicine is appropriate in an OTP.

- **Scenario 1.** A known and already admitted OTP clients who needs to have a dose evaluation consultation presents at an OTP and is symptomatic. No physical examination by prescriber is needed to perform a dose evaluation. Audio-visual Telemedicine or telephonic consults can be used to provide dose evaluations of clients to reduce risk of direct COVID-19 exposure to OTP prescribing staff.
- **Scenario 2.** A known and already admitted OTP client who needs to have a dose evaluation consultation presents at an OTP and they are non-symptomatic. No physical examination by prescriber is needed to perform a dose evaluation. Audio-visual Telemedicine or telephonic consults can be used to provide dose evaluation to reduce risk of direct COVID-19 exposure to OTP prescribing staff.
- **Scenario 3.** An OTP is experiencing staffing shortages from prescribing medical staff at the OTP needing to go into isolation or quarantine. OTP prescribing staff cannot attend the OTP physically due to isolation and/or quarantine, but they are not so symptomatic that these prescribing staff cannot still complete Scenario 1 and Scenario 2. Audio-visual Telemedicine or telephonic consults can be used by OTP prescribers to provide continuity of operations for the OTP.



These 3 scenarios may only occur when:

- There is a clear understanding from the OTP Medical Director that audio-visual telemedicine or telephonic services may not substitute for any service where a physical examination of the client is medically necessary, although it may be used to support the decision making of a physician when a provider qualified to conduct physical examinations and make diagnoses is physically located with the patient.
- All OTP must adhere to **42 C.F.R. § 8.12(f)(2)**, which requires new clients at an OTP undergo a physical evaluation before admission to the OTP:

42 C.F.R. § 8.12(f)(2). “Initial medical examination services. OTPs shall require each patient to undergo a complete, fully documented physical evaluation by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician, before admission to the OTP. The full medical examination, including the results of serology and other tests, must be completed within 14 days following admission. “

For **new** OTP patients that are treated with **methadone**, the requirements of an in-person medical evaluation will remain in force. SAMHSA has made this determination on the basis that eliminating the in-person physical examination requirement for new methadone patients could present significant issues for a patient with OUD. Patients with OUD starting methadone are not permitted to receive escalating doses for induction as take-home medication. This means that a person starting methadone for OUD would get a maximum dose of 30 mg/d and may be on this dose, which for most people with OUD would be a low dose that will potentially be inadequate, for extended periods (up to 14 days if the clinic is using a blanket exception during the current medical emergency). The methadone dose could only be increased by a small amount (e.g., 5 mg/d) meaning that the person would be on what are considered to be subtherapeutic doses of methadone to treat OUD for an extended period. An initial in-person physical evaluation is needed in order for OTP providers to address such risks in each **newly** admitted methadone patient

What does our OTP need to know about the use of telemedicine or telephonic services to provide psychosocial counseling services for the continuity of care for OTP clients?

At this time audiovisual telehealth and audio telephonic services can be offered for **any** psychosocial counseling service offered by the OTP counseling staff.

- HCA will be releasing more guidance on modifiers to note for these services. Please look for this information to published in the future at the [Washington State Health Care Authority Informational Page About COVID-19](#)



Are there thoughts an OTP should consider when deciding whether to start a new, not yet admitted opioid use disorder diagnosed individual onto buprenorphine or methadone during the COVID-19 public health emergency?

With shared decision making between client and prescriber, in terms of what we are facing in our state with COVID-19, OTP prescribers need to decide with clients which would be the easiest medication to start on at this time, and often times that medication may be a buprenorphine containing product.

Buprenorphine containing products for new clients should be considered for use to the greatest extent possible, because of the following reasons:

- All OTP in the State of WA are allowed to administer and dispense buprenorphine containing products through the OTP.
- Under the current regulations (42 CFR § 8.12 (i)(3)), OTPs must adhere to a time in treatment schedule in dispensing methadone products to patients for unsupervised use (“take home supplies”). Effective January 7, 2013, as per SAMHSA the time in treatment requirements for patients receiving buprenorphine products no longer applied in an OTP setting. Accordingly, if an OTP program physician determines that the patient is suitable, the OTP could dispense a one-week supply of medication, or longer, to a newly admitted patient.
- If prescribed, buprenorphine products can be prescribed via a telemedicine prescription from the first visit for new, not yet admitted clients.
- If prescribed, can result in a prescription that can be sent to be filled at a local pharmacy, instead of an OTP
- Clients can be moved from buprenorphine containing products to methadone once the COVID-19 public health threat recedes easier than a client who may need to be switched from methadone to buprenorphine.
- If staff at an OTP get ill or an OTP needs to close in an emergency, buprenorphine clients could be easier to coordinate continuity of care for than methadone as they can easier be switched to a DATA 2000 waiver prescriber and/or retail or community pharmacy.

If you put a new client on methadone please remember that:


- OTP Medical Directors are limited by federal law for client safety reasons of limiting OTP methadone clients to an initial 30 mg for their first dose of methadone.
- If the person cannot be seen for their next dose evaluation due to unforeseen circumstances relating to the COVID-19 public health threat, then the individual would be stuck at relatively low 30 mg dose for a period of time, which may not resolve their opioid withdrawal symptoms until they can have their dose escalated.
- SAMHSA and the WA State Opioid Treatment Authority will not endorse any new client titrating themselves upwardly from home for methadone.

Our OTP wants to store extra medication inventory onsite to be prepared for emergency planning, but the extra inventory may not fit in our DEA approved safe, what should we do?

As per the DEA: During a time period when the Washington State Governor declares a State of Emergency (In this instance for COVID-19):

- OTP can order and store increased inventory of methadone and/or buprenorphine products.



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- If the extra inventory of medication is not expected to fit in the DEA approved OTP safe, prior to ordering extra inventory an OTP must contact both the Washington State SOTA, and their state specific DEA Diversion Program Manager directly. The DEA Diversion Program Manager must approve specific plans for storage of the surplus medications in an OTP's dispensary area which are locked and alarmed in accordance with current DEA standards.
 - Contact information for Washington State specific DEA Diversion Program Manager:

Ricardo Quintero

Diversion Program Manager
Seattle Field Division
Office Phone #206-553-1258
Ricardo.Quintero@usdoj.gov

What warrants a shut-down of an OTP?

You must consult with both your local public health jurisdiction and Washington State Opioid Treatment Authority Jessica Blose before making decisions about operations.

OTPs are considered essential public facilities under Washington State RCW, and should make plans to stay open in most emergency scenarios.

Can we hold admissions and inductions of new clients at our OTP?

No OTP can hold new client admissions at this time. All OTP must continue to be able to induct new clients.

Can we withhold guest dosing at our OTP?

No OTP can withhold guest dosing at this time. All OTP must continue to be able to guest dose clients as needed.

We have clients and employees who are extremely anxious about COVID-19. What can we tell them to support them?

Hearing the frequent news about COVID-19 can certainly cause people to feel anxious and show signs of stress, even if they are at low risk or don't know anyone affected. These signs of stress are normal.

The Substance Abuse and Mental Health Services Administration document titled [Coping with stress during infectious disease outbreaks](#) that includes useful information and suggestions. You could adapt messaging from this document for the people you serve, or print this document to have available.

There are also steps people should take to reduce their risk of getting and spreading any viral respiratory infection. These include: wash your hands often with soap and water for at least 20 seconds, cover your mouth and nose with your elbow when you cough or sneeze, and stay home and away from others if you are sick.





During this time period of increased take homes of medication due to COVID-19, it would be best practice for patients to be informed of where they can obtain Naloxone.

Options for this include:

- Opioid Treatment Programs can either order naloxone to hold onsite in inventory and to administer and dispense as per RCW 71.24.590 (4).
- Prescribers may write a prescription for naloxone that a client could fill at a pharmacy. Bill this service as an E&M medical code.
- Send clients to a syringe service program (SSP) to obtain free Naloxone.
 - [Directory of WA State Syringe Service Program Locations](#)
- Send clients to a pharmacy where they can pick up Naloxone under the state-wide standing order and use their insurance benefits for little or no cost.
 - Utilize resources available through <http://stopoverdose.org/>

Where can I refer clients if they have a question about testing for COVID-19?

More information about assessing is available at the [Department of Health website](#). Additionally, the Department of Health has established a call center to address questions from members of the public, who can call 1-800-525-0127 and press #.

Any guidance about toxicology testing of client's during the COVID-19 public health emergency?

It is recommended that oral fluid toxicology testing be suspended.

CFR 8.12 (f)(2) Requires that **“(2) During an Initial medical examination services. OTPs shall require each patient to undergo a complete, fully documented physical evaluation ...The full medical examination, including the results of serology and other tests, must be completed within 14 days following admission.”** During the COVID-19 public health threat, as lab testing capacities are being pushed to the limit, and PPE is quite low in many healthcare settings including labs OTP and labs, each OTP should aim to complete serology and other lab testing as soon as reasonably possible, but please note that no client admission should be held up as a result of this testing not yet being completed.

The scheduling of follow up testing after medication initiation should be a clinical decision balancing the risk of unnecessary exposure for patients and providers with concerns about individuals' persistent use or diversion.

While all OTP should have diversion control protocols in place. The need for a urine drug test, or BAC at this time as a requisite to continued treatment is a clinical decision best made by the treatment team.



Any considerations for injectable forms of medications for the treatment of opioid use disorder?

Patients receiving injectable forms of buprenorphine products and injectable antagonist medications like naltrexone should continue to receive their injections for as long as PPE is available for providers to do so. If PPE runs out, then prescribe oral buprenorphine products, and/or oral naltrexone to be picked up at a pharmacy, and reschedule the injections to resume when provider regains sufficient PPE inventory.

If a patient receiving injections is shows signs or symptoms of COVID-19, a provider may use their clinical judgement and forgo a scheduled injection and instead prescribe oral buprenorphine products, and/or oral naltrexone to be picked up at a pharmacy, and reschedule the injections to resume within 14 days.

Should we be worried about any medication shortages and/or disruption of a medication supply for methadone and/or any buprenorphine containing products?

At this time, there has been no reported concern from any state or federal partner about a potential for disruption in the medication supply for methadone and/or any buprenorphine containing product.


Any future updates or changes to this guidance will come from the Washington State Opioid Treatment Authority. Please contact the State Opioid Treatment Authority if your program has any specific concerns.

If our OTP's billing department has questions about billing guidance from Washington State Health Care Authority related to services rendered during the COVID-19 public health emergency, where should they go?

Please look for billing related guidance to be published at the following webpage: [Washington State Health Care Authority Informational Page About COVID-19](#)

What else should my OTP be doing to prepare for or respond to COVID-19?

- Ensure you have up-to-date emergency contacts for your employees and your clients.
- Ensure your program leadership has the contact information of the State Opioid Treatment Authority Jessica Blose:
 - Email: Jessica.Blose@hca.wa.gov
 - Cell phone: 360-485-2895
- Discuss with your clients whether they have or want to determine a designated other person who may be able to pick up their medications if they are unable to.
- Develop procedures for OTP staff to take clients who present at the OTP with respiratory illness symptoms such as fever and coughing to a location other than the general dispensary and/or lobby, to dose clients in closed rooms as needed.

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- Develop protocols for provision of take-home medication if a client presents with respiratory illness such as fever and coughing.
 - Develop a communications strategy and protocol to notify clients who are diagnosed with or exposed to COVID-19, and/or clients who are experiencing respiratory illness symptoms such as fever and coughing, that whenever possible the client should call ahead to notify OTP staff of their condition. This way OTP staff can have a chance prepare to meet them upon their arrival at an OTP with pre-prepared medications to be dispensed in a location away from the general lobby and/or dispensing areas.
 - Develop a plan for possible alternative staffing/dosing scheduling in case you experience staffing shortages due to staff illness. Develop a plan for criteria for staff members who may need to stay home when ill and/or return to the workforce when well.
 - OTPs may want to ensure they have enough medication inventory onsite for every client to have access to two weeks of take-home medication, or more. Every Washington State OTP should be at least two to four weeks ready.
 - Current guidelines recommend trying to maintain a six-foot distance between clients onsite in any primary care setting, as best as possible. We realize in an OTP setting that this guidance may be difficult to achieve, but should be attempted to the best of everyone's ability in an aspirational sense, while considering the space and patient flow within your OTP's physical location. OTP may want to consider expanding dosing hours to help space out service hours to help mitigate the potential for individual clients queuing in large numbers in waiting room and dosing areas.
 - Continue to report the death of any OTP client death within 24 hours to the Washington State Department of Health in alignment with WAC 246-341-1000(8)(d).
 - OTPs should include in their respective disaster plans, details for continuity of patient care in the event of clinic closure. Examples may involve alternate dosing sites, memorandums of understanding between local OTPs agreeing to guest dose displaced patients, and availability of staff to verify dosing.
 - OTPs should direct specific questions about operations under the circumstances related to COVID-19 or other such pathogens in the future to their state agencies. SAMHSA provides general guidance regarding OTP regulation and operation, but specific questions must be addressed by the SOTA in the specific jurisdiction in which the program is located. SAMHSA will not answer specific questions about program disaster plans or operation of programs.
 - For additional guidance on developing and implementing disaster plans, please refer to [TAP 34: Disaster Planning Handbook for Behavioral Health Treatment Programs](#):
 - SAMHSA recognizes that social distancing and quarantine may come with concerns for individuals, families, and communities. SAMHSA hopes these [Tips For Social Distancing, Quarantine, And Isolation During An Infectious Disease Outbreak](#) are of use during this time.