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To: Opioid Treatment Programs

From: Deirdre Calvert, LICSW, Director of the Bureau of Substance Addiction Services

Date: March 18, 2020

Re: Alert Regarding COVID-19 for Opioid Treatment Programs

The Massachusetts Department of Public Health (DPH), Bureau of Substance Addiction Services (BSAS) is providing this interim guidance to assist Opioid Treatment Programs (OTPs) with providing the medication that patients need during the State of Emergency while also limiting unnecessary exposure of COVID-19 to its clients and staff.

This guidance is based on recent communication issued by SAMHSA which provides significantly more flexibility to programs. Programs should continue to monitor updates from SAMHSA, as well as updated information on DPH's COVID-19 website, mass.gov/covid19.

Updated Take Home Doses For All OTPs

- Effective immediately, DPH BSAS is aligning state Take Home dosing quantities with the federal dosing schedule, by waiving the provisions of 164.304(C)(1)-(4) for all OTPs.

- 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 efficacy and safety of this take-home strategy should be continually assessed.

Blanket Exception Approval From SAMHSA

To help limit the spread of Coronavirus and consistent with SAMHSA guidance, BSAS has received a blanket exception from SAMHSA on behalf of OTPs for Take-Home doses of medication for opioid use disorder.

Therefore, OTPs should not be submitting exception requests that fall within these guidelines in the extranet due to the high volume of requests received.

- Based on the request by BSAS, SAMHSA has allowed the following:

- Up to 28 days of Take-Home medication for all stable patients.

- 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 take home medication decisions made under a blanket exception for stable and/or unstable patients are at the discretion of the OTP's medical director in consultation with the clinical team including identifying stable and unstable patients. A patient may be deemed "stable" within the discretion of the Medical Director even if the patient does not meet the 8 point criteria set forth in 42 CFR 8.12(h)(4)(i)(2)(i-viii) and 105 CMR 3.04(C)(2)(a-g).

- The following factors shall also be taken into consideration by OTPs as they consider Take Home doses

    - Patients with laboratory confirmed COVID-19 disease and patients with signs or symptoms of a respiratory viral illness, with or without confirmation via COVID-19 viral testing, will receive 28 days of medication immediately.

    - Patients who have chronic medical conditions, signs/symptoms of respiratory infection or viral illness, and/or who are otherwise vulnerable to infection will receive up to a 28-day supply of take homes.

    - Patients with significant medical comorbidities and/or older patients (over the age of 60) will be given up to a 28-day supply of take-home medications.

    - Select patients who have already qualified for 1 or more additional take home doses and suggest likely ongoing compliance and stability will receive between 7-28 days of medication.

    - Patients with no or only one take home (unearned), may be given up to 14 days take home.

    - Patients who are unable to physically come to the OTP may have a designated other / surrogate pick up their medication on their behalf. A chain of custody form will be completed as part of this procedure.

    - All patients receiving take homes must receive information and education regarding the safe keeping of methadone and accidental ingestion.

- Take home privileges are not appropriate in the following scenarios:

    - If, in the discretion of the Medical Director, a patient is not stable
    - When a patient is in the induction phase or;
    - Any phase in which they are increasing their methadone dose.

- Programs must submit their specific COVID-19 disaster plan to MA SOTA at Jennifer.Babich@state.ma.us which provides appropriate and complete documentation on patient education on medication safety and diversion risk, including:

- A plan describing how methadone will be transported and kept safe, including information on how patients receiving take home doses will receive information and education regarding the safe keeping of methadone and prevention of accident ingestion. The plan should also reflect how these items will be documented;
- Information on overdose education;
- Chain of custody;
- The communication method for the patient and other providers to contact the OTP for emergencies or other information;
- The frequency of clinical contact and how other patient needs will be met as they arise;
- Any changes of operations, and required services, including schedule changes and operational hours;
- Information on how the OTP will continue to admit new patients should also be submitted.

Admission for New Patients

- OTPs must continue admitting new patients. Admission decisions should be based on a comprehensive assessment and treatment decisions should be decided in conjunction with the patient.
- The patient should be provided with all options for medication for opioid use disorder treatment.
- For ease of access during this time, OTPs should consider either admitting new patients on Buprenorphine or coordinating referrals to a buprenorphine provider.

General Operations

- Programs should consider Telehealth for providing ongoing counseling to patients pertaining to their treatment needs.

- SAMSHA approves telehealth for methadone dosing changes for stable patients.

- Programs should encourage patients to identify a family member or friend that the OTP approves of for picking up take home bottles for the patient in case of emergency. If programs elect to do this, they must ensure that the chain of custody form is signed and in place. All patients or anyone receiving take home bottles should be informed of the danger of accidental ingestion.

  Programs should consider communication outreach to patients through phone calls, emails, and signage onsite to let them know that if they become sick, they should contact the program before coming onsite, so that appropriate approvals such as take-home approvals and/or prescriptions can be prepared in advance.

  Programs should post an emergency program number on the window/door and an outgoing voicemail message informing the caller who and how to contact the OTP staff when the program is closed for verification of dosing or a patient emergency. This is required by

regulation and must be part of the OTP's disaster plan. It is crucial to ensure this is in place as patients may become infected with or exposed to COVID-19 and unable to return to the OTP; this ensures both patients and providers have a way to communicate with the OTP as soon as possible.

- Programs should develop a plan for possible alternative staffing/dosing/counseling/intakes scheduling in case you experience staffing shortages due to staff illness. This should include developing a plan for criteria for staff members who may need to stay home when ill and/or return to the workforce when well. Programs should also consider staggering and or extending dosing/counseling operations to reduce the number of patients in the facility at one time.

- Programs should consider providing specific dosing times/pick up times to patients in order to reduce the number of patients in the facility at one time. This can include expanding operational hours.

- All patients and/or pick up delegates should receive information on overdose response and prevention.

- The Centers for Disease Control and Prevention has provided interim infection prevention and control recommendations in health care settings.

Frequently Asked Questions

Can we provide delivery of medication to our patients if they cannot leave their home, or a controlled treatment environment?

There is nothing under federal law that prohibits this from occurring, although resources to offer this level of service may vary by program. During this state of emergency SAMHSA supports flexible methods to ensure continuation of treatment including "doorstep" delivery.

For SAMHSA's COVID-19 guidance specific to opioid treatment programs, please see the following links to the Substance Abuse and Mental Health Services Administration's (SAMHSA) guidance: https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines/covid-19-guidance-otp as well guidance issued by the Drug Enforcement Agency: https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-015)%20SAMHSA%20Exemption%20NTP%20Deliveries%20(CoronaVirus).pdf

Can we provide curbside dosing?

The DEA supports "curbside" dosing on an individual basis directly at a vehicle parked with a patient inside should the medical team determine the patient should not be physically present in the OTP facility. In these instances, nurses should bring one individually pre-poured and labeled bottle in a locked box to the patient's vehicle outside of the OTP (e.g. in the parking lot) for

observed dosing. If a nurse is transporting numerous doses for an individual patient curbside dosing, the DEA requires a security staff to accompany the nurse. The OTP must ensure that patient / designee identification and standard verifications occur as part of this process.

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

We encourage all OTPs to take this opportunity to update or create their Continuity of Operations Plan (COOP) to ensure mechanisms are in place for services to be provided in the event of an emergency. For additional guidance on developing and implementing disaster plans, please refer to TAP 34: Disaster Planning Handbook for Behavioral Health Treatment Programs: https://store.samhsa.gov/product/TAP-34-Disaster-Planning-Handbook-for-Behavioral-Health-Treatment-Programs/SMA13-4779

At a minimum, your plan should be mindful of:

- Ensuring the OTP has enough medication in stock. The DEA currently supports stocking/ordering surplus methadone and buprenorphine due to potential increase in the provision of take home bottles. The DEA asks that any requests to store methadone or buprenorphine which does not fit in the safe be directed to Mark Rubbins, DEA Diversion Program Manager Boston, New England Field Division at mark.j.rubbins@usdoj.gov.
- Ensuring the program has a valid after hours contact telephone number in which a provider or patient can contact the OTP for dose verification or to provide current patient status to the OTP. The emergency number should also be posted on the external window or door.
- Having updated, complete emergency contact information for staff, volunteers, and board members
- What essential functions could be performed off site if a large number of staff are home sick or caring for sick family members
- Colleagues and partner agencies with whom you could pool resources to avoid disruption of services
- Ensuring that critical information such as passwords, locations of keys, etc. is known by multiple staff members, and that business processes are written down and easy to locate
- Collaborate with external agencies such as transportation companies, visiting nurses, long-term care, skilled nursing facilities, or correctional facilities in order to ensure coordinated care and ongoing treatment for shared patients
- Develop a communications strategy and protocol to notify patients who are diagnosed with or exposed to COVID-19, and/or patients who are experiencing respiratory illness symptoms such as fever and coughing, that whenever possible the patient should call ahead to notify staff of their condition. This way staff can have a chance to prepare to meet them upon their arrival with pre-prepared medications to be dispensed in a location away from the general lobby and/or dispensing areas, and or provide take home bottles as needed.
- Submit Required Notifications to DPH BSAS if program operations are affected by COVID-19 as with any other infectious disease
- Ensure emergency contacts are up to date for all patients
- Ensure patients and staff are oriented and trained in the emergency protocols and procedures

- Ensure your program leadership has the contact information of the State Opioid Treatment Authority Jen Babich for any emergent or urgent issues at any time:
  - Email: jennifer.babich@state.ma.us
  - Cell phone: 857-292-3242 (for evenings and weekends and daily business days)
  - Secondary Contact: Erica Weil email: Erica.weil2@state.ma.us, cell: 857-292-9878 (for evenings and weekends and daily business 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 State Opioid Treatment Authority. Please contact the State Opioid Treatment Authority if your program has any specific concerns. If you have additional questions, please email them to Jennifer.Babich@state.ma.us.

What warrants a shut-down of an OTP?
OTP regulations require OTPs to stay open in most emergency scenarios, and be able to induct new patients. You must consult with your State Opioid Treatment Authority before making decisions about operations.

Where can I refer patients and staff if they have a question about COVID-19?
Individuals should talk with their primary care provider.

Please stay informed by visiting the Mass.Gov website: https://www.mass.gov/covid19. For SAMHSA's COVID-19 guidance specific to opioid treatment programs, please see the following link to the Substance Abuse and Mental Health Services Administration's (SAMHSA) guidance: https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines/covid-19-guidance-otp

We have patients 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.