From: Mid-State Health Network
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Subject: MSHN Special Release: SAMHSA Issues Guidance for OTPs during the COVID-19 Crisis
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Mid-State Health Network
SPECIAL RELEASE!

SAMHSA Issues Guidance for OTPs during the COVID-19 Crisis

The Substance Abuse and Mental Health Services Administration (SAMHSA)
Division of Pharmacologic Therapies (DPT)
Center for Substance Abuse Treatment (CSAT)

I. Guidance on pharmacotherapy for opioid use disorder (OUD) availability in circumstances in which patients may be exposed to highly contagious infectious agents (such as COVID-19)

The United States is currently working to minimize spread of the highly contagious COVID-19 virus. Opioid Treatment Programs (OTPs) are programs providing essential medication to individuals with OUD. Many attending OTPs for treatment of OUD present at the OTP daily to receive medication for their OUD. In circumstances in which a patient(s) have symptoms of infection (fever, chills, cough, shortness of breath) or in which they may have been in contact with someone who has such symptoms or has been diagnosed as having COVID-19 infection; it is important that the individual(s) not attend the OTP, but as importantly, that they continue to receive their medication to treat their OUD.

The following guidance is a suggested course for assuring to the greatest extent possible the safety of patients and healthcare providers.

· 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. 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

· All disaster plans need to be consistent with all applicable state and federal laws and regulations. Disaster plans should be reassessed as the situation develops and new approval sought from the SOTA when indicated.

· Disaster plans shall not include any blanket exceptions for clinic closure and/or take- home medication for all patients to include patients who do not qualify for take- home/unsupervised use of opioid pharmacotherapies. Appropriate alternatives compliant with state and federal guidelines for dosing should be arranged for patients who are not eligible for take-home medication.

· SAMHSA will consider approving COVID -19 exceptions to permit dispensing of take- home opioid pharmacotherapy for up to 14 days for those with exposure to COVID-19 or symptomatic for infection when documented by the patient's healthcare provider. SAMHSA DPT will only consider exception renewals for up to 14 days that are medically indicated and requested by the individual's healthcare provider. Every exception request for up to 14 days of opioid pharmacotherapy and related to COVID-19 exposure or infection must be presented to the SOTA who will be required to verify that the exception is necessary.

· To reduce barriers and avoid delays, upon request for such an exception that includes verification of need by the SOTA, SAMHSA will grant the exception and then allow 48 hours for the COVID-19 exception request to be entered in the Extranet by OTP staff.

· For individuals receiving opioid pharmacotherapy from an OTP that provides the medication to supervised settings such as nursing homes or jails/prisons, upon request to minimize risk of COVID-19 infection and/or contain COVID-19 infection; these facilities will be granted 14 days of opioid pharmacotherapy medication for each patient residing in the facility and 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.

· Telehealth options for continued counseling in times of emergency or disaster should be utilized to the extent possible, maintaining standards for patient confidentiality.

· 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.

II. OTP Guidance for Patients Quarantined at Home with the Coronavirus

1. Document 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:

    1. 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.
    2. 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.

3. 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.
4. Do not leave medication in an unsecured area. OTP staff must remain with the medication until the designated individual arrives and retrieves the medication.
5. 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

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RESOURCES:

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

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