

COVID-19 Frequently Asked Questions for Opioid Treatment Programs (OTP)

Q: What do I need to know about the COVID-19 to keep my staff and patients safe?

a) All IDHS/SUPR licensed and funded organization should primarily follow the Center for Disease Control and Prevention (CDC) Coronavirus Disease 2019 (COVID-19) website for up-to-date information: <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and regularly consult the Illinois Department of Public Health website for information specific to our state: <http://dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus>.

b) Other resources:

The Substance Abuse and Mental Health Services Administration (SAMHSA) posted COVID-19 guidance providing potential flexibility for Opioid Treatment Programs (OTPs). For the most up-to-date information on responses to COVID-19 for the Substance Use Disorder Treatment field, go to <https://www.samhsa.gov/>.

Review and follow updated DEA guidance for OTPs
<https://www.deadiversion.usdoj.gov/coronavirus.html>.

c) Establish a policy to respond to the COVID-19 in your organization. Consult with your medical director to complete or update policy and procedures.

Q: Can we approve extended Take-Home doses for all patients to decrease attendance to the OTP?

a) Patients may be provided additional take home medication, a higher pickup code, without a CSAT exception if they already meet the existing time in treatment and the additional take home criteria under 42 Part 8.

b) IDHS/SUPR was approved for a blanket exception from Center for Substance Abuse Treatment (CSAT) for all stable patients participating in an OTP to receive up to 28 days of Take-Home doses of the patient's medication for OUD. When the exception is approved, the State Opioid Treatment Authority (SOTA) will contact all OTPs and SUPR will provide additional one-on-one guidance. In addition, you will also receive one-on-one technical assistance from our compliance monitoring staff.

Programs are expected to remain open to medicate newly admitted patients, and less stable patients, and to handle patient inquiries and emergencies.

c) All patients should have secure-lockable take home container to secure take home medication.

d) If OTPs operate under an approved blanket take-home exception, OTPs are expected to provide phone case management to all patients as needed.

OTPs are expected to provide structured, daily phone cases management services for patients who are at risk for an opioid overdose (e.g., last drug test was positive for illicit opioid use) and for patients who are experiencing mental illness complications, (e.g., patient report increased symptoms of anxiety and/or depression).

Q: Can a patient receive their methadone if they have a fever and/or cough?

- a) Yes. It is important that patients with an opioid use disorder (OUD) continue to have access to their medication. Utilize the CDC infection prevention recommendations for *Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States* <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html>.
- b) At a minimum, your COVID-19 policy should require calling clients in advance to determine if they are sick or symptomatic. Symptomatic patients who need to be seen in the OTP clinic should be asked to call before they leave home, so staff are ready to receive them using appropriate infection control practices and personal protective equipment. If the OTP knows a patient is sick before they come to the facility, take-home dosing can be approved in advance.
- c) Your COVID-19 policy should include calling patients who are at higher risk of COVID-19-related complications (e.g., elderly, those with medical co-morbidities and pregnant women).
- a) Every effort should be made to have hand sanitizer available at the front desk and at each dispensing window.

Q: How do I continue to provide substance use disorder treatment and intervention services and respond to COVID-19?

- a) Implement your emergency response plan and update patient and staff contact information.
- b) Reschedule non-urgent outpatient visits as necessary.
- c) Eliminate patient penalties for cancellations and missed appointments related to flu-like and respiratory illnesses.
- d) OTPs should consider telehealth as an alternative to face-to-face substance use assessments and treatment. Telehealth is the use of digital information and communication technologies, such as computers and mobile devices, to access health care services remotely and manage your health care¹. Telehealth can be a valuable tool in the delivery of substance use disorder services by reducing barriers to needed care through a cost-effective alternative to traditional face-to-face services. The Division supports telehealth when needed services would otherwise not be available at this time. IDHS/SUPR OTPs are encouraged to read and follow the Contract Policy Manual (see pages 11-12) for more information on telehealth and substance use treatment².
- e) If the organization is not equipped to provide telehealth services or the patient refuses telehealth services, consider providing phone case management to limit individual therapy/counseling and group sessions.
- f) OTPs must develop a crisis response policy for patients who report an opioid relapse or for patients whose mental illness is deteriorating while receiving telehealth or phone case management.

¹ <https://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/telehealth/art-20044878>

² http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/OASA/2020/SUPR_Contractual_Policy_Manual_for_FY_2020.pdf

- g) Organizations must prioritize the safety of their staff and patient. Therefore, substance use assessments, treatment planning and continuing stay reviews completion timeframes may be extended. Review IDHS/SUPR's Blanket Exception List³.

Q: What about group counseling and supervision?

- a) Minimize group gatherings; for example, group counseling and hosting 12-step meetings. Limit staff meeting or participation in upcoming staff trainings.
- b) Group counseling is highly discouraged at this time.

Q: What else can OTPs do?

- a) Consider changing the hours of operations, stagger or extending hours to limit large groups in waiting rooms.
- b) If you are curtailing your hours, changing your services, please update that information through the provider portal on the Helpline. It is critical that the Helpline have accurate information during this time.
- c) Restrict visitors under 18 years of age (children and young adults develop mild systems; older populations are at higher risk for serious illness).

For DHS statewide information on COVID-19 visit www.CoronaVirus.Illinois.Gov .

³ <http://www.dhs.state.il.us/page.aspx?item=123240>