NEW YORK STATE | Office of Addiction Services and Supports

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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. This guidance should be used in conjunction with other relevant guidance posted on the OASAS coronavirus 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 may remain open and operational and are not subject to 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, and have both staff and patients participate in social distancing, as much possible and clinically appropriate, in order to protect staff and patients from COVID-19 and reduce community transmission of the virus.

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 must maximize the use of telehealth services, including for psychosocial services and supports, as well as medication management services, including medication-assisted treatment (MAT).

2. Programs are allowed to maintain as many staff onsite as necessary to address urgent needs for in-person services, and to support critical administrative functions that cannot be performed remotely. However, most staff should be working remotely until otherwise instructed by OASAS.

3. Programs should not be running any in-person groups until otherwise instructed by OASAS.

4. Programs should be doing a majority of individual counseling session using telehealth methods, unless there is a specific need to do otherwise (e.g., a patient has no phone access, urgent risk assessment or crisis management, etc.).

5. Programs should not be performing toxicology until otherwise instructed by OASAS. Although there may be specific exceptions where the risk to the patient and staff of COVID-19 exposure are outweighed by the benefits to the patient, these circumstances are very rare.

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 medical necessary and critical for the near-term health and safety of a patient. During the COVID-19 public health emergency, an outpatient program intake, as well as an induction on MAT, can be safely and appropriately performed through telehealth, without

any in-person procedures. Non-critical procedures required by regulations are waived during the COVID-19 public health emergency.

7. For any in-person interactions that are deemed medically necessary, staff should utilize personal protective equipment (PPE), as appropriate, and should attempt to maintain as much social distancing as much as possible between both patients and staff, as well as among patients in the facility (e.g., ensure social 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.

8. Programs should create and/or update policies and protocols, in collaboration with neighboring health care providers when necessary, to ensure continued access to long-acting injectable medications, while maximizing social 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.