# COVID-19 Guidance for the Field
# Office Based Opioid Treatment

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The following information is meant to support providers of office based opioid treatment (OBOT) relating to the coronavirus (COVID-19) situation in Ohio. Our focus right now is implementing OhioMHAS' emergency management plans and shoring up relationships that are increasingly important during this pandemic. These relationships are with our federal partners, other states, and local government entities. Our efforts at planning are aimed at supporting community providers and boards in meeting the needs of families, adults, and communities. We urge you to look at your own organizational and community planning and to connect with your local health departments to ensure that you are connected to information and strategies to support the Ohioans that you serve. As you consider your own business continuity plans, here are some helpful questions to guide your planning.

If you have additional questions, please email them to COVID19BH@mha.ohio.gov. We will update this document as needed and post updated versions on our OhioMHAS webpage.

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## Reducing COVID-19 Transmission

### 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.
- 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.
- Clean all surfaces and knobs several times each day with EPA-approved sanitizers.
- Provide educational pamphlets to patients and staff on how patients can respond to COVID-19.
- Discontinue use of vending machines and limit staff use of group lunchrooms.

### Can we still see patients if they present with a fever or cough?

Yes. Please develop procedures to take patients who present at the facility with respiratory illness symptoms such as fever and cough to a location other than the lobby. 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 available about patient prescriptions during this public health emergency?**

Throughout the COVID-19 pandemic, prescribers of OBOT medications may want to adjust their traditional prescribing patterns in favor of ones that limit the amount of daily foot-traffic in the facility. OhioMHAS recommends that you personally furnish naloxone to all patients who may be receiving more medication that normal or are at-risk for relapse and overdose. Prescribers should always take into consideration the patient's stability in treatment and ability to safely store and protect medication when considering lengthy prescriptions. Please consider the following prescription adjustments for your patients:

a. Patients with lab confirmed COVID-19 disease: 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. These patients may receive up to two weeks of medication within the first 90 days of treatment or up to a one month's supply of medication at the prescriber's discretion. Patients who have fully recovered from COVID-19 could be eligible for additional lengthy prescriptions because new research suggests viral shedding may occur after many symptoms dissipate.

b. Patients endorsing symptoms of a respiratory infection and cough and fever: These patients will be isolated and evaluated by a medical provider who will make a determination as to the safe number of doses patients can be prescribed. Patients may receive up to two weeks of medication within the first 90 days of treatment or up to a one month's supply of medication at the prescriber's discretion.

c. Patients with significant medical comorbidities, particularly those patients over the age of 60, such as co-morbid chronic and severe pulmonary, cardiac, renal or liver disease, or immunosuppression: Patients may receive up to two weeks of medication within the first 90 days of treatment or up to a one month's supply of medication at the prescriber's discretion.

d. Stable patients: Consider prescribing stable patients the highest number of doses allowed under law. While it can be an incentive to draw patients to attend counseling appointments, please take this opportunity to reduce patient appearance at the clinic as much as possible.

e. Unstable patients or patients within their first 30 days of treatment: Inability to safely take unsupervised medication due to length of time in recovery, a cognitive or psychiatric condition, diversion risk, or inability to keep prescription medication safe due to a chaotic living situation should be grounds for patients to receive prescriptions that are relatively low in duration. For example, prescribers may consider a staggered prescription schedule, whereby half the patients will present on Mondays, Wednesdays and Fridays, and the other half of patients will present on Tuesday, Thursday, and Saturdays, with the remaining doses of the week prescribed as appropriate. This reduces the clinic's daily census in half and has a tolerable risk profile. Patients are still evaluated frequently and do not receive more than 2 days of medication at any one time, which often occurs during clinic-wide during long holiday weekends.

f. Patients receiving injectable forms of naltrexone or buprenorphine: Patients should continue receiving injections as long as Personal Protective Equipment is available. 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, or oral naltrexone to be picked up at a pharmacy and reschedule the injections to resume within 14 days.

**How can our patients quickly obtain naloxone? Would there be any restriction on patient eligibility?**

OhioMHAS is making funding available from the State Opioid Response (SOR) grant for purchase of naloxone to all organizations, whether non-profit or for-profit. OBOT prescribers may not charge patients for any of the free naloxone given through SOR dollars, and providers may not order more than 25 units per organization. If a patient does have insurance, then OBOT providers are requested to utilize naloxone through that funding source, rather than this funding source unless the patient is unable to pay any associated co-pays. In cases where patients are at risk for not returning with naloxone in a timely fashion, providers should personally furnish naloxone from the inventory funded by SOR dollars. To request naloxone for your patients, please contact Mindy Vance at Mindy.Vance@mha.ohio.gov. Naloxone supplies will be direct shipped to your organization. If patients are interested in obtaining naloxone on their own, outside of the clinic, then please direct them to http://odh.ohio.gov/projectdawn to identify a source of naloxone within the county or to https://www.naloxoneforall.org/hro to order naloxone online.

## Telehealth

**What guidance is being provided for telehealth services to behavioral health organizations?**

The Ohio Department of Medicaid (ODM) and OhioMHAS are implementing these emergency rules to expand access to medical and behavioral health services using telehealth. This action is being taken to give health care providers maximum flexibility as they shift as many services as possible away from in-person visits. In addition to increasing access to care, these rules seek to also reduce pressure on Ohio hospitals. The goal of the emergency rule package is to dramatically increase regulatory flexibility so medical and behavioral health providers can offer health care services to Ohioans remotely, thereby increasing access to care, reducing pressure on our hospital systems, and reducing unnecessary patient traffic in waiting rooms during the COVID-19 emergency.

A MITS-BITS guidance document has been prepared to answer any questions you may have about the new telehealth policy for persons with Medicaid. The document has information and links to OhioMHAS and ODM rule changes concerning services available using telehealth, locations available for telehealth,

telehealth delivery methods, and claims submission. Additional information on billing for telehealth should be thoroughly reviewed for organizations planning to take advantage of this new service. From the MITS-BITS dated March 20, 2020:

> *Prior to the implementation date for the system changes, providers may either hold claims until the system changes are implemented or submit claims for telehealth services using existing billing guidance. **If providers choose to submit claims for telehealth service prior to implementation of the system changes, please note that it is very important for providers   to continue to use the existing billing guidance.** For example, providers **should NOT** add the GT modifier to services that are being added as new telehealth services under the emergency rules. If the GT modifier is added to the new services prior to the implementation date of the system changes claims may be denied. Additionally, until the system changes are made, providers should continue to use allowable place of service codes in existing billing guidance when submitting claims. Providers must maintain documentation of services delivered via telehealth prior to and after the system changes are made.*
>
> *After the system changes are implemented, to the extent possible, providers should comply with the new billing guidance for telehealth services. Providers should maintain documentation to support any exceptions to the billing guidance necessary to maintain access to services to individuals during the emergency.*

Providers should refer to the standard [Behavioral Health Services](#) billing guidance documents for any billing questions. Requirements for reporting service units have not changed and are still applicable for all services enabled to be billed under telehealth. For questions related to changes to OhioMHAS interactive videoconferencing policy as well as questions related to clinical and technical implementation of telehealth, please e-mail COVID19BHTelehealth@mha.ohio.gov. Questions about the Medicaid coverage, billing, and reimbursement under the new policy can be submitted to BHEnroll@medicaid.ohio.gov. The Ohio Departments of Medicaid and Mental Health and Addiction Services recently hosted a training webinar for delivering behavioral health services via telehealth. A [recording](#) of the webinar and [slides](#) are available at: https://bh.medicaid.ohio.gov.

### Does the State Medical Board have guidance on telemedicine in Ohio?

Yes, the State Medical Board of Ohio has received numerous inquiries regarding telemedicine regulations. Please see the [guidance documents](#) created for quick reference. Detailed information also can be found in the Medical Board's rules.

### What guidance is there about HIPAA privacy issues during this time?

During the COVID-19 public health emergency, the HHS Office for Civil Rights (OCR) has provided guidance that helps explain civil rights laws as well as how the HIPAA Privacy Rule allows patient information to be shared in the outbreak of infectious disease and to assist patients in receiving the care they need. Please see the following [website](#) for more information.

### Can OBOT providers perform telemedicine induction of buprenorphine products?

Yes, providers of OBOT can perform telemedicine inductions as long as certain criteria are met. The DEA's [original guidance document](#) discussed use of telemedicine under the Ryan Haight Act of 2008, which allowed provision of telemedicine:

> *A. while the patient is being treated by, and physically located in, a DEA-registered hospital or clinic registered under 21 U.S.C. § 823(f) of this title; and by a practitioner*
> *-who is acting in the usual course of professional practice;*
> *-who is acting in accordance with applicable State law; and*
> *-is registered under 21 U.S.C. § 823(f) with the DEA in the State in which the patient is located.*
>
> *OR*
>
> *B. while the patient is being treated by, and in the physical presence of, a DEA-registered practitioner*
> *-who is acting in the usual course of professional practice;*
> *-who is acting in accordance with applicable State law; and*
> *-is registered under 21 U.S.C. § 823(f) with the DEA in the State in which the patient is located. Please be advised that the remote*

The DEA has allowed an exception to some of the requirements outlined in Title 21, United States Code (U.S.C.), Section 802(54)(D) due to the designation of the pandemic as a public health emergency. The [DEA](#) and [SAMHSA](#) have modified the requirement as follows:

> *For as long as the Secretary's designation of a public health emergency remains in effect, DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they*

*have not conducted an in-person medical evaluation, provided all of the following conditions are met:*

- *The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice*

- *The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.*

- *The practitioner is acting in accordance with applicable Federal and State law.*

*Provided the practitioner satisfies the above requirements, the practitioner may issue the prescription using any of the methods of prescribing currently available and in the manner set forth in the DEA regulations.*

Please ensure that staff review any credentialing board and State of Ohio Medical Board requirements before they engage in telehealth services.

## General Operations

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

More information about testing is available at the Ohio Department of Health website. Additionally, the Ohio Department of Health has established a call center to address questions from members of the public. The Call Center phone number is 1-833-427-5634, and it is staffed from 9 AM to 8 PM each day, including weekends.

### What warrants a temporary shut-down of OBOT services?

Office-based opioid treatment is considered an essential health services for Ohioans dealing with substance use disorder. These businesses will be allowed to stay open through any state executive order limiting business activity due to their critical nature. For more information on business closures, please see the Ohio Department of Health's website.

If your facility is considering temporarily closing, please consider contacting your State Opioid Treatment Authority at 614-302-9513 and your local Alcohol, Drug and Mental Health Board (ADAMH) Board as quickly as possible. We can help you coordinate transfer of patients to other facilities.

### 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 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 tips include: washing your hands often with soap and water for at least 20 seconds, covering

your mouth and nose with your elbow when you cough or sneeze, wearing a mask when you visit public places, and staying home and away from others if you are sick.

It is likely that OBOT providers will have staff and patients develop COVID-19 at some point during the pandemic. The Centers for Disease Control and Prevention has developed guidelines about recommended daily cleaning and disinfection procedures as well as procedures if some one or more people are actively sick. Please review these guidelines and consider adopting them for your organization.

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

At this time, there has been no reported concern from any state or federal partner about potential disruption in the medication supply for any buprenorphine containing product. The DEA has advised all prescribers to monitor their website for more information concerning the national drug supply and other issues.

### Are OBOT providers still required to fulfill patient admission requirements during this pandemic. What if personal protective equipment (PPE) is unavailable?

Ohio Administrative Code (OAC) 4731-33-03 B(1) specifies standard procedures for admitting persons in an OBOT setting, some of which may require PPE. If your facility runs out of PPE, please contact the licensure division of the State Medical Board of Ohio for guidance at 614-466-3934 or by email at license@med.ohio.gov

Prescribers prating OBOT are still mandated to perform ongoing screen during the pandemic per OAC 4731-33-03 G(6):

> "The physician shall require urine drug screens, serum medication levels, or oral fluid testing at least twice per quarter for the first year of treatment and at least once per quarter thereafter."

Prescribers should note that the frequency of these required ongoing screenings is lenient, and they may consider adjusting their traditional screening protocol accordingly. 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

### What should my practice do as Ohio reopens business?

Ohio businesses should be following Ohio's responsible protocols for getting back to work. Ohio's protocols for all business include:

- Require face coverings for employees and recommend them for clients/customers at all times.

- Conduct daily health assessments by employers and employees (self-evaluation) to determine if "fit for duty."

- Maintain good hygiene at all times – hand washing, sanitizing and social distancing.

- Clean and sanitize workplaces throughout workday and at the close of business or between shifts.

- Limit capacity to meet social distancing guidelines.

- Establish maximum capacity at 50% of fire code.

- Use appointment setting where possible to limit congestion.

For more updates on Responsible RestartOhio, please see up to date information at https://coronavirus.ohio.gov/wps/portal/gov/covid-19/responsible-restart-ohio/welcome/

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

- Ensure you have up-to-date emergency contacts for your employees and your patients. You are recommended to update the cell phone number and carrier of your patients weekly because this population's cell phone numbers change frequently. Just make this process a standard part of the check-in procedures, and patients will come to expect it.

- Ensure your program leadership has the contact information of the State Opioid Treatment Authority for any questions, concerns, or to report a facility closure:
    - Email: COVID19BH@mha.ohio.gov
    - Cell phone: 614-302-9513

- Develop a communication 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 OBOT staff of their condition. This way staff can have a chance prepare to meet them upon their arrival and lead them to an isolated area.

- Develop a plan for possible alternative staffing scheduling in case you experience staffing shortages due to staff illness. If possible, consider dividing staff into teams, (e.g., Team A and team B), where each team works a different schedule and is relatively isolated from one another.

- Consider limiting critical staff access to patients when possible. For example, prescribing staff may meet with a patient through a glass window or through tele-communications devices within that same facility.

- Current guidelines recommend trying to maintain a six-foot distance between patients. We realize that this guidance may be difficult to achieve in a medical setting, but it should be attempted to the best of everyone's ability in an aspirational sense while considering the space and patient flow within your facility. Providers of OBOT services should consider expanding office hours to help mitigate the potential for individual patients queuing in large numbers in waiting room and dosing areas. OBOT providers should also consider reserving special dosing times for high-risk populations like those who have medical comorbidities. While the effects of COVID-19 for pregnant women and the fetus are unknown, providers should consider using these special dosing times for this population as well. More information can be found about the impact of COVID-19 on women and children at the CDC website.

- 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.

## Keep Updated

### How can I be kept abreast of COVID-19 developments as an OBOT provider?

OhioMHAS will be holding monthly webinars for OBOTs to address any developments in COVID-19. Organizations should attend the webinars for updates and to present any barriers to and successes for patient care. All webinars are recorded and can be accessed through the link below for people unable to attend.

### Upcoming Webinar Dates

- July 27th https://attendee.gotowebinar.com/register/1976740895401290509

- August 24th https://attendee.gotowebinar.com/register/2627645181974929933