



OPIOID TREATMENT PROGRAMS

Frequently Asked Questions

The following are frequently asked questions from opioid treatment programs (OTP) during the COVID-19 Health Emergency.

Q. Can my clinic provide tele-counseling and, if so, are my counselors required to be on site?

A. During this health emergency, your counselors may provide tele-counseling services. Your counselors are not required to be at the licensed site to provide the tele-counseling services.

Q. Can I bill for tele-counseling and telehealth?

A. Questions regarding billing should be directed to your payor source. Medicaid has provided guidance regarding claims for telephone services [here](#).

Q. Can my physician utilize telemedicine to admit a patient into our clinic?

A. This question is dependent on the type of drug to be utilized.

Buprenorphine: During this health emergency, programs may utilize telemedicine for buprenorphine induction without an in-person, face-to-face medical evaluation.

Methadone: Methadone will continue to require an in-person, face-to-face medical evaluation prior to the first dose of medication.

The Drug Enforcement Agency has provided guidance on the use of telemedicine here:

<https://www.deadiversion.usdoj.gov/coronavirus.html#TELE>

SAMHSA has also provided guidance on the usage of both medications here: <https://www.samhsa.gov/sites/default/files/faqs-for-oud-prescribing-and-dispensing.pdf>

- Q.** Due to social distancing and lack of personal protective equipment (PPE), will my clinic be required to conduct annual labs and physicals?
- A.** Many clinics report that they are lacking adequate PPE to conduct annual physicals and labs. The program physician may determine that some annual physicals and labs may be postponed until PPE becomes available, at their discretion. The initial face-to-face medical evaluation must still occur before methadone utilization.
- Q.** Will my clinic be required to conduct drug screening of patients with the lack of PPE?
- A.** Initial drug screening is still required for new patients. Random drug testing is both a clinical and diversion tool and is expected to occur when possible. The program physician may determine to postpone monthly drug screening until PPE is available, at their discretion.
- Q.** During this health emergency will my physician be required to come into the clinic and sign medication orders within 72 hours?
- A.** OTPs may utilize electronic signatures rather than wet or in-person signatures for all documentation, including but not limited to medication orders, patient records, and treatment plans.
- Q.** How should I handle a patient positive for COVID-19?
- A.** You will still be required to provide medication services for a patient who tests positive for COVID-19 or who is quarantined due to exposure. It is recommended you follow the guidance of the Texas Department of State Health Services (DSHS) located at: <https://www.dshs.texas.gov/coronavirus/>, and the Centers for Disease Control and Prevention (CDC), located at: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>. SAMSHA has also posted guidance for addressing a patient with COVID-19 here: <https://www.samhsa.gov/medication-assisted-treatment>.
- Q.** What exceptions should I be submitting to the Extranet?
- A.** SAMSHA has provided guidance on submitting exceptions on the extranet access page: <https://otp-extranet.samhsa.gov>.
- Q.** Can I provide additional take-home doses of medications to my patients?
- A.** Per SAMHSA's guidance, the state has allowed for program physicians to decide which patients, if any, to provide take-home medications to. Stable patients may be provided up to 28 days of take-home doses of medication, while unstable patients may be provided up to 14 days of take-home doses of medication. These exceptions were identified in

each clinic's Emergency Response Plan. Currently all programs continue to update their exceptions to the State Opioid Treatment Authority. SAMSHA has stated all COVID specific exceptions should be submitted directly to the State Opioid Treatment Authority (SOTA). Individual patient exceptions may still be submitted through the extranet.

Q. Once I have provided my patients take-home medications, can I close the clinic?

A. No. Opioid treatment programs provide a specialized and limited service that is not readily available to all individuals in need of treatment. It is expected that clinics remain operational and continue admissions and guest dosing.

Q. What if all my nurses become ill and cannot dose?

A. Each clinic's emergency response plan is to include a plan to remain operational should all nurses become ill. This plan may include utilizing a nurse from another clinic and having an agreement with other clinics to dose patients. It is not an acceptable plan to send patients to a hospital emergency room to dose.

Q. Where can a clinic obtain PPE during this shortage?

A. It is recommended you work with your local health authority. HHSC has published the following bulletin: <https://hhs.texas.gov/about-hhs/communications-events/news/2020/03/march-2020-qmp-bulletin>

Additionally, SAMHSA also provided a letter to the American Association for the Treatment of Opioid Dependence (AATOD) identifying OTPs as an essential medical practice in need of PPE. View more COVID-19 guidance from AATOD here:

<http://www.aatod.org/advocacy/policy-statements/covid-19-aatods-guidance-for-otps>

Q. I am concerned that my patients and staff may be detained and not able to get to the clinic during a Shelter in Place/Stay at Home Orders/Lock Down.

A. Opioid treatment programs are medical services and travel to and from are considered essential services. Should you have concerns that opioid treatment may not be interpreted by local officials as an essential medical service, it is recommended that you address this in your local jurisdiction and provide documentation to your staff and patients.