



## State of New Jersey

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### COVID-19 and Opioid Treatment Program Guidance March 24, 2020

As the NJ Department of Human Services, Division of Mental Health and Addiction Services (DMHAS) learns more about COVID-19 (the coronavirus), it will provide updated guidance to assist Opioid Treatment Programs (OTPs) in their response to mitigate exposure and spread of this disease. This guidance supersedes previously issued guidance to OTPs (3/18/20), specifically with revised procedures for take-homes and for use of telehealth. Below are current recommendations and resources:

#### ***Reducing incidence and transmission of COVID-19 at facilities***

Encourage staff and patients at your agency to perform frequent hand hygiene. Individuals should be reminded to wash hands often with soap and water for a minimum of twenty seconds or use an alcohol-based hand sanitizer that contains 60-95% alcohol.

Post illustrative information sheets about hand washing and other preventive measures at your agency. <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>.

Educate staff and patients to avoid touching eyes, nose and mouth with unwashed hands.

Properly disinfect all “high-touch” surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets every day. Provide sanitary wipes in your facility, when appropriate.

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/workplace-school-and-home-guidance.pdf>.

Keep an adequate supply of cleaning products, masks and gloves at your agency for individuals providing primary care such as injections or are in direct contact with individuals diagnosed with COVID-19.

### *Information and resources for COVID-19*

It is important to review the most up-to-date guidance from national, state, and local public health agencies. Many townships and local health departments have ways to sign up for news alerts. Individuals can also use these public health agency websites and hotlines:

NJ Department of Health: [www.nj.gov/health/cd/topics/ncov.shtml](http://www.nj.gov/health/cd/topics/ncov.shtml)

- 24-Hour Hotline: 1-800-222-1222 (in-state) or (800) 962-1253 (out-of-state)

Contact Information for all local health departments in NJ:

<http://localhealth.nj.gov>

U.S. Centers for Disease Control & Prevention: [www.cdc.gov/COVID19](http://www.cdc.gov/COVID19)

Staying informed can help decrease the anxiety people may feel about COVID-19. It can also help prevent the spread of rumors and discourage the stigma and exclusionary behavior that can occur with COVID-19 or any other infectious diseases.

### *Planning for staff shortages*

Review current staffing to determine essential functions and staff requirements to ensure appropriate qualifications to serve as on-call professionals for programs that need to remain operational with reduced staff.

### *Dosing patients in separate rooms*

Agencies should develop procedures for OTP staff to take patients who present at the OTP with respiratory illness symptoms such as fever and cough to a location other than the general dispensary and/or lobby to dose patients in separate rooms as needed. OTP staff should use interim infection prevention and control recommendation in health care setting published by the Centers for Disease Control and Prevention. Other ancillary services, including counseling should be considered on a case-by-case basis.

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>.

### *Take-home dosing*

Opioid Treatment Programs (OTPs) are essential public facilities and provide critical medication services to individuals with an Opioid Use Disorder (OUD) and should stay open in most

emergency scenarios. Many attending OTPs for treatment of OUDs present at the OTP daily to receive medication.

OTPs shall ensure they consider minimum diversion risk and use of clinical judgement while addressing the COVID-19 pandemic. Licensed OTPs in the state shall consider the federal 8-point criteria as their guide for provision of take-home medication, as well as employ a risk/benefit analysis that considers risk of diversion in comparison to risk of infection to the patient, as well as the risk of transmission of COVID-19 to staff and other patients. Clinical/medical direction will inform all provision of take home and designated other events. Every OTP shall have their own individualized plan for provision of take-homes and submit this plan via a Continuity of Operations Plan (COOP) via the IME COOP Activation email address at [imecoop@ubhc.rutgers.edu](mailto:imecoop@ubhc.rutgers.edu) and copy Mr. Adam Bucon via email at [adam.bucon@dhs.nj.gov](mailto:adam.bucon@dhs.nj.gov). Exception requests through the SAMHSA Extranet should no longer be submitted when it relates to COVID-19.

The following shall guide OTP take-home procedures:

1. Patients with laboratory confirmed COVID-19 disease and patients with signs or symptoms of a respiratory viral illness, with or without confirmation of COVID-19 viral testing, may receive up to 28 days of medication, but no less than 14 days immediately. These patients should not present for continued dosing at the clinic. Instruct patients to contact staff if they are experiencing or know whether individuals with whom they have had close contact have been experiencing such symptoms, before coming to the facility, so that appropriate arrangements can be made for obtaining medication. The amount of take-home medication shall be based on patient stability assessed by the agency Medical Director and clinical team. The agency shall document that the patient is medically ordered to be under isolation or quarantine. When possible confirm source of information (i.e. doctor's order, medical record).
2. Patients who have chronic medical conditions, signs/symptoms of respiratory infection or viral illness, and/or who are otherwise vulnerable to infection may receive up to a 28-day supply of take-home medication. The amount of take-home medication shall be based on patient stability assessed by the agency Medical Director and clinical team.
3. Patients with significant medical comorbidities and/or older patients (over the age of 60) may be given up to a 28-day supply of take-home medications. The amount of take-home medication shall be based on patient stability assessed by the agency Medical Director and clinical team.
4. Select patients who have already qualified for one or more additional take home doses and suggest likely ongoing compliance and stability may receive between 7-28 days of medication. The amount of take-home medication shall be based on patient stability assessed by the agency Medical Director and clinical team.

5. Patients with no or only one take home (unearned), may be given up to 7 days of take-home medication. For patients who are considered to be less stable, an agency may consider daily dosing or a staggered take-home schedule whereby half the OTP patients present on Monday, Wednesday and Friday and the other half of OTP patients to present on Tuesday, Thursday and Saturday, with the remaining doses of the week provided as a take-home. Patients identified as less stable and at higher risk shall receive no more than two consecutive take homes at one time. Prescribers must be extremely cautious with patients who continue to have positive UDS for fentanyl or fentanyl analogues. If this is the case, consider continued daily dosing for these high-risk patients.
6. Agencies shall develop a procedure for routinely monitoring clients who do not attend the clinic and are in receipt of take-homes, especially those presenting with clinical concerns requiring professional or medical assistance. Contact shall be made with patients and/or caregivers in their homes or residences by a means determined most suitable to them. The procedure for patient monitoring should be conducted by the appropriate clinic staff, including counseling and professional licensed staff, and can utilize messaging, telephone and video. See section on telehealth for additional information.
7. Agencies shall consider ways of promoting social distancing in a non-stigmatizing fashion such as determining if dosing can be provided in additional spaces in the facility, having patients maintain a distance of 6 feet from one another while on line, identifying a non-stigmatizing way to separate individuals who may have been exposed to COVID-19 or any other infectious illness (such as using a separate entrance) and expanding hours of operations so less individuals are awaiting their medicine at any one time.
8. Patients who are unable to physically come to the OTP may have a designated other/surrogate pick up their medication on their behalf. A completed chain of custody form is required as part of this procedure.
9. Special consideration shall be taken when patients are in the MAT induction phase or any phase in which they are increasing their medication dose, unless they are in any of the high-risk populations noted above. Patients who are in the induction phase shall be maintained on the dose of methadone ordered on the day that take-home medication is prepared; escalating doses of methadone shall not be given to patients who are receiving multiple days of take-home medication. Rather, the patient shall be held at the dose they are taking and evaluated for an increased dose at the next clinic visit and prior to the preparation of additional take-home doses as needed.
10. For patients who reside out of State, consider options for partnering with an out-of-State agency to plan guest medication.

11. Patients dispensed buprenorphine are not restricted to regulatory requirements regarding take-home medication, therefore shall be evaluated for flexible take-home doses, as clinically warranted. Based on the more favorable safety profile of buprenorphine, programs shall seek to maximize the ability of patients to take their buprenorphine at home during the COVID-19 crisis. OTPs are strongly encouraged to temporarily switch from dispensing buprenorphine to prescribing it to patients as deemed clinically appropriate and safe by the medical provider.
12. All patients shall be instructed and educated, preferably verbally and in writing, on protecting their medication from theft and exposure to children, pets and other adults.
13. For individuals receiving opioid pharmacotherapy from an OTP that provides the medication to supervised settings such as nursing homes, residential treatment programs or jails/prisons, upon request to minimize risk of COVID-19 infection and/or contain COVID-19 infection, facilities will be granted up to 28 days of opioid pharmacotherapy medication for each patient residing in the facility and receiving such medication from the OTP. The 28-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.
14. All patients receiving take-home medication must have a lockable take-home container with written instructions on protecting their medication from theft and exposure to children, other adults and animals.
15. The OTP shall remain open during regular business hours or be given emergency contact information to field calls from any patient who is receiving take-home medication. The efficacy and safety of the take-home strategy shall be continually assessed. All medication exception requests shall provide appropriate and complete documentation on medication safety and diversion risk.

### *Patients Quarantined at Home with the COVID-19*

Document that the patient is medically ordered to be under isolation or quarantine. When possible confirm source of information, i.e. physician order, medical record. Ensure the documentation is maintained in the patient's OTP record.

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 for each patient as to who would have designated permission to pick up medication for them and maintain this process of determining a designee for any new patients.

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 attempt will be made to deliver the medication. Any medication returned to the OTP must be logged in. The medication delivery and pick up by the designated person or return of the medications to the OTP must be documented in the patient’s OTP record and appropriate pharmacy records.

### *Telehealth*

Telehealth options for continued prescribing and/or counseling in times of emergency or disaster should be utilized to the extent possible, maintaining standards for patient confidentiality. In order to reduce patient attendance and volume at OTPs, group counseling should be curtailed and in-person individual and other meetings should be curtailed or provided by way of telehealth. New guidance from Medicaid (NJ FamilyCare) includes payment for telephonic and video conferences conducted by a range of staff utilizing technology not previously allowed for telehealth, such as Skype. As noted, agencies shall also make remote

contacts through telephone and other means for remote patient monitoring, as noted. See below link for additional details:

<https://www.state.nj.us/humanservices/news/press/2020/approved/20200323.html>

### ***Medication shortages and/or disruptions of a medication supplies***

Currently, there have been no reported concerns from any State of Federal partner about a potential for disruption in the medication supply for methadone and/or buprenorphine containing product. Any future updates or changes to this guidance will come from the New Jersey State Opioid Treatment Authority (NJ-SOTA) or the Drug Enforcement Agency (DEA).

### ***Drug Enforcement Agency (DEA) guidance***

The Drug Enforcement Administration, Diversion Control Division, has established the following link for assistance by DEA Registrants with Domestic (or International) disasters:

[https://www.dea diversion.usdoj.gov/disaster\\_relief.htm](https://www.dea diversion.usdoj.gov/disaster_relief.htm)

Requests for DEA (Federal) assistance involving, but not limited to, the relocation of your DEA registered address to a new location; the approval of a new address to dispense controlled substances; the destruction of controlled substances which have been damaged due to the disaster; questions concerning the destruction of damaged controlled substance inventory; a list of Reverse Distributors who can assist with the destruction of damaged controlled substances; assistance with obtaining controlled substances from a wholesaler; the transfer of an existing DEA registration number from an out of state location to the state where the disaster has occurred; etc., may be relayed through this website 24 hours a day, 7 days a week.

**To expedite your request, please e-mail the following specific information to:**

**[Natural.Disaster@usdoj.gov](mailto:Natural.Disaster@usdoj.gov)**

1. E-mail subject line: Domestic Request (or International Request)
2. Registrant Name
3. Your Existing DEA Registration Number
4. Contact Information:
  - Your Name
  - A Telephone Number Where We Can Speak with You Directly
  - E-mail Address
5. Specific and detailed information which describes what exact type of assistance you will need from the DEA must be included in the body of the e-mail.

### ***Other important things to consider***

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DHS DMHAS Opioid Treatment Program Guidance  
March 24, 2020

Update your agency Continuity of Operation Plan (COOP) to include specific emergency plans to assist with a possible COVID-19 outbreak.

Ensure your agency has up-to-date emergency contacts for all patients and staff at your agency.

Contact patients to ensure emergency contact information is up-to-date. Please be reminded that any communications with emergency contacts should be in accordance with federal and state confidentiality laws and regulations.

Ensure your agency maintain a 3-4 week supply of medication (methadone and buprenorphine), when possible.

Consider extending hours at your agency to better reduce long lines and stagger clinic traffic.

Any change to operation at your agency, including closure or a modification to operating hours, must be reported by submitting a COOP Activation form to the IME COOP email address at [imecoop@ubhc.rutgers.edu](mailto:imecoop@ubhc.rutgers.edu) and to [DMHAS.Incidentrept@dhs.nj.gov](mailto:DMHAS.Incidentrept@dhs.nj.gov). As further guidance becomes available from State and Federal partners, such as SAMHSA and the DEA, information will be updated and shared. In the meantime, any questions and/or concerns, please reach out to Mr. Adam Bucon, NJ State Opioid Treatment Authority, via email at [adam.bucon@dhs.nj.gov](mailto:adam.bucon@dhs.nj.gov).