

COVID-19 Guidance for OBOTs and Other MAT Programs Utilizing Buprenorphine

The following information is meant to support and provide general guidance to Tennessee nonresidential office-based opiate treatment facility (OBOT) providers regarding COVID-19 (also commonly referred to as coronavirus). This document contains recommendations and resources as the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) awaits further guidance from its federal partners. TDMHSAS will disseminate updated information as available and necessary, please visit <https://www.tn.gov/behavioral-health/covid19.html> for updates.

If you have additional questions, please email Wesley.Geminn@tn.gov.

COVID-19 Preparedness Recommendations

- The Centers for Disease Control and Prevention has provided interim infection prevention and control recommendations in health care settings ([link](#)). Review such recommendations and take necessary steps.
- Ensure contact information and emergency contact information for employees and clients is up to date.
- Have an ample supply of cleaning products, masks, and gloves, as available.
- The most important way to prevent the spread of COVID-19 and the circulating influenza virus is to prioritize hand hygiene and general infection control measures:
 - Provide hand sanitizer throughout the clinic and clean all surfaces that are frequently touched (such as doorknobs, and other surface areas) several times each day (e.g. at least every 2 to 3 hours).
 - Post signage reminding patients and visitors to wash their hands frequently and notify staff if they are experiencing signs of a respiratory illness.
- Train front desk staff to administer screening questions, which may help identify patients who may have been exposed to COVID-19. Such screening questions may include:
 - Do you currently have any symptoms such as fever, cough, or shortness of breath?
 - Have you recently traveled from an area with known spread of COVID-19?
 - Have you been in close contact with someone known or suspected to have COVID-19?
- To reduce person-to-person contact, certain program changes may be acceptable, provided that the OBOT can ensure the same standard of patient care and safety will be maintained. Please see the Frequently Asked Questions for more detailed guidance regarding program operations.
- OBOTs and MAT programs utilizing buprenorphine provide an essential health care service to Tennesseans suffering from opioid use disorders and any planned or unintended closures or other cessation of services being provided should be reported to local and state authorities as soon as possible. Please contact your regional licensure staff for more information about reporting.



- Develop procedures to prepare for potential COVID-19-related issues such as how to handle potential clients who present with symptoms of a respiratory illness, how to handle possible staffing shortages due to illness, and how to communicate effectively to clients and staff regarding any COVID-19 issues.

Frequently Asked Questions

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 ([link](#)).
- Anyone with respiratory illness (e.g., cough, runny nose) should be given a mask (if available) before entering the space.
- Provide hand sanitizer at the front desk and throughout the clinic.
- Clean all surfaces and knobs several times each day (at least every 2 to 3 hours) with EPA-approved sanitizers.
- Consider contracting with healthcare environmental cleaners to perform deep cleans of the facility on a regular basis.

How should we manage clients who present with symptoms of COVID-19 or other respiratory infections (e.g., fever, cough), or those who have been diagnosed with or exposed to COVID-19?

Develop procedures for staff to take clients who present at the office with respiratory illness symptoms such as fever and cough to a location other than the lobby. All OBOT and MAT providers should endeavor to treat the patient's presenting condition to the best of their ability while utilizing the Center for Disease Control and Prevention's guidance on interim infection prevention and control recommendations in health care settings. Patients should not be restricted from receiving life-saving OUD treatment based solely on symptoms of respiratory illness.

Clinic staff should develop procedures for the ongoing management and treatment of clients with known or suspected COVID-19. Such measures should aim to reduce potential exposure of other individuals while still ensuring patient safety and quality patient care.

What program changes can we implement to limit potential exposure for our clients and staff?

To reduce person-to-person contact, certain changes may be acceptable, provided that the OBOT can ensure the same standard of patient care and safety will be maintained. Such changes may include providing counseling and case management services via telehealth, where available and appropriate. Please see below for more detailed guidance regarding program operations. Note that whenever possible, treatment should follow the frequency requirements

described in rule 0940-05-35-.10 (Phases of Treatment). If meeting these requirements is not feasible, the OBOT must clearly and thoroughly document such reasons in the patient's chart. Please refer to your TDMHSAS regional licensure office for more information.

Counseling and Case Management

When available, counseling and case management services may be provided via telehealth (e.g., HIPAA compliant videoconferencing or telephone sessions) to reduce person-to-person contact. Note that all other requirements, including documentation, will remain unchanged.

Clinic Visits

In-person office visits may be reduced as deemed appropriate by the Medical Director and other clinical staff. In lieu of the regularly scheduled office visit, clinicians are expected to conduct patient assessments and follow ups via telehealth (e.g., HIPAA compliant videoconferencing). All requirements for an office visit, including documentation and a check of the CSMD, will apply to these telehealth patient interactions. Should any requirements not be met, the reasons for such must be clearly documented in the patient's chart.

Note that patients should not receive a quantity of medication greater than their usual office visit frequency. Following in-office or telehealth visits, prescriptions may be sent to the client's preferred pharmacy by e-prescribing or telephone, in accordance with 42 CFR Part 2. Prescriptions for a greater amount may be sent to the pharmacy but with instruction not to dispense a greater amount than the patient office visit frequency.

It is important that prescribers are knowledgeable of the DEA regulations regarding telemedicine and MAT. Under the Ryan Haight Act of 2008, where controlled substances are prescribed by means of the Internet, the general requirement is that the prescribing practitioner must have conducted at least one in-person medical evaluation of the patient. There are two main exceptions to this requirement, if the patient is physically located within a DEA registered facility (e.g. a hospital) or in the physical presence of a DEA registered individual (e.g. an Advanced Practice Nurse or Physician Assistant). There is an additional exemption for the in-person requirement if the telehealth visit is being conducted during a public health state of emergency. The current public health emergency declared by U.S. Health and Human Services Secretary Azar meets this exemption requirement. For more information about prescribing controlled substances through means of telemedicine, please visit <https://www.deadiversion.usdoj.gov/21cfr/21usc/802.htm> or contact your regional DEA office.

Urine Drug Screens

Urine drug screens should be performed according to the patient's phase of treatment whenever possible. If a patient's urine drug screen cannot be performed in accordance with their phase of treatment, the reasons for such must be clearly documented in the patient chart.

Where can I refer clients if they have a question about COVID-19?

Individuals should talk with their primary care provider about COVID-19. The Tennessee Department of Health (TDH) asks that health care providers of patients with relevant exposure history and clinically compatible symptoms conduct an assessment and then call **(615) 741-7247** for next steps. TDH will consult with providers to determine whether patients meet criteria for COVID-19 testing.

More information about COVID-19 is available at:

TDMHSAS website: <https://www.tn.gov/behavioral-health/covid19.html>

Department of Health website: <https://www.tn.gov/health/cedep/ncov.html>

CDC website: <https://www.cdc.gov/coronavirus/index.html>

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

Currently, there has been no reported concern from any state or federal partner about a potential for disruption in the medication supply for any buprenorphine containing product. We recommend developing relationships with local pharmacies and ask that they notify you of any current or expected drug shortages.

If possible, facilities with a license to dispense buprenorphine (OBOT+) should attempt to maintain a 3 to 4-week supply of medication.

What else should my OBOT do to prepare for, or respond to, COVID-19?

- Ensure you have up-to-date emergency contacts for your employees and your clients.
- Ensure that TDMHSAS licensure staff has updated contact information for your facility's program director and medical director.
- Develop a plan for possible alternative staffing in case you experience staffing shortages due to staff illness. Develop a plan for criteria for staff members who may need to stay home when ill and/or return to the workforce when well.
- Current guidelines recommend trying to maintain a six-foot distance between clients onsite in any primary care setting, as best as possible. We realize this may be unrealistic in some situations but should be attempted to the best of everyone's ability.