



**Frequently Asked Questions:
Coronavirus Disease 2019 (COVID-19) and Opioid Treatment Programs (OTP)**

Updated April 13, 2020

The Maryland Department of Health (MDH) Behavioral Health Administration (BHA) continues to develop coordinated prevention and response plans for COVID-19. BHA will provide COVID-19 updates as they become available and accurate information for behavioral health providers, partners, and the greater community. For the latest COVID-19 information and resources, visit the [BHA website](#) or coronavirus.maryland.gov. If you have a behavioral health question related to COVID-19 that has not been addressed, please submit it [here](#). For additional questions or concerns, contact your Local Behavioral Health Authority.

Background

COVID-19 is a disease caused by a respiratory virus first identified in December 2019. COVID-19 is a new virus that hasn't caused illness in humans before. Worldwide, COVID-19 has resulted in thousands of infections, causing illness and in some cases death. Cases have spread to countries throughout the world, with more cases reported daily.

COVID-19 is thought to be able to spread like the cold or flu through:

- Coughing and sneezing, which creates respiratory droplets
- Close personal contact, such as touching or shaking hands
- Touching an object or surface with the virus on it

Symptoms of COVID-19 include:

- Fever
- Coughing
- Shortness of breath
- In more severe cases, pneumonia (infection in the lungs)

The vast majority of people recover from this infection. Most people will have mild or moderate symptoms. Older people and those with pre-existing medical conditions have a greater risk for more serious illness and death.

Opioid Treatment Programs (OTPs)

The following information is meant to support OTPs relating to the COVID-19 situation in Maryland. If you have additional questions, please email them to the BHA Director of Quality Assurance/State Opioid Treatment Authority Frank Dyson: frank.dyson@maryland.gov.

UPDATED How do we reduce transmission in our program facility?

The CDC has provided [interim infection prevention and control recommendations in health care settings](#). Also:

- Anyone with symptoms of a respiratory illness (e.g., cough, sore throat, fever, runny nose) should be given a mask before entering the space and throughout their visit or, if a facemask cannot be tolerated, use a tissue to contain respiratory secretions.
- Provide alcohol-based hand sanitizer with 60-95% alcohol at the front desk and at each dosing window.
- Undertake routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label).
- The CDC has provided a further description of [coronavirus symptoms, including emergency warning signs, along with an interactive Self-Checker guide](#) to help someone make decisions and seek appropriate medical care.
- Another CDC update is that [a cloth face covering should be worn whenever people are in a community setting, especially in situations where you may be near people](#), for example to the grocery store, pharmacy, or for a healthcare appointment. These face coverings are not a substitute for social distancing.

Can we dose someone in a separate room if they present with a fever or a cough?

Yes. Develop procedures for OTP staff to take clients 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 clients in closed rooms as needed. At such time, the OTP should work with the patient to arrange take-home medications or another form of delivery of the medications as appropriate (surrogate, etc.).

OTP staff should use [interim infection prevention and control recommendations in health care settings published by the CDC](#).

How much should the COVID-19 pandemic influence the take-home decision making for an individual patient?

SAMHSA on March 19, 2020, updated their earlier [take-home guidance](#), which expanded their previous guidance to provide increased flexibility. For all states, the state may request blanket exceptions for all stable patients in an OTP to receive 28 days of take-home doses. The state may request up to 14 days of take-home medication for those patients who are less stable but who the OTP believes can safely handle this level of take-home.

The [CDC recommends](#) putting distance between yourself and other people in order to protect yourself from infection. Coming to an OTP daily for medication is not in line with this recommendation when the use of take-homes is an appropriate option. Anxiety about becoming infected, and actually becoming infected, are risk factors for relapse. Take-homes that allow compliance with CDC recommendations both reduce anxiety and reduce the risk for infection of patients and staff. The risk of overdose with take-homes can be reduced by the provision of naloxone.

Additionally, to avoid overcrowding at OTPs and reduce the use of the limited supply of PPE, the number of patients coming daily to an OTP should be greatly reduced by the use of take-homes. This helps to avoid lines at dosing windows and to as possible keep clients at least six feet from each other. This not only reduces the risk of infection for both existing patients and staff but allows for enough space at an OTP for a safer evaluation of new admissions. Crowding can also be lessened by staggering when patients come in for their refills of take-home medications.

Is there guidance on deciding on whether a new patient being evaluated for buprenorphine by telehealth or voice-only telephone may instead need to be seen in-person?

When an evaluation of whether buprenorphine is to be prescribed is conducted by telehealth, or voice-only telephone because telehealth is not available, clinical judgement must still be exercised about whether an in-person evaluation is instead indicated, balanced against the risks of COVID-19, due to the complexity of the case. DEA guidance is informative. It indicates that “However, in light of the extraordinary circumstances presented by the COVID-19 public health emergency, and being mindful of the exemption issued by SAMHSA, DEA likewise advises that, only for the duration of the public health emergency (unless DEA specifies an earlier date), OTPs should feel free to dispense, and DATA-waived practitioners should feel free to prescribe, buprenorphine to new patients with OUD for maintenance treatment or detoxification treatment following an evaluation via telephone voice calls, without first performing an in-person or telemedicine evaluation. This may only be done, however, if the evaluating practitioner determines that an adequate evaluation of the patient can be accomplished via the use of a telephone ([DEA Policy: Use of Telephone Evaluations to Initiate Buprenorphine Prescribing](#)).”

Can urine drug testing for substance use disorder patients be suspended?

The DEA has not authorized a complete suspension of drug testing. Clinical judgement must still be exercised about whether drug testing might still be indicated in very complex cases, balanced against the risks of COVID-19, just as per this DEA guidance practitioners must determine if a telephone evaluation is adequate, or an in-person evaluation must occur.

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While ASAM does not have any regulatory authority they have provided information specific to adjusting drug testing protocols because of COVID-19 ([ASAM COVID-19 - Adjusting Drug Testing Protocols](#)).

NEW Can OTP mid-level practitioners continue to dispense and administer MAT medications at an OTP in the event that their supervising provider can no longer provide supervision regarding the administration or dispensing of MAT medications?

Yes. This and other questions about mid-level practitioners are detailed in [SAMHSA FAQs: Provision of methadone and buprenorphine for the treatment of Opioid Use Disorder in the COVID-19 emergency](#).

How long will it take to get the naloxone requested through the OTP naloxone request form? Who will be coordinating the delivery of the naloxone to the OTPs?

It will take approximately two weeks after MDH places the order for OTPs to receive the naloxone. The orders will be shipped to the OTP’s designated Local Health Department (LHD), and the LHD will then coordinate the transport of the naloxone with the OTP. There is a [specific form](#) for OTPs to order naloxone.

Can OTPs provide delivery of MAT to our clients if they cannot leave their home, or leave a controlled treatment environment?

There is nothing under federal law that prohibits this from occurring, although the extent of MAT delivery already may vary by program due to resource limitations. Initial evaluations of

new patients prescribed methadone still require an in-person evaluation so MAT delivery would not be applicable.

OTPs will need to take the necessary steps to ensure the security of the medication. BHA would be willing to support a delivery service; BHSB and the Baltimore City Health Department are discussing a plan for this. BHA will discuss how to expand this option to other jurisdictions. If interested in having home delivery as part of your program, please email sydney.rossetti@maryland.gov.

Is it a requirement that take-home medication be distributed in locked containers?

Federal requirements about this subject are below. It is up to the independent professional judgment of the supervising clinician and the responsibility of the client to determine whether they should bring a locked storage container to the clinic. If you require them to bring the containers to the clinics, then suggest that the containers be carried in a bag in order to prevent them from being targeted, stigmatized, or singled out. In all cases, the client must secure the medication as soon as they arrive home.

[42 CFR § 8.12\(i\)\(2\)\(vii\)](#) requires “[a]ssurance that take-home medication can be safely stored within the patient's home” and [COMAR 10.63.03.19K](#) “[r]equires that a patient show evidence of the availability of locked storage before a patient may take home any dose of medication.”

For questions, email frank.dyson@maryland.gov.

Can OTPs limit hours or services?

Any OTPs requesting clinic hour or service changes must receive approval from SAMHSA and the Maryland State Opioid Treatment Authority Frank Dyson (or designee), who then notify the LBHA/CSA/LAA. However, at this time limiting hours or services at OTPs is not being routinely authorized without sufficient justification. OTPs need to maintain normal hours in the event guest dosing is needed. Any requests for changes in hours or services should include, as appropriate, the referral of clients to another program or alternative manner of providing services to clients in crisis.

What warrants a shut-down of an OTP?

The Governor's Office of Legal Counsel distributed the [guidance for interpreting the Governor's order that non-essential businesses close](#). That guidance provides a **non-exhaustive** list of health care personnel and businesses that do not have to close under the terms of the Governor's Executive Order. It is the Maryland Department of Health's understanding that all

individuals and entities licensed under the Health Occupations Article do **not** have to close, including behavioral health facilities and professionals.

All those individuals and entities are reminded, however, that the [order from the Secretary of Health](#) prohibits the scheduling of elective and non-urgent procedures and appointments. The Secretary expects that each licensed healthcare provider will exercise the individual's independent professional judgment in determining what procedures and appointments are urgent.

UPDATED We have clients 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 cause anxiety and signs of stress.

For information on managing this anxiety and stress visit the CDC page on [Mental Health and Coping with COVID-19](#) or check BHA's FAQs on [Maintaining Mental Health](#) for various audiences.

You could adapt messaging from these sources for the clients you serve or print these materials.

[SAMHSA's Disaster Distress Helpline](#) provides 24/7, 365-day-a-year crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters. This toll-free, multilingual, and confidential crisis support service is available to all residents in the United States and its territories: 1-800-985-5990 or text TalkWithUs to 66746.

Per SAMHSA treatment can be located by phone [SAMHSA's National Helpline – 1-800-662-HELP \(4357\)](#) or online [SAMHSA's Behavioral Health Treatment Services Locator](#). These are confidential and anonymous sources of information for persons seeking treatment facilities in the United States or U.S. Territories for substance use/addiction and/or mental health problems.

As detailed on the [CDC website](#), there are steps everyone should take to reduce their risk of getting and spreading any viral respiratory infection. These include: wash your hands often with soap and water for at least 20 seconds, cover your mouth and nose with your elbow when you cough or sneeze, don't touch your face, disinfect high touch objects and surfaces, and stay home and away from others if you are sick. A CDC update is that [a cloth face covering should be worn whenever people are in a community setting, especially in situations where you may be near people](#), for example to the grocery store, pharmacy, or for a healthcare appointment. These face coverings are not a substitute for social distancing.

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

At this time, BHA has not received any reports from state or federal partners about a potential for disruption in the medication supply for methadone and/or any buprenorphine containing products. Any future updates or changes to this guidance will come from the Maryland State Opioid Treatment Authority. Please contact the State Opioid Treatment Authority if your program has any specific concerns.

UPDATED What if I have a question about testing for COVID-19?

Information can be found in the MDH's FAQs on [COVID-19 testing](#) and [VEIP sites for drive-through COVID-19 testing](#). Patients can also call their doctor, or if they do not have a doctor, call 211.

How can we ensure that patients do not lose the ability to use public transportation to get to their clinic as restrictions are being imposed on public transportation?

In the face of potential restrictions on travel as COVID-19 cases continue to rise, it is vital that patients are still able to make it to their OTP. Providers should work out common sense solutions, such as an appointment card, with their clients.

Is it acceptable to screen patients outside of the clinic? If it is acceptable to screen patients outside to keep the number of patients inside to a minimum, how many people can be outside?

Ideally space would be found inside for screening immediately upon entry, but weather permitting it is acceptable to have this occur outside if accommodations to maintain privacy are possible. Social distancing may be better achieved outside, and ventilation is better. Whether inside or outside enough staff should be involved to have the process move quickly and maintain appropriate social distancing. The CDC has [signs](#) that could be helpful.

If a screen is positive, then assessment and treatment should occur in a separate area as per [CDC guidelines](#).

How should OTPs provide care to patients who come to the clinic with symptoms of a respiratory illness?

Ideally individuals who have symptoms of a respiratory illness would call ahead to report this, or their referral source would be conducting screenings and communicating the results to the OTP.

If the OTP is alerted about symptoms prior to the arrival of a patient, the patient can receive care via telehealth or voice-only telephone without coming to the OTP. Voice-only telephone care should only occur if a telehealth option is not available. An exception is new patient initial evaluations where methadone is prescribed, which must be done by an in-person evaluation. Buprenorphine could be called into a pharmacy. Otherwise, it would have to be the same day delivery to the patient or pick-up by a designated other person, as it would have to be for methadone for existing patients. Since new patient evaluations where methadone is prescribed require an in-person evaluation take-homes would be directly given to the patient.

[CDC guidelines](#) should be followed if a patient shows signs of a respiratory illness upon arrival to the OTP. The patient should be provided a mask if available. If not available, then provide tissue for covering their cough or sneezing. Assessment and treatment should occur in a separate area. Without PPE maintain a distance of at least six feet when interacting with the patient. Take-homes should be provided. For a new patient who is started on methadone the visual inspection component of the physical exam should occur, but without the CDC required level of PPE the remainder of the physical exam can instead be done at a later time. If no standard physical examination is performed, it would be expected that there would be a thorough discussion and documentation of any positive findings on the review of systems.

Although the Governor recently signed an executive order allowing the delivery of alcohol, access to alcohol could still decrease with in-person business no longer allowed at bars and restaurants. How can the issue of alcohol withdrawal be addressed?

ASAM has released a draft [Guideline on Alcohol Withdrawal Management](#). It includes a section on ambulatory withdrawal management, which now also can be done via telehealth.

Many facilities do not have enough masks right now to cover all of their staff, as well as any patients that may come in showing signs of a respiratory illness. What is being done to get masks for OTPs?

The distribution and allocation of PPE is being coordinated with Local Health Departments. Providers are encouraged to remain in constant communication with their Local Health Department.

Providers should submit their request to your local health emergency manager [here](#).

Follow [CDC guidelines](#) for a patient who shows signs of a respiratory illness upon arrival to a healthcare setting. They should be provided with a mask if available. If not available, then

provide tissue for covering their cough or sneezing. Assessment and treatment should occur in a separate area. Without PPE maintain a distance of at least 6 feet when interacting with the patient.

Also follow the CDC guidelines for routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects).

Are custom-made or homemade masks or gowns something that is recommended for healthcare professionals if PPE facemasks or gowns are not available?

Separate from CDC recommendations for the general public on wearing non-PPE cloth face coverings in public settings ([Recommendation Regarding the Use of Cloth Face Coverings, Especially in Areas of Significant Community-Based Transmission](#)), the CDC does recommend using other mask options for health care professionals as a last resort, if PPE facemasks are not available ([Strategies for Optimizing the Supply of Facemasks](#)).

Similarly the CDC recommends non-PPE gown options as a last resort ([Strategies for Optimizing the Supply of Isolation Gowns](#)).

With hand sanitizer getting more and more difficult to find, is there an alternative?

The CDC provides recommendations on [Hand Hygiene in Healthcare Settings](#).

Are OTPs still required to collect empty medication bottles from all patients at this time?

To limit the risk of infection, staff should not handle or collect a patient's empty bottles, but instead only observe the empty bottles in a patient's possession and document this. The patient should then dispose of the bottles properly outside of the OTP after removing their name and information, or the patient could dispose of them in a container designated by the OTP.

If a patient previously on methadone returns after an absence, should OTPs consider them as a new patient if methadone is to be restarted, since unlike for buprenorphine, methadone new patient evaluations must be in-person?

This determination should factor in how long since the patient was at the OTP, and/or how long since they were treated with methadone. The clinical approach behind this determination should continue as before.

Besides PPE, disinfectant supplies, and medication supply, what other items should an OTP be stocking in larger amounts than usual?

With the greater use of take-homes, more medication bottles and either lock boxes or locking bags will be needed.

Vendors for medication bottles: Berryglobal, MedStat, O’Berk of New England, KOLS containers, Ethical Pharmacy supplies, PharmaSystems, Ceberst Pharmaceuticals, The Cary Company.

Vendors for lock boxes and locking bags: Cardinal Bag Supplies for locking bags (possible one- to two-month wait to get order filled). Retailers including Amazon and Walmart for lock boxes.

Please share other vendors you use at frank.dyson@maryland.gov so we can add them to this list.

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

- Ensure you have up-to-date emergency contacts for your employees and your patients.
- Inquire with a staffing agency about contracting with temporary staff as needed.
- Ensure your program leadership has the contact information of the State Opioid Treatment Authority Frank Dyson or his designee.
- Discuss with your patients whether they have or want to determine a designated other person who may be able to pick up their medications if they are unable to.
- Develop procedures for OTP staff to take patients who present at the OTP with respiratory illness symptoms such as fever and coughing to a location other than the general dispensary and/or lobby, to dose clients in closed rooms as needed.
- Develop protocols for provision of take-home medication if a client presents with respiratory illness such as fever and coughing.
- Develop a communications strategy and protocol to notify clients who are diagnosed with or exposed to COVID-19, and/or clients who are experiencing respiratory illness symptoms such as fever and coughing, that whenever possible the client should call ahead to notify OTP staff of their condition. This way OTP staff can have a chance to prepare to meet them upon their arrival at an OTP with pre-prepared medications to be dispensed in a location away from the general lobby and/or dispensing areas, or can give medication to a delegated surrogate.
- Develop a plan for possible alternative staffing/dosing scheduling 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.

OTPs may want to ensure they have enough medication inventory onsite for every client to have access to four weeks of take-home medication.

Current guidelines recommend trying to maintain a six-foot distance between patients onsite in any primary care setting, as best as possible. We realize in an OTP setting that this guidance may be difficult to achieve but should be attempted to the best of everyone's ability. OTPs may want to consider expanding dosing hours to help space out service hours to help mitigate the potential for individual clients queuing in large numbers in waiting rooms and dosing areas.

Continue to report the death of any OTP client within 24 hours to the Maryland Department of Health.