



Behavioral Health and Developmental Disabilities Administration

Communication #20-05

COVID-19 Opioid Treatment Program Essential Services Dosing Guidance

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For Questions Please Contact:

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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.

Emergency closures shall be considered on a case-by-case basis, and only as a last resort. Request (including identification of a timeframe) and justification for a closure must be submitted and approved by the State Opioid Treatment Authority: Lisa Miller at MillerL12@michigan.gov.

OTPs shall ensure they consider minimum diversion risk and use of clinical judgment while addressing the COVID-19 pandemic. OTPs 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 for approval via Email to Lisa Miller, State Opioid Treatment Authority at MillerL12@michigan.gov.

It is also recommended that individuals provided with take homes, also be provided with Narcan. Programs needing Narcan may submit a request for Narcan [Here](#) .

The SAMHSA Extranet cannot be used to submit Blanket exception requests related to COVID-19. These requests should be emailed Directly to Lisa Miller at MillerL12@michigan.gov Standard individual requests can still be submitted through the Extranet.

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 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 the patient has contacted them and has been laboratory confirmed to have COVID-19, exposed to close contact who has COVID-19, or has signs or symptoms of a respiratory viral illness and is staying home. 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 or spreading COVID-19 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 65) 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 only one take home (or just approaching eligibility for one take-home), may be given up to 7 days of take-home medication.
6. For patients who are considered to be less stable, an agency may consider daily dosing or a staggered take-home schedule whereby half of these 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.
7. Patients identified as less stable and at higher risk shall dose daily with consideration to receive no more than two consecutive take homes within a week, i.e., a Saturday and Sunday. Prescribers must be extremely cautious with patients who continue to have positive UDS for fentanyl, fentanyl analogues, other opiates or high levels of benzodiazepines – 1500 to 2000 ng/mls in the urine. If this is the case, consider continued daily dosing for these high-risk patients.
8. 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 telepractice 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.

9. 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, encouraging all people to wear cloth face covers outside of their homes, 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. For example, tape at 6-foot intervals, remove extra chairs from waiting rooms and place remaining chairs 6 feet apart, assign appointment times for those needing to dose or pick up take-homes.

10. Patients who are unable to physically come to the OTP may have a designated other/surrogate pick up their medication on their behalf or be considered for medication delivery by designated OTP staff. A completed chain of custody form is required as part of these procedures.

11. 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.

12. For patients who reside out of State, consider options for partnering with an out-of-State agency to plan guest dosing for medication.

13. 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.

14. 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.

15. 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.

16. 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.

17. 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 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 third party (like a family member or neighbor) to deliver the medications using the OTP's established chain of custody protocol for take-home medication. This person should be designated by the patient and not have symptoms of respiratory illness. 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 decision is made as to whether another delivery will be scheduled.

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 the MDHHS includes allowable activities for telehealth practices. Please connect with your contracted Pre-paid Inpatient Health Plan (PIHP) or see [BHDDA COVID-19 Guidance](#)

Medication shortages and/or disruptions of a medication supplies

Currently, there have been no reported concerns from any State or 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 State Opioid Treatment Authority 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:

[DEA Disaster Guidance](#)

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

1. E-mail subject line: Domestic Request (or International Request)
2. Registrant Name
3. Your Existing DEA Registration Number

4. Contact Information:

- o Your Name
- o A Telephone Number Where We Can Speak with You Directly
- o 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

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. When calculating the amount of medication needed take into consideration the quantity required to cover blanket take-homes. Additionally, ensure that the OTP has a sufficient number of medication bottles and caps to accommodate these take-homes.

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 an email to Lisa Miller at MillerL12@michigan.gov. As further guidance becomes available from State and Federal partners, such as SAMHSA and the DEA, information will be updated and shared.

Reviewed by: Behavioral Health COVID-19 Response Team (BHCRT): Jeffery Wierich, Larry Scott, Belinda Hawks, Kim Batsche-McKenzie, Jody Lewis, Price Pullins, Jon Villasurda, Leslie Asman, Raymie Postema, Dr. Debra Pinals, Allen Jansen

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