



State of Utah

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COVID-19 and Opioid Treatment Programs (OTPs)

The following information is meant to support opioid treatment programs in their response to COVID-19. This interim guidance contains recommendations and resources that will be updated as this is an evolving situation.

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Reducing COVID-19 Transmission

How do we reduce transmission in our program facility?

The following federal and state websites offer guidance on how to reduce the transmission of COVID-19.

- The Centers for Disease Control and Prevention has provided interim infection prevention and control recommendations in health care settings.
 - https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html
- SAMHSA has issued guidance specifically for OTPs.
 - <https://www.samhsa.gov/medication-assisted-treatment>
- The Utah Department of Health has a COVID-19 webpage that is updated daily.
 - coronavirus.utah.gov
- States are responsible for regulating OTPs in their jurisdictions. Therefore, each State Opioid Treatment Authority (SOTA) is responsible for working with the OTPs within their state to develop and implement a disaster plan to address COVID-19. For additional guidance on developing and implementing disaster plans, please refer to TAP 34: Disaster Planning Handbook for Behavioral Health Treatment Programs.
- All disaster plans need to be consistent with all applicable state and federal laws and regulations. Disaster plans should be reassessed as the situation develops and new approval sought from the SOTA when indicated. More details about what should be included in each clinic's plans is under General Operations of this document.

Can we dose someone in a separate room if they present with a fever or 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. This procedure should be included in your clinic COVID-19

Disaster Plan.

- OTP staff should use [interim infection prevention and control recommendations in health care settings](#) published by the Centers for Disease Control and Prevention.

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

- Ensure your program leadership has the contact information of the State Opioid Treatment Authority and Alternate:
 - Email: sota@utah.gov
 - Cell phone: VaRonica Little, SOTA 801-450-0992 or Megan West, Alternate 801-386-6479
- Ensure you have up-to-date emergency contacts for your employees and your clients
- Ensure that all patient information is up to date in Lighthouse.
- Review with staff how they will verify doses and identify patients, who might be guest dosing.
- Prepare for periodic surges to help other clinics. Communicate with area clinics regarding your plans and how you can help one another.
- Ensure clients know what is required for them to guest dose at an alternate location should the need arise, and how they would be alerted of this.
- Discuss plans with patients. Potential emergencies are stressful for our patient population and when they feel their medication access may become restricted. Please provide tips on managing stress to patients such as this resource <https://store.samhsa.gov/system/files/sma14-4894.pdf>
- Allow all patients with earned take-homes to utilize these take homes. Please take this opportunity to reduce patient appearance at the clinic as much as possible through giving them their maximum number of take-home doses at the prescriber's discretion. When possible, please include the "earned time" at other federally licensed opioid treatment programs, providing there is clear and consistent documentation that the patients met the requirements of that program (e.g., counseling attendance and negative UDS for all substances outside of the patient's treatment plan).

Medication Exceptions

How do we handle patient's medication exceptions during the COVID-19 declared emergency?

Because of the state's declaration of a State of Emergency, Utah is allowed to utilize blanket exception requests. Please coordinate with the SOTA, and put into your agency COVID-19 Disaster Plan, on how your agency will determine what patients qualify for the following blanket exceptions, under SAMHSA's guidelines

- The state may request blanket exceptions for all stable patients in an OTP to receive 28 days of Take-Home doses of the patient's medication for opioid use disorder.
- 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 medication.

Additional blanket exceptions can be made for the following patients as well, and a plan of how your agency will utilize these blanket exceptions should also be in your COVID-19 Disaster Plan.

- Patients with symptoms of a respiratory viral illness, with or without confirmation via COVID-19 viral testing, present an immediate risk to the rest of the population. Patients may receive up to two weeks of medication at the prescriber's discretion. Patients who have fully recovered from COVID-19 are not eligible for additional exceptions, pending any research saying the patient can become reinfected.
- Patients with significant medical comorbidities, particularly those patients over the age of 60, such as co-morbid chronic and severe pulmonary, cardiac, renal or liver disease, or immunosuppression, can be eligible for take-homes up to 7 days, at the discretion of a medical prescriber.

Clinics can include in their COVID-19 Disaster Plan how they will stagger take-home scheduled medications for those who do not fall under the above blanket exceptions for dosing. examples of this can be

- For select patients with only one take home (unearned) determined by the medical provider to be appropriate: These patients are eligible for a staggered take-home schedule, whereby half the OTP's

patients will present on Mondays, Wednesdays and Fridays, and the other half of OTP patients will present on Tuesday, Thursday, and Saturdays, with the remaining doses of the week provided as a take home would be appropriate. Patients should receive no more than two consecutive take homes at a time. This reduces the clinic's daily census in half and has a tolerable risk profile. Patients are still evaluated frequently and do not receive more than 2 days of take-home medication at any one time, which often occurs during long holiday weekends.

- Stable patients with low risk of diversion, misuse or abuse of unsupervised dosing: Patients within this category are eligible for phase advancement according to the following schedule: Phase 1 (2 weekly take homes) and Phase 2 (3 weekly take homes) advanced to 6 weekly take homes. Phase 3 (4 weekly take homes) and Phase 4 (6 take homes) to 13 take homes.

Other exceptions for dosing may include the following, and these cases should be submitted through the extranet individually for approval.

- Patients not on a stable dose: Special considerations should be taken when patients are in the MAT induction phase or any phase in which they are increasing their methadone dose. Exceptions during this period should only occur if the patient tests positive for COVID-19, has active symptoms, or there are other unusual extenuating circumstances. (these exceptions should be put through the extranet individually)
- For these unstable patients who, for safety reasons, need to continue daily dosing, every precaution should be made to limit exposure from symptomatic patients and to medically fragile patients (No CSAT exemption required)

What do patients need, who will be getting take-home medications?

Every patient with take-home medication should have the following

- All patients must have a lockable take-home container and written instructions on protecting their medication from theft and exposure to children or animals. The clinic should remain open during regular business hours to field calls from patients who are receiving take homes. The efficacy and safety of this take-home strategy should be continually assessed. All medical exceptions should provide appropriate and complete documentation on medication safety and diversion risk.
- Consider communication outreach to clients through phone calls, emails, and signage on-site to let them know if they become sick to contact the OTP before coming on-site, so take-home approval can be prepared in advance for dispensing.
- Patients should be provided with or have access to Naloxone. This should be identified in their patient chart as well as information about how the person received training on the use of Naloxone.

Can we provide delivery of medication to our clients who are diagnosed with COVID-19 or ask to self-quarantine if they cannot leave their home, or a controlled treatment environment?

- There is nothing under federal law that prohibits this from occurring, although resources to offer this level of service may vary by program. For information on how to obtain approval for take home dosing please see previous question and answers. Please indicate in your COVID-19 Disaster plan how your clinic will deliver medications, if you are planning on providing this service.

General Operations

What are the federal guidelines for OTP's?

SAMHSA has the manual that includes the federal guidelines for Opioid Treatment Providers. The full manual can be found from their publications website.

- <https://store.samhsa.gov/product/Federal-Guidelines-for-Opioid-Treatment-Programs/PEP15-FEDGU IDEOTP>

All OPT's should create a COVID-19 Disaster Plan

- Ensure that treatment staff understand the procedures in transferring medication stock to and from

other clinics.

- Ensure that treatment staff understand your clinic’s plan and who to contact internally should there be questions or needs to adapt the plan.
- Consider a plan for the self-pay patients who may not be able to work due to illness and/or business closures and have no sick/vacation pay or benefits.
- Develop a COVID-19 Disaster plan to include procedures for your OTP, to be approved by the state SOTA, and forwarded to SAMHSA that include:
 - How you will use telehealth services during times of emergency or disaster, and how you will maintain standards for patient confidentiality.
 - OTPs may want to ensure they have enough medication inventory onsite for every client to have access to two weeks of take-home medication or more.
 - OTPs may have single orders more than they usually get from their wholesalers to accommodate the extra take-home doses; however, all the stock must be maintained in their DEA-approved safes. There cannot be extra medication stored in other “secure rooms or areas” in the clinic. Because safe space can be limited in some clinics, more frequent ordering is approved through DEA as well.
 - Continuity of patient care in the event of clinic closure.
 - Alternate dosing sites, memorandums of understanding between local OTPs agreeing to guest dose displaced patients, and how patients will know where to dose.
 - 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.
 - Procedures for OTP staff to take clients, 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.
 - Current guidelines recommend trying to maintain a six-foot distance between clients 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 in an aspirational sense, while considering the space and patient flow within your OTP’s physical location. OTP 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 the waiting room and dosing areas.
 - Policy and protocol on take-home dosing storage, instructions on requirements while not attending clinic as well as warning labels and clinic contact information.
 - All patients must have a lockable take-home container and written instructions on protecting their medication from theft and exposure to children or animals. The clinic should remain open during regular business hours to field calls from patients who are receiving take homes. The efficacy and safety of this take-home strategy should be continually assessed. All medical exceptions should provide appropriate and complete documentation on medication safety and diversion risk.
 - Patients receiving any exemption must have naloxone.
 - Patients receiving exemptions should be provided contact information should there be any questions or concerns about dosing or other clinic issues, while they are not in daily attendance.
 - Protocol for how often and in what methods patients who receive exceptions should make contact with the clinic, and how this contact will be documented in the patient record.
 - Protocols for provision of take-home medication if a client presents with respiratory illness

such as fever and coughing. Please keep in mind despite protocols each exception should be individually reviewed and is dependent on clinics Medical Director approval.

- Take home medication exceptions for patients with confirmed COVID-19 virus. Patients may receive up to two weeks of medication as the prescriber's discretion. Patients who have fully recovered from COVID-19 are not eligible additional exceptions, pending any research saying the patient can become reinfected.
- For patients endorsing symptoms of a respiratory infection, cough and fever. They will be evaluated by a medical provider, allowable through telehealth, who will make a determination as to a safe number of take-home doses, taking into consideration the patient's stability in treatment and ability to safely store and protect medication, not to exceed 2 weeks of medication.
- Protocols for provisions of take-home medication for specialty or high risk population patients during COVID-19 concerns.
 - Patients with significant medical comorbidities, those who are pregnant, patients over the age of 60, comorbid chronic and severe pulmonary, cardiac, renal or liver disease, immunosuppression, can be eligible for take-homes up to 1-2 weeks, at discretion of medical provider.
 - Other patient populations to consider for exception requests, healthcare workers, emergency personnel or others that might be needed for extended work hours due to the spread of the virus. These exceptions should have a justification specific to employment needs based on COVID-19 spread.
- Should your clinic experience an identified exposure to COVID-19, consider how you will continue to dose patients that are at risk and cannot safely manage their medications.
 - Unstable patients: Patients in any of the population categories above who are determined unstable or unsafe to manage take home doses should continue daily dosing in the clinic. Inability to safely take unsupervised medication due to a cognitive or psychiatric condition, or inability to keep a take-home dose of medication safe due to a chaotic living situation would be grounds for patients being deemed ineligible for this emergency take-home exemption. For these unstable patients who, for safety reasons, need to continue daily dosing, every precaution should be made to limit exposures from symptomatic patients, and to medically fragile patients.
- Protocol on how to 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.
 - OTPs should obtain documentation now for each patient as to who is designated permission to pick up medication for them and maintain this process of determining a designee for any new patients as well as review chain of custody for the medications with them.
- Plan for medication transportation, to alternative dosing locations or home drop off.
 - Call placed to the patient prior to staff departure to deliver the medication ensures 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.
 - 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.
 - 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.
- Do not leave medication in an unsecured area. OTP staff must remain with the medication until the designated individual arrives and retrieves the medication.
 - 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 medication. Any medication returned to the OTP must be logged in. The medication delivery and pick up by the designated person or return of medications to the OTP must be documented in the patient's OTP record and appropriate pharmacy records.
- 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.
- Consider limiting critical staff access to patients when possible. For example, some staff may meet with a patient through a glass window or through tele-communications devices within that same facility.
 - For patients with only one take home (unearned), determined by the medical provider to be appropriate: a staggered take-home schedule whereby half the OTP's patients present will present on Mondays, Wednesdays and Fridays, and the other half of OTP patient's present on Tuesday, Thursday, Saturdays, with the remaining doses of the week provided as a take home would be appropriate. Patients should receive no more than two consecutive take homes at a time. This reduces the clinic's daily census in half and has a tolerable risk profile, as patients are still evaluated frequently and do not receive more than 2 days of take-home medication at any one time, as we often do clinic-wide during long holiday weekends.
 - For patients who have already earned one additional take home: These patients have meaningfully fulfilled the eight take-home criteria and have done so for a period sufficiently long to suggest likely ongoing compliance. In the setting of a public health emergency, these patients have demonstrated enough clinical stability to warrant limiting their in-person dosing with Monday and Friday clinic schedule for a total of 5 take home doses per week; e.g Attend clinic for dosing on Monday and Friday and receive take homes on the alternate days and weekend.
 - Patients not on a stable dose: Special considerations should be taken when patients are in the Medication Assisted Therapy (MAT) induction phase or any phase in which they are increasing their methadone dose. Exceptions during this period should only occur if the patient meets the criteria of (a) or there are other unusual extenuating circumstances. . Patients who are in the induction phase should be maintained on the dose of methadone ordered on the day that take home doses are prepared; i.e.: escalating doses of methadone are not to be given to patients who are receiving multiple days of medication. Rather, the patient is to 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 if needed.
- Patients on buprenorphine should have a prescription written for a specified number of doses, based on medical provider recommendation and documented in the patient record. Utah does not have any statute or rule on the number of days' supply for this MAT medication.

Have there been any updates to the dispensing Rules?

Yes

- OTP Dispensing Rule 58-17b-309.7 has posted
- There has been Utah Statute Modification, which will only be in place during the designated state of emergency
 - Per 58-1-307(4)(b)(ii) for the duration of the declared emergency, an LPN who is licensed in good standing may dispense as a "practitioner" in accordance with 58-17b-309.7 and R156-17b-309.7. This can be found on DOPL's website, under COVID-19 Agency Notices, and then under the Nursing tab.
 - As per SAMHSA guidelines 3/31/2020 "mid-level practitioner can administer and dispense MAT medication within an OTP, absent the direct supervision of an OTP physician, if the mid-level practitioner is "licensed under the appropriate State law and registered under the appropriate State and Federal laws to administer or dispense opioid drugs." Please note, however, that this flexibility does not negate the OTP medical director's obligation to "assume responsibility for administering all medical services performed by the OTP." See 42 C.F.R. § 8.12(b)."

Can we use Telehealth services during the state of emergency?

Yes

- Utah State Medicaid has updated their telehealth guidance on reimbursement for services. There is also SAMHSA guidance as well found on their website <https://medicaid.utah.gov/provider-resources-and-information/>.
- Federal law requires a complete physical evaluation before admission to an OTP.
 - Under 42 C.F.R. § 8.12(f)(2):
 - (f) Required services— . . .
 - (2) Initial medical examination services. OTPs shall require each patient to undergo a complete, fully documented physical evaluation by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician, before admission to the OTP. The full medical examination, including the results of serology and other tests, must be completed within 14 days following admission.
- A practitioner may continue treating an existing patient of the OTP with methadone via telehealth and in accordance with SAMHSA's OTP guidance issued on March 16, 2020, assuming applicable standards of care are met. The OTP provider caring for the methadone patient under these circumstances must be a licensed healthcare practitioner who can, in his or her scope of practice prescribe or dispense medications and have a current, valid DEA registration permitting prescribing or dispensing of medications in the appropriate Controlled Substances Schedule.
- SAMHSA has made the decision to pre-emptively exercise its authority to exempt OTPs from the requirement to perform an in-person physical evaluation (under 42 C.F.R. § 8.12(f)(2)) for any patient who will be treated by the OTP with buprenorphine if a program physician, primary care physician, or an authorized healthcare professional under the supervision of a program physician, determines that an adequate evaluation of the patient can be accomplished via telehealth. This exemption will continue for the period of the national emergency declared in response to the COVID-19 pandemic, and applies exclusively to OTP patients treated with buprenorphine. This exemption does not apply to new OTP patients treated with methadone. In addition, treatment of OTP buprenorphine patients must be done in accordance with SAMHSA's OTP guidance issued on March 16, 2020. The OTP provider caring for the buprenorphine patient under these circumstances must be a licensed healthcare practitioner who can, in his or her scope of practice prescribe or dispense medications and have a current, valid DEA registration permitting prescribing or dispensing of medications in the appropriate Controlled Substances Schedule.

- 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. The prescription also must otherwise be consistent with the practitioner's aforementioned obligation under the CSA and DEA regulations to only prescribe controlled substances for a legitimate medical purpose while acting in the usual course of professional practice.
- For the most up to date information about telehealth services continue to review the state and federal websites below.
 - <https://medicaid.utah.gov/provider-resources-and-information/>
 - <https://www.samhsa.gov/>
 - <https://www.deadiversion.usdoj.gov/coronavirus.html>

What should we do if we cannot meet state staffing requirements due to illness, etc.?

- All state certified entities have the ability to request a variance or waiver to state rules that govern their programs. <https://hslic.utah.gov/providers/forms> Please send varices to the office which the variance applies to as well as the SOTA.
- As per SAMHSA's guidance issues on March 31, 2020, an OTP may request an exemption from the requirements of 42 CFR § 8.12 in order to have mid-level providers perform functions related to admitting patients, ordering unsupervised take home medication, or changing medication doses during the COVID-19 emergency if consistent with applicable state law and the mid-level provider's scope of licensure. The names of the individual practitioners are not required for these exemption requests.

What warrants a shutdown of an OTP?

- You must consult with both your local public health department jurisdiction and the Utah State Opioid Treatment Authority (VaRonica Little) before making decisions about operation shutdown.
- OTPs are considered essential public facilities and should make plans to stay open in most emergency scenarios to be able to induct new clients.

Keep Updated

Updates in Medication Exceptions

Additional blanket exceptions can be made for the following patients as well, and a plan of how your agency will utilize these blanket exceptions should also be in your COVID-19 Disaster Plan.

- Patients with symptoms of a respiratory viral illness, with or without confirmation via COVID-19 viral testing, present an immediate risk to the rest of the population. Patients may receive up to two weeks of medication at the prescriber's discretion. Patients who have fully recovered from COVID-19 are not eligible for additional exceptions, pending any research saying the patient can become reinfected.
- Patients with significant medical comorbidities, particularly those patients over the age of 60, such as co-morbid chronic and severe pulmonary, cardiac, renal or liver disease, or immunosuppression, can be eligible for take-homes up to 7 to 14 days, at the discretion of a medical prescriber.

Clinics can include in their COVID-19 Disaster Plan how they will stagger take-home scheduled medications for those who do not fall under the above blanket exceptions for dosing. examples of this can be

- For select patients with only one take home (unearned) determined by the medical provider to be

appropriate: These patients are eligible for a staggered take-home schedule, whereby half the OTP's patients will present on Mondays, Wednesdays and Fridays, and the other half of OTP patients will present on Tuesday, Thursday, and Saturdays, with the remaining doses of the week provided as a take home would be appropriate. Patients should receive no more than two consecutive take homes at a time. This reduces the clinic's daily census in half and has a tolerable risk profile. Patients are still evaluated frequently and do not receive more than 2 days of take-home medication at any one time, which often occurs during long holiday weekends.

- Stable patients with low risk of diversion, misuse or abuse of unsupervised dosing: Patients within this category are eligible for phase advancement according to the following schedule: Phase 1 (2 weekly take homes) and Phase 2 (3 weekly take homes) advanced to 6 weekly take homes. Phase 3 (4 weekly take homes) and Phase 4 (6 take homes) to 13 take homes.

Other exceptions for dosing may include the following, and these cases should be submitted through the extranet individually for approval.

- Patients not on a stable dose: Special considerations should be taken when patients are in the MAT induction phase or any phase in which they are increasing their methadone dose. Exceptions during this period should only occur if the patient tests positive for COVID-19, has active symptoms, or there are other unusual extenuating circumstances. (these exceptions should be put through the extranet individually)
- For these unstable patients who, for safety reasons, need to continue daily dosing, every precaution should be made to limit exposure from symptomatic patients and to medically fragile patients (No CSAT exemption required)

Updates to Dispensing Rule

- OTP Dispensing Rule 58-17b-309.7 has posted
- There has been Utah Statute Modification, which will only be in place during the designated state of emergency
 - Per 58-1-307(4)(b)(ii) for the duration of the declared emergency, an LPN who is licensed in good standing may dispense as a "practitioner" in accordance with 58-17b-309.7 and R156-17b-309.7. This can be found on DOPL's website, under COVID-19 Agency Notices, and then under the Nursing tab.
 - As per SAMHSA guidelines 3/31/2020 "mid-level practitioner can administer and dispense MAT medication within an OTP, absent the direct supervision of an OTP physician, if the mid-level practitioner is "licensed under the appropriate State law and registered under the appropriate State and Federal laws to administer or dispense opioid drugs." Please note, however, that this flexibility does not negate the OTP medical director's obligation to "assume responsibility for administering all medical services performed by the OTP." See 42 C.F.R. § 8.12(b)."

Updates to Telehealth

- Utah State Medicaid has updated their telehealth guidance on reimbursement for services. There is also SAMHSA guidance as well found on their website <https://medicaid.utah.gov/provider-resources-and-information/>.
- Federal law requires a complete physical evaluation before admission to an OTP.
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 - (f) Required services— . . .
 - (2) Initial medical examination services. OTPs shall require each patient to undergo a complete, fully documented physical evaluation by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician, before admission to the OTP. The full medical examination, including the results of serology and other tests, must be completed within 14 days following admission.
- A practitioner may continue treating an existing patient of the OTP with methadone via telehealth

and in accordance with SAMHSA's OTP guidance issued on March 16, 2020, assuming applicable standards of care are met. The OTP provider caring for the methadone patient under these circumstances must be a licensed healthcare practitioner who can, in his or her scope of practice prescribe or dispense medications and have a current, valid DEA registration permitting prescribing or dispensing of medications in the appropriate Controlled Substances Schedule.

- SAMHSA has made the decision to pre-emptively exercise its authority to exempt OTPs from the requirement to perform an in-person physical evaluation (under 42 C.F.R. § 8.12(f)(2)) for any patient who will be treated by the OTP with buprenorphine if a program physician, primary care physician, or an authorized healthcare professional under the supervision of a program physician, determines that an adequate evaluation of the patient can be accomplished via telehealth. This exemption will continue for the period of the national emergency declared in response to the COVID-19 pandemic, and applies exclusively to OTP patients treated with buprenorphine. This exemption does not apply to new OTP patients treated with methadone. In addition, treatment of OTP buprenorphine patients must be done in accordance with SAMHSA's OTP guidance issued on March 16, 2020. The OTP provider caring for the buprenorphine patient under these circumstances must be a licensed healthcare practitioner who can, in his or her scope of practice prescribe or dispense medications and have a current, valid DEA registration permitting prescribing or dispensing of medications in the appropriate Controlled Substances Schedule.
- 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. The prescription also must otherwise be consistent with the practitioner's aforementioned obligation under the CSA and DEA regulations to only prescribe controlled substances for a legitimate medical purpose while acting in the usual course of professional practice.
- For the most up to date information about telehealth services continue to review the state and federal websites below.
 - <https://medicaid.utah.gov/provider-resources-and-information/>
 - <https://www.samhsa.gov/>
 - <https://www.deadiversion.usdoj.gov/coronavirus.html>

Updates to Concerns if staff become sick

- As per SAMHSA's guidance issues on March 31, 2020, an OTP may request an exemption from the requirements of 42 CFR § 8.12 in order to have mid-level providers perform functions related to admitting patients, ordering unsupervised take home medication, or changing medication doses during the COVID-19 emergency if consistent with applicable state law and the mid-level provider's scope of licensure. The names of the individual practitioners are not required for these exemption requests.