

March 19, 2020

On March 11, 2020, Governor Doug Ducey issued a Declaration of Emergency that a public health emergency exists in Arizona attributable to Coronavirus Disease 2019 (COVID-19).

The following guidance is for consideration during this state of emergency specific to AHCCCS contracted **Opioid Treatment Program (OTP) providers** and the administration of Medication Assisted Treatment (MAT).

EMERGENCY PREPAREDNESS

Each OTP should review, implement and update their emergency response plans and/or business continuity plans inclusive of the recommendations from ADHS, SAMSHA and the DEA. OTPs should utilize the SAMHSA website for information regarding COVID-19 as well as referring to SAMHSA's Disaster Planning Handbook for Behavioral Health Treatment Programs (TAP 34) for guidance with making necessary updates:

- <https://www.samhsa.gov/medication-assisted-treatment>
- <https://store.samhsa.gov/product/TAP-34-Disaster-Planning-Handbook-for-Behavioral-Health-Treatment-Programs/SMA13-4779>

Additionally, OTPs should be prepared to implement emergency procedures for a minimum of **two-week** intervals. Consider medication stock, labels, take-home bottles and the staff resources needed to implement the plan.

Please talk about your emergency preparedness plan with members beforehand. Potential emergencies are stressful for members when it is perceived medication access may become restricted. Please provide members tips on managing stress; include an ongoing communication plan for your members through private numbers, website information, social media or recorded messages.

Ensure all staff is aware of their role on each phase of your emergency plan.

PREVENTION AND EDUCATION

- Review and implement basic hand-washing hygiene strategies with staff and members; please see link to CDC handwashing guidelines:
<https://www.cdc.gov/handwashing/when-how-handwashing.html>
- Provide postings in your clinics; please see link to printable posters:
https://www.cdc.gov/handwashing/campaign.html#anchor_1569614257
- Please refer to CDC COVID-19 guidelines for updated information:
<https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>
- Please refer to CDC recommendations for healthcare facilities and providers:
<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

DOSING: General Guidance for Take-Homes

Consider requesting take-home doses for member populations who work in the health care and emergency fields or other emergency personnel who may be needed in the field to address the pandemic.

Should your clinic experience an identified exposure to COVID-19, consider how you will continue to dose members who are at risk and cannot safely manage their medications. Referring members to the hospital to be dosed is not an acceptable backup plan. Consider dosing in areas of the clinic that would allow for confidentiality, but would also remove those at risk from other members being seen.

When providing take home doses, ensure members understand the need to maintain all take home bottles. These bottles contain information that will help another clinic assist your member if needed.

CLINIC HOURS

We encourage all OTPs to extend or stagger hours and assign time slots to members to limit member-to-member contact. Per CDC guidelines, attempt to maintain a six foot difference between individuals (members and staff) while in the clinic.

Immediately notify ADHS should any staff member test positive for COVID-19 regardless of need for waiver. All staff should adhere to the recommendation for health care workers issued by the state and health department. Should a clinic require closure, notification to AHCCCS and contracted Health Plans should be immediate to ensure appropriate transition of members to other providers.

SELF-ADMINISTERED MEDICATION

The following exceptions will be allowed for any member that currently qualifies for self-administered medication:

- Members qualifying for at least one day of self-administered medication can get up to 14 days of take-home medication.
- Members qualifying for six days of self-administered medication can receive up to 28 days of take-home medication.
- Members grandfathered at two weeks of self-administered medication can receive up to 28 days of take-home medications.

Self-administration of medications should be based on stability of the member as determined by the treating medical provider caring for the member. This determination should be inclusive of information from the clinical team and should be member-specific. It is recommended that each member is dually prescribed naloxone.

Additionally, it is recommended that those members who are considered less stable, be evaluated for a take home supply of 14 days should they or anyone who resides with them require isolation based on public health recommendations.

Due to concerns for the health and safety of members, any illicit drug test, other than positive tests for THC, would deem a member ineligible for any take-home medication doses (Please refer to items below as exceptions may exist for compromised immune system or positive test for COVID-19).

Members with a compromised immune system who are ineligible for self-administered medication may be dosed at the clinic in a separate contained environment that is in compliance with DEA and member privacy standards.

All members with documentation from a physician that they are unable to travel to the OTP, due to a medical condition, will be considered regardless of a positive drug screen on an individual basis. This includes members with compromised immune systems due to testing positive for a communicable disease (HIV, Hepatitis, TB, etc.), cancer, pregnancy, diabetes or members 60 years of age or above.

Exception requests will be considered for members with verifiable documentation of a positive test result for COVID-19 for up to 14 days regardless of eligibility for self-administered medication. Verifiable documentation must be maintained in the member record and may be reviewed by the State Opioid Treatment Authority (SOTA) at any time including during annual OTP review.

During this period of emergency declaration, AHCCCS appreciates each provider's due diligence with ensuring accuracy of all exception requests including document on progress towards treatment goals. This will allow for an expedient review and approval process.

Please consider telehealth options when appropriate, inclusive of counseling requirements for any members that require at least one therapeutic intervention per week. Continue to review SAMHSA's website for ongoing guidance related to telehealth options.

Members scheduled for a first visit for Suboxone is now allowable via telemedicine (interactive audio-video). Please see DEA link for more information. Telephonic visit (just audio) is not permitted.

- https://deادiversion.usdoj.gov/coronavirus.html?inf_contact_key=e0106b38983c01cc24983e02bf4b817d680f8914173f9191b1c0223e68310bb1

OTHER

Per a call with SAMHSA on March 10, 2020, there is no concern over a national shortage of medication. Please ensure your staff understands the procedures in transferring medication stock from other clinics. Email Arizona's SOTA at Alisa.Randall@azahcccs.gov immediately with any concerns regarding a shortage of medication at your clinic.

Prepare for periodic surges to help other clinics. Communicate with area OTPs regarding your plans and how you can help one another. All program service disruptions will need to be coordinated with AHCCCS and will require coordination efforts with health plans to ensure members' access to services are not jeopardized.

We appreciate the cooperative relationships between the OTP network, the Health Plans and AHCCCS. Please continue to provide quality medical care while being mindful of federal, state and DEA guidelines. We

encourage open and honest communication regarding any barriers that prohibit a clinic from ensuring the health and safety of the members we serve.