



Guidance for Substance Use Disorder Treatment Providers During COVID-19

Michigan.gov/Coronavirus

COVID-19 Information and Resources

Information around this outbreak is changing rapidly. The latest information is available at Michigan.gov/Coronavirus and CDC.gov/Coronavirus. The Centers for Disease Control and Prevention has also provided [interim infection prevention and control recommendations in health care settings](#).

Patients with confirmed COVID-19 infection have reportedly had mild to severe respiratory illness with symptoms of:

- Fever
- Cough
- Shortness of breath

The best prevention for viruses, such as influenza, the common cold or COVID-19 is to:

- If you think you have been exposed to COVID-19, call your health care provider. If you do not have a health care provider, call the nearest hospital.
- Wash your hands often with soap and warm water for 20 seconds. If not available, use hand sanitizer with at least 60% alcohol.
- Avoid touching your eyes, nose, or mouth.
- Cover your mouth and nose with a tissue or upper sleeve when coughing or sneezing.
- Avoid contact with people who are sick.
- If you are sick, stay home, and avoid contact with others.
- Stay at least 6 feet away from others when in a public setting.

Emergency Preparedness for All Treatment Providers

Michigan regulations require that all licensed substance use disorder (SUD) treatment providers have an all-hazard emergency preparedness plan. See R 325.1339. The Michigan Department of Health and Human Services (MDHHS) encourages treatment providers to review their preparedness plans, assess potential needs created by COVID-19, and plan for continuity of patient care. Given the rapidly evolving situation in the state, MDHHS encourages providers to look ahead to potential contingencies and plan for them.

Telemedicine

MDHHS encourages providers to utilize telemedicine, where appropriate, to continue care while facilitating social distancing. Michigan's Medicaid program has [expanded access to telemedicine](#) by

immediately allowing Medicaid beneficiaries to receive services in their home while the state combats COVID-19. In addition, insurance plans like Blue Cross Blue Shield of Michigan, Blue Care Network of Michigan, Priority Health, Meridian, CVS Health, McLaren, and Health Alliance Plan have also announced that they will cover and encourage the use of virtual care and telemedicine.

For providers offering medication-assisted treatment using controlled substances (e.g., methadone or buprenorphine), the U.S. Drug Enforcement Administration has clarified that [telemedicine may be used to](#) satisfy the requirement for an in-person visit before issuing a controlled substance prescription during a federally-declared public health emergency. The U.S. Secretary of Health and Human Services has declared a public health emergency with regard to COVID-19. While this remains in effect, the guidance states that “DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice
- The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.
- The practitioner is acting in accordance with applicable Federal and State law.”

Residential Treatment Facilities

Residential treatment facilities should note [Executive Order 2020-07](#), which prohibits “any visitors that are not necessary for the provision of medical care, the support of activities of daily living, or the exercise of power of attorney or court-appointed guardianship for an individual under the facility’s care; are not a parent, foster parent, or guardian of an individual 21 years old or younger who is under the facility’s care; are not visiting an individual under the facility’s care that is in serious or critical condition or in hospice care; and are not visiting under exigent circumstances or for the purpose of performing official governmental functions.”

The Executive Order also requires facilities to assess for COVID-19 symptoms and risk factors for all individuals not under their care who are seeking entry into their facilities. The facilities must deny entry to any individual with these symptoms or risk factors.

These restrictions remain in place until April 5, 2020 at 5:00 pm.

Opioid Treatment Programs (OTPs)

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) has issued [guidance permitting “blanket exceptions”](#) to provide 14 or 28 days of take-home medication to OTP patients, depending on stability in treatment. MDHHS is providing a blanket exception in line with SAMHSA guidance. SAMHSA has also issued broader [guidance for Opioid Treatment Programs](#) on procedures for providing pharmacotherapy to patients in isolation or under quarantine and other

treatment issues during the COVID outbreak; however, note that the provisions in this broader March 13th guidance regarding take-home medications have been superseded by the March 16th guidance permitting “blanket exceptions.”

MDHHS encourages OTPs to facilitate social distancing during daily operations. This may include permitting only a limited number of patients in the waiting room at once (e.g., 10 or under), queuing patients outside, maintaining 6 (six) feet of distance between individuals at all times possible, or staggering the dosing times of patients into several groups, if possible.

Treating Acute Withdrawal with Buprenorphine

As a reminder, given potential emergent needs during the COVID-19 response, under the “[three-day rule](#),” any practitioner may administer buprenorphine to a patient for the purpose of relieving acute withdrawal symptoms while arranging for the patient’s referral for treatment. This includes practitioners not separately registered as a narcotic treatment program or certified as a waived DATA 2000 physician. The following conditions apply:

- Not more than one day’s medication may be administered or given to a patient at one time
- Treatment may not be carried out for more than 72 hours
- The 72-hour period cannot be renewed or extended