



Guidance for Admissions and Continued Stay in Community Based OASAS Inpatient and Residential Settings during the COVID-19 disaster emergency

The following guidance has been written to enhance the ability of OASAS licensed, non-hospital-based inpatient and residential programs to optimize individual and staff safety during the on-going COVID-19 crisis, while maintaining access to critical addiction services and supports.

1. Going forward, only individuals who meet LOCATDR for withdrawal management/stabilization should be admitted to an inpatient or residential service.¹ This includes: medically managed inpatient detoxification, medically supervised inpatient detoxification, inpatient rehabilitation with significant need for ancillary withdrawal that cannot be done in the community, or residential 820 stabilization with significant need for ancillary withdrawal that cannot be done in the community.
2. Programs should work with referral sources and local governments to identify safe temporary living arrangements for all other individuals that do not meet the criteria set for above in #1.
3. Programs should be particularly vigilant in considering the ability for individuals to be moved to other safe living space/situations. Any such movement should include meaningful attempts by programs to put in place an outpatient (i.e., mostly telehealth) addiction aftercare plan including but not limited to continuity of MAT. However, if unable to implement an outpatient addiction aftercare plan, inpatient/residential staff should continue to provide this support to individuals and their families/supports in the community through telehealth, including continuity of MAT prescribing. All patients who are moved must receive overdose prevention education and naloxone. Programs may provide naloxone directly or through a script filled at the pharmacy. In the case of a script filled at the pharmacy, the medication should be delivered or picked up prior to discharge. Programs providing on-going support should keep records of volume of service delivered via telehealth and any costs associated therewith.
4. Programs with extra physical space should reserve such space to address the need for isolation and quarantining of individuals in inpatient/residential programs who do not meet criteria for medical hospitalization, who meet criteria for #1, and/or who do not have a safe living environment to go to.
5. All programs should have specific plans to protect staff and other individuals from COVID-19, even in the context of PPE shortages, under the guidance of NYS OASAS, NYS DOH, and local health departments. OASAS, including the Regional Offices, the Division of Addiction Treatment and Recovery, and the Office of the Chief Medical Officer, will continue to provide guidance and technical assistance as needed.

¹ Residential opioid treatment programs are also included