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*Guidance to OASAS Certified Programs about Addiction Treatment and Recovery Services
during COVID-19*

Residential and Inpatient Addiction Treatment Programs The following applies to OASAS certified residential and inpatient addiction treatment programs:

- For residential and inpatient addiction treatment programs, OASAS rescinds the criteria in point 1 of the guidance issued on 3/20/20, [Guidance for Admissions and Continued Stay in Community Based OASAS Inpatient and Residential Settings during the COVID-19 disaster emergency](#). Programs can return to admitting and discharging patients per previous LOCADTR 3.0 criteria.
 - Residential and inpatient addiction treatment programs with a confirmed COVID-19 case among staff or patients must confer with the OASAS Regional Office (who will confer with the OASAS Office of the CMO) to determine whether the facility must pause admissions for 10 days. **A program pause in admissions by OASAS is increasingly rare.** Programs no longer need to notify the local health department (LHD), but if they are contacted by the LHD, are required to follow any recommendations they make. Each situation will be evaluated on a case-by-case basis to determine if an admissions pause must occur to protect the health and safety of the patients and staff at the facility. **If it is determined that the outbreak can be reasonably contained (whether in a unit, on a floor, or in a building or by another means), or that exposure to staff and patients was sufficiently limited, then admissions will not be paused.**
 - If a program must pause admissions, the program must continue following the criteria for admission and discharge detailed in point 1 of the above referenced 3/20/20 [guidance](#) until they have not experienced a confirmed or suspected COVID-19 case among staff or patients for at least 10 days. **As stated above, this is a rare occurrence.**
 - **Exceptions: if a facility accepts a known COVID-19 positive patient and immediately isolates the patient appropriately on admission as per OASAS guidance OR a patient tests positive upon admission to the facility and the patient has been quarantined and/or isolated from admission while awaiting test results as per OASAS guidance, then the facility does not need to revert to following the criteria for admission and discharge detailed in point 1 of the 3/20/20 OASAS guidance. The facility can continue admitting and discharging patients per usual LOCADTR 3.0 criteria.**
- Programs must continue to follow other parts of the [3/20/20 guidance](#), including prioritizing admission for those individuals who do not have a safe living space or situation.
- Programs must continue to follow all infection control guidance from OASAS, the NYS Department of Health (DOH), and local health departments (LHD) (i.e., formal and informal

written and verbal communications from the LHD), including but not limited to, reserving at least one private room at all times for patients who may need to be isolated or quarantined.

- Programs must continue to report both staff and patient COVID-19 cases to their OASAS Regional Office and follow any recommendations, if given, by their LHD.
 - Please note that the LHD and the NYS DOH have the ability to place further temporary restrictions on program admissions as the result of outbreak investigation activities. If this occurs, programs should immediately notify the OASAS Regional Office. Please note that the LHD will no longer engage in contact tracing as per the 1/14/22 NYS DOH guidance (see [here](#) and [here](#)). Programs will be responsible for determining close and proximate contacts of cases identified in their programs to take necessary measures with respect to testing, quarantine, and isolation.

Residential and inpatient addiction treatment programs may allow visitation to and from programs. No client who is being isolated due to COVID-19 or quarantined due to COVID-19 exposure, may have visitors at the program or should be allowed to leave the program to visit in the community. Programs must continue to schedule and pre-screen all visitors to the program per infection control guidance from OASAS and must require face coverings; physical distancing between all parties should be encouraged during visits. All visits should occur in pre-designated areas to facilitate infection control and encourage physical distancing practices. One-on-one visits and visits outdoors should be encouraged. However, indoor visits may occur for a limited duration (less than an hour), everyone should be masked, and physical distancing should be encouraged. When residents visit the community outside the program, they should be educated about standard infection control practices before the visit (i.e., hand hygiene, face coverings, physical distancing) and must be screened for COVID-19 symptoms and risk (including taking their temperature) in-person when returning and, if the screening is positive, must be isolated or quarantined as appropriate per infection control guidance from OASAS. Resources for resident visitation in the community can be found in the OASAS COVID-19 Infection Control Summary for Non-hospital-based Inpatient and Residential Addiction Treatment Providers (see <https://oasas.ny.gov/oasas-treatment-residential>).

- Any program that has a significant number of confirmed COVID-19 cases among staff or patients should consider restricting non-critical visitation to and from the programs until they have not experienced a confirmed or suspected COVID-19 case among staff or patients for at least 10 days. The program should consult their respective OASAS Regional Office with any questions. **Exceptions: if a facility accepts a known COVID-19 positive patient and immediately isolates the patient appropriately on admission as per OASAS guidance OR a patient tests positive upon admission to the facility and the patient has been quarantined and/or isolated from admission while awaiting test results as per OASAS guidance, then the facility does not need to consider restricting non-critical visitation as per above.**
- Please note that the LHD and the NYS DOH have the ability to place further temporary restrictions on program admissions as the result of outbreak investigation activities. If this occurs, programs should immediately notify the OASAS Regional Office. Please note that the LHD will no longer engage in contact tracing as per the 1/14/22 NYS DOH guidance (see [here](#) and [here](#)). Programs will be responsible for determining close and proximate contacts of cases identified in their programs to take necessary measures with respect to testing, quarantine, and isolation.

Outpatient Addiction Treatment Programs

Outpatient addiction treatment programs can modify how they follow the guidance, New York State Office of Addiction Services and Supports (OASAS) COVID-19 Guidance for Outpatient Addiction Treatment Programs (<https://oasas.ny.gov/covid-19-guidance-outpatient-programs>), as follows:

- Telepractice should still be a frequently occurring method of providing treatment, whenever possible; however, in person treatment may occur consistent with this guidance.
- Programs must continue to follow all infection control guidance, including the 3/11/20 [Guidance for NYS Behavioral Health Programs](#).
- All settings, as well as program policies and procedures, need to be assessed for their ability to maintain infection control standards and encourage physical distancing.
 - Any program that has a significant number of confirmed COVID-19 cases among staff or patients on-site that results in contact tracing activity among anyone who was on-site should consider reverting to restricting all in-person services except critical services that cannot be otherwise performed per the guidance, New York State Office of Addiction Services and Supports (OASAS) COVID-19 Guidance for Outpatient Addiction Treatment Programs (<https://oasas.ny.gov/covid-19-guidance-outpatient-programs>), until there has not been a confirmed or suspected COVID-19 case among staff or patients on-site for at least 10 days. The program should consult their respective OASAS Regional Office with any questions.
 - Please note that the LHD and the NYS DOH have the ability to place further temporary restrictions on program admissions as the result of outbreak investigation activities. If this occurs, programs should immediately notify the OASAS Regional Office. Please note that the LHD will no longer engage in contact tracing as per the 1/14/22 NYS DOH guidance (see [here](#) and [here](#)). Programs will be responsible for determining close and proximate contacts of cases identified in their programs to take necessary measures with respect to testing, quarantine, and isolation.
- Programs should encourage physical distancing among/between any onsite staff and clients. All staff who have close physical contact with clients must wear surgical masks*. Eye protection (face shield or goggles) is recommended for all staff who have close physical contact with clients. See OASAS masking guidance: <https://oasas.ny.gov/guidance-mask-wearing-requirements>. All staff who do not fit in the categories specified in the masking guidance may wear cloth face coverings. All masks and face coverings must fit the face snugly and cover completely the nose and mouth. All clients must wear face coverings when on site unless otherwise documented by the individual's medical provider as having a medical reason that they cannot do so. See NYS DOH guidance on recommended eye protection [here](#) and CDC guidance on eye protection [here](#). See OASAS masking guidance: <https://oasas.ny.gov/guidance-mask-wearing-requirements>. *See the CDC updated mask guidance and recommendations [here](#).
- In-person **individual sessions** may occur with mandatory masks or face coverings for staff and mandatory face coverings for clients*. Eye protection (face shield or goggles) is recommended for staff with close physical contact with patients. Physical distancing should be encouraged, and providers should still consider the risks vs benefits of in-person sessions (including risk to clients during transport to/from the program) for each client in the context of current COVID-19 infection risk. See NYS DOH guidance on recommended eye protection [here](#) and CDC guidance on eye protection [here](#). See OASAS

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masking guidance: <https://oasas.ny.gov/guidance-mask-wearing-requirements> . *See the CDC updated mask guidance and recommendations [here](#).

- **Toxicology** can resume but to the extent possible should occur only in the context of an in-person program visit for another reason, and the risks vs benefits of in-person procedures (including risk to clients during transport to/from the program) should be considered for each client in the context of current COVID-19 infection risk. In general, toxicology should not be frequent and for some clients may still not occur at all. See OASAS guidance on toxicology [here](#).
- Outpatient addiction treatment programs may resume in-person **group counseling** indoors. Programs must continue to schedule and pre-screen all clients scheduled for an in-person group visit per previous outpatient guidance from OASAS (<https://oasas.ny.gov/covid-19-guidance-outpatient-programs>), and must require face coverings for clients and require masks or face coverings for staff*, and **encourage physical distancing between all parties during groups**. Eye protection (face shield or goggles) is also recommended for staff who have close physical contact with clients. **Indoor groups may occur and should be of limited duration (less than an hour)**. Physical distancing is encouraged. See NYS DOH guidance on recommended eye protection [here](#) and CDC guidance on eye protection [here](#). See OASAS masking guidance: <https://oasas.ny.gov/guidance-mask-wearing-requirements> . *See the CDC updated mask guidance and recommendations [here](#).
 - Any program that has a significant number of confirmed COVID-19 cases among staff or clients **on-site that results in contact tracing activity among anyone who was on-site** should consider eliminating indoor in-person groups until there has not been a confirmed or suspected COVID-19 case among staff or clients on-site for at least 10 days. The program should consult their respective OASAS Regional Office with any questions.
 - Please note that the LHD and the NYS DOH have the ability to place further temporary restrictions on program admissions as the result of outbreak investigation activities. If this occurs, programs should immediately notify the OASAS Regional Office. Please note that the LHD will no longer engage in contact tracing as per the 1/14/22 NYS DOH guidance (see [here](#) and [here](#)). Programs will be responsible for determining close and proximate contacts of cases identified in their programs to take necessary measures with respect to testing, quarantine, and isolation.
- Please note that there are additional/distinct operational and clinical considerations for OTPs, which are addressed in separate guidance on the [OASAS COVID-19 page](#).

Recovery Services

Programs offering recovery services should allow but not require staff to resume operating in their office spaces and must adhere to all [business guidance for reopening](#). These programs must develop specific policies and procedures consistent with state issued [guidance specific to office spaces](#). These policies and procedures to ensure infection control precautions in office spaces should include, but not be limited to, staff screening (e.g., COVID-19 risk and symptom questions, temperatures), visitor screenings, **with physical distancing being encouraged among staff**, staggered work schedules as needed, continued remote working when able, recommended (but not required) use of surgical or higher-grade masks for staff that have close physical contact with clients, recommended (but not required) face coverings for staff who do not have close physical contact with clients, and recommended (but not required) face coverings for clients*, and disinfecting procedures. Eye protection (face shield or goggles) is recommended (but not required) for staff that have close physical contact with clients. Programs must adhere also to any and all procedures of facility hosts when they are tenants and are

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responsible for ensuring infection control precautions within the space they occupy. See NYS DOH guidance on recommended eye protection [here](#) and CDC guidance on eye protection [here](#). See OASAS masking guidance: <https://oasas.ny.gov/guidance-mask-wearing-requirements> . *See the CDC updated mask guidance and recommendations [here](#).

- Any program that has a significant number of confirmed COVID-19 cases among staff or clients on-site that results in contact tracing activity among anyone who was on-site should consider reverting to working entirely through telepractice with most staff out of the office for at least 10 days. The program should consult their respective OASAS Regional Office with any questions.
- Please note that the LHD and the NYS DOH have the ability to place further temporary restrictions on program admissions as the result of outbreak investigation activities. If this occurs, programs should immediately notify the OASAS Regional Office. Please note that the LHD will no longer engage in contact tracing as per the 1/14/22 NYS DOH guidance (see [here](#) and [here](#)). Programs will be responsible for determining close and proximate contacts of cases identified in their programs to take necessary measures with respect to testing, quarantine, and isolation.

Programs offering recovery services may resume offering in-person services to the public. They must adhere to any and all procedures of facility hosts when they are tenants and must also have their own infection control policies and procedures and encourage physical distancing and recommend (but not require) surgical or higher-grade masks for staff with close physical contact with clients, recommend (but not require) face coverings for staff with close physical contact with clients, and recommend (but not require) face coverings for clients*. Eye protection (face shield or goggles) is recommended (but not required) for staff with close physical contact with clients. Activities outdoors should be encouraged whenever possible. One-on-one indoor activities [with encouraged physical distancing and recommended (but not required) surgical or higher-grade masks for staff with close physical contact with clients, recommended (but not required) face coverings for staff with close physical contact with clients and recommended (but not required) face coverings for clients] are safer than group activities. Eye protection (face shield or goggles) is recommended (but not required) for staff with close physical contact with clients. However, any indoor group activities should be of limited duration (less than an hour) and physical distancing is encouraged. See NYS DOH guidance on recommended eye protection [here](#) and CDC guidance on eye protection [here](#). See OASAS masking guidance: <https://oasas.ny.gov/guidance-mask-wearing-requirements>.

- Please note that the LHD and the NYS DOH have the ability to place further temporary restrictions on program admissions as the result of outbreak investigation activities. If this occurs, programs should immediately notify the OASAS Regional Office. Please note that the LHD will no longer engage in contact tracing as per the 1/14/22 NYS DOH guidance (see [here](#) and [here](#)). Programs will be responsible for determining close and proximate contacts of cases identified in their programs to take necessary measures with respect to testing, quarantine, and isolation.

Questions should be directed to OASAS Regional Offices, PICM@oasas.ny.gov, or Legal@oasas.ny.gov

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