DATE: March 27, 2020

TO: Substance Use Disorder Treatment Providers

FROM: Annette Escalante, Director, Bureau of Drug and Alcohol Services

SUBJECT: COVID-19 Emergency Guidance #1 Substance Use Disorder Treatment Programs

Since the beginning of the COVID-19 pandemic, the substance use disorder treatment providers of New Hampshire have shown flexibility and innovation in ensuring that these vital, life saving services remain available to the people who need them. Through this process, many questions have arisen and we expect many more to come. In order to facilitate programs continuing their critical work as the pandemic continues, the Department of Health and Human Services (DHHS) will be updating this Q&A document regularly.

Please note, this is a rapidly evolving situation. While we will be updating this document regularly, the most up to date information can be found by visiting NH’s COVID-19 Response Page or contacting DHHS directly.

**Timeline**

COVID-19 Emergency guidance will be in place on a 60-day basis effective Wednesday, March 18, 2020. The Bureau will provide, modify and extend guidance to the substance use disorder treatment providers as needed based on the emerging COVID-19 emergency response.
Question 1:
What is the protocol when a client reports symptoms that are consistent with COVID-19?

Response:

Symptoms of COVID-19 can include the following:
• Fever (either subjective or documented fever)
• Respiratory symptoms, including cough, sore, throat, runny nose, shortness of breath
• Flu-like symptoms, including fatigue, muscle aches, headache
• Loss of taste and smell

When a client reports symptoms that are consistent with COVID-19, providers should instruct the client that they need to self-isolate at home until:
• At least 7 days have passed since symptoms first appeared
  AND
• At least 72 hours (3 days) have passed since recovery. Recovery is defined as resolution of fever without the use of any fever-reducing medications and improvement in other symptoms.

The client should consult their primary care provider regarding their specific situation to determine if additional testing or medical care is needed.

For additional guidance, please see https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html. In addition, please follow the steps below for individuals who have tested positive.

Additional information and guidance is available at https://www.nh.gov/covid19/resources-guidance/healthcare-providers.htm
**Question 2:**
What is the protocol when a client tests positive for COVID-19?

**Response:**
When a client tests positive, but does not require hospitalization, the following instructions should be provided to the client:

- Stay home, or in your residence, away from other public places.
- Monitor your symptoms carefully. If your symptoms get worse, call your healthcare provider immediately.
- Get rest and stay hydrated.
- If you have a medical appointment, call the healthcare provider ahead of time and tell them that you have COVID-19.
- For medical emergencies, call 911 and notify the dispatch personnel that you have COVID-19.
- Cover your cough and sneezes.
- Wash your hands often with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.
- As much as possible, stay in a specific room and away from other people. Also, you should use a separate bathroom, if available. If you need to be around other people, wear a facemask.
- Avoid sharing personal items with other people, like dishes, towels, and bedding.
- Clean all surfaces that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.

Provide clients who are being managed at home with the following information:
- Caring for yourself at home
- Preventing the spread of COVID-19 in homes
- Cleaning and disinfection guidance

**Question 3:**
Should we continue to do intakes?

**Response:**
We strongly encourage all providers to continue to do intakes during this time so that these vital safety net services remain available to individuals struggling with substance use disorder. If you feel that your agency is in a situation where you may not be able to continue to safely do intakes and/or provide services, please contact Jaime Powers, Bureau of Drug and Alcohol Services (BDAS) Operations Administrator (jaime.powers@dhhs.nh.gov) to discuss your concerns and identify possible solutions to maintain service availability.

Prior to any in person contact with the client, providers should ask basic screening questions related to COVID-19 to determine if it is safe to meet with the client in person. If a face to face meeting is determined to be safe, providers should wear a non-medical face covering, follow social distancing guidelines and wash hands and disinfect surfaces following the meeting.
Question 4:
Will the Governor or DHHS be suspending admissions across the board?

Response:
DHHS considers substance use disorder treatment services to be essential health care services. As such, there is no intention to suspend admissions across the board.

Question 5:
What should we do to take care of staff?

Response:
There are basic precautions that staff can do to help protect themselves from COVID-19. These include:

- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
  - If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Practice social distancing by remaining at least 6 feet away from others, regardless of whether they appear sick or well, whenever possible.
- Avoid close contact with people who are sick.
- Stay home if you are sick, except to get medical care.
- Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
  - Throw used tissues in the trash.
  - Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.
- Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.

Additional information on preventative measures is available at https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html.

Question 6:
Can we use an unlicensed room to quarantine/isolate someone?

Response:
Please review the guidance provided at https://www.nh.gov/covid19/resources-guidance/documents/2020-06-hospital-guidelines.pdf and follow the procedure provided therein.

All persons or businesses wishing to waive or modify healthcare licensing requirements shall work with DHHS, the State Fire Marshal’s Office and their respective authorities having jurisdiction. Any changes shall be coordinated, and must provide adequate levels of fire safety as
it relates to the New Hampshire State Fire Code. Any changes shall be reviewed and approved by the local fire chief.

Provider may use the waiver form to use for waiver requests under normal circumstances or providers can send an email with all the required information. Waivers without protected personal information can be sent to DHHS: HFA Regulatory Correspondence DHHS.hfaregcorrespondence@nh.gov for now. DHHS would recommend providers put in the subject line COVID-19 WAIVER REQUEST and make urgent when necessary.

Question 7:
The Governor’s telehealth order mentions HIPPA, but not 42 CFR, Part 2. Does Part 2 still apply?

Response:
SAMHSA has provided guidance stating that 42 CFR, Part 2 includes exceptions to allow for disclosure without consent during medical emergencies and has suggested that this should be broadly interpreted under the current circumstances in order to facilitate the delivery of vital substance use disorder treatment services to those who need them. When disclosure is made without consent, it is critical for the provider to document both the emergency situation allowing this as well as the actual information disclosed. For additional information, please see: https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf

Question 8:
Is assistance available to expedite purchasing of medical, protective, and/or cleaning supplies?

Response:
In his March 24th briefing on COVID, Governor Sununu acknowledged the critical shortage of PPE and other needed supplies and stated that The State of New Hampshire Emergency Operations Center is pursuing multiple federal and other channels to secure the resources needed to respond to COVID-19.

Question 9:
Can DHHS pursue waivers around prescribing caps?

Response:
SAMHSA has regulatory authority over Buprenorphine prescribing caps. As such, providers should adhere to any guidance provided by SAMHSA as it becomes available.

Question 10:
Can DHHS provide flexibility in how we are using restricted funds? Can we temporarily move away from fee for service billing to some other method?

Response:
DHHS understands the financial strain that both the response to and reduction in treatment utilization resulting from COVID-19 is placing significant financial stress on providers. Our Finance and Contracts Units are actively working to identify ways to alleviate this. Providers are welcome to submit suggestions to Jaime Powers, BDAS Operations Administrator
(jaime.powers@dhhs.nh.gov). Some suggestions previously received have included 1/12th reimbursement and moving to a cost reimbursement model.

**Question 11:**
Can DHHS be flexible around requirements for staffing and group size?

**Response:**
DHHS is committed to helping our provider partners continue to meet the needs of clients. For clients being served under the contract, DHHS is willing to be flexible on a case-by-case basis, please submit a written request for review to Linda Parker, BDAS Program Specialist (linda.parker@dhhs.nh.gov). For clients being served under Medicaid, a waiver request should be submitted to DHHS per He-W 513.12.

**Question 12:**
What if we cannot move clients out of transitional living within the required time frames because there is no place for them to go?

**Response:**
DHHS understands that the current environment makes already limited housing options even scarcer and we are committed to working with our provider partners to ensure that clients receive continuous and appropriate care. Please submit a written request for an exception to Linda Parker, BDAS Program Specialist (linda.parker@dhhs.nh.gov). These will be reviewed on a case-by-case basis.

**Question 13:**
Should we stop doing urinalysis to reduce exposure risk?

**Response:**
DHHS recognizes that continued urinalysis increases exposure for both clients and staff. We encourage providers to weigh the need to monitor compliance with treatment recommendations against the additional risk posed by continuing urinalysis and make a decision based on that assessment.

**Question 14:**
What telehealth platforms are providers using?

**Response:**
Providers report using Zoom, MW Telemedicine (https://telepsychiatrysoftware.com/). Phone Only, VSee, and Microsoft Teams
Other valuable information/guidance:

- NH’s COVID-19 Response Page: [https://www.nh.gov/covid19/](https://www.nh.gov/covid19/)
- Resources for NH Healthcare Providers: [https://www.nh.gov/covid19/resources-guidance/healthcare-providers.htm](https://www.nh.gov/covid19/resources-guidance/healthcare-providers.htm)
- HRSA Telehealth Resource Center: [https://www.telehealthresourcecenter.org/](https://www.telehealthresourcecenter.org/)