

3/19/2020

Re: Department of Licensure COVID-19 Response for Nonresidential Office-Based Opiate Treatment Facilities

In response to the COVID-19 public health threat, the Department of Licensure, in cooperation with the State Opioid Treatment Authority (SOTA), has identified several minimum requirements that need to be addressed in order to accommodate the recommendations being made to reduce the potential exposure to the Coronavirus. These temporary modifications are made in an effort to ensure that quality clinical services can continue to be provided while reducing exposure risk to patients and staff at these facilities. Program staff is encouraged to contact licensure staff and the SOTA with any questions regarding ongoing program compliance during this difficult time.

Licensure Staff Directory: <https://www.tn.gov/behavioral-health/licensing.html>

SOTA Contact Email: Wesley.Geminn@TN.gov

Approved Changes to Minimum Program Requirements:

0940-05-35-.09(3) – Regarding Medical Evaluation/Physical Exam

- Current rule requires each patient shall receive medical evaluation by medical director or clinical staff at least annually. This rule has been temporarily modified to allow deferring the medical evaluation requirement to a later date at the medical director's discretion. Clinic staff shall document in the patient's medical record if the medical evaluation is deferred, the reason for the deferral, and a proposed date to be completed.

0940-05-35-.10(1)(b)1, .10(1)(c)1, and .10(1)(d)1 – Regarding Office Visits

- Current rule requires patients to have office visits weekly, at least every two to four weeks, or at least every two months depending on their treatment phase. This rule has been temporarily modified to allow office visits to be performed by clinical staff by telephone or televideo. Program medical staff shall use sound clinical judgment when determining if an office visit using telephone or televideo is appropriate. Clinic staff shall ensure that the quality of services provided by telephone or televideo are of comparable quality to those provided in-person. All requirements for an office visit, including documentation, shall still apply.

0940-05-35-.10(1)(b)3, .14(2), and .14(6) – Regarding Observed Drug Screens

- Current rule requires at least weekly observed drug screens for a minimum of three weeks for patients in the induction or stabilization phase of treatment. We propose that medical directors identify which patients would benefit from ongoing routine drug testing during this time, and which patients pose a low risk and whose drug testing can be safely deferred. The clinic staff shall document in the patient’s medical record if the drug screen cannot be performed in accordance with the client’s phase of treatment and the reason for such should clearly be documented.

0940-05-35-.10(1)(b)4, .10(1)(c)4, and .10(1)(d)4 – Regarding Case Management Services

- Current rule requires patients to receive case management services weekly, at least monthly, or at least every two months depending on their treatment phase. When available, case management services should be provided by telephone or televideo to reduce person-to-person contact. All other requirements, including documentation, is still required. Clinical staff shall ensure that the quality of these services provided by telephone or televideo are of comparable quality to those provided in-person.

0940-05-35-.10(1)(b)2, .10(1)(c)2, and .10(1)(d)2; 0940-05-35-.12(1), .12(3)(a)1, and .12(3)(a)2 – Regarding Counseling

- Current rule requires counseling sessions at least twice a month or at least monthly depending on the patient’s phase of treatment. We propose that counseling is done via telephone or televideo. All other requirements, including documentation, is still required. Clinical staff shall ensure that the quality of these services provided by telephone or televideo are of comparable quality to those provided in-person.