



# NJATOD

NJ Association for the Treatment of Opioid Dependence

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URBAN TREATMENT ASSOCIATES

March 21, 2020

Governor Phil Murphy  
State of New Jersey  
Office of the Governor  
PO Box 001  
Trenton, NJ 08625  
Email: <https://nj.gov/governor/contact/>

RE: COVID-19 and NJ Opioid Treatment Program Challenges

Dear Governor Murphy and Administration:

I am writing on behalf of the New Jersey Association for the Treatment of Opioid Dependence (NJATOD) with regard to challenges that New Jersey Opioid Treatment Programs (OTPs) are facing in treating patients with substance use disorder during the COVID-19 epidemic. I am attaching guidance that American Association for the Treatment of Opioid Dependence (AATOD) released on March 20, 2020 to the entire field. Also attached, is recent correspondence sent by the NJ Department of Health from Regional Operations and Intelligence Center (ROIC), Office of Drug Monitoring & Analysis. on the *Implications of Coronavirus on Overdoses and Treatment/Prevention Resources*. In these very uncertain times, people with substance use disorder need us. They need us now more than ever. The anxiety COVID-19 is causing can have a devastating impact on individuals with substance use disorder, even triggering a return to use. We cannot turn our backs on the people who need us the most nor on the people who are providing care to the most vulnerable members of our community. We cannot afford to forget the devastating effects the opioid epidemic has had on New Jersey.

Based on our experiences, we need State Government's assistance in a number of key areas:



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## **Telehealth/Telemedicine**

AATOD wrote a brief paper for AAAP sometime ago about telehealth/telemedicine services in OTPs. It provided very basic ideas on how telehealth/telemedicine services could be used in OTPs. We understand that Governor Murphy recently signed legislation that allows licensed clinicians to provide telehealth, regardless of where the providers and clients are physically located. It also allows alternative technologies, such as phones, to be used, and it lifts the restriction of using telehealth only with clients with whom the providers have pre-established relationships. We are asking that New Jersey implement the broader use of telehealth/telemedicine with regard to group counseling visits in addition to patient admissions. We anticipate that some medical and non-medical clinical staff will become infected and we need to prepare for that reality as this virus spreads. DHHS and the DEA have implemented policies that support the increased use of telemedicine/telehealth services. We believe that this is a critically important area to implement as we deal with COVID-19 but also through our ongoing work. We certainly need to provide increased access to care for newly admitted persons and to support clinical services. This is why we are listing this matter as a first policy priority in this communication. Implementing such services through OTPs will have a significant impact on newly admitted patients and maintaining services for all existing patients. At the present time, OTPs are behind the curve.

## **Medical Supplies**

OTPs are now encountering great difficulty in obtaining proper PPE equipment such as masks and gowns, in addition to hand sanitizer and disinfectant supplies. Considering Opioid Treatment Programs provide essential services to our residents, we are asking the NJ Department of Health to work with the other State agencies so that OTPs can get the necessary protective gear to continue to provide the essential services to our patients.

## **Funding**

CMS Medicare recently implemented a weekly bundled Medicare rate that will reimburse OTPs for up to 28 take-home doses. They are also reimbursing the use of telehealth/ telemedicine services, which is why it is so important to develop and implement such an opportunity for OTPs, as stated above, as soon as possible. In addition, we understand that NJ Division of Mental Health and Addiction Services (DMHAS) will be suspending fee-for-service (FFS) for



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State dollars effective March 1, 2020 through June 30, 2020. For mental healthcare providers, who have a ceiling for billing FFS, a monthly lump sum will be paid. For SUD/OTP treatment providers, who do not have such a ceiling, the lump sums paid will equal the average amounts billed to FFS over the past three months. Providers will need to sign and submit attestations about their continuing to provide services and the levels of care provided in order to receive this funding. Providers with cost- and slot-based contracts will continue to receive these payments and will be required to submit attestations as described above. This is a positive, radical move on the part of DMHAS and we urge our state officials to modify its Medicaid reimbursement rules to align with these strategies set forth by DMHAS FFS. We need Medicaid reimbursement rules realigned as patients receive more take-home medication and as patients receive phone and video counseling services from the OTPs. The OTPs are functioning in a radically different climate as we remain open in treating our patients.

## **Staffing**

OTPs will need flexibility with regard to dispensing personnel, especially if nursing staff or pharmacy staff is not able to continue their work. We would need access to a pool of LPNs, RNs or pharmacy staff in order to keep program operations open in such cases.

## **Credentialing Requirements**

OTPs will need waivers from state credentialing requirements until we know how COVID-19 is affecting operations. As staff becomes infected or quarantined, we may need to bring in new personnel or use non-credentialed staff, which may be a challenge, in order to maintain essential service operations. We are urging our State Authorities and CN&L to provide guidance to various credentialing boards in order to provide a temporary suspension on such requirements.

## **Annual Physical Exams**

OTPs will need flexibility in performing annual physical exams to minimize the potential of staff infection. This also applies to the other aspects of treatment planning deadlines, obtaining annual bloodwork and drug testing for stable patients.



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In summary, we need our New Jersey State government's support in dealing with all of these challenges. We are preparing for a very long siege and we are grateful that our State Authorities will be a partner to us throughout the epidemic. We look forward to being on the other side of this, although we cannot anticipate when that will be.

Thank you for your understanding and support.

Sincerely,

Maiysha Ware  
President

New Jersey Association for the Treatment of Opioid Dependence (NJATOD)

**Cc:** Judith M. Persichilli, NJ DOH Commissioner  
Carole Johnson, NJ DHS Commissioner  
Valerie Mielke, Asst. Commissioner, DMHAS  
Adam Bucon, SOTA, DMHAS  
Marcela Ospina Maziarz, Deputy Commissioner, Health Systems, NJ DOH  
Maria Christensen, Asst. Commissioner, CN&L, NJ DOH  
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