



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

DATE: April 7, 2020

TO: Dialysis Centers

Health Advisory: COVID-19 Guidance for Dialysis Treatment

Please distribute immediately to:
Community and Hospital Based Dialysis Centers

COVID-19 has been detected in multiple communities around New York State. The New York State Department of Health (NYSDOH) is issuing the following guidance regarding access to critical dialysis services.

On March 10, 2020, the Centers for Medicare and Medicaid Services (CMS) issued Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in dialysis facilities. This memo is available at <https://www.cms.gov/files/document/qso-20-19-esrd.pdf>. The purpose of this advisory is to ensure that all State-licensed and federally-certified dialysis centers are following this guidance, and the recommendations of the Centers for Disease Control (CDC) available at <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html>, last updated March 30, 2020, to ensure the health and safety of our vulnerable dialysis patients.

With the widespread prevalence of COVID-19 in the general population, there will be individuals positive for, or suspected to be positive for, COVID-19 who receive End Stage Renal Dialysis (ESRD) services. CMS recommends, and New York State strongly supports, these individuals continuing to receive ESRD services in the community if they do not require hospitalization. Despite the recommendations of CMS and the CDC, there are dialysis centers sending patients to hospitals if they have mild/non-severe respiratory symptoms or have or are suspected to have COVID-19. As the number of cases continues to rise, it is critical that hospitals reserve their resources and staffing to care for the sickest patients. Hospital capacity for ESRD must be reserved for those dialysis-dependent patients who require hospitalization.

The CMS and CDC guidance includes strategies for dialysis providers to continue to safely offer ESRD services in the outpatient setting to those having or suspected of having COVID-19. The guidance includes requirements for personal protective equipment (PPE) and ways to prevent transmission between patients and protect staff. Patients presenting for treatment who are positive, or suspected of being positive for COVID-19, should be provided a surgical or procedure mask and kept separate from other patients.

Additional Recommendations:

- ESRD center can consider cohorting patients who are confirmed to have COVID-19, and the dialysis staff caring for them, together in the unit and/or on the same shift (e.g. the last shift of the day).
- Patients who are only suspected to have COVID-19 should be cohorted separately from confirmed cases and the general population.
- An isolation room can be used if the ESRD center does not currently have a hepatitis B positive patient on their census.
- Centers approved to provide Home Hemodialysis Training and Support should make every effort to transition patients with confirmed COVID-19, who are willing and able to receive dialysis at home, to do so.

NYSDOH issued an advisory on March 22, 2020, providing information for nursing homes wishing to apply for emergency approval to provide dialysis on-site, through an arrangement with an ESRD provider. That guidance may be found through the Health Commerce System: https://commerce.health.state.ny.us/hpn/ctrldocs/alrtview/postings/DOH_SkilledNursingFacilitiesHomeHemodialysis_032120_1584882887628_0.pdf.

Additional guidance, patient support, and resources can be obtained from the End Stage Renal Disease (ESRD) Network of New York. The ESRD Network is supported by CMS, with a mission to provide assistance to individuals receiving dialysis and educational information to dialysis providers. The ESRD Network has information on COVID-19 on their website available at <https://network2.esrd.ipro.org/provider/patient-services/emergency-info/covid-19-resources/>.

Questions or concerns about ESRD services for patients having or suspected of having COVID-19 can be directed to covidhospitaldtc@health.ny.gov.

Additional Information:

New York State Department of Health's COVID-19 Webpage
<https://coronavirus.health.ny.gov/home>

United States Centers for Disease Control and Prevention's COVID-19 Webpage
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>



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DATE: April 7, 2020
TO: Adult Care Facility (ACF) Administrators, Hospital Discharge Planners
FROM: New York State Department of Health

Advisory: Hospital Discharges and Admissions to ACFs

Please distribute immediately to:
ACF Administrators, Hospital Discharge Planners

COVID-19 has been detected in multiple communities throughout New York State. This guidance is being issued to clarify expectations for ACFs receiving residents returning from hospitalization, and for ACFs accepting new admissions. Hospital discharge planning staff and ACFs should carefully review this guidance with all staff directly involved in resident admission, transfer, and discharges.

During this public health emergency, all ACFs must have a process in place to expedite return of **asymptomatic** residents from the hospital. Residents are deemed appropriate for return to an ACF upon a determination, by the hospital physician or designee, that the resident is medically stable for return, in consultation with the ACF.

Hospital discharge planners **must** confirm to the ACF, by telephone, that the resident is medically stable for discharge and whether the resident is asymptomatic. Comprehensive written discharge instructions must be provided by the hospital prior to the transport of a resident to the ACF.

No resident shall be denied re-admission or admission to the ACF solely based on a confirmed or suspected diagnosis of COVID-19. Any denial of admission or re-admission must be based on the ACF's inability to provide the level of care required by the prospective resident, pursuant to the hospital's discharge instructions and based on the ACF's current licensure or certification. Additionally, ACFs are prohibited from requiring a hospitalized resident, who is determined medically stable, to be tested for COVID-19 prior to admission or readmission. However in accordance with state regulations 18 NYCRR §487.4(c)(12) and §488.4(c)(12), ACFs cannot admit residents who are symptomatic, unless the ACF's licensure and certification require onsite clinical staff capable of attending to the medical needs of a symptomatic COVID-19 resident, pursuant to the hospital's discharge instructions (i.e., an Enhanced Assisted Living Residence).

Information regarding COVID-19 is readily available on the New York State Department of Health public website at <https://coronavirus.health.ny.gov/information-healthcare-providers>. Standard infection control precautions must be maintained, and environmental cleaning made a priority.

Critical personal protective equipment (PPE) needs should be communicated to your local Office of Emergency Management, with the appropriate information provided at the time of request. Requests **MUST** include:

- Type and quantity of PPE by size;
- Point of contact at the requesting facility or system;
- Delivery location;
- Date request is needed to be filled by; AND
- Record of pending orders.

Thank you for your ongoing support and cooperation in responding to COVID-19. General questions or comments about this advisory should be sent to covidadultcareinfo@health.ny.gov.



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DATE: April 7, 2020
TO: Nursing Homes (NHs)
FROM: NYSDOH Division of Nursing Homes & ICF/IID Surveillance

**Health Advisory: In Response to COVID-19, CMS Has Released a Waiver to Address
The High Need for Paid Feeding Assistants in Nursing Homes**

Please distribute immediately to:
Administrators, Medical Directors, Nursing Directors, Risk Managers

Due to the immediate and critical needs in skilled nursing facilities related to COVID-19, the New York State Department of Health (NYSDOH) has received a waiver from the Centers for Medicare & Medicaid Services (CMS) of the eight (8) hour training requirement for Feeding Assistants.

During the COVID-19 emergency, a facility may use a Feeding Assistant who has not completed the standard eight (8) hour training program provided if:

- 1) The facility provides abbreviated training to the Feeding Assistant in the following areas, at minimum:
 - a. Feeding techniques;
 - b. Assistance with feeding and hydration;
 - c. Communication and interpersonal skills;
 - d. Appropriate responses to resident behavior;
 - e. Safety and emergency procedures, including the Heimlich maneuver;
 - f. Infection control;
 - g. Resident rights; and
 - h. Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse.
- 2) The Feeding Assistant successfully completes a competency assessment upon completion of the training; and
- 3) The Feeding Assistant will provide dining assistance only for residents who have no complicated feeding problems. Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube or parenteral/IV feedings. The facility must base resident selection on the interdisciplinary team's assessment and the resident's latest assessment and plan of care. Appropriateness for this program should be reflected in the comprehensive care plan.

The feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN).

The facility must maintain a record of all Feeding Assistants who have successfully completed training and proven competency under this advisory.

General questions or comments about this advisory can be sent to icp@health.ny.gov or covidnursinghomeinfo@health.ny.gov.

Could colchicine be effective for treatment of COVID-19?

Background on Colchicine

FDA-approved uses ^{1,2}	<ul style="list-style-type: none"> • Treatment and prevention of gout flares in persons aged >16 years • Treatment of FMF in adults and children aged ≥4 years
Dosage and administration ^{1,2}	
Gout treatment	1.2 mg at first sign of flare followed by 0.6 mg 1 hour later
Gout prophylaxis	0.6 mg once or twice daily; maximum 1.2 mg daily
FMF	Dose according to age, in 1 or 2 divided doses per day <ul style="list-style-type: none"> • Age >12 years: 1.2 to 2.4 mg • Age 6 to 12 years: 0.9 to 1.8 mg • Age 4 to 6 years: 0.3 to 1.8 mg
How supplied ²	Oral capsules or tablets (0.6 mg) and oral solution 0.6 mg/5 mL

FDA=Food and Drug Administration; FMF=familial Mediterranean fever

- Colchicine is an anti-inflammatory drug.^{1,2} In terms of its mechanism, the drug is known to:
 - Interfere with migration of neutrophils to sites of inflammation induced by accumulation of monosodium urate crystals in synovial fluid, and
 - Block the inflammasome complex in neutrophils and monocytes mediating interleukin-1beta activation.

Pertinent Literature

As of March 30, 2020:

- There are no published studies evaluating the efficacy of colchicine in patients with COVID-19.
- A search of clinicaltrials.gov revealed 3 registered studies-in-progress:³

Characteristics	NCT04326790, aka GRECCO-19	NCT04322682, aka COLCORONA	NCT04322565
Sponsor	National and Kapodistrian University of Athens	Montreal Heart Institute	Lucio Manenti, Universitaria di Parma, Italy
Study design	Phase 4, R, OL trial	Phase 3, MC, R, DB, PC trial	Phase 2, R, OL trial
Inclusion criteria	Adults aged ≥18 years with COVID-19 and oxygen saturation <94 mmHg	~6000 adults aged ≥40 years with diagnosis of COVID-19 in last 24 hours, not hospitalized, and at high risk*	Adults aged 18-85 years with COVID-19 and either 1) asymptomatic with risk factors for poor outcome,** or 2) with respiratory and/or systemic symptoms but stable
Interventions	Colchicine 0.5 mg PO BID or standard treatment	Colchicine 0.5 mg PO, BID for 3 days, then daily for 27 days, or placebo	Colchicine 1 mg PO daily (0.5 mg daily in CKD) + standard of care, or standard of care alone
Primary endpoint	Time to increase in C-reactive protein to 3x ULN	Death or hospitalization in 30 days	Clinical improvement within 28 days

BID=twice daily; CKD=chronic kidney disease; COLCORONA=Colchicine Coronavirus SARS-CoV2 trial; DB=double-blind; GRECCO=The Greek study in the Effects of Colchicine in COVID-19; MC=multicenter; NCT number=national clinical trial identifier; OL=open-label; PC=placebo-controlled, PO=by mouth; R=randomized; ULN=upper limit of normal.

*At least 1 of following: age ≥70 years, diabetes mellitus, systolic blood pressure ≥150 mmHg, respiratory disease (e.g., asthma), heart failure, coronary disease, fever ≥38.4°C in last 48 hours, dyspnea, pancytopenia, or high neutrophil count and low lymphocyte count.

**Age ≥70 years and/or chronic lung disease, diabetes, and/or heart disease.

Recommendations from Governmental Agencies

As of March 30, 2020, the Centers for Disease Control and Prevention does not address colchicine as a potential therapeutic option for patients with COVID-19.⁴ No recommendations on colchicine use were found from the Food and Drug Administration, World Health Organization, and the European Medicines Agency.

Conclusion

As of March 30, 2020, there is not enough information to determine whether colchicine could be effective for treatment of COVID-19.

Could colchicine be effective for treatment of COVID-19?

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Conclusion

As of March 30, 2020, there is not enough information to determine whether colchicine could be effective for treatment of COVID-19.

What data are available regarding the use of hydroxychloroquine sulfate (Plaquenil®), in combination with azithromycin (Zithromax®/Z-Pak®), for the treatment of COVID-19?

Initial response: March 25, 2020

Update: March 30, 2020

Summary of Changes

Additional information has become available from the Food and Drug Administration (FDA).

FDA Updates

- **March 27, 2020:** FDA's Center for Veterinary Medicine issued a warning to consumers and healthcare professionals that chloroquine phosphate, used to treat disease in aquarium fish, should not be used to treat COVID-19 in humans.¹
 - These products have not been evaluated for safety, effectiveness, and other factors in fish, let alone in humans.
 - The FDA is investigating a case in which 1 person died and another case where a person became very ill, after they reportedly took chloroquine phosphate used to treat their fish, to prevent COVID-19.
 - Patients should not take any form of chloroquine, unless prescribed by a licensed healthcare provider, and obtained through a legitimate source.
- **March 28, 2020:** FDA issued an Emergency Use Authorization (EUA) to Biomedical Advanced Research and Development Authority (BARDA) to allow hydroxychloroquine and chloroquine products, donated to the Strategic National Stockpile (SNS), to be distributed and prescribed by doctors, to hospitalized adolescent and adult patients with COVID-19, as appropriate, when a clinical trial is not available or feasible.^{2,3}
 - An EUA may be issued if the FDA determines that the known and potential benefits of the product, when used as intended, outweigh the known and potential risks of the product, and there are no adequate, approved, available alternatives.²
 - Pursuant to Section 564 of the Federal Food, Drug and Cosmetic Act (the Act), chloroquine and hydroxychloroquine products distributed from the SNS to public health authorities, for response to the COVID-19 pandemic:³
 - Must be administered by a healthcare provider pursuant to a valid prescription from a licensed practitioner, and
 - May only be used to treat adult and adolescent patients who weigh 50 kg (≥110 lb) or more, are hospitalized with COVID-19, and for whom a clinical trial is not available, or participation is not feasible.
 - The EUA requires that fact sheets, regarding the use of chloroquine and hydroxychloroquine for the treatment of COVID-19, be made available to healthcare providers and patients.² The fact sheets must contain information discussing the known risks and drug interactions associated with both drugs.

References: 1) FDA. FDA letter to stakeholders: Do not use chloroquine phosphate intended for fish as treatment for COVID-19 in humans. https://www.fda.gov/animal-veterinary/product-safety-information/fda-letter-stakeholders-do-not-use-chloroquine-phosphate-intended-fish-treatment-covid-19-humans?utm_campaign=FDA%20MedWatch%20-%20Chloroquine%20Phosphate%20Intended%20for%20Fish&utm_medium=email&utm_source=Eloqua. 2) HHS. HHS accepts donations of medicine to Strategic National Stockpile as possible treatments for COVID-19 patients. March 29, 2020. <https://www.hhs.gov/about/news/2020/03/29/hhs-accepts-donations-of-medicine-to-strategic-national-stockpile-as-possible-treatments-for-covid-19-patients.html>. 3) FDA. Request for Emergency Use Authorization for use of chloroquine phosphate or hydroxychloroquine sulfate supplied from the strategic national stockpile for treatment of 2019 coronavirus disease. <https://www.fda.gov/media/136534/download>.



April 7, 2020

TO: Local Health Departments (LHDs)
FROM: New York State Department of Health (NYSDOH)

**HEALTH ADVISORY: COVID-19 UPDATE FOR
LOCAL HEALTH DEPARTMENT RESPONSE ACTIVITIES**

SUMMARY

Widespread, ongoing community transmission of SARS-CoV-2 (COVID-19) is occurring in some areas of New York State, while other areas have minimal to moderate levels of transmission. This advisory provides updated information for Local Health Departments (LHDs) to help prioritize their response activities by the level of transmission in their community and their available resources. Aggressive containment measures, in areas of minimal to moderate transmission, can help minimize further spread. The goals for prioritizing these functions are to protect individuals at increased risk for severe illness, including older adults and persons of any age with underlying health conditions, as well as healthcare and essential services workers. For the updates on the State response to COVID-19, visit <https://coronavirus.health.ny.gov/home>.

MITIGATION STRATEGIES FOR LHD FUNCTIONS

Levels of SARS-CoV-2 Community Transmission

CDC has identified 4 different levels of community transmission of SARS-CoV-2. These are:

- **No Known Transmission**: No identified test-positive cases, or isolated cases without risk of onward spread (e.g., no contacts).
- **Minimal**: Evidence of isolated cases or limited community transmission (e.g., only among close contacts), case investigations underway, no evidence of exposure in communal settings (e.g., healthcare facility, school, large gathering).
- **Moderate**: Widespread and/or sustained community transmission with high-likelihood or confirmed exposure within communal settings (e.g., healthcare facilities, schools, large gatherings) with potential for a rapid increase in suspected cases.
- **Substantial**: Large scale community transmission, healthcare staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings etc.

The following table highlights activities that should be prioritized, depending upon transmission level.

LHD RESPONSE ACTIVITIES BY LEVEL OF SARS-COV-2 COMMUNITY TRANSMISSION	
No Known Transmission to Minimal Transmission	<ul style="list-style-type: none"> • Test patients with signs and symptoms compatible with COVID-19. • When finding positive cases, conduct vigorous contact tracing and issue isolation and quarantine orders. • After initial interview with contacts to cases, utilize NYSDOH’s Monitoring and Messaging System (MMS) to assist in monitoring. • Isolation of confirmed COVID-19 cases until discontinuation is appropriate, as described below. • Complete daily LHD survey on number of individuals under mandatory and precautionary quarantine.
Minimal to Moderate Transmission	<ul style="list-style-type: none"> • Continue contact tracing as feasible, prioritizing those in high-risk settings (e.g., healthcare professionals, settings serving vulnerable populations, or essential services workforce). <ul style="list-style-type: none"> ○ Issue isolation and quarantine orders. • Continue COVID-19 testing of symptomatic persons, prioritize testing of persons at higher risk of severe disease or associated with high-risk settings. • Continue contact with those in quarantine, utilizing NYSDOH MMS monitoring system. • Isolation of confirmed COVID-19 cases until discontinuation is appropriate, as described below. • Complete daily LHD survey on number of individuals under mandatory and precautionary quarantine.
Substantial Transmission	<ul style="list-style-type: none"> • Prioritize contact tracing as resources dictate to those in high-risk settings (e.g., healthcare professionals, settings serving vulnerable populations, or essential services workforce). <ul style="list-style-type: none"> ○ Continue to issue isolation and quarantine orders. • Continue COVID-19 testing of symptomatic persons, prioritize testing of persons at higher risk of severe disease or associated with high-risk settings, as indicated. • Isolation of confirmed COVID-19 cases until discontinuation is appropriate, as described below.

ISOLATION AND QUARANTINE: UPDATED CRITERIA

Mandatory Quarantine

1. Persons who, while not displaying signs or symptoms of COVID-19, have been in close contact with someone who was infected with SARS-CoV-2, in the past 14 days.
2. Persons who, in the past 14 days, have traveled to a country for which the [Centers for Disease Control and Prevention \(CDC\) has issued a Level 2 or Level 3 Health Notice](#), or who were on a cruise ship (including river cruises), and are not displaying signs or symptoms of COVID-19.
3. LHDs who identify healthcare workers, whether direct care providers or other facility staff, who meet criteria in described in either (1) or (2) above, may be allowed to work under the conditions set forth in NYSDOH's [Health Advisory: Updated Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection](#). While the advisory was initially targeted to Hospitals, Nursing Homes and Adult Care Facilities, this advisory expands eligibility for healthcare workers to return to work in other healthcare settings, provided the conditions in the linked advisory are met. These individuals must, when not working, remain quarantined.
4. LHDs who identify individuals employed as essential personnel, as described in the Department's [Health Advisory: Protocols for Essential Personnel to Return to Work Following COVID-19 Exposure or Infection](#), and who meet criteria described in either (1) or (2) above, may be allowed to work under the conditions described in the advisory. These individuals must, when not working, remain quarantined.

Mandatory Isolation

1. Persons who have tested positive for SARS-CoV-2, regardless of whether or not they are displaying signs or symptoms of COVID-19.
2. Persons who have traveled to a country for which [CDC has issued a Level 2 or Level 3 Health Notice](#), or who were on a cruise ship (including river cruises), and are displaying signs or symptoms of COVID-19.
3. LHDs who identify healthcare workers, who meet either of the above criteria, may be allowed to work under the conditions set forth in the Department's [Health Advisory: Updated Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection](#). While the advisory was initially targeted to Hospitals, Nursing Homes and Adult Care Facilities, this advisory expands eligibility for healthcare workers to return to work in other healthcare settings, provided the conditions in the linked advisory are met. These individuals must, when not working, remain isolated.

Precautionary Quarantine

1. Persons whose contact to someone infected with SARS-CoV-2 is known to be proximate,

not close, and are not displaying signs or symptoms of COVID-19.

2. LHDs who identify healthcare workers, whether direct care providers or other facility staff, who meet criteria in described above, may be allowed to work under the conditions set forth in NYSDOH's [Health Advisory: Updated Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection](#). While the advisory was initially targeted to Hospitals, Nursing Homes and Adult Care Facilities, this advisory expands eligibility for healthcare workers to return to work in other healthcare settings, provided the conditions in the linked advisory are met. These individuals must, when not working, remain quarantined.
3. LHDs who identify individuals employed as essential personnel, as described in NYSDOH's [Health Advisory: Protocols for Essential Personnel to Return to Work Following COVID-19 Exposure or Infection](#), and who meet criteria described in (1) above, may be allowed to work under the conditions described in the advisory. These individuals must, when not working, remain quarantined.
4. Any person the LHD believes should be quarantined for precautionary reasons.

Required monitoring of individuals under legal orders

LHDs must perform a direct observation of any individual under legal orders, at least once per day. At least one additional communication must be made each day. In counties with substantial transmission, observation can be done remotely (e.g. FaceTime, Skype, or similar form of video/audio communication).

Required monitoring of individuals not under legal orders

Direct observation of individuals not under legal orders is not required. However, at least one communication must be made, each day, at random intervals.

NYSDOH COVID-19 Monitoring and Messaging System (MMS)

When appropriate, LHDs can utilize MMS to help reduce the required resources needed to monitor individuals under quarantine. Additionally, it can be helpful in identifying unmet personnel needs.

Release of Individuals from Mandatory Isolation

For persons with COVID-19 under mandatory home isolation, NYSDOH has issued revised [Health Advisory: COVID-19 Release from Home Isolation](#).

Release of Individuals from Mandatory Quarantine and Precautionary Quarantine

Persons exposed to SARS-CoV-2 under mandatory or precautionary quarantine can be released once the LHD has verified that the individual has remained asymptomatic throughout their quarantine period, and that they have not had another exposure to someone infected with SARS-CoV-2 (in which case the 14-day quarantine period would reset from the date of last exposure).



Response to Frequently Asked Questions (FAQs) from Non-Emergency Medical Transportation (NEMT) Providers

Current, as of April 7, 2020

The New York State Department of Health (NYSDOH) is providing this FAQ guidance to non-emergency medical transportation (NEMT) providers pertaining to the current novel coronavirus (COVID-19) public health emergency.

Background

The health and safety of the State's health care providers, and our ability to provide and support patient care, remain our top priorities. Community-wide transmission of COVID-19, and the number of both Persons Under Investigation (PUIs) and confirmed cases, is increasing in NYS. The situation with COVID-19 infections identified in the US continues to evolve rapidly. It is important for all agencies and providers to keep apprised of current guidance by regularly checking NYSDOH's Novel Coronavirus website at <https://coronavirus.health.ny.gov/home>.

It is important to keep staff updated as the situation changes, and inform them about the disease, its signs and symptoms, and necessary infection control measures necessary to protect themselves and the people they serve. It is therefore vital that providers maintain up-to-date contact with NYSDOH. Providers should also consider providing an internal contact telephone number for their staff and clients to call with concerns, reports, or questions.

NEMT FAQs:

1. Has NYSDOH issued guidance regarding safety of front-line workers (e.g. NEMT transportation drivers)?

Yes, the following is from safety guidance provided:

- To the degree practicable, all NEMT workers should practice social distancing protocol, maintaining a separation of at least six (6) feet from other persons.
- All workers should wash their hands, as often as possible, for 20 seconds using soap and water, or an alcohol-based sanitizer consisting of at least 60% alcohol, if soap and water is not readily available.
- All workers should avoid touching their mouth, nose, or eyes.
- If the vehicle is so equipped, the driver and passenger compartments should be isolated. Close any dividers between the driver and passenger compartments.
- The vehicle ventilation fan(s) should be placed on high, in non-recirculating mode, to maximize the intake of outside air, and to minimize the recirculation of inside air.
- Other than for minors, special needs patients, or others requiring personal assistance, no family members or other passengers should be permitted in the vehicle.

2. How is testing handled for front-line workers?

Testing for COVID-19 may be authorized by a health care provider when:

- An individual has come within close contact (e.g. same classroom, office, or gathering) of another person known to be positive; or
- An individual has traveled to a country that the CDC has issued a Level 2 or Level 3 Travel Health Notice, and shows symptoms of illness; or
- An individual is quarantined (mandatory or precautionary) and has shown symptoms of COVID-19 illness; or
- An individual is symptomatic (e.g. fever, cough, troubled breathing) and has not tested positive for any other infection; or
- Other cases where the facts and circumstances warrant, as determined by the treating clinician, in consultation with state or local department of health officials.

For additional information on testing, visit <https://coronavirus.health.ny.gov/covid-19-testing#protocol-for-testing>.

3. Has NYSDOH issued guidance for transportation drivers who test positive for COVID-19?

Yes, the NYS Bureau of Emergency Medical Services & Trauma Systems (BEMS) issued the following guidance on March 20, 2020:

- NEMT providers may allow employees exposed to, or possibly exposed to, COVID-19 to work under the following conditions:
 - They are asymptomatic (i.e. have no fever, sore throat, cough, or other symptoms associated with COVID-19);
 - They undergo temperature monitoring and symptom checks at the beginning of each work shift, and at least every 12 hours thereafter;
 - They wear a facemask while working, donned before entering the workplace, until 14 days after the date of the last high-risk exposure;
 - If they become symptomatic, they immediately stop work and isolate at home; AND
 - If they develop symptoms consistent with COVID-19, they be treated as if they have COVID-19 infection, regardless of the availability of test results.

For additional information, visit https://www.health.ny.gov/professionals/ems/policy/20-04_ems_provider_exposure.pdf.

4. Has NYSDOH issued guidance on the how many individuals can be transported in a vehicle?

Yes, to ensure that Medicaid consumers are transported to medical appointments during the state disaster emergency, transportation managers shall:

- Prohibit multi-loading vehicles, including group rides. Multi-loading shall only be approved in situations where no single loading alternative exists, and must be specifically approved by the manager/broker.
- Exceptions must be made for minors, persons with special needs, and those requiring personal assistance.
- Exceptions may be made for two or more persons, residing in the same household, who are attending the same medical treatment service.

For additional information, visit:

https://www.health.ny.gov/health_care/medicaid/covid19/docs/2020-03-21_guide_transporation.pdf.

5. Has NYSDOH issued guidance on how transportation providers should transport individuals who have tested positive for COVID-19?

Yes, the following standards should be adhered to:

- The patient's usual mode of transportation should be used to the extent possible.
- NEMT providers should be trained in infection control practices and utilize appropriate personal protective equipment (PPE). See OSHA Standards 1910.1030 and 1910.134 for additional information
 - <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>
 - <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134>
- To the degree practicable, all NEMT workers should practice social distancing protocol, maintaining a separation of at least six (6) feet from other persons.
- All workers should wash their hands, as often as possible, for 20 seconds using soap and water, or an alcohol-based sanitizer consisting of at least 60% alcohol, if soap and water is not readily available.
- All workers should avoid touching their mouth, nose, or eyes.
- If the vehicle is so equipped, the driver and passenger compartments should be isolated. Close any dividers between the driver and passenger compartments.
- The vehicle ventilation fan(s) should be placed on high, in non-recirculating mode, to maximize the intake of outside air, and to minimize the recirculation of inside air.
- Other than for minors, special needs patients, or others requiring personal assistance, no other passengers should be permitted in the vehicle.
- After transporting the patient, leave the doors of the vehicle open or the windows down, to allow time for sufficient air exchanges to remove potentially infectious particles. Consideration must be given to ensuring vehicle and equipment security, if staff is not able to stay with the vehicle.
- When cleaning the vehicle, employees should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- Any visibly soiled surface must first be cleaned, then decontaminated, using an Environmental Protection Agency (EPA)-registered hospital disinfectant according to directions on the label.

For additional information, visit <https://www.health.ny.gov/professionals/ems/pdf/20-02.pdf>.

6. Are there requirements for New York City hospitals to bring patients outside to meet at a hospital entrance because drivers cannot go into hospitals, or onto the floors of a hospital, to get patients?

There is no requirement that hospitals in New York City, nor any other hospitals statewide, bring patients outside to meet NEMT providers. Individual hospitals may choose to adopt specific measures to reduce exposure risks. NEMT providers should check with the hospitals that they serve for the most current information.

7. What guidance has been given to New York City medical facilities (e.g. dialysis, nursing homes) regarding transporting patients who are symptomatic or have tested positive for COVID-19? Should they be transported by an ambulance?

Ambulance transportation should only be used for those patients who are experiencing an acute medical emergency, and those who would otherwise require transportation by ambulance for specific medical reasons. All other patients should be transported through NEMT following directed protocols.

8. Has NYSDOH issued guidance to dialysis facilities to restrict family members and health aides from traveling with the patient during the state of emergency?

Yes, other than for minors, special needs patients, or others requiring personal assistance, no family members or other passengers should be permitted in the vehicle. Under no circumstance should any accompanying person who is exhibiting signs and symptoms of COVID-19 ride in the vehicle.

General questions or comments about this advisory can be sent to emsinfo@health.ny.gov.



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

April 7, 2020

Re: COVID-19 Guidance for Providing Adult
Social Day Care (SDC) Services
Telephonically

Dear Adult Social Day Care Program Administrators and Managed Long Term Care Plans:

The New York State Department of Health (NYSDOH) is issuing this guidance to adult Social Day Care (SDC) programs (also referred to as Social Adult Day Care (SADC)) and Managed Long Term Care Plans (MLTCPs) regarding social day care services provided and covered during the COVID-19 public health emergency, including telephonic services. This guidance is provided following the state disaster emergency declared by [Executive Order No. 202](#), in response to COVID-19, and shall remain in effect until subsequent notice from the NYSDOH, which will be provided prior to, or upon the expiration of, such state disaster emergency.

Background

The health and safety of the State's health care providers, and our ability to provide and support patient care, remain NYSDOH's top priorities. Community-wide transmission of COVID-19 has occurred in the United States (US) and the number of both Persons Under Investigation (PUIs), and confirmed cases, is increasing in NYS. The situation with COVID-19 infections identified in the US continues to evolve and is rapidly changing. It is important for all agencies to keep apprised of current guidance by regularly visiting the NYSDOH COVID-19 website, the Centers for Disease Control and Prevention (CDC) website, as well as the NYSDOH Health Commerce System (HCS), for the most up-to-date information. Those resources are available at:

- NYSDOH: <https://coronavirus.health.ny.gov/home>
- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- HCS: <https://commerce.health.state.ny.us>

It is important to keep staff updated as the situation changes and educate them about the disease, its signs and symptoms, and necessary infection control measures to protect themselves, and the people they serve. NYSDOH distributes alerts and advisories on its website. It is vital that providers maintain up-to-date contact with both the CDC and NYSDOH. Providers may wish to provide internal contact information for their staff and clients to call with concerns, reports, or questions.

Providing Adult Social Day Care (SDC) Services to Managed Long Term Care Plan Enrollees During the COVID-19 Public Health Emergency

Adult SDC can provide an invaluable service in this uncertain time, where isolation and anxiety are widespread. SDC is a structured program that provides functionally impaired individuals with socialization, supervision and monitoring, and nutrition, in a protective setting

during any part of the day, but for less than a 24-hour period. Under the Medicaid program, this benefit is available exclusively through MLTCPs.

To help ensure access to SDC services during the COVID-19 public health emergency, SDC providers that contract with MLTCPs may provide SDC services telephonically or via permitted telehealth platforms. SDC services delivered telephonically or via telehealth platforms shall be reimbursed under the provision of the contract between a MLTCP and SDC, and in accordance with NYSDOH guidance: Medicaid Update Special Edition: Comprehensive Telehealth Guidance, available at https://www.health.ny.gov/health_care/medicaid/covid19/index.htm. SDC activities delivered telephonically or via telehealth platforms, including those discussed below, must be offered at the participant's option and reflect the participant's interest, goals, and preferences, as identified and documented in the SDC care plan.

Socialization: Contracted SDCs should develop a series of remote activities that address participants' need for interaction, engagement, and activity. Methods for delivering remote activities include using Skype, Google Meet, Zoom, FaceTime, smartphones, or other modalities, to engage participants with stretching activities, games, educational activities, arts and crafts, and other group activities.

For information regarding options and resources for participants with limited, or lack of access, to devices and services, please see Medicaid Update Special Edition: Comprehensive Telehealth Guidance, available at https://www.health.ny.gov/health_care/medicaid/covid19/index.htm.

For participants without internet or smart phone/computers, staff of the SDC may deliver audio books and players, music players, arts and craft supplies, and games, and set up times to phone in to sing-alongs or group games held remotely. Any deliveries should be made while adhering to social distancing and infection control guidance issued by NYSDOH and the CDC for home care. Guidance related to home care services and close or proximate contact of a confirmed or suspected case of COVID-19 is available:

- Interim Guidance for Home Care Services Regarding COVID-19
https://coronavirus.health.ny.gov/system/files/documents/2020/03/03-16-20_home_care_services.pdf
- Guidance on the Contacts of a Close or Proximate Contact of a Confirmed or Suspected Case of COVID-19
https://coronavirus.health.ny.gov/system/files/documents/2020/03/contacts_of_contacts_guidance.pdf

Monitoring: Contracted SDC providers may use appropriate level staff to call participants, to ensure the health and well-being of the individual. The conversation should give the SDC staff an indication of the health and well-being of the participant. Expressed anxiety or issues with food security, adequate supplies and required medications, should be addressed by providing assurances, or delivering groceries, needed supplies, and medication. Home delivered meals should be arranged by the MLTC plan. SDCs should immediately, or as soon as practicable, notify the MLTCP of any need for intervention, or other indications, where intervention may be required.

Transportation: For the duration that this guidance remains in effect, as described above, SDC providers should not provide transportation to MLTC members. MLTCPs should arrange for the non-emergent transportation of their members and follow the requirements included in transportation guidance issued by NYSDOH, available at: https://www.health.ny.gov/health_care/medicaid/covid19/index.htm.

Instructions for Provider Personnel who are at Risk of Being a Person Under Investigation (PUI) (i.e. someone suspected of having COVID-19 due to symptoms or close, unprotected exposure to someone who has the virus)

Staff are exposed to the general community every day and could become infected with COVID-19. Providers should have a policy in place to speak with staff, prior to them conducting face-to-face visits with enrolled members, in order to screen the staff for symptoms or contacts that might have put them at risk for COVID-19. It is important that providers strictly enforce their illness and sick leave policies. Staff showing symptoms of illness should not be permitted to remain at work or visit members. Staff should only return to work in accordance with NYSDOH guidance on Protocols for Essential Personnel to Return to Work Following COVID-19 Exposure or Infection, available at: https://coronavirus.health.ny.gov/system/files/documents/2020/04/doh_covid19_essentialpersonnelreturntowork_rev2_033120.pdf.

Staff who have been potentially exposed to someone with confirmed COVID-19, or to someone who is a person under investigation (PUI) for COVID-19, might be placed under movement restrictions by public health officials, based on exposure risk for having contracted COVID-19 and any presenting symptoms.

If a staff person is found to be ill upon screening, the agency should send the person home immediately, and suggest that they contact their primary care physician or refer them to immediate medical care, if necessary.

Where can I direct my questions about COVID-19?

Questions can be directed to the following email address: icp@health.ny.gov or to the toll-free call center at 888-364-3065.

Where can I direct my questions about this guidance?

Please send any questions relating to this guidance to MLTCinfo@health.ny.gov.

Your diligence in implementing appropriate measures for COVID-19 preparedness is appreciated.



DATE: April 7, 2020

Health Advisory: Sexual and Reproductive Health Services During the COVID-19 Public Health Emergency

On March 23, 2020, Governor Cuomo issued an [Executive Order 202.10](#), directing the Commissioner of Health to order all health care facilities, including hospitals and diagnostic and treatment centers, to increase the number of beds available to COVID-19 positive patients. The Executive Order also suspended and modified statutes and regulations, as needed, to accomplish this purpose.

The purpose of this guidance document is to clarify that the **Department considers sexual and reproductive health services as essential services**, however the ultimate decision on when such services must occur is between a patient and clinical provider. These services include but are not limited to:

- Birth control, including Long Active Reversible Contraceptives, such as IUDs;
- Fertility services, including infertility treatment and procedures;
- Gynecological surgeries to address acute complications related to conditions, such as fibroids or endometriosis;
- Abortion services;
- Obstetrical care, such as vaginal and cesarean deliveries;
- Evaluation, diagnosis, and treatment of sexually transmitted diseases;
- Evaluation for cervical and breast cancer, when medically indicated based on patient history and/or physical exam.

When making clinical decisions regarding the need for services during the COVID-19 public health emergency, the goal of minimizing the use of hospital resources, such as emergency department visits, should be a high priority. Postponing non-essential surgeries and procedures, as well as prioritizing high-acuity surgeries and procedures, will assist the State's efforts to maximize the availability of hospital resources. Hospitals may work with patients and providers to move surgeries and procedures to outpatient settings, such as hospital outpatient departments or diagnostic and treatment centers, if appropriate. Procedures that cannot safely be moved to these settings should not be postponed if a delay in delivering the service, or performing the procedure, risks a patient's sexual and reproductive health, morbidity, or mortality.

Thank you for your commitment to ensuring our inpatient resources are maximized during the COVID-19 response.

When a Patient is COVID Positive:

If a patient positive for COVID-19, or a patient in quarantine, presents to any healthcare setting, please follow infection control procedures and determine a course of action on a case-by-case basis.

Additional Resources:

The American Society for Reproductive Medicine has issued guidance related to fertility services, available at <https://www.asrm.org/news-and-publications/covid-19/statements/patient-management-and-clinical-recommendations-during-the-coronavirus-covid-19-pandemic/>.



DATE: April 7, 2020

Health Advisory: Treatment of Sexual Assault Patients in a Hospital Emergency Department during the COVID-19 State of Emergency

On March 23, 2020, Governor Cuomo issued [Executive Order 202.10](#), directing the Commissioner of Health to order all health care facilities, including hospitals and diagnostic and treatment centers, to increase the number of beds available to COVID-19 positive patients. The Executive Order also suspended and modified statutes and regulations, as needed, to accomplish this purpose.

The purpose of this guidance document is to clarify that the **treatment of patients for a post-sexual assault medical forensic exam is an essential service in all New York State (NYS) hospital emergency departments**. A sexual assault medical forensic exam may include, upon consent of the victim: gathering information from the victim for the medical forensic history; a medical examination; coordinating treatment of injuries, documentation of biological and physical findings, and collection of evidence from the victim using the New York State sexual offense evidence collection kit; documentation of findings; information, treatment, and referrals for sexually transmitted infections (STIs), pregnancy, suicidal ideation, alcohol and substance abuse, and other nonacute medical concerns; and assessment for additional treatment and services.

NYS hospital emergency departments may consider the following options to increase availability of needed space, and promote social distancing, while ensuring that sexual assault patient treatment is not compromised:

Temporary Relocation

Sexual assault medical forensic exams may be **temporarily provided outside of the emergency department** in an easily accessible nearby location. The temporary location must be an appropriately equipped, private area, with access to a shower that can accommodate patients with disabilities.

Timely Care with a Sexual Assault Forensic Examiner, If Possible

The use of a trained and certified sexual assault forensic examiner is recommended, but a sexual assault medical forensic exam can be performed by any RN, NP, PA, or MD. While it is a regulatory requirement for all SAFE-designated hospital programs to see sexual assault patients within 60 minutes, by a certified sexual assault forensic examiner, that may not be attainable during this state of emergency. If treatment is delayed, the hospital must document when the patient was seen and the cause for delay. All sexual assault patients must be triaged and seen as soon as possible.

Standing Orders

Standing orders (based on current hospital COVID-19 policies) may be implemented for prophylaxis (e.g. sexually transmitted diseases, HIV, hepatitis B, and pregnancy) and labs (e.g. pregnancy tests and STI tests).

When a Patient is COVID-19 Positive:

If a patient positive for COVID-19, or a patient in quarantine, presents to the hospital emergency department for a sexual assault medical forensic exam, consult your hospital's infection control department to determine a course of action, on a case-by-case basis.

Patient-Centered Care:

All patients seeking treatment following a sexual assault must have their healthcare needs met. It is essential that any temporary protocols established due to COVID-19 are in the best interest of patients and medical personnel, and that a victim-centered approach is maintained, to the extent practicable.

Please note that the protocols for hospitals providing treatment to sexual offense victims, as set forth in Public Health Law § 2805-i, have not been waived. However, given the difficulty of maintaining social distancing while providing advocacy services in a medical setting, and the shortage of personal protective equipment (PPE), the Department recommends that advocates from the local rape crisis program provide services remotely when possible, for example, via phone or video call.

For more information on sexual assault and COVID-19, please refer to the following links:

New York State Department of Health Sexual Assault Forensic Examiner (SAFE) Program:

<https://www.health.ny.gov/professionals/safe/>

New York State Coalition Against Sexual Assault:

<http://nyscasa.org/>

New York City Alliance Against Sexual Assault:

<http://www.svfreeenc.org/>

National Sexual Violence Resource Center:

<https://www.nsvrc.org/blogs/resources-for-covid-19-response>

International Association of Forensic Nurses:

<https://www.forensicnurses.org/page/covid>

ANDREW M. CUOMO
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

THOMAS E. SMITH, MD
Chief Medical Officer

MEMORANDUM

TO: New York City Area Article 28/31 Directors of Psychiatry and Directors of Inpatient Psychiatry

FROM: Thomas Smith MD, NYS OMH Chief Medical Officer
Matthew Erlich MD, Medical Director, OMH State-Operated Services
Josh Berezin MD, Clinical Director, OMH New York City Field Office
Martha Carlin PsyD, Director, Long Island Field Office
Victoria DeSimone, Director, Hudson River Field Office

DATE: April 7, 2020

SUBJECT: Admissions to NYS OMH Downstate Adult Psychiatric Centers from NYC Area Article 28/31 Hospitals during the COVID-19 Emergency

The overall inpatient psychiatric capacity in Article 28/31 hospitals across New York City is decreasing, as hospitals consolidate and close inpatient units to meet the demand for increased medical capacity. The NYS Office of Mental Health (OMH) will help preserve Article 28/31 inpatient capacity by: i) expediting existing referrals from Article 28/31 Inpatient units to State-Operated Psychiatric Centers (PCs); and ii) implementing additional procedures to process new referrals from NYC Article 28/31 inpatient units.

For patients who are **currently accepted to a PC and awaiting placement** or have a **current application pending determination**:

1. An OMH Central Office or PC representative will contact the identified Article 28/31 representative to gather any final documentation and discuss the transfer.
2. Article 28/31 staff should ensure required legal papers, the “Novel Coronavirus (COVID-19) Screening Form” (Attached), and any clinical updates are complete.
3. Article 28/31 hospital staff seeking more information or requesting an update should send an encrypted e-mail to Downstate.Referrals@omh.ny.gov, under the subject line “PC Patient Awaiting Placement.” Emails should include the patient’s name, date of birth, referring hospital, and accepting PC.

For new PC transfers:

1. Referrals, documentation submission, and questions regarding PC referrals will now be managed by OMH's Central Office.
2. Referral packets should include: the new "Direct Referral Form to NYS OMH Psychiatric Centers" (Attached); the "Novel Coronavirus (COVID-19) Screening Form" (Attached); and supplementary documents (i.e., medication list, clinical summary, legal forms), as indicated.
3. The completed referral packet should be sent, in a single PDF, to Downstate.Referrals@omh.ny.gov. Documents should be titled in the following format: Patient Initials. Referring Hospital. Date. (e.g., AB.HospitalName.04.07.20).
4. The OMH Central Office Admissions team will designate the application to a Downstate PC within 24 hours.

OMH is working with various partners to expand wraparound services, and other resources, to facilitate diversion and discharge from Article 28/31 inpatient services. Communication regarding those services will follow.

Thank you for your hard work and dedication as we work together to serve patients in need during this public health emergency.

CC: NYS OMH Exec Team
NYS OMH Senior Staff
NYS OMH Field Office Directors
Anita Daniels, Associate Commissioner
Grace Lee MD, Associate Commissioner
Matthew Perkins, MD
Claire Brandon, MD
Julie Burton
Christina Calderwood