



INFORMATION NOTICE 20-05

Addendum 2: Narcotic Treatment Program (NTP)

Purpose

The purpose of this Information Notice (IN) addendum is to provide interim guidance to behavioral health providers who are providing Narcotic Treatment Program (NTP) services during the COVID-19 pandemic. This IN addendum is in accordance with the Department of Health Care Services (DHCS) Behavioral Health IN No. [20-009](#), Governor’s Executive Orders [N-43-20](#) and [N-55-20](#), the Weekly COVID-19 All County call, and DBH IN [20-04](#). This addendum is effective March 15, 2020, unless otherwise indicated, and will end, including any extensions, upon termination of the public health emergency in accordance with DHCS notification.

For the convenience of providers, DBH will update this addendum as updates are released by DHCS. DBH is also issuing separate addendums to this COVID-19 notice for the following programs/topics:

- Driving Under the Influence [20-05 A1](#); and
 - Administration [20-05 A3](#).
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Telehealth or Telephonic Services

Telehealth and telephonic services are allowable, covered and reimbursable under the Drug Medi-Cal Organized Delivery System (DMC-ODS) at the same rate as in-person or face-to-face services. The following are facts regarding telehealth and/or telephonic services:

- Telehealth is not a distinct service, but an allowable mechanism to provide clinical services. The standard of care is the same whether the patient is seen in-person, by telephone, or through telehealth.
 - Telephone services do not require county approval. Providers may contact DBH to seek approval for telehealth services.
 - During the national state of emergency, the Drug Enforcement Administration (DEA) announced it will waive the Ryan-Haight Act and allow the initial buprenorphine evaluation, prescription and all follow up care to be provided by telehealth or telephone, without an in-person medical evaluation.
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Continued on next page

INFORMATION NOTICE 20-05

Addendum 2: Narcotic Treatment Program (NTP), Continued

Telehealth or Telephonic Services, continued

The following services may be rendered via telehealth or telephone:

- Initial clinical diagnostic assessment (eff 03/01/20)
 - Establishment of medical necessity (eff 03/01/20)
 - Level of care (eff 03/01/20)
 - Physician Evaluation and Management (except Methadone maintenance)
 - Case Management
 - Collateral
 - Individual Counseling
 - Crisis Intervention
 - Psychiatrist services, including evaluation and management
 - Discharge services
 - Plan development
 - Group Services in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and Title 42 of the Code of Federal Regulations (CFR) Part II Requirements (eff 03/01/20)
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Consent

Regarding telehealth services for NTP, Governor's Executive Order N-43-20 suspends the requirement for rendering providers to obtain verbal or written consent before the use of telehealth and no longer requires documentation of that consent only.

While verbal consent is not needed to render services via telehealth during the pandemic, verbal consent is still needed for treatment, medication, groups and other services that normally require written consent as indicated in the DBH Outpatient Chart Manual. When verbal consent is obtained instead of written consent due to inability to obtain because of the pandemic, providers must document the verbal consent in the client's chart.

Annual Assessments and Intake Requirements

The Substance Abuse and Mental Health Services Administration (SAMHSA) indicated during a conference call on March 17, 2020 with State Mental Health Commissioners that the required annual patient assessments may be deferred until after the state of emergency has resolved. NTPs may conduct abbreviated intake assessments and defer mandatory data collection not immediately related to the patient's presenting conditions, as long as correct information is collected from patients continuing care after the state of emergency is resolved.

Continued on next page

INFORMATION NOTICE 20-05

Addendum 2: Narcotic Treatment Program (NTP), Continued

Prescriptions

If the prescribing practitioner has previously conducted an in-person medical evaluation of the patient, the practitioner may issue a prescription for a controlled substance after having communicated with the patient via telemedicine, telephone, or any other means, regardless of whether a public health emergency has been declared by the Secretary of Health and Human Services, as long as the prescription is issued for a legitimate medical purpose and the practitioner is acting in the usual course of his/her professional practice. In addition, for the prescription to be valid, the practitioner must comply with any applicable State laws.

Effective March 31, 2020, the DEA released guidance stating for the duration of the public health emergency (unless DEA specifies an earlier date), NTPs are allowed to dispense, and Drug Addiction Treatment Act (DATA)-waived practitioners are allowed to prescribe buprenorphine to new patients with an opioid use disorder for maintenance treatment or detoxification treatment following an evaluation by telephone, without first performing an in-person or telehealth evaluation. This may only be done, however, if the evaluating practitioner determines that an adequate evaluation of the patient can be accomplished through use of a telephone. The prescription also must otherwise be consistent with the practitioner's aforementioned obligation to only prescribe controlled substances for a legitimate medical purpose while acting in the usual course of professional practice.

Blanket Exceptions

During the pandemic, NTPs do not need to submit exceptions through the SAMHSA Opioid Treatment Program (OTP) extranet website for the following:

- Blanket take-home medication exceptions;
- Blanket urinalysis (UA) exceptions and
- Blanket counseling exceptions.

To obtain blanket exceptions, NTPs must submit a letter of need to DBH, who will forward to DHCS for review and approval. If approved for a blanket UA exception, NTPs must still provide adequate drug testing or analysis, including at least eight (8) random drug tests per year per patient in maintenance treatment, in accordance with generally accepted clinical practice.

If approved for blanket counseling exceptions, NTPs must provide adequate substance use counseling for each patient as clinically necessary. NTPs are encouraged to provide services via telehealth.

Continued on next page

INFORMATION NOTICE 20-05

Addendum 2: Narcotic Treatment Program (NTP), Continued

Take-home Medication

Should an NTP submit a blanket exception for take-home medications, DHCS will review as follows:

Stable clients:

- A blanket exception for all stable clients in an NTP to receive 28 days of take-home doses.

Less stable clients:

- A blanket exception for less stable clients in an NTP to receive up to 14 days of take-home doses.

Stable patients have already earned step level two (2) and above and have meaningfully fulfilled the eight (8) take-home criteria for a period of time sufficient to suggest likely ongoing compliance. During the COVID-19 pandemic, these clients have demonstrated enough clinical stability to warrant allowing extended take-home dosing.

Less stable clients are patients who are on step level zero through one (0-1). During the pandemic, these clients have a tolerable risk profile and the benefit may exceed the risk of home dosing. The medical director should evaluate these patients frequently. Prior to the last scheduled take home dose, the NTP should schedule a call with the client to verify the client's symptom status through phone screening. Based on the client's responses, the NTP will determine if the client should resume daily in-clinic dosing or resume take-homes. NTPs should ensure the benefits outweigh the risks based on the individual client's situation.

NTPs shall ensure that clients are able to properly safeguard their medication before take-homes are dispensed. The efficacy and safety of this take-home strategy will be continually assessed. All medical exceptions should provide appropriate and complete documentation.

Lock Boxes

DHCS clarifies that for NTP patients, lock boxes are not required per current regulations to transport take-home medications independent of the pandemic. As required under Title 42 of the Code of Federal Regulations Part 8, prior to allowing take-home medications, NTPs must have assurance from the patient that the take-home medications can be safely stored within the patient's home. DHCS requires NTPs whose patients choose to bring lock boxes to the NTP to transport take-home medications take some extra precautions in an effort to ensure NTP patients are not targeted, singled-out, or stigmatized. DHCS recommends that NTPs encourage the patients to carry the lock boxes in a bag in order to avoid unnecessary targeting and stigmatization.

Continued on next page

INFORMATION NOTICE 20-05

Addendum 2: Narcotic Treatment Program (NTP), Continued

Medication Delivery

The DEA granted an exception on March 16, 2020, to Title 21 of the Code of Federal Regulations, Section 1301.74(i) during the COVID-19 pandemic. The delivery of the medications to the client's home or place of residence may be conducted by an authorized NTP staff member, law enforcement officer, or National Guard personnel. An authorized NTP staff member is a physician, registered nurse, physician assistant, psychiatric technician, vocational nurse or a pharmacist as defined in Section 11215 of the Health and Safety Code. NTPs must have a chain of custody documentation on file for take-home deliveries. Resources to offer this level of service may vary by program.

Medication Flexibilities

Medi-Cal allows patients to fill up to 100 days of non-controlled medications. Narcotic treatment programs can receive exemptions to provide take-home medications for patients who are sick or quarantined. Patients receiving buprenorphine products can currently receive 30-day supplies on Medi-Cal. DHCS encourages providers to consider prescribing naloxone for individuals who receive buprenorphine or methadone take-home medications to reduce the risk of overdose.

Medication Shortages

Currently there is no reported state or federal concern regarding any shortage of medication supply for methadone and/or any buprenorphine-containing product. DHCS recommends NTPs maintain at least a four (4)-week stock of medications, and ensure there is a sufficient supply to manage the increased number of clients with take-homes.

Additional Time to Complete Counselor Certification Requirements

California Code of Regulations, Title 9, §13035(f)(1) requires AOD registered counselors obtain certification as an AOD counselor from a DHCS recognized certifying organization within five (5) years of the date of registration.

Under the authority of Executive Order N-55-20, DHCS shall suspend the requirement to complete AOD registration for the duration of the declaration of emergency. DHCS shall extend the AOD registrants' completion date by the same number of months that the requirement was suspended.

Continued on next page

INFORMATION NOTICE 20-05

Addendum 2: Narcotic Treatment Program (NTP), Continued

Fee Reductions or Waivers

Effective January 1, 2020, Senate Bill 601 became law, set forth in Gov. Code Section, 11009.5, and authorizes DHCS to establish a process to reduce or waive any fees required to obtain a license, renew or activate a license, or replace a physical license for display, when a business has been displaced, or experiences economic hardship as a result of an emergency.

Narcotic Treatment Programs (NTP) that have a license or certification issued by Licensing & Certification Division (LCD), shall notify DBH should they decide to request a reduction or waiver. NTPs may submit a written request to DHCS for a fee reduction or waiver:

- Identify whether the request is for a reduction or waiver of fee(s);
- Identify the type of fee requested to be reduced or waived (i.e., renewal application fee, relocation fee, etc.) and the specific fee amount being requested to pay if seeking a fee reduction;
- Describe how this reduction or waiver is specific to the COVID-19 emergency;
- Describe the economic hardship or displacement that occurred due to the emergency;
- Identify the provider type;
- Identify the provider number and legal entity name;
- Identify the program/facility name;
- Identify the facility physical address;
- Identify the facility mailing address, and
- Identify the Program Director and contact person.

References

- [DBH Information Notice 20-04](#)
- [DBH Information Notice 20-05](#)
- [DHCS Behavioral Health IN-20-009 BH Guidance](#)
- [DHCS Behavioral Health IN 20-014 Residential MH facilities](#)
- [DHCS Behavioral Health IN 20-015 MHRC and PHFs](#)
- [DHCS Behavioral Health IN 20-016 DUI Program](#)
- [DHCS Behavioral Health IN 20-017 AOD facilities](#)
- [DHCS Behavioral Health IN 20-024 BH Payment/Reimbursement](#)
- [DHCS MAT FAQs](#)
- [DHCS NTP FAQs](#)
- [SAMHSA COVID-19 FAQs](#)

For additional information COVID-19 information from DHCS please refer to its webpage: [DHCS COVID-19 Response](#).

Questions

For questions regarding this Information Notice, please contact DBH Substance Use Disorder and Recovery Services at (909) 386-9740 or via email at DBH-sudrsadmin@dbh.sbcounty.gov.
