



BRADLEY P. GILBERT, MD, MPP
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



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DHCS COVID-19 Frequently Asked Questions: Narcotic Treatment Programs (NTPs)

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Please see the [DHCS COVID-19 Response Website](#) for more information.

1. How should NTPs manage patients presenting with upper respiratory symptoms?

NTPs should develop procedures to minimize the risk of symptomatic patients infecting other patients or staff.

Ensure that patients with respiratory symptoms (e.g., fever, cough) do not wait among other patients and wear masks, if available. Set up waiting rooms so chairs are separated by six feet or more, with easy access to tissues, hand sanitizer, and a nearby sink to wash hands. NTPs should allow clients to wait in a personal vehicle or outside the facility where they can be contacted by mobile phone when it is their turn to be evaluated.

Dose symptomatic patients in a location that is isolated from other patients, and is separate from the general dispensary and/or lobby.

NTP staff should follow infection prevention and control recommendations in health care settings [published by the CDC](#).

NTPs are encouraged to use take-homes to avoid travel for people who have respiratory symptoms, are under quarantine, or have transportation hardships (see exemptions below).

2. When should NTPs refer a patient to medical care?

There is currently no treatment for COVID-19, only supportive care for severe illness. Mildly symptomatic patients should stay home. See [CDC guidelines for health care professionals](#) on when patients with suspected COVID-19 should seek medical care.

What should NTPs do in the event a patient is diagnosed with COVID-19?

If a patient is confirmed to be positive for COVID-19, the patient should be instructed to stay home. Certain services may be provided by telephone or telehealth (see question 8).

3. If a former patient is later found to have been diagnosed with COVID-19, what action should be taken?

Staff should inform possible contacts of their possible exposure, but must protect and maintain the participant's confidentiality as required by law. Patients exposed to a person with confirmed COVID-19 should refer to [CDC guidance](#) on how to address their potential exposure, as recommendations are evolving over time.

4. What should NTPs do in the event a staff member is diagnosed with COVID-19?

Staff members who have symptoms of a respiratory illness should stay home until symptoms completely resolve. Staff members with confirmed COVID-19 infection, or who are under investigation (testing pending), should stay home and the facility should contact the [local public health department](#) for guidance.

5. What services may be provided by telehealth?

The California Drug Medi-Cal Organized Delivery System allows reimbursement for physician evaluation and management, counseling, case management, and other services by telephone for all counties, and by telehealth if approved by the county. DHCS is encouraging all providers to use telephone and telehealth services, given the importance of minimizing COVID-19 spread.

Telephone services do not require county approval. Providers may contact their Drug Medi-Cal Organized Delivery System County to seek approval for telehealth services. See COVID-19 Information Notice for more detail.

During the national state of emergency, the Drug Enforcement Administration (DEA) announced it will [waive the Ryan-Haight act](#) and allow the initial buprenorphine prescription and all follow up care to be provided by telemedicine, without an in-person medical evaluation. Note: as of March 17, 2020, a telephone assessment is insufficient to replace an in-person medical examination for this purpose: telemedicine must be used.

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.

6. Should NTPs submit exceptions through the SAMHSA Opioid Treatment Program (OTP) extranet website?

During the National Emergency related to COVID-19, NTPs do not need to submit exceptions through the SAMHSA OTP extranet website for the following:

- a) Blanket take-home medication exceptions (see [SAMHSA update](#) and question 8 for detail);
- b) Blanket urinalysis (UA) exceptions; and
- c) Blanket counseling exceptions.

To obtain blanket exceptions, NTPs must submit a letter of need 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 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. DHCS encourages NTPs to provide services via telehealth.

7. Will DHCS approve blanket exceptions for take-home medications?

DHCS will review each letter of need, and approve, as appropriate, blanket exceptions for take-home medications as follows:

- a) **Stable Patients:**
A blanket exception for all stable patients in an NTP to receive 28 days of take-home doses
- b) **Less Stable Patients:**
A blanket exception for less stable patients in an NTP to receive up to 14 days of take-home doses

Stable patients have already earned step level 2 and above and have meaningfully fulfilled the eight take-home criteria for a sufficient period of time to suggest likely ongoing compliance. During this national emergency, these patients have demonstrated enough clinical stability to warrant allowing extended take-home dosing.

Less stable patients are patients who are on step level 0-1. During this national emergency, these patients 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 patient to verify the patient's symptom status via a phone screening. Based on the patient's responses, the NTP will determine if the patient should resume daily in-clinic dosing or resume take-homes. NTPs should ensure the benefits outweigh the risks, based on the individual patient's situation.

NTPs shall ensure that patients 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.

8. Can NTPs provide medication delivery for patients to the home or a controlled treatment environment?

On March 16, 2020, [DEA granted an exception](#) to 21 CFR 1301.74(i) during the National Emergency. The delivery of the medications to the patient'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.

Please refer to page 77 of the [Federal Guidelines for Opioid Treatment Programs](#) for an example of a chain of custody template.

9. Is there a risk of medication shortages and/or disruption of a medication supply for methadone and/or any buprenorphine-containing products?

At this time, there has been no reported state or federal concern about disruption in the medication supply for methadone and/or any buprenorphine-containing product. The FDA [maintains a list of medications](#) with anticipated shortages; at the time of publication, neither buprenorphine nor oral methadone are included on the list. DHCS recommends NTPs maintain at least a four week stock of medications, and ensure there is a sufficient supply to manage the increased number of patients with take-homes.

10. Is there flexibility around annual assessments and intake requirements?

SAMHSA indicated during a conference call on 3/17/20 with State Mental Health Commissioners that the required annual patient assessments may be deferred until after the state of emergency has resolved and that 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.

11. Has the COVID-19 public health emergency affected HIPAA regulations in respect to communication technologies and telemedicine/telehealth?

The Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) announced on March 17, 2020, effective immediately, that it will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth using non-public facing audio or video communication products during the COVID-19 public health emergency. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19. A covered health care provider can provide services via telehealth to patients with any non-public facing remote communication product available.

Under this Notice, however, public-facing applications such as Facebook Live, Twitch, TikTok, and similar video communication services should not be used for telehealth. See the [OCR website](#) for details, including examples of acceptable applications.

12. Does the patient need to consent prior to receiving services by telehealth?

Yes. State law requires the health care provider using telehealth to inform the beneficiary, obtain consent, and maintain appropriate documentation. A general consent protocol specifically referencing use of telehealth as a modality would satisfy the consent requirement.

13. Does Medi-Cal pay a different rate for services provided through telehealth than it pays for the same service provided in-person?

No. Medi-Cal pays the same rate for professional medical services provided by telehealth as it pays for services provided in-person. Please see the [PDHCS payments and Claims](#) section for details.

14. Are there resources on developing and implementing disaster plans for NTPS?

- a) DHCS recommends NTPs submit disaster plans to DHCS describing how patients are receiving clinical services during this national emergency.
- b) All disaster plans need to be consistent with applicable state and federal laws and regulations.
- c) For additional guidance on developing and implementing disaster plans, please work with the State Opioid Treatment Authority and refer to [TAP 34: Disaster Planning Handbook for Behavioral Health Treatment Program](#).

15. What else should a NTP be doing to prepare for or respond to COVID-19?

DHCS encourages providers to adhere to the [CDC's](#) and [CDPH's recommendations](#) to prepare for COVID-19. Some helpful preparedness strategies include but are not limited to the following:

- Screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before they enter your healthcare **facility**. Providers can refer to the following resources on the CDC’s [Guidelines for patient screening](#) and [Infection Prevention and Control Recommendations](#) for more information.
- **Ensure proper use of personal protection equipment (PPE).** Healthcare personnel who come in close contact with confirmed or possible patients with COVID-19 [should wear](#) the appropriate [personal protective equipment](#).
- **Encourage sick employees to stay home.** Personnel who develop respiratory symptoms (e.g., cough, shortness of breath) should be instructed not to report to work. Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
- **Encourage adherence to the CDC’s [recommendations](#),** including but not limited to the following steps, to prevent the spread of illness:
 - Avoid close contact with people who are sick.
 - Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
 - Avoid touching your eyes, nose, and mouth.
 - Clean and disinfect frequently touched objects and surfaces.
- Stay home when you are sick, except to get medical care
 - Wash your hands often with soap and water for at least 20 seconds
- **Ensure up-to-date emergency contacts** for employees and patients.
- **Develop protocols for provision of emergency take-home medication** for patients with respiratory illness, under quarantine, or with travel barriers.
- **Plan for alternative staffing/dosing scheduling** in case of staffing shortages due to illness or quarantine.
- **Ensure sufficient medication inventory** for every patient to have access to two weeks of take-home medication or more.
- **Reach out to patients** through phone calls, emails, and onsite signs to contact the treatment program before coming on-site if they develop symptoms, so alternatives (such as phone or telehealth visits) can be discussed.
- **Change seating in waiting room and group visit sessions** to maintain a six- foot distance between patients.
- **Limit group visits,** especially for those at high risk (e.g., over age 60). If you hold group visits, set up chairs six feet apart.
- **Protect the health of high-risk staff.** For example, staff over the age of 60 or with health conditions should consider conducting all or most visits by telephone and telehealth visits, where appropriate.
- **Expand dosing hours** to prevent crowding.