

Narcotic Treatment Program (NTP) Exception Request

This form was created to facilitate the submission exceptions to state regulations [CCR, Title 9, Chapter 4](#) and [Attachment 1 of BHIN 25-008](#) in accordance with [CCR, Title 9, Section 10425](#) on a per patient basis. **This form is intended for exceptions that only require state approval and do not require federal approval.** This does not preclude other forms of notifications.

I. The following requests should not be submitted via the state-only exceptions process, or the CSAT portal:

- **Admission Criteria:** The one-year history of opioid use disorder is no longer required by state or federal law. In addition, Substance Abuse and Mental Health Administration (SAMHSA) removed the requirement that people under the age of 18 must have completed two unsuccessful episodes of treatment. Neither a Center for Substance Abuse Treatment (CSAT) exception or exception via this state-only exception form are required.
- **Split-dosing:** NTPs must assess the patient and determine the needs of the person based on their individualized assessment and evaluation. Split-dosing is allowable per federal and state law. NTPs are no longer required to submit an exception to provide split dosing in two more doses. A split dose is considered a one-day supply of take-home medication; therefore, the take-home medication supply limits and criteria must be considered by the NTP medical director, physician and/or physician extender.
- **Take-Home Doses:** Changes in a patient's dosing schedule including, step-level increases or decreases, vacation take-home medication bottles, and hardship due to transportation or employment are no longer required so long as the patient meets time in treatment and allowable take-home medication supply limits.

II. Only the patient exception requests below shall be submitted through the [CSAT portal](#) as these are federal laws and require SAMHSA approval:

- **Chain of Custody Requests:** This includes third-party, surrogate, or approved designee. It also includes residential treatment, incarceration, and long-term care facilities such as skilled nursing facilities. A record of the chain of custody for the medication is required and federal and state approval are necessary and are required to be requested via the [CSAT portal](#).
- **Emergency Closures:** Closures related to emergencies are required to be requested via the [CSAT portal](#)
- **Time in Treatment (take-home medication):** State and federal regulations identify the number of take-home medication doses allowable during specific timeframes within a patient's first month of treatment. Exception requests are required to be submitted via the [CSAT portal](#) if the number of take-home doses exceeds the take-home medication supply limits set forth in [BHIN 25-008 Section 10375](#).
- **More than 28-take home doses:** State and federal regulations allow for up to 28-take home medication doses after a patient has been in treatment for 31 calendar days, anymore then this maximum allowable amount requires approval via the [CSAT portal](#).

III. Effective October 1, 2025, due to the [Behavioral Health Information Notice 25-008](#), State-only Exceptions are Required for the Following:

- **Discharge:** Patient absence and discharge timeframe requirements are specified in state law not federal law. Therefore, NTPs that are requesting to not discharge a patient due to patient absence timeframes, shall not be submitted via the CSAT extranet and must be submitted via this DHCS 1834 Exception Request form Discharge exception requests require state approval only if a

patient in maintenance treatment misses medication for 30 consecutive calendar days or more without notifying the NTP pursuant to [BHIN 25-008 Section 10300\(b\)\(1\)](#).

- **Counseling:** If a NTP is unable to offer counseling to the patient, (i.e. due to incarceration or residential treatment) federal approvals are not required and are not to be submitted via the CSAT extranet. Counseling exception requests require state approval only and must be submitted via this DHCS 1834 Exception Request form. Pursuant to [BHIN 25-008 Section 10345\(a\)](#), a NTP shall provide the patient with a minimum of 45 minutes of counseling services per month, however, per [BHIN 25-008 Section 10345\(f\)](#), the NTP shall not exclude a patient from treatment because the patient declined counseling. Instead, if a patient declines counseling, the NTP shall obtain the patient's signature on a waiver, or if unable to obtain the patient's signature, document the declination in the patient's record. Please note, in accordance with [BHIN 25-008 Section 10345\(e\)](#) the medical director may adjust or waive at any time after admission, by medical order, the minimum number of minutes of counseling services in the patient's care plan as specified in [BHIN 25-008 Section 10305\(h\)](#).
- **Guest Dosing:** Guest dosing does not require federal approval, and exception requests are not to be submitted via the CSAT extranet. Guest dosing exception requests require state approval only and must be submitted via this DHCS 1834 Exception Request form. Please note, [BHIN 25-008 Section 10295\(b\)\(2\)](#) specifies that a NTP may provide MOUD on a temporary basis to a patient who is incarcerated, hospitalized, or a resident in a residential or long-term care facility for the duration of the patient's stay. Therefore, an exception request is not required every 30 calendar days for patients who are incarcerated, hospitalized, or a resident in a residential or long-term care facility. The patient record must be documented with the patient's discharge date from these facilities to ensure compliance.
- **Urinary Drug Screens (UDS):** In accordance with [42 CFR 8.12\(f\)\(6\)](#) and [BHIN 25-008 Section 10310\(e\)\(1\)](#), a NTP shall perform the no fewer than eight (8) UDS annually per patient unless the patient is experiencing extenuating circumstances. If the NTP is unable to complete eight (8) UDS and is only able to conduct a saliva test due to the extenuating circumstances such as patient physical/medical limitations or due to patient hospitalization or incarceration the exception request must be submitted via this DHCS 1834 Exception Request form and not via the CSAT portal.
- **Federal and State Holidays:** Federal approval is not required and are not to be submitted via the CSAT extranet. Holiday exception requests require state approval only and must be submitted via this DHCS 1834 Exception Request form.
- **Physical Exams:** NTPs are responsible for developing policies and procedures that ensure timely compliance with state and federal regulations to complete a full, in-person physical exam within 14 calendar days following a patient's admission. Only under significant extenuating circumstances such as patient hospitalization, incarceration or natural disasters may an exemption request be submitted. NTPs should coordinate with hospital staff and correctional facility staff to complete the physical exam requirements prior to submitting an exception request as non NTP providers may conduct the physical exam. DHCS will not approve any requests in situations where the NTP did not complete admission requirements due to the patient simply not returning. Exception requests to physical exam requirements must be submitted via this DHCS 1834 Exception Request form and not via the CSAT portal.
- **Other:** NTPs are required to submit this form for any exception to state law in [CCR, Title 9, Chapter 4](#) or [BHIN 25-008](#). Please do not submit this form if your request is not less stringent than state law.

Below you will find links to the regulations and frequently asked questions, an outline for exception requests and instructions.

- Regulations: [eCFR :: 42 CFR Part 8 – Medications for the Treatment of Opioid Use Disorder](#)
- FAQs: [42 CFR Part 8 Final Rule – Frequently Asked Questions | SAMHSA](#)

Please complete **All** fields on this form. All fields are required and should not be left blank. Leaving a field blank can result in a denial and cause a delay in treatment. Incomplete fields will require the NTP analyst to contact you to obtain the missing information thus delaying the exception request process. Your cooperation will result in a speedy reply. As a reminder, no identifying information for the patient or family members (i.e., designee) should ever be included in the exception request, this includes both names and DOB. Thank you.

Program Name: _____

NTP License Number: _____ Patient ID Number: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Requestor: _____ Title: _____

Patient's Admission Date (reminder this is the admission date to the NTP): _____

Patient's applicable drug(s) and dosage (check all that apply):

☐ Methadone _____ mg ☐ Buprenorphine _____ mg ☐ Other: _____ mg

Most recent urinalysis result (check all that apply):

☐ Methadone ☐ Positive ☐ Negative

☐ Buprenorphine ☐ Positive ☐ Negative

☐ Other: _____ ☐ Positive ☐ Negative

Patient's program attendance schedule per week: (Check all the days that the patient attends*)

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ N/A

*If N/A was marked or if current attendance is less than once per week, please explain or enter schedule:

Patient's Status: ☐ Employed ☐ Homemaker ☐ Student ☐ Other: _____

Check all that apply: ☐ Disabled ☐ Other: _____

Nature of Your Request:

- ☐ **Program unable to offer 45 minutes of counseling**
- ☐ **Discharge Exceptions** (if program is requesting to discharge after 30 calendar days of missed treatment where they patient did not contact the program).
- ☐ **Temporary change in protocol**
- ☐ **Guest Dosing** (and patient is not incarcerated, hospitalized, or a resident in a residential or long-term care facility)
- ☐ **Urinary Drug Screen** (unable to perform eight annual)
- ☐ **Other, please describe and include specific regulation:**

Decrease regular attendance to: (place an “X” next to the appropriate days*)

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Beginning date: _____

*If new attendance is less than once per week, please enter schedule:

Dates of Exception (the “From:” and “To:” fields reflect the date range of the exception request):

From: _____ **To:** _____

Justification (choose all that apply):

- | | | | |
|--|--|---|---|
| ☐ Funeral | ☐ Vacation | ☐ Employment | ☐ Transportation Hardship |
| ☐ Medical | ☐ Weather Crisis | ☐ Incarceration | ☐ Long-Term Care Facility |
| ☐ Other Residential Treatment | ☐ Disability | | |
| ☐ Other (This can be used to write a description of the nature of the request. Descriptions should be detailed.) | | | |

Submitted By:

Printed Name of Physician

Signature of Physician

Date

State Response to Request:

☐ Approved

☐ Denied

☐ Decision Not Required

☐ Partially Approved

Explanation:

DHCS Reviewer:

Printed DHCS Reviewer

Signature of DHCS Reviewer

Date