DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES
Michelle Baass | Director

DATE: October 17, 2025

Behavioral Health Information Notice No: 25-034

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Medication-Assisted Treatment (MAT) also referred to as Medications for Opioid Use Disorder (MOUD) Treatment for Incarcerated Patients

PURPOSE: The purpose of this Behavioral Health Information Notice (BHIN) is to provide treatment options and requirements for incarcerated patients diagnosed with an opioid use disorder (OUD).

REFERENCE: 21 Code of Federal Regulations (C.F.R.) Parts 1300, 1301, and 1304; Cal. Health and Safety Code (Health & Saf. Code) § 11839.6.1; California Code of Regulations (Cal. Code Regs.), Title 9, §10190 and §10425; Behavioral Health Information Notice (BHIN) 25-008 Narcotic Treatment Programs Regulation Changes; BHIN: 24-005 Mobile Narcotic Treatment Programs; Mental Health Substance Use Disorder Services Information Notice 18-004; Drug Enforcement Agency MNTP Final Rule; and Policy and Operational Guide for Planning and Implementing the Justice-Involved Reentry Initiative

BACKGROUND:

On January 26, 2023, California became the first state in the nation approved to offer a targeted set of Medicaid services to youth and eligible adults in state prisons, county jails, and youth correctional facilities for up to 90 days prior to release. Through a

federal Medicaid 1115 demonstration waiver approved by the Centers for Medicare & Medicaid Services (CMS), the CalAIM Justice-Involved (JI) Reentry Initiative[1] focuses on improving care transitions for incarcerated individuals and supports JI individuals by providing key services pre-release, enrolling them in Medi-Cal, and connecting them with behavioral health services, social services, and other services that can support their re-entry into the community.

POLICY:

CalAIM and Justice-Involved Individuals

JI individuals are currently or have previously spent time in jails, youth correctional facilities, or prisons and are at higher risk for injury and death, including overdose, than the general public. The CalAIM JI Reentry Initiative seeks to address the unique health care needs of JI individuals. By providing eligible JI individuals pre-release services in the 90-day period before their release, California aims to improve health outcomes and reduce health disparities. Additional information about the CalAIM JI Reentry Initiative, including a list of the pre-release Medi-Cal services, is available in the CalAIM Justice Involved Policy and Operations Guide.

Medication-Assisted Treatment for Incarcerated Patients

To ensure the successful implementation of Medication-Assisted Treatment (MAT) as a pre-release service, all correctional facilities (CF), defined as state prisons, county jails, and youth CFs, must pass a readiness assessment as outlined in Section 8.7 and 8.8 of the CalAIM Justice-Involved Policy and Operational Guide.

MAT provided under the CalAIM JI Reentry Initiative in a CF must be delivered in a manner consistent with federal and state regulations. Buprenorphine and methadone are approved by the FDA for treatment of OUD and withdrawal. Providers who have a current DEA registration may prescribe buprenorphine. Methadone is typically dispensed at licensed Narcotic Treatment Programs (NTPs) in California. There are, options available for delivering methadone to incarcerated patients in CFs when clinically indicated.

Options for CFs to Provide Methadone to Incarcerated Patients

[1] CalAIM Justice Involved Reentry Initiative: https://www.dhcs.ca.gov/CalAIM/Justice-Involved-Initiative/Pages/home.aspx

CFs have three options for administering methadone. The first option allows facilities registered with the Department of Health Care Services (DHCS), Provider Enrollment Division (PED) and Drug Enforcement Agency (DEA) as a hospital/clinic to administer or dispense methadone as an incidental adjunct to treating medical or surgical conditions other than OUD but excludes administering or dispensing to individuals solely with OUD. The second option is the DEA's 72-hour emergency rule, which enables providers to dispense up to a three-day supply of methadone for withdrawal relief while arranging for OUD treatment. The third option involves the CF requesting exceptions to federal regulations for the CF to provide methadone for OUD treatment without becoming or contracting with a NTP.

Option 1: CFs may administer or dispense (but not prescribe) methadone as an incidental adjunct to medical or surgical conditions other than OUD in a state and DEA registered hospital or clinic. (21 C.F.R. § 1306.07(c).)[2]

Methadone provided under this option must be done as an incidental adjunct treatment while the individual is receiving treatment for a medical or surgical condition other than OUD or administered or dispensed to persons with intractable pain in which no relief or cure is possible or none has been found after reasonable efforts.

If an individual does not qualify for incidental adjunct treatment, the individual must receive methadone treatment from a licensed NTP.

In order to provide methadone as an incidental adjunct to medical or surgical conditions other than OUD, a CF must:

1. Register with the DHCS PED as a Clinic by completing the "Exempt from Licensure Clinic Medi-Cal" enrollment path; and
2. Register with the DEA as a hospital/clinic. CF clinics may register with the DEA through the DEA website under the hospital/clinic registration using Form 224.

Option 2: CFs may provide methadone under the DEA 72-hour emergency rule (21 C.F.R. § 1306.07(b).)

[2] See also "Providing Methadone in Jails and Prisons: An explanation of DEA regulations to increase access to methadone in carceral settings." John's Hopkins Bloomberg School of Health, available at https://opioidprinciples.jhsph.edu/wp-content/uploads/2023/05/Methadone-Fact-Sheet.pdf.

The 72-hour rule allows a provider to dispense (but not prescribe) no more than a three-day supply of narcotic drugs, including methadone, to a patient for the purpose of initiating maintenance treatment or relieving acute withdrawal symptoms (or both) while arrangements are made for OUD treatment referral. CFs must access stock methadone through on-site or off-site pharmacies, pharmaceutical vendors, or physician offices, and coordinate with a NTP for ongoing care.

Option 3: CFs may request exceptions to regulatory provisions of the federal Controlled Substances Act.

A CF may request an exception to treat anyone with an OUD with methadone during their incarceration without becoming a NTP or contracting with a community-based NTP directly from the DEA, in accordance with 21 Code of Federal Regulations, § 1307.03. The DEA may grant an exception to its regulations at its discretion. CFs are required to handle methadone as they do other controlled substances. Additionally, they are required to register with DHCS PED and DEA as a hospital/clinic.

Safeguarding Medication and Confidentiality

The treatment environment in CFs can vary widely depending on several factors and is specific to each location, its resources, policies, and the population it serves. CFs have a responsibility to safeguard medication, the confidentiality of each patient's treatment information, and ensure that treatment records are protected from unauthorized access or disclosure, consistent with the requirements of 42 Code of Federal Regulations, Part 2. Further guidance for procedures regarding administration, storage, and disposal of MAT can be found in BHIN 23-054.

A NTP that coordinates with a CF to provide MAT services to incarcerated patients enrolled in a NTP must develop a standard process to maintain adequate security, safe transportation and safe medication storage over any controlled substances provided by the NTP and stored at the CF at all times to protect against theft and diversion.

Options for NTPs to Provide MAT to Incarcerated Patients

NTPs play a critical role in ensuring that incarcerated patients have access to MAT. Below are various options for NTPs to provide or coordinate the provision of MAT for incarcerated patients.

Option 1: Provision of MAT via a Medication Unit (MU) or Mobile Narcotic Treatment Program (MNTP)

A NTP may add a MU or MNTP to its license to expand services to additional locations, including CFs. The primary NTP is responsible for ensuring that patients have access to all other treatment services not provided through the MU or MNTP. The program sponsor of the primary NTP shall be responsible for submitting the required DHCS forms and supplemental written protocols. The primary NTP is responsible for all affiliated programs (e.g. MUs and MNTPs) maintaining compliance with all relevant laws, regulations, and accreditation standards related to the provision of MAT.

MUs

NTPs certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) may establish MUs, as defined in 42 C.F.R. § 8.2, to dispense opioid agonist treatment medications and provide other NTP services. (42 C.F.R. § 8.11(h).) Federal regulations specify any services that are provided in a NTP may be provided in the medication unit, assuming compliance with all applicable Federal, State, and local law, and the use of units that provide appropriate privacy and have adequate space (42 C.F.R. § 8.11(h)(2).)

Existing NTPs seeking to add a MU to their NTP license to provide MAT at a CF must submit a DHCS 5014 Narcotic Treatment Program Initial Application form.

MNTPs

The DEA added provisions to 21 Code of Federal Regulations § 1301.13(e)(4) to clarify that NTPs may operate MNTPs at CFs where otherwise permitted by law. “A MNTP may operate at CFs within the same state as its registered location so long as doing so is otherwise consistent with applicable Federal, state, tribal, and local laws, and regulations, and so long as the local DEA office, when notified pursuant to this section, does not otherwise direct.” (21 C.F.R. §1301.13(e)(4)(iii).)

In instances when the MNTP staff will transport medication inside a CF to administer directly to patients, the NTP must clearly outline the process to the local DEA office and DHCS for approval. The NTP shall also submit the SMA-162 form to the SAMHSA/CSAT Opioid Treatment Program Extranet webpage and comply with all other requirements set forth by SAMHSA for the operation of a MNTP.

Existing NTPs seeking to add a MNTP to their license to provide MAT at a CF must submit a Mobile NTP Initial Application Form DHCS 1830 (BHIN 24-005). For additional information, please see the BHIN 24-005 and complete final rule on registration requirements for NTPs with MNTPs.

Option 2: Provision of MAT via Courtesy Dosing

A NTP may provide MAT to a patient of another NTP on a short-term basis, known as courtesy dosing. (BHIN 25-008 § 10295.) For courtesy dosing, the CF may bring patients to the NTP that is geographically closer for dosing in person, or the NTP that is geographically closer may deliver MAT doses to the CF. Federal and state laws governing NTPs do not prohibit a NTP personnel from entering a CF and administering medication directly to the patient.

In order to provide courtesy dosing, the medical director, program physician, or physician extender of the originating NTP must provide prior approval for an existing patient to receive services on a temporary basis from another NTP. A NTP may provide medication for opioid use disorder 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 (BHIN 25-008 § 10295.) The approval must be noted in the patient's record in accordance with BHIN 25-008 § 10295.

If a NTP contracts with a county or another NTP to provide treatment for incarcerated patients, the contracted medical director, program physician or physician extender must coordinate with the originating NTP's medical director or program physician on dosing levels if the contracted NTP identifies a need to change the dosing level. CF staff must report any patient concerns and patient dose change requests to the originating NTP. The originating NTP is responsible for assessing the medication dosage and notifying the NTP responsible for courtesy dosing.

Option 3: Provision of MAT by Authorized CF Staff

A NTP may coordinate with the CF to deliver take-home medication doses to incarcerated patients enrolled in the NTP. Incarcerated patients enrolled in a NTP may receive take-home medication for the duration of incarceration in accordance with state and federal laws. This option is not limited to individuals who were existing NTP patients prior to incarceration and permits NTPs to enroll new patients who are currently incarcerated.

Under this option, authorized CF staff may take possession of methadone and/or buprenorphine at the NTP and deliver it to the CF for administration. For this option, the NTP patient is not required to be present during the transfer of possession of the medication. Only the following CF staff may dispense or directly administer medication on behalf of a NTP to incarcerated patients (21 C.F.R. § 1301.74(i).):

1. A licensed practitioner;
2. A registered nurse under the direction of the licensed practitioner;
3. A licensed practical nurse under the direction of the licensed practitioner; or
4. A pharmacist under the direction of the licensed practitioner.

CF staff who are not authorized to administer medication in accordance with 21 Code of Federal Regulations, § 1301.74(i) may transport medications dispensed from a NTP in a locked container. The authorized CF staff transporting take-home medications cannot have a key to the locked container. The locked container must be given directly to the CF nursing staff. Any CF staff who transports or administers medication must be made agents of the NTP through a formal agreement that specifies the scope of their authority and duties.

DHCS recommends that CFs develop a documented set of procedures to reduce diversion of controlled medications, such as a process for transporting medications dispensed from a NTP to the CF site, chain of custody, and verification that the medication was delivered successfully.

Chain of Custody Requirements

A NTP that coordinates with a CF to deliver take-home medication to incarcerated patients enrolled in the NTP must develop a standard process to document chain-of-custody. The chain-of-custody documentation must include:

1. Name and address of treatment program;
2. Medication to be delivered;
3. Name of authorized staff transporting the take-home medication;
4. Date take-home medication is picked up;
5. Date take-home medication is delivered;

6. Patient ID information (name, date of birth, ID #, admit date, dosage, amount of take-home medication being delivered, date incarcerated, date of potential release);
7. Signature of authorized staff transporting the take-home medication;
8. Signature of authorized staff receiving the take-home medication; and
9. Initials and date by the incarcerated patient when a dose is administered.

A NTP must verify the identification of the CF staff designated as an agent before releasing take-home medication. The NTP may deliver the medication to the CF or arrange for pick up by CF staff designated as an agent.

Counseling, Testing and other Requirements

Counseling may be provided to incarcerated patients via a MNTP, telehealth or the CF may transport patients to a NTP to receive counseling. Patient refusal of counseling shall not preclude them from receiving MAT.

Required laboratory tests to screen for illicit drug use and evidence of methadone and buprenorphine metabolites may be completed via a MNTP, MU, or the CF may transport patients to a NTP to get the required laboratory tests.

Alternatively, a NTP may enter into a formal, documented agreement with a private or public agency, organization, practitioner, or institution to provide counseling and testing services to incarcerated patients enrolled in the NTP pursuant to 42 Code of Federal Regulations, § 8.12 (f)(1) and BHIN 25-008 § 10031. The formal documented agreement must be submitted to DHCS along with a DHCS 5135 Application for Protocol Amendment.

Counseling, laboratory tests, and other requirements may be temporarily waived for the duration of incarceration. However, BHIN 25-008 § 10345(e) specifies that the medical director may adjust or waive at any time after admission, by medical order, the minimum number of minutes of counseling services per calendar month. The medical director shall document their rationale to adjust or waive counseling services in the patient's care plan as specified in BHIN 25-008 § 10305(h). The program may submit an exception request by completing the DHCS 1834 NTP Exception Request Form if the medical director does not waive the monthly counseling requirement and document their rationale to waive counseling services for a patient. To obtain a waiver of federal law requirements, a NTP must submit an electronic exception request by using the

SAMHSA/CSAT Opioid Treatment Program Extranet**.** An exception must be submitted for each incarcerated patient in need of an exception.

Additional Resources and Guidance

DHCS oversees NTPs in conjunction with SAMSHA, Center for Substance Abuse Treatment (CSAT) and the DEA. Approval must be received from the local DEA and SAMHSA before obtaining NTP licensure from DHCS and beginning program operations.

SAMHSA

- SAMHSA determines whether a NTP, MU, and MNTP is qualified to carry out treatment for substance use disorders under Certification of Opioid Treatment Programs, 42 CFR Part 8 and 42 CFR Part 2.
- For SAMHSA approval of a new NTP, MU, and MNTP form SMA-162 and supporting documents must be submitted. Click here to start the process.
- To speak to a Compliance Officer, please call (240) 276-2700 or email DPT@samhsa.hhs.gov.

SAMHSA NTP Accrediting Bodies

- Federal regulations require programs to become accredited by an approved accrediting body. Form SM-163 and supporting documents must be submitted. Click here to start the process.
- SAMHSA approved the following accreditation bodies to conduct accreditation surveys for Opioid Treatment Programs
    - Commission on Accreditation of Rehabilitation Facilities (CARF)
    - Council on Accreditation (COA)
    - The Joint Commission (JCAHO)

DEA

- Federal registration by DEA is required in accordance with 21 Code of Federal Regulations, Chapter II.
- New NTPs and MUs need to be registered with the DEA, Form 363 and supporting documents must be submitted. Click here to start the process.
- Options to Ensure Access to Methadone for Treatment of Opioid Use Disorder in Corrections Settings

Contacts

To speak with the DEA Diversion Field Office, please call (800) 882-9539 or email DEA.Registration.Help@usdoj.gov. To speak to a SAMHSA Compliance Officer, please call (240) 276-2700 or email DPT@samhsa.hhs.gov.

If you have questions regarding NTP licensure requirements, please contact DHCSNTP@dhcs.ca.gov or contact (916) 322-6682. For questions regarding the CalAIM Justice Involved Reentry Initiative please contact CalAIMJusticeAdvisoryGroup@dhcs.ca.gov.

Sincerely,

Janelle Ito-Orille, Division Chief
Licensing and Certification Division