

Narcotic Treatment Program (NTP) State Law Updates

Behavioral Health Information Notice (BHIN) : 25-008

Assembly Bill (AB 2115)

- » By April 30, 2029, Department of Health Care Services (DHCS) will adopt regulations to implement Health and Safety Code (HSC) Section 11839.01 in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.
- » HSC Section 11839.01(b)(1) grants DHCS authority to implement regulations in the form of a BHIN while promulgating regulations.
 - [BHIN 25-008](#) Compliance Date (No Later Than): **October 1, 2025.**
 - Protocol Amendments due (No Later Than): **November 1, 2025.**

§10000. Definitions. Newly Added Definitions

- » Behavioral Health Services
- » Care Plan (Treatment Plan)
- » Diversion Control Plan - (§ 10265. Security of Medication Stocks)
- » Harm Reduction
- » Interim Treatment
- » Opioid Use Disorder
- » Telehealth

§10000. Definitions. Revised & Removed Definitions

- » Detoxification Treatment
- » Maintenance Treatment
- » Medical Director
- » Medication-Revised to Medication for Opioid Use Disorder
- » Medication Unit
- » Narcotic Treatment Program
- » Replacement Narcotic Therapy or Medication-Assisted Treatment of Substance Use Disorders
- » LAAM- Removed
- » Opioid Addiction - removed
- » Physical Dependence - removed

§ 10020. Medication Units.

Services	NTP	MU
Admission to treatment and evaluation of medical, employment, alcohol, criminal, and psychological problems	Required	Permitted
Screening for diseases that are disproportionately represented in substance use disorder (SUD) population	Required	Permitted
Counseling by SUD counselors	Required	Permitted
Professional medical and behavioral health services	Required	Permitted
Administering and dispensing of medications	Required	Required
Collection of body specimens for testing or analysis of samples for substance use	Required	Permitted

§10023. Interim Treatment. (New) Approval Requirements

» Approval Requirements:

- Prior approval from DHCS and The Substance Abuse Mental Health Administration (SAMHSA) is required to provide interim treatment.
- **DHCS Approval:** Application for Protocol Amendment must be submitted (Form DHCS 5135) along with a written protocol. The protocol must include:
 - Protocol components as required by Section 10035(c).
 - Criteria for prioritizing pregnant patients for admission and transfer.
 - Evidence that interim treatment will not reduce the NTP's capacity to admit patients for comprehensive treatment.

» Duration and Treatment Guidelines:

- Interim treatment is limited to no more than 180 days within any 12-month period.
- NTPs must prepare a transfer plan for patients into comprehensive treatment by 120 days.
- Patients must be transferred into comprehensive treatment within 180 days.

§10023. Interim Treatment. (Continued)

» **Testing and Notification:**

- At least two body specimens must be collected for testing during the 180-day period.
- Using the Interim Treatment Patient Notification Form DHCS 4032 (04/25), NTPs must notify the DHCS within 30 days of:
 - Patient admission into interim treatment.
 - Transfer or discharge from interim treatment.
 - 60 days before the 180-day limit is reached.

» **Patient Care Requirements:**

- NTPs must provide crisis intervention services (but not full counseling) during interim treatment (Section 10023(e)).
- Pregnant patients must be prioritized for admission and transfer to comprehensive treatment.
- NTPs cannot involuntarily discharge patients while awaiting transfer.

§10030. Protocol for Proposed Programs. (Updated)

- » Requirements for the facility diagram have been updated to require counseling and physical examination and assessment spaces.
- » Diversion control plans have been added as a requirement for program protocols.
- » Telehealth services and the days and times these services are available has been added as a requirement for program protocols.

§10031. Other Providers of NTP Services. (New)

» **NTP Treatment Services:**

- All services must be available at the primary NTP location, unless an agreement is in place with another provider (hospital, correctional facility, etc.) to deliver services to NTP patients.

» **Agreement with Other Providers:**

- The agreement must specify:
 - Services provided by the other provider to NTP patients.
 - Conditions under which services are provided.
 - Policies and procedures to ensure compliance with patient confidentiality and security of controlled substances.
 - Documentation requirements for services provided in each patient's medical file.

§10031. Other Providers of NTP Services. (Continued)

» **Approval from the Department:**

- NTPs must obtain Department approval before engaging another provider to offer services.
- Services from the other provider can only begin once the written agreement and protocol amendment has been approved by the Department.

» **Application Requirements:**

- NTPs must submit the following to the Department for approval:
 - Application for Protocol Amendment form DHCS 5135.
 - Required components of the protocol amendment.
 - Agreement signed by all involved service providers .

» **Documentation of Services:**

- NTPs must document services provided by the other provider in the patient's medical file.

§10110. Medical Director.

- » Medical director is responsible for overseeing all medical and behavioral health services.
- » One year of experience in treating OUD.
- » Medical director may delegate duties to a physician or physician extenders, as outlined in the NTPs protocol, except CCR, Title 9, Chapter 4, Section 10110 (a) and (b).

§10125. Counselors.

- » Subsection (a) was removed.
- » Program staff who provide counseling services shall be certified, registered to obtain certification, or exempt from certification per Health and Safety Code section 11833.
- » [BHIN-23-008](#) covers exemption from registration or certification Requirement in accordance with AB 1860.
- » Personnel files now require proof of Board of Behavioral Health Science Registration or Graduate School Program Enrollment (if applicable)

§ 10165. Content of Patient Records.

» Expanded Recordkeeping Requirements

- Behavioral assessments (initial and periodic), and lab results.
- Test or analysis which discloses the absence of both methadone and its primary metabolite or buprenorphine.

» Removed Requirements:

- Documentation of OUD and prior treatment outcomes.
- Requirement to justify treatment beyond one year.
- Record keeping requirements for maintenance versus detox.

§10210. Detection of Multiple Registration Following Admission.

- » Patient can be admitted into treatment. However, screening requirements must be followed before given an initial dose of medication.

§10215. Detection via Initial Test Results.

- » Program shall review patients initial test results to determine presence of methadone or buprenorphine.
- » Patient may be admitted prior to these results.
- » Updated to require program to reply to inquiring program within 72 hours if individual was a patient within last 90 days (instead of ever).

§10270. Criteria for Patient Admission and Admission Procedure.

- » Section repealed and replaced.
- » Removal of one (1) year of OUD.
- » Requirements before admitting into treatment:
 - Screening evaluation & documented results.
 - Explanation of MOUD eligibility.
 - Voluntary consent from patient.
 - Parental/guardian consent for patients Under 16.
 - Pregnant patient requirements.

§10270. Criteria for Patient Admission and Admission Procedure. (Continued)

» Initial Screening To Confirm:

- I. Applicant has no contraindications to treatment with medication for opioid use disorder (MOUD).
- II. Applicant meets at least one for maintenance treatment:
 - (A) Diagnostic criteria for a moderate to severe opioid use disorder;
 - (B) Has an active moderate to severe opioid use disorder;
 - (C) Is in remission for opioid use disorder; or
 - (D) Is at high risk for recurrence or overdose.
- Or for Detoxification Treatment:
 - (A) Meets diagnostic criteria for an OUD
 - (B) Has an active OUD

§10270. Criteria for Patient Admission and Admission Procedure. (Continued)

» Initial Screening

- Telehealth option.
- May be performed by a non-NTP provider (no more than seven days prior to NTP admission).

» Full Physical Examination

- Physical exam within 14 days of admission (in person).
 - May be conducted by a non-NTP provider but must be verified by a NTP practitioner and transmitted in accordance with SUD privacy laws.
- Physical and behavioral health assessment.
- Serology and laboratory tests.
- NTPs are responsible for developing protocols to ensure timely compliance with all admission requirements.

§10270. Criteria for Patient Admission and Admission Procedure. (Telehealth)

- » **Screening examination may be conducted via:**
 - "audio-visual or audio only" telehealth platforms for buprenorphine treatment.
 - "audio-visual" telehealth platforms for patients receiving methadone treatment.
- » **Physical and behavioral health assessments may be conducted via:**
 - "audio-visual or audio only" telehealth platforms for buprenorphine treatment.
 - "audio-visual" telehealth platforms for patients receiving methadone treatment.
- » **Full physical examination:**
 - In-person only.

§10295. Patient Attendance Requirements

» Updated to clarify:

- Patients may receive MOUD from another NTP due to various reasons such as travel, relocation, work for up to 30 days.
- Temporary MOUD due to incarceration, hospitalization or due to being a resident at a residential or long-term care facility may be for the duration of their stay (no longer limited to 30 days).

» Take-home supply limits still apply.

- If the patient does not qualify for the number of take-home medications that is needed and the NTP wants to exceed federal supply limits than a SAMHSA/CSAT exception is required which requires both state and federal approval.

§10300. Patient Absence.

» Detoxification

- Treatment may be terminated if patient misses 7 calendar days in their first 14 days of treatment.

» Maintenance Treatment

- Treatment shall be terminated if patient misses a period of 30 calendar days or more, without notifying the program.

§10305. Patient Care (Treatment) Plans.

» Development of Care Plans

- Patient centered and shared decision-making.
- Initial care plan within 14-calendar days of admission.

» Updating Care Plans

- Due minimum every three (3) months from effective date of initial Care Plan.
 - **Effective Date: Date initial care plan is signed by the counselor.**
- Documentation of patient responses.
- Newly identified needs.

» Additional Services and Resources

- NTP must provide patients with referrals to accessible community resources for vocational training, education, and employment services

§10306. Annual Physical Examination. (NEW)

» **The annual physical examination shall include:**

- (1) The elements of a physical examination listed in Section 10270(f)(1).
- (2) Review and evaluation of:
 - (A) The results of the patient's last physical examination;
 - (B) The patient's care plan;
 - (C) Medication dosing and response to treatment;
 - (D) Other substance use disorder treatment needs and responses, and patient-identified goals; and
 - (E) Any other relevant physical and psychiatric treatment needs and goals.

» **The annual physical exam must be conducted by the NTP**

- Cannot be conducted by a non-NTP provider.
- If a patient tests positive for tuberculosis, HIV, viral hepatitis, or a sexually transmitted infection, the NTP is required to connect the patient to a health care provider who can provide treatment for the infection.

§10310. Procedures for Collection of Patient Body Specimens.

- » **Annual Requirement:** Eight (8) random tests or analysis for substance use (no longer required monthly).
- » **Pregnant Patients:** Testing required every other week, instead of weekly.
- » **Waiver:** Patient signature on a waiver if patient declines test, or declination documentation in file. The declination would be treated as a positive test and addressed with the patient during the counseling session (section 10345(d)(3)(b)). NTPs are still required to successfully collect eight (8) UDS per federal law.
- » **Discharge:** A NTP cannot discharge a patient unless the positive test or presumed positive test will negatively impact the patient's treatment. If a NTP decides to discharge for this reason, the program is required to document the evidence of increasing clinical risk to the patient's health and safety.

§10345. Counseling Services.

- » **Counseling is still a required NTP service per federal and state law.**
- » **Offer Forty-Five (45) Minutes of Counseling Services**
 - Patient refusal of counseling shall not preclude them from receiving MOUD.
 - Patient signature declining counseling or document patient's declination in the patient's record (required monthly).
- » **Telehealth:**
 - Requirement for face-to-face session removed, and
 - a patient may request and have the right to in-person counseling.
- » **Counseling format may be 1:1, group, and medical psychotherapy and include:**
 - Harm Reduction
 - Psychoeducation
 - Recovery-oriented Counseling

§10350. Administration of Initial Doses.

- » **Expanded Roles:** Allows physician extenders more authority to administer and supervise the initial dose.

§10355. Medication Dosage Levels

- » **Authorized Personnel:** Medical director, program physician, or physician extender may determine, adjust, and document dosage schedules.
- » **Personalized Dosage Planning:** Providers now tailor medication levels based on patient progress, following evidence-based guidelines.
 - Medication tapering rate in detoxification treatment is based on shared decision-making with the patient.
 - Initial dose of methadone: 50 milligrams.
 - New medication order is required after a patient misses four + doses.

§10360. Additional Requirements for Pregnant Patients.

- » Requires patient refusal of pregnancy test to be documented via signed waiver, or documentation of declination.
- » NTP responsible for postpartum support and care, including reproductive health services (not limited to prenatal), **or** verify the patient is under the care of a physician, physician assistant, or nurse practitioner, trained in obstetrics and/or gynecology, or licensed midwife.
- » Body specimen required every other week, instead of weekly.
- » Document declined prenatal care- if pregnant patient declines.

§ 10365, §10370, §10380, §10385, §10390. Take-Home Medication.

- » Enhanced safety instructions.
- » Physician extenders can submit exception requests for take-home medications.
- » Flexibility in clinical decision-making.
- » Documenting clinical rationale and decisions.
- » Criteria for reducing take-home medication supply.
- » Revocation Conditions.
- » NTP required to have protocol for revoking, reducing, and restoring take-home medication.

§10375. Take-Home Methadone Supply Limits.

- » **First fourteen (14) days of treatment:** The take-home supply shall not exceed seven days.
- » **From (15) days of treatment:** The take-home supply shall not exceed fourteen days.
- » **From (31) days of treatment:** The take-home supply shall not exceed 28 days.
- » **SAMSHA/CSAT exception:** Required if need to exceed these allotted supply limits based off time in treatment.

§10386. Split Doses.

- » Daily dose split in two, or more, doses.
- » Split doses are considered take-home medication.

§10400. Restoring Restricted Take-Home Medication Privileges.

- » Section 10400 is entirely repealed.

§10410. Scheduled Evaluation of Maintenance Treatment.

- » Section 10410 is entirely repealed.

Q&A Session

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Resources

- » [DHCS Forms and Fees](#)
- » [NTP Federal Laws 42 CFR Part 8](#)
- » [Federal Guidelines for Opioid Treatment Programs \(2024\)](#)
- » DHCS NTP Email: DHCSNTP@DHCS.CA.GOV