BEHAVIORAL HEALTH INFORMATION NOTICE (BHIN) 25-008, NARCOTIC TREATMENT PROGRAM (NTP) REGULATION CHANGES:

FREQUENTLY ASKED QUESTIONS (FAQ)[1]

Admission Process and Patient Intake Requirements

1. What are the eligibility criteria to be admitted to an NTP?

To be admitted to *maintenance treatment,* an individual must meet at least one of the following criteria:

- Diagnostic criteria for moderate to severe opioid use disorder (OUD)
- Has an active moderate to severe OUD.
- Is in remission for OUD.
- Is at high risk for recurrence or overdose.

To be admitted to *detoxification treatment*, an individual must meet at least one of the following criteria:

- Diagnostic criteria for an OUD.
- Has an active OUD.

Additionally, an individual cannot have contraindications to medication for opioid use disorder (MOUD).[2]

[1] Citations in this FAQ are to the NTP regulations found in Attachment 1 to BHIN 25-008. Do not refer to the corresponding regulations printed in the California Code of Regulations because BHIN 25-008 superseded those regulations. Please refer to the cover page and table of contents of Attachment 1 to BHIN 25-008 for more information on new, superseded, and repealed regulations.

[2] Attachment 1 to BHIN 25-008 at section 10270(b).

2. Can an individual diagnosed with mild OUD be admitted to an NTP?

Yes, an individual diagnosed with any level of severity of OUD (mild, moderate, or severe) may be admitted to detoxification treatment.

An individual may be admitted to maintenance treatment only if they meet one or more of the first four criteria listed in Q&A #1. Moderate or severe OUD is required for admission to maintenance treatment unless an individual is in remission for OUD or has mild OUD and is at high risk for recurrence and/or overdose.[3]

SAMHSA's Federal Guidelines for Opioid Treatment Programs stress that NTPs must assess patient risk for recurrence or overdose by conducting a thorough patient history and examination. Individuals with mild OUD or those who may not have developed physical dependence to opioids may need additional education about the pharmacology of methadone and buprenorphine before initiating these medications to ensure full informed consent and understanding of the difference between physical dependence and OUD.[4]

3. Can an individual who is diagnosed with another substance use disorder besides OUD be admitted to an NTP?

No. However, NTPs can treat co-occurring substance use disorders (SUDs) in OUD patients. Individuals diagnosed solely with a SUD other than OUD should be considered for referral to outpatient or residential services as clinically appropriate based on the results of their American Society of Addiction Medicine (ASAM) assessment.

NTPs that are Drug Medi-Cal certified may deliver all medically necessary SUD services. However, NTPs can only be reimbursed for services delivered to individuals who meet the eligibility requirements for NTP admission as specified in Q&A #1. In the absence of a co-occurring OUD or being in remission for OUD, an individual diagnosed solely with another SUD such as alcohol use disorder or stimulant use disorder is ineligible for NTP admission or services.

4. What requirements must an NTP complete before admitting a patient?

[3] *Id.* at Section 10270(b).
[4] SAMHSA's Federal Guidelines for Opioid Treatment Programs.

The NTP's medical director, program physician, or physician extender must complete all the following before admission:

- Conduct a screening evaluation of the prospective patient or review a screening evaluation that was performed by an appropriately licensed health care provider no more than seven days prior to admission, confirming based on accepted medical criteria (such as the Diagnostic and Statistical Manual of Mental Disorders), that the prospective patient is eligible for admission.
- Explain all relevant facts concerning the use of MOUD.
- Obtain voluntary informed consent for treatment (a patient may consent verbally if the NTP obtains written consent following admission).
- Document the narrative and results of the screening evaluation, or their review and concurrence with the screening evaluation, and patient consent (verbal and/or written) in the patient's file.[5]

5. Can an NTP conduct the screening evaluation to confirm eligibility for admission via telehealth?

The screening evaluation may be conducted via telehealth if the NTP's medical director, program physician, or physician extender determines that an adequate evaluation of the patient can be accomplished via telehealth.

- For initiating buprenorphine treatment via telehealth, the screening evaluation may be conducted on either an "audio-visual" or "audio-only" telehealth platform.
- For initiating methadone treatment via telehealth, the screening evaluation may be conducted on an "audio-visual" platform only if the medical director, program physician, or physician extender determines and documents that an adequate evaluation of the patient can be conducted via this method. Audio-only devices may be used for methadone initiation only when the patient is in the presence of a licensed provider who is registered to prescribe and dispense controlled medications, such as the patient's primary care physician.

The NTP's medical director, program physician, or physician extender must review the results of the screening evaluation and order MOUD as indicated.[6]

6. Can a patient consent to treatment verbally

[5] Attachment 1 to BHIN 25-008 at section 10270(a)(1).
[6] *Id*. at section 10270(c).

Yes, an NTP can accept a patient's verbal consent for treatment if they are admitted via telehealth, but only if the NTP documents written consent after admitting the patient.[7] The NTP should document written consent in the patient's file as soon as possible, such as when dispensing the first dose of MOUD to the patient.

7. Should NTPs prioritize pregnant patients for admission?

Yes, in alignment with section 10270(a)(3) in BHIN 25-008, an NTP must prioritize the admission of pregnant patients and confirm the pregnancy before priority admission, if possible. An NTP should explain the benefits of pregnancy testing to prospective patients. If a patient declines to take the pregnancy test offered by the NTP, then the NTP must obtain the patient's signature on a waiver. If the NTP is unable to obtain their signature on the waiver, then the NTP must document that the patient declined the pregnancy test in the patient's record.

8. Can NTPs admit adolescents?

Yes, NTPs may admit patients ages 16 or older with their self-consent for treatment. Adolescents must meet the same eligibility criteria for admission as adults. NTPs may admit patients under the age of 16 only with the consent of the patient's parent or legal guardian.[8]

9. Should an NTP administer a drug test to an admitted patient before giving them the first dose of methadone or buprenorphine?

Yes. Section 10270(d) in BHIN 25-008 specifies that before dispensing the initial dose of controlled MOUD to an admitted patient, an NTP must perform a drug test and complete the actions set forth in section 10210 on detecting multiple registration. However, an NTP may provide controlled MOUD to an admitted patient prior to receiving the results of the initial drug test.[9] An NTP must complete urinary drug testing in accordance with California Code of Regulations, Title 17, Section 1182.

10. Can a non-NTP health care provider perform physical exams?

An appropriately licensed non-NTP health care provider may perform the full medical history and physical exam that must be completed within 14 calendar days following

[7] *Id*. at section 10270(a)(1)(C).
[8] *Id. at section 10270(a)(2).*
[9] *Id.* at section 10215(a).

admission, provided the NTP documents its review and concurrence with the external provider's physical exam in the patient's file.[10] NTPs must perform annual physical exams of their patients themselves.[11]

11. Can a patient decline the initial physical examination?

No. An in-person physical examination of all admitted patients must be completed within 14 calendar days of admission.[12] Only laboratory testing associated with the physical examination may be declined by a patient (see Q&A #17).

An exception to the initial physical examination requirement will only be approved due to extenuating circumstances such as patient incarceration, hospitalization, or natural disasters. However, before DHCS approves such exceptions, DHCS will verify if the NTP attempted to coordinate with the correctional facility or hospital staff to complete the physical examination. Exception requests to the initial physical examination requirement are not to be submitted directly to SAMHSA. Under extenuating circumstances, the NTP may submit an exception request to DHCS via the DHCS 1834 NTP Exception Request Form to State Regulations Only. If warranted, DHCS will obtain SAMHSA's approval on behalf of the NTP.

12. What other requirements besides the physical exam must NTPs complete within 14 days of admitting a patient?

In addition to performing the physical exam or documenting that the patient had a full medical history and physical exam with an external provider, an NTP must do the following within 14 calendar days following admission:

- Perform and document a behavioral health assessment, which includes screening for imminent risk of harm to self or others and assessing the need for and/or response to treatment, including adjusting MOUD and other treatment interventions as appropriate.
- Complete an individualized care plan based on shared decision-making with the patient that includes the patient's goals and mutually agreed-upon actions for the patient to meet those goals.[13]

[10] *Id*. at section 10270(e)(3).
[11] *Id.* at sections 10306.
[12] *Id.* at sections 10270(e)(1), (f).
[13] *Id*. at section 10270(e). *See also* section 10305 in BHIN 25-008 on patient care plans.

13. What should an NTP do to ensure that it can complete all intake requirements within 14 days following admission?

An NTP's protocol must include criteria and procedures for complying with section 10270.[14] Accordingly, an NTP must develop policies and procedures to ensure intake requirements in section 10270(e) of BHIN 25-008 are completed within 14 calendar days following a patient's admission.

An NTP's protocol should specify how the NTP will schedule and complete the patient's physical examination, behavioral health assessment, and care plan by the deadline. At admission or the first medication visit, the NTP should complete intake requirements or schedule the patient's follow-up appointments early enough to allow for rescheduling if appointments are missed, while still meeting the deadline. Additionally, NTPs may implement operational strategies to encourage and support timely completion, including advance scheduling of telehealth behavioral health services, electronic health record alerts, and internal monitoring or audits.

14. Is an NTP expected to discharge a patient for failing to complete intake requirements within 14 days following admission?

No. DHCS and SAMHSA discourage NTPs from discharging patients for not meeting intake requirements because this may deter them from returning to treatment, leading to relapse or overdose. It is important for NTPs to engage patients in treatment by explaining the benefits of the intake requirements and expectation to complete them. NTPs should document their attempts to comply with the intake requirements in a patient's record.

DHCS' Licensing and Certification Division should only cite a violation for not meeting the intake deadline if an NTP lacks documentation to show they made a good faith effort to complete patient intake requirements by the deadline in accordance with their policies and procedures. DHCS will look for a good faith effort to comply; therefore, NTPs should do the following:

- Schedule patient intake appointments prior to the deadline.
- Attempt to contact patients to reschedule missed appointments.
- Document missed intake appointments and patient contacts in patient records.

[14] *Id*. at section 10270(h).

15. Will Medi-Cal claims be denied if an NTP does not complete patient intake requirements within 14 days following admission?

DHCS strives to provide equitable access to health care and ensure Californians have access to vital health care services that are delivered effectively and efficiently. Therefore, NTP and county Medi-Cal claims for intake services provided after the 14-day deadline should not be denied for an NTP that implemented policies and procedures and documented their attempts to comply in a patient's record.

16. Can an NTP order laboratory testing of a patient for co-occurring physical health conditions such as infectious diseases?

Yes. As part of a patient's physical exam, the health care provider performing the exam may order serology or any other laboratory testing they consider clinically appropriate, and must offer the patient screening for infectious diseases, including tuberculosis, HIV, viral hepatitis, and sexually transmitted infections.[15]

17. Is a patient required to agree to laboratory testing for co-occurring physical health conditions to remain in treatment?

No. A patient may decline laboratory testing for co-occurring physical health conditions. Declining laboratory testing does not preclude the patient from accessing MOUD, unless the declination will negatively impact the patient's treatment with MOUD.

If a patient declines laboratory testing for co-occurring physical health conditions, the NTP must obtain the patient's signature on a waiver, or if unable to obtain the patient's signature, document the declination and that risks and benefits were discussed with the patient in the patient's record.[16]

18. What should an NTP do if a patient tests positive for tuberculosis, HIV, viral hepatitis, or a sexually transmitted infection?

If a patient tests positive for tuberculosis, HIV, viral hepatitis, or a sexually transmitted infection, an NTP must proactively connect the patient to a health care provider who can

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[15] *Id.* at sections 10270(f)(1), 10306(b).
[16] *Id*. at sections 10270(f)(2), 10306(c).

provide treatment for the infection.[17] Please refer to Welfare and Institutions Code section 14124.22 for authority specific to an NTP providing medical treatment of concurrent health conditions.

Patient Care Plans and Other NTP Services

19. What is a patient care plan?

A patient's care plan is an individualized treatment and/or recovery plan that outlines attainable treatment goals and needs related to medical services, harm reduction interventions, education, vocational training, employment, legal, housing, psychosocial, and other services that have been identified and agreed upon between the patient and the NTP's clinical team. Treatment goals should be patient-centered and driven by the patient's own aims for their treatment and recovery.

The care plan specifies the services the NTP will provide to the patient and the proposed frequency and schedule for delivering those services.[18] Accordingly, a patient's care plan must include a description of the type and frequency of counseling services the NTP will offer the patient.[19]

20. How often must an NTP update a patient's care plan?

A patient's counselor must evaluate and update a patient's care plan whenever necessary, but no less frequently than once every three months from the effective date of the patient's initial care plan. The effective date of the patient's initial care plan is the date the counselor signed the initial care plan.[20]

As a resource for NTPs, DHCS created a care plan diagram to reflect compliant and non-compliant scenarios for completing a patient's initial care plan and updating their care plan.[21] SAMHSA'S Federal Guidelines for Opioid Treatment Programs[22] emphasize the importance of reassessing the effectiveness of the patient-centered care plan at regular intervals, such as during each treatment visit (and at least quarterly). This ongoing assessment may be used to revise the care plan for greater efficacy, ensuring that the plan continues to align with and support the patient's goals. Because patients' lives and goals may shift during treatment, patient progress towards identified goals may be

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[17] *Id*. at sections 10270(f)(3), 10306(d).
[18] *Id*. at sections 10000, 10305.
[19] *Id*. at section 10305(d)(2), (e)(3).
[20] *Id*. at section 10305(d)(3), (e).
[21] BHIN 25-008 Care Plan Diagram.
[22] SAMHSA's Federal Guidelines for Opioid Treatment Programs

assessed as part of the periodic evaluation, along with the feasibility and appropriateness of goals, as well as the response to treatment.

21. Who is responsible for delivering the services identified in a patient's care plan?

Counselors[23] employed by the NTP are responsible for delivering counseling services, including harm reduction interventions, psychoeducation, and recovery-oriented counseling.[24] NTPs that do not provide vocational training, education, and employment services directly must refer their patients to accessible community resources for those services.[25]

22. Are NTPs required to offer counseling services to patients?

Yes. Counseling is a required NTP service. An NTP must offer each of its patients at least 45 minutes of counseling services per calendar month. Counseling services must be provided in one of the following formats:

- Individual session, on a one-on-one basis with the patient, on issues identified in the patient's care plan. An individual session may include additional individuals whose participation supports the patient's treatment goals.
- Group session, with a minimum of two patients and a maximum of twelve patients, is conducted with a clear goal and/or purpose that addresses a common issue identified in the care plans of all participating patients.
- Medical psychotherapy session, conducted by the medical director on a one-on-one basis with the patient, on issues identified in the patient's care plan.[26]

23. Are patients allowed to decline counselling services and still receive MOUD?

Yes, a patient can refuse to participate in counseling. Declining counseling does not preclude a patient from receiving MOUD. Instead, if a patient declines counseling, the NTP must obtain the patient's signature on a waiver or document the declination in the

[23] Counselors are defined in section 10125(a) of BHIN 25-008.
[24] Attachment 1 to BHIN 25-008 at section 10345(a), (b)(1).
[25] *Id*. at section 10305(g). These services are not part of the Drug Medi-Cal/Drug Medi-Cal Organized Delivery System NTP benefit, and are not necessarily covered by Medi-Cal.
[26] *Id*. at section 10345(a), (b)(3).

patient's record if unable to obtain the patient's signature.[27] Similarly, the NTP should document during each care plan update that the patient opted out of counseling. NTPs must document the patient's nonattendance and all reasonable follow-up efforts to reschedule the counseling session. The NTP must maintain records demonstrating attempts to complete counseling session as specified in the patient's care plan that was developed with shared decision-making between the patient and the NTP. In this scenario, a waiver or documented declination is not needed as the patient did not decline counseling services, but rather a need for rescheduling the missed counseling session is warranted.

24. Are NTPs required to provide patients annual physical exams?

Yes, new section 10306 in BHIN 25-008 specifies that the NTP's medical director, program physician, or physician extender must perform an in-person physical exam (including laboratory testing) at least annually from the date of the patient's initial or last physical exam.

However, patients may decline the annual physical exam and/or laboratory testing. An NTP may not exclude a patient from treatment with MOUD because the patient declined the annual physical exam or laboratory testing for co-occurring physical health conditions unless the declination will negatively impact the patient's treatment with MOUD.[28]

25. Do NTPs still need to complete a scheduled evaluation of maintenance treatment?

No. BHIN 25-008 repealed section 10410 on scheduled evaluation of maintenance treatment.

26. How often must NTPs collect patient body specimens to test for substance use?

- Non-pregnant patients in regular treatment: An NTP must perform a random test or analysis for substance use no fewer than eight times per year, except if a patient experiences extenuating circumstances.[29]

[27] Attachment 1 to BHIN 25-008 at section 10345(f).
[28] *Id*. at section 10306(c).
[29] *Id*. at section 10310(e)(1).

- Pregnant patients in regular treatment: An NTP must collect body specimens from pregnant patients for drug testing at least once every other calendar week.[30]
- Patients in interim treatment: During the 180-day interim treatment period, an NTP must collect at least two body specimens for drug testing.[31]

27. Can an NTP discharge a patient for refusing to take a drug test or if the patient tests positive for substance use?

It depends. An NTP cannot discharge a patient because the patient declined to take a test for illicit drug use or tests positive for illicit drugs, unless the positive or presumed positive test will negatively impact the patient's treatment with MOUD or the NTP has documented evidence of increasing clinical risk to the patient's health and safety.[32]

28. Can a patient decline a drug test?

Yes, a patient may decline a drug test. If a patient declines a drug test, the NTP must obtain the patient's signature on a waiver, or if unable to obtain the patient's signature, document the declination and that risks and benefits were discussed with the patient in the patient's record. The NTP must treat the declination as a positive test and address the presumed positive test during the patient's counseling session.[33]

NTPs must still successfully collect eight urine drug screens[34] (UDS)annually for all patients per state and federal law. Additionally, exception requests to UDS requirements are not to be submitted to SAMHSA. Under extenuating circumstances such as patient hospitalization, incarceration, natural disaster or if the patient has physical limitations, the NTP may submit an exception request to DHCS via the DHCS 1834 NTP Exception Request Form to State Regulations Only.

29. Are NTPs required to provide vocational training, education, and employment services?

[30] *Id*. at section 10360(c)(2).
[31] *Id*. at section 10023(c)(5).
[32] *Id*. at section 10310(f)(1).
[33] *Id*. at section 10345(d)(4)(B).
[34] Urine drug screens are required because the only type of body specimen that may be tested for methadone is urine (Tit. 17, Cal. Code Regs., § 1182).

No, but NTPs may provide these services to their patients if they choose. NTPs that do not directly provide vocational training, education, or employment services must refer their patients to accessible community resources that provide these services.[35]

Medication and Medication Dosage

30. What medications for opioid use disorder (MOUD) do NTPs provide?

NTPs may provide all FDA-approved MOUD, including extended-release naltrexone, methadone, and buprenorphine products, as well as opioid overdose reversal medications and medications to treat other substance use disorders.[36] Levoalphacetylmethadol (LAAM) was discontinued and is no longer used.

31. What is the dosage guideline for the total first-day dose of methadone given to a patient?

The first day's total dose of methadone cannot exceed 50 milligrams unless the medical director, program physician, or physician extender finds sufficient rationale for a higher dose and documents in the patient's record that a higher dose was clinically indicated.[37] An NTP is not required to request an exception to exceed this guideline.

32. What is the protocol for when a patient has missed more than four consecutive doses of methadone or buprenorphine?

Before continuing the patient's treatment, the medical director, program physician, or physician extender must provide a new medication order. This new order can be provided either in person, by verbal order, or through other electronic means. An NTP must justify and document the new medication order in the patient's record.[38]

33. How have the requirements for split dosing changed?

The medical director, program physician, or physician extender may, upon determining that a split dose is medically necessary, order a patient's daily dose of medication to be

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[35] *Id*. at section 10305(g). These services are not part of the Drug Medi-Cal/Drug Medi-Cal Organized Delivery System NTP benefit, and are not necessarily covered by Medi-Cal.
[36] *Id*. at section 10000(a)(19).
[37] *Id*. at section 10355(c)(2).
[38] *Id*. at section 10355(e).

split into two or *more* doses.[39] Therefore, an NTP is no longer required to submit an exception request to DHCS or SAMHSA for split dosing.

Patient Attendance Requirements

34. How long may a patient in maintenance treatment miss medication before an NTP must terminate their treatment episode?

If a patient in maintenance treatment misses medication for 30 consecutive calendar days or more without notifying the NTP, the NTP's medical director or program physician must terminate patient's episode of treatment and document the discharge in the patient's record. If the patient returns to care and is admitted into the NTP, they must be readmitted as a new patient with documentation for the readmission noted in their record.[40]

35. How long may a patient in maintenance treatment miss medication before an NTP must terminate their treatment episode?

A patient may receive MOUD on a temporary basis from an NTP in which they are not enrolled for up to 30 days. However, a patient who is incarcerated, hospitalized, or a resident in a residential or long-term care facility may temporarily receive MOUD from an NTP they are not enrolled in for the duration of the patient's stay. The NTP in which the patient is enrolled must approve the courtesy dosing before the patient may receive medication on a temporary basis from another NTP.

An NTP shall adhere to all patient attendance requirements specified in section 10295 of BHIN 25-008. If a patient who is not incarcerated, hospitalized, or a resident in a residential or long-term care facility needs to receive MOUD on a temporary basis for longer than 30 days, the patient's home NTP must submit an exception request to DHCS with the DHCS 1834 NTP Exception Request Form to State Regulations Only.

[39] *Id*. at section 10386(a).
[40] *Id*. at section 10300(b).

Take-home Medication and Diversion Control Plans

36. What criteria must an NTP consider when deciding whether a patient may take methadone or buprenorphine home for unsupervised use?

A patient is allowed take-home methadone or buprenorphine if the medical director, program physician, or physician extender determined that they can safely manage take-home MOUD. This decision must be based on the following criteria:

- Absence of active substance use disorders or other physical or behavioral health conditions that increase the risk of patient harm, as it relates to the potential for overdose or the ability to function safely.
- Regularity of program attendance for supervised medication administration.
- Absence of serious behavioral problems that endanger the patient or the public.
- Absence of known recent diversion activity.
- Whether the patient can safely transport and store take-home medication.
- Any other criteria the medical director, program physician, or physician extender considers relevant to the patient's safety and the public's health.[41]

The medical director, program physician, or physician extender may revoke, reduce, or restore a patient's take-home MOUD by increasing or decreasing their take-home supply, within the limits for methadone set forth in section 10375(a) of BHIN 25-008, as often as is necessary based on the criteria listed above and their clinical judgment. The medical director, program physician, or physician extender must document their rationale for revoking, reducing, or restoring a patient's take-home MOUD in the patient's record.[42] An NTP must maintain a policy and procedure that includes its criteria and process for revoking, reducing, and restoring a patient's take-home MOUD.[43]

37. Is there a limit on how much take-home methadone an NTP may give a patient?

Yes. The supply limits on take-home methadone are:

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[41] *Id*. at section 10370(a).
[42] *Id.* at section 10390(a).
[43] *Id.* at section 10390(d).

- During the first 14 days of treatment, the take-home supply shall not exceed 7 days.
- From 15 days of treatment, the take-home supply shall not exceed 14 days.
- From 31 days of treatment, the take-home supply shall not exceed 28 days.[44]

An NTP must submit an exception request via the SAMHSA/CSAT Opioid Treatment Program Reporting System if a patient needs more take-home methadone than shown above. Supply limits do not apply to take-home buprenorphine.

38. What is the procedure for take-home medication when an NTP is closed on a State holiday or weekend day?[45]

When providing take-home medication for closures on official State holidays or one weekend day, the following procedures apply:

- Patients receiving take-home medication who are scheduled to attend the program on days the program is not operating, no matter their length of time in treatment, may be provided one additional day's supply on the last day of dosing at the program before the closure.
- Patients not receiving take-home medication may be provided a one day's supply on the day before the holiday or weekend day closure.

If an NTP has patients who are not approved for take-home medication during holiday or weekend day closures, it must maintain limited dispensing hours to provide medication to these patients during the closure or arrange for courtesy dosing at another NTP.

39. Can an NTP close if there are no patients scheduled on that day?

No. An NTP may be closed one weekend day per week and on official State holidays.[46] However, hours of operation are generally established based on patient census and need for in-person services. If there are no patients on a given day due to all patients receiving take-home medication, the NTP may reduce its hours. However, the NTP must have a policy in place that reflects its standard operating hours and must still meet patient needs, including admitting and dispensing MOUD to new patients.

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[44] *Id.* at section 10375(a).
[45] *Id* at sections 10380 (lists Official State Holidays)
[46] *Id.* at sections 10380 (Official State Holidays and Weekend Closure)

40. Can an NTP deny patients eligibility for take-home medication or revoke take-home medication for declining counseling or missing scheduled counseling appointments?

No. An NTP shall not enforce a policy that patients who decline counseling or miss scheduled counseling appointments are ineligible to receive take-home MOUD. Section 10345(f) of BHIN 25-008 prohibits an NTP from excluding a patient from treatment with MOUD because the patient declined counseling. Patients who are safely able to manage take-home MOUD under the criteria specified in Section 10370(a) of BHIN 25-008 are entitled to receive it. Therefore, patients are not required to participate in counseling to receive MOUD, including take-home MOUD.[47]

An NTP's medical staff must base decisions on whether patients are eligible to receive take-home MOUD on the criteria specified in Section 10370(a) of BHIN 25-008. In the past, NTPs were permitted to consider regularity of attendance for counseling. This is no longer permitted under BHIN 25-008 or 42 CFR Part 8.[48] Therefore, NTPs are not permitted to deny, reduce, or revoke patients' take-home MOUD for declining counseling or missing scheduled counseling appointments. Further, declining counseling or missing scheduled counseling appointments does not constitute an inexcusable absence for purposes of Section 10390 in BHIN 25-008. Section 10390 requires decisions about reducing, revoking, and restoring take-home MOUD to be made based on clinical considerations.

If a patient chooses to decline counseling, the NTP is required to 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.

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[47] Attachment 1 to BHIN 25-008 at section 10270(b)
[48] 42 Code Fed. Reg. § 8.12(f)(5)(i), (i)(2).

41. Are NTPs required to have a diversion control plan?

Yes. A diversion control plan is a set of documented procedures that reduce the possibility that controlled MOUD will be transferred or otherwise shared with others to whom the medication was not prescribed or dispensed. An NTP must maintain a diversion control plan as part of its written protocol. The diversion control plan must include specific measures to reduce the possibility of diversion of controlled MOUD, as well as assign specific responsibilities to program staff for carrying out the plan.[49]

Telehealth

42. Which NTP services may be provided via telehealth?

NTPs may provide counseling services via telehealth, which includes behavioral health assessments for the development and maintenance of patient care plans.[50] NTPs are no longer required to submit an exception request to provide counseling services via telephone, as telehealth counseling may be delivered via audio-visual or audio-only/telephonic platforms.

NTPs may also conduct the screening evaluation to confirm eligibility for admission via telehealth.[51] See Q&A #5 in this FAQ for more information on screening for admission via telehealth.

43. Are patients entitled to request and receive counseling in-person?

Yes, patients have the right to request and receive in-person counseling services.[52] An NTP that delivers behavioral health services via telehealth must meet the needs of the patients it serves.

44. Can NTPs perform physical exams via telehealth?

No. Under sections 10270(f)(1) and 10306(a) in BHIN 25-008, NTPs must perform physical exams in-person.

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[49] *Id.* at sections 10000, 10265(c), 10030(a).
[50] *Id.* at section 10345(g).
[51] *Id.* at section 10270(c).
[52] *Id.* at section 10345(g).

Other Providers of NTP Services

45. Can non-NTP providers deliver NTP services?

Only if the NTP follows all requirements outlined in new section 10031 of BHIN 25-008.

All NTP services must be available at the primary NTP's licensed location unless the program sponsor enters into a written agreement with an "other provider"—such as a hospital, correctional facility, or long-term care institution—to provide specified NTP services to an NTP's patients. This agreement must include the types of services offered, the conditions under which services will be delivered, policies ensuring compliance with confidentiality laws and the security of controlled medications, and documentation procedures for reporting services received back to the NTP. The NTP is responsible for documenting all services received from the other provider in each patient's medical record.

Before an external provider renders any NTP services to an NTP's patients, the NTP must obtain approval from DHCS by submitting an Application for Protocol Amendment (DHCS 5135) form, updated protocols, and a copy of the agreement containing the signatures of all providers.

Medication Units (MUs)

46. Can MUs provide the full array of NTP services?

Yes. MUs may provide the full array of NTP services as long as they have adequate space to provide the services in a confidential manner. The primary NTP is responsible for ensuring patients have access to any treatment services not provided at the MU.[53]

47. What is required for a MU to begin delivering services that is not currently providing?

To offer additional services, a currently licensed MU shall submit an Application for Protocol Amendment (DHCS 5135) form to DHCS for review and approval before adding any services.

[53] *Id.* at section 10020(m).

NTP Staffing Roles and Requirements

48. What are the minimum qualifications for an NTP's medical director?

The medical director must be a licensed physician in the State of California with at least one year of experience in treating people with OUD.[54]

49. What is the medical director's role and responsibilities?

The medical director is responsible for overseeing all medical and behavioral health services provided by the NTP and ensuring compliance with all applicable federal and state laws. The medical director may also serve as the program director.

The medical director is also responsible for:

- Overseeing the hiring, evaluation, and management of medical and behavioral health staff.
- Engaging in continuous quality improvement, including developing, implementing, and conducting annual reviews of the NTP's policies and procedures.
- Overseeing the medical and behavioral health care of the NTP's patients, including assessing patient outcomes on an ongoing basis.

The medical director may delegate duties, as specified in the NTP's protocol, to other licensed physicians or physician extenders, except for their oversight and compliance obligations noted above.[55]

50. Which NTP services may a nurse practitioner or physician assistant provide?

Physician extenders, defined as nurse practitioners and physician assistants, may provide services within the scope of their licensure, including the following NTP services:

- Conduct screening evaluations for admission and determine if screening evaluations may be conducted via telehealth.[56]

[54] *Id.* at section 10110.
[55] *Id.* Attachment 1 to BHIN 25-008 at Section 10110
[56] *Id.* at section 10270.

- Sign medication change orders allowing patients to receive services on a temporary basis from another NTP.[57]
- Conduct annual physical exams.[58]
- Order and review tests or analysis for illicit drug use.[59]
- Administer or supervise the initial dosage of controlled MOUD.[60]
- Determine medication dosage schedules and authorize any changes to dosage schedules.[61]
- Determine whether a patient can safely manage take-home medication and the quantity of take-home medication given to a patient.[62]
- Revoke, reduce, or restore a patient's take-home medication by increasing or decreasing their take-home supply.[63]

51. Which NTP staff are permitted to provide counselling services?

NTP staff may provide counseling services if they are registered with, or certified by, a DHCS approved counselor certifying organization[64] pursuant to California Code of Regulations Chapter 8 (commencing with section 13000), or exempt from certification requirements in accordance with Health and Safety Code section 11833.[65]

The following are exempt from registration and certification requirements:

- Graduate students who are affiliated with university programs in psychology, social work, marriage and family therapy, or counseling, who are completing their supervised practicum hours to meet postgraduate requirements.[66]
- Associates who are registered with the Board of Behavioral Sciences.

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[57] *Id*. at section 10295(c)(2).
[58] *Id.* at section 10306.
[59] *Id.* at section 10310(e)(2).
[60] *Id.* at section 10350(a).
[61] *Id.* at section 10355.
[62] *Id.* at section 10370(a), 10375(b).
[63] *Id.* at section 10390.
[64] For approved certifying organizations, *see* Counselor Certification Organizations.
[65] Attachment 1 to BHIN 25-008 at section 10125(a).
[66] For more information on exemptions from counselor certification requirements, see BHIN-23-008.

- Licensed professionals, as defined in California Code of Regulations, Title 9, Chapter 4, Section 13015.[67]

Exceptions

52. Does an NTP need an exception for a physician extender to practice in the NTP?

No, an approved exception is no longer required for physician extenders (nurse practitioners and physician assistants) to practice in an NTP.

53. When is an NTP required to submit an exception for take-home medication to the SAMHSA/CSAT extranet portal?

NTPs must only submit an exception in the SAMHSA/CSAT Opioid Treatment Program Reporting System if a patient's take-home methadone would exceed the applicable supply limit, which is 7 days of take-home supply during the first 14 days of treatment, 14 days of take-home supply from 15 days of treatment, and 28 days of take-home supply from 31 days of treatment.[68] Supply limits do not apply to buprenorphine.

Exceptions no longer need to be submitted for changes in a patient's dosing schedule, including step-level increases or decreases, vacation bottles, or hardship due to transportation or employment.

Interim Treatment

54. What is an interim treatment?[69]

"Interim treatment" means that on a temporary basis, not to exceed 180 days in any 12-month period, a patient may receive medication for opioid use disorder from a NTP while awaiting access to comprehensive treatment. Patients in interim treatment do not receive the full array of NTP services, as an NTP is not required to develop a patient care plan or offer or provide counseling to patients in interim treatment.[70] An approved NTP may admit a patient into interim treatment only if comprehensive treatment is

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[67] Attachment 1 to BHIN 25-008 at section 10125(b).
[68] *Id.* at section 10375.
[69] Medi-Cal will reimburse an approved NTP for any Medi-Cal covered NTP service provided to a patient in interim treatment.
[70] Attachment 1 to BHIN 25-008 at section 10023(e).

unavailable to that patient within a reasonable geographic distance within 14 days of the date on which they sought admission.[71]

55. If an NTP wants to admit patients into interim treatment, what must it do?

The NTP must obtain prior approval from SAMHSA and DHCS and comply with new section 10023 in BHIN 25-008. However, an NTP is not required to submit an interim treatment request to SAMSHA. DHCS will obtain SAMHSA's approval on behalf of the NTP.

To apply to DHCS for approval to offer interim treatment, an NTP must submit an interim treatment plan documenting its policies and procedures for providing interim treatment in compliance with the requirements in section 10023. An NTP must also submit an Application for Protocol Amendment (DHCS 5135) form and supplemental written protocol, which must include:

- All required components of a protocol amendment.
- Criteria for establishing the priority of admitting patients into interim treatment and transferring patients from interim treatment into comprehensive treatment, which shall prioritize the admission and transfer of pregnant patients.
- Evidence that the NTP's provision of interim treatment will not reduce the capacity of the NTP to admit patients into comprehensive treatment.

An NTP that admits a patient into interim treatment must notify DHCS of patient admissions, transfers, and discharges within 30 days and prepare and submit a plan to DHCS to transfer the patient into comprehensive treatment by the end of the 180-day interim treatment period.[72]

56. Is an NTP required to offer interim treatment?

No. An NTP is not required to provide interim treatment. Additionally, a NTP cannot provide interim treatment if doing so will reduce its capacity to admit patients into comprehensive treatment.[73]

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[71] *Id*. at section 10023(c).
[72] Patient notifications must be submitted with the Interim Treatment Patient Notification form DHCS 4032.
[73] Attachment 1 to BHIN 25-008 at section 10023(a)(3).

Compliance

57. What is the effective date of the new changes to the NTP regulations?

The compliance deadline for BHIN 25-008 was October 1, 2025. An amended protocol, written statement, and Application for Protocol Amendment (DHCS 5135) form were due to DHCS by November 1, 2025.

58. Must all licensed NTPs submit a DHCS 5135 Protocol Amendment form and amended protocol to DHCS because of BHIN 25-008?

Yes. Medication units electing to provide additional NTP services must obtain prior DHCS approval as described above. NTPs electing to offer interim treatment must also obtain prior DHCS approval as described above. Prior DHCS approval is also required for external providers ("other providers") to deliver NTP services to an NTP's patients.

An NTP must report all other changes to its protocol that are necessary to comply with BHIN 25-008 to DHCS using the Application for Protocol Amendment (DHCS 5135) form within 30 days after the date the protocol change becomes effective within the NTP.[74] DHCS will review the protocol amendment pursuant to title 9, California Code of Regulations section 10036, except that DHCS will not terminate review and will instead provide technical assistance with protocol amendments to assist NTPs in coming into compliance with the changes to the law.

In updating its protocol, an NTP should refer to the list of protocol components in section 10030 of BHIN 25-008. An NTP's protocol must include all procedures and criteria used to satisfy the requirements of section 10270 in BHIN 25-008 (for an example, see Q&A #13 in this FAQ).[75] An NTP's protocol must also include a diversion control plan.[76] NTPs that offer services via telehealth must amend their protocols to identify the services available via telehealth and the days and hours telehealth services are available.[77]

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[74] Tit. 9, Cal. Code Regs., § 10035.
[75] Attachment 1 to BHIN 25-008 at section 10270(h).
[76] *Id.* at sections 10030(a)(44), 10265(c).
[77] *See id.* at sections 10020(a)(11), 10030(a)(45).

59. How do I submit a DHCS 5135 Protocol Amendment form?

For quickest processing, the Application for Protocol Amendment (DHCS 5135) form and amended protocol may be submitted electronically to DHCSNTP@DHCS.CA.GOV. Questions regarding BHIN 25-008 may also be submitted to the DHCS NTP mailbox.