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

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Please see DHCS FAQ for Behavioral Health Programs for other information on COVID-19.

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

NTPs should develop procedures to minimize the risk that symptomatic patients will infect staff or other patients.

Ensure that patients with respiratory symptoms (e.g., fever, cough) do not wait among other patients and wear masks if available. Set up waiting rooms so chairs are separated by 6 or more feet, with easy access to tissues, hand sanitizer, and a nearby sink to wash hands. NTPs should allow clients to wait in a personal vehicle or outside the facility where they can be contacted by mobile phone when it is their turn to be evaluated.

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

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

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

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

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

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

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

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

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

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

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

6. What services may be provided by telehealth?

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

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

The initial patient assessment and history and physical must be conducted in person.

7. When are exceptions to take-home dosing rules permitted?

Individuals may be eligible for take-home dosing at the discretion of their NTP medical director, even if they do not meet minimum time-in-treatment standards, if an exception is submitted through the SAMHSA Opioid Treatment Program (OTP) [extranet website](#) and approved by SAMHSA and DHCS.

Prior to the last take home dose, the NTP should schedule a call the patient to verify the patient's symptom status via a phone screening. Based on the patient's responses, the NTP will determine if the patient can resume daily dosing or resume take-homes.

Until DHCS is given the authority to grant blanket take-home exceptions by SAMHSA, NTPs are encouraged to send blanket exception requests to SAMHSA directly via the SAMHSA Opioid Treatment Program (OTP) [extranet website](#).

8. When are exceptions for Urinary Analysis (UA) or in-person counseling permitted?

Individuals may be eligible for exceptions to required monthly UAs and in-person counseling at the discretion of their NTP medical director. All exceptions must be documented in the patient file.

NTPs are not required to submit exception requests to DHCS for UA or in-person counseling as long as the NTP program is in compliance with Title 42, Code of Federal Regulations, part 8.

- Counseling services - NTPs must provide adequate substance abuse counseling to each patient as clinically necessary.
- Drug abuse testing services - NTPs must provide adequate testing or analysis for drugs of abuse, including at least eight random drug abuse tests per year, per patient in maintenance treatment, in accordance with generally accepted clinical practice.

9. Can NTPs provide delivery of medication to patients if they cannot leave their home, or a controlled treatment environment?

Resources to offer this level of service may vary by program. Home delivery of methadone is currently not permitted by the DEA.

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

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

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

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

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