Narcotic Treatment Program Licensing Branch

Physician Request for a Temporary Exception to Regulations

STATE OF CALIFORNIA
DEPARTMENT OF
ALCOHOL AND DRUG PROGRAMS

Pursuant to Health and Safety Code, Section 11876(a)(7), the Director of the Department of Alcohol and Drug Programs (ADP), may grant an exception to the State Narcotic Treatment Program Regulations when it is determined the action would improve treatment services or achieve greater protection to the health and safety of patients, local community, or the general public.

FAX PHYSICIAN'S SIGNED REQUEST TO: (916) 323-5086

Narcotic Treatment Program Information:

NTP License Number: _____

Licensee Name: _____

Program Address: _____

Telephone Number: _____

Fax Number: _____

Contact Person: _____

NTP Patient Information:

Medical Record Number: _____

Continuous Treatment Admission Date: _____

Primary Medication (circle one): Methadone LAAM

Dosage Level: _____ mgs.

If patient currently has medication take-home privileges,

provide step level (circle one): 1 2 3 4 5 6

Type of request. If marked with ⏩, may require U.S. Center for Substance Abuse Treatment approval.

☐ Program Blanket Exception for more than 21 day detoxification– CCR 10355(a)(1)(C). Not to exceed 180 days – 42 CFR 8.2

☐ Maintenance Admission Exception to 2-Year History of Addiction – CCR 10270(d)(1).

☐ More than 1-Week Take-Home Supply for Travel or Crisis-Related Hardship – CCR 10385(a)(2).
⏩If time in continuous treatment episode less than 270 days, attach copy of CSAT approval – 42 CFR 8.12(i)(3).

☐ More than 2-Week Take-Home Supply for Medical-Related Hardship – CCR 10385(a)(1).
⏩If time in continuous treatment episode less than one year, attach copy of CSAT approval – 42 CFR 8.12(i)(3).

☐ Up to a 30-Day Take-Home (1-Month) Supply for Step Level VI Patients – CCR 10260(c), 10310(e), 10370(d) and 10375(a)(6).

☐ Exception to Random, Periodic Urinalysis – CCR 10310(e) & 10360(c)(2).
⏩If frequency less than eight tests per year, attach copy of CSAT approval – 42 CFR 8.12(f)(6).

☐ Other: Cite NTP regulation: **CCR**

Program Physician Rationale for Requesting Exception (What is the hardship or health-endangering situation if not approved)**:**

_____

For admission exception request, discharge dates of two prior treatment failures:

(1) _____ (MM-DD-YY) and (2) _____ (MM-DD-YY)

For take-home supply exception request, dates patient will use take-home supply:

From: _____ (MM-DD-YY) : _____ (MM-DD-YY)

For travel out of area, program's attempt to arrange for courtesy dosing in: _____ (TRAVEL DESTINATION)

Was not successful because: _____

Program Physician Acceptance of Conditions: *I certify that the above information is true and accept the following conditions: 1) Approval does not exempt the program from complying with all other applicable state, federal, and foreign country laws and regulations. 2) A detox episode more than 30 days will require compliance with requirements for federal long-term detoxification and state maintenance treatment. 3) Prior to granting take-home exceptions, programs will inform patients that the use and possession of methadone may violate other laws (e.g., commercial motor vehicle and opiate importation restrictions). 4) A urinalysis exception will expire if there is a change in the patient's condition that makes this exception no longer necessary or in one year from the approval date, whichever comes first.******* *5) Documentation concerning this exception will be filed in the patient's record.*

_____ _____ _____

(SIGNATURE OF PROGRAM PHYSICIAN) (PRINTED NAME) (DATE)

ADP Use Only: *I grant this exception pursuant to a delegation of authority granted by the Director of ADP and, if applicable, concur with the approval of the U.S. Center for Substance Abuse Treatment, as required in 42 CFR 8.12.*

Approval Signature: _____ **Approval Date:** _____

(******UA exceptions expire 1 year from approval date)