



May 5, 2023

Texas Opioid Treatment Programs Medication Take-Home Flexibilities Letter of Concurrence

The Texas Health and Human Services Commission (HHSC) concurs with continuing the Substance Abuse and Mental Health Services Administration's (SAMHSA's) medication flexibility as SAMHSA extended in the administration's [March 2020 Opioid Treatment Program \(OTP\) Guidance](#)¹, and amended in April 2023 (refer to below for more information), to protect public health by reducing the risk of COVID-19 infections among patients and healthcare providers.

In April 2023, SAMHSA issued the new [Methadone Take-Home Flexibilities Extension Guidance](#)², which takes effect when the COVID-19 federal public health emergency expires on May 11, 2023. In the amended guidance, SAMHSA clarifies the take-home flexibilities will remain in effect for one year from May 11, 2023, or until such a time that the U.S. Department of Health and Human Services publishes final rules revising [U.S. Code of Federal Regulations Title 42 Part 8](#)³, whichever occurs sooner.

The April 2023 SAMHSA guidance allows an OTP, also known as a narcotic treatment program (NTP), to provide patients with unsupervised take-home methadone doses according to the following time-in-treatment standards:

- In treatment 0-14 days, the OTP/NTP may provide up to 7 unsupervised take-home methadone doses to the patient.
- Treatment days 15-30, the OTP/NTP may provide up to 14 unsupervised take-home methadone doses to the patient.
- From 31 days in treatment, the OTP/NTP may provide up to 28 unsupervised take-home methadone doses to the patient.

¹ <https://www.samhsa.gov/sites/default/files/otp-guidance-20200316.pdf>

² <https://www.samhsa.gov/medications-substance-use-disorders/statutes-regulations-guidelines/methadone-guidance>

³ <https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-8>

Only an appropriately licensed OTP/NTP medical practitioner or medical director may determine whether to dispense methadone for unsupervised use under this exemption. In all instances, the OTP/NTP medical practitioner or medical director must use their clinical judgement when determining the actual number of unsupervised take-home methadone doses the OTP/NTP may provide the patient within the above-mentioned ranges.

When determining which patients may receive unsupervised doses and whether the therapeutic benefits of unsupervised doses outweigh the risks, the OTP's/NTP's medical practitioner or medical director must consider the following factors:

- Absence of active substance use disorders, 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 attendance for supervised medication administration;
- Absence of serious behavioral problems that endanger the patient, the public, or others;
- Absence of known recent diversion activity;
- Whether take-home medication can be safely transported and stored; and
- Any other criteria that the medical practitioner or medical director considers relevant to the patient's safety and the public's health.

The OTP/NTP shall document the medical practitioner's or medical director's determinations and the rationale and basis for such determinations in the patient's medical record.

In the future, any newly established SAMHSA federal rule, regulation, or guidance updates for licensed OTP/NTPs or updated HHSC concurrence determinations regarding new federal rules, regulations, or guidance may supersede this Letter of Concurrence for Take-Home Medication Flexibility. At that point, HHSC will review the new federal rules, regulations, or guidance and update providers accordingly.