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OTP Training FAQs

1. Do we know if telehealth counseling will be permitted once the COVID PHE is lifted?

“Yes. Telehealth will be permitted after the Public Health Emergency (PHE) has ended. Telehealth services will need to conform with RSA 167:4-d and adopted administrative rules.”

2. Is the drug screen requirement based on time of compliance versus actual time in treatment similar to the counseling requirements?

Drug screening frequency requirements is not based on patient compliance but instead is based on time in treatment as outlined in NH Code of Administrative Rules, sections He-A 304.24 (b) and (c). However, beyond the requirements outlined in the Administrative Rules, the Department of Health and Human Services expects Opioid Treatment Programs to schedule additional drug screenings as clinically indicated (including after a patient has recently tested positive for illicit drugs).

3. Please clarify the requirement to report to the Doorways that was recently established in RSA.

This requirement increases access to care for clients by giving them immediate access to needed substance use disorders services 24/7 at Doorway locations across the state. Both in-person and telehealth services are available at Doorway locations, which can also refer clients to other community-based services as needed. The RSA 167:4-d, II(c) states that a provider need not establish face-to-face contact with a client first and may provide telehealth services, if the client is treated and physically receiving services at one of the Doorway programs.

4. Clarify expectations on treatment plan “updates” versus “reviews.”

“Treatment plans need to be “reviewed” no less frequently than every 4 sessions or every 4 weeks, as outlined in the NH Code of Administrative Rules, sections He-A 304.23 (h), and “updated” in accordance with sections He-A 304.23 (h) and (l). Reviews and updates need to be noted directly in the patient’s treatment plan (not just in a

progress note or somewhere else in the client's record). It is the Department's expectation that treatment goals are updated on a continuous basis, removing goals that have been realized, revising goals as circumstances have changed, and or adding new goals as clinically indicated. The date and signature of the patient and licensed practitioner need to be included (or noting patient's refusal to sign) directly in the updated treatment plan.

5. What if there are positive cannabis tests, particularly in a boarder state?

Whether NH OTP patients reside in New Hampshire or a different state, drug screens will be considered positive (subject to testing requirements outlined in He-A 304 code of administrative rules) for patients receiving services at a New Hampshire Opioid Treatment Programs when engaged in the illicit use of controlled drugs or the recreational use of marijuana. As outlined in the NH Code of Administrative Rules, section He-A 304.24(e), drug screens will not be considered positive for patients using controlled drugs that are legally prescribed by a medical practitioner or when using therapeutic cannabis, for patients that have been certified through the New Hampshire Therapeutic Cannabis Program (TCP), or similar program from another state (reciprocity). However, the Department of Health and Human Services expects the Medical Director at the OTP, or their designee, to obtain a release of information from their clients to consult with the certifying medical practitioner for OTP patients receiving therapeutic cannabis services. Similarly, the Department expects the Medical Director at the OTP, or their designee, to check the NH Prescription Drug Monitoring Program (NH PDMP) and to consult with the prescribing medical practitioner(s), for OTP patients receiving medication(s) included on the NH Controlled Drug list.

6. Methadone and Suboxone

NH OTPs dispensing buprenorphine / suboxone formulations and patients receiving buprenorphine / suboxone formulation at NH OTPs are subject to all the same requirements outlined in the He-A 304 code of administrative rules as patients receiving methadone, except they are not subject to the same parameters on the number of take home doses allowed, which instead are determined at the discretion of the Medical Director or their designee. NH OTPs and patients receiving buprenorphine are otherwise subject to all of the other take home requirements for buprenorphine as methadone, including safe storage, etc.