

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

September 5, 2014

Toby Douglas, Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Mr. Douglas:

Enclosed is an approved copy of California State Plan Amendment (SPA) 13-038. SPA 13-038 was submitted to my office on December 5, 2013 to expand certain substance use disorder services delivered through the Drug Medi-Cal (DMC) program. The effective date of this SPA is January 1, 2014.

Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Limitations to Attachment 3.1-A/B, page 10
- Limitations to Attachment 3.1-A/B, page 10a
- Limitations to Attachment 3.1-A/B, page 10a.1
- Limitations to Attachment 3.1-A/B, page 10a.2
- Limitations to Attachment 3.1-A/B, page 20a
- Supplement 2 to Attachment 3.1-A, page 1
- Supplement 3 to Attachment 3.1-A, page 3
- Supplement 3 to Attachment 3.1-A, page 3a
- Supplement 3 to Attachment 3.1-A, page 4
- Supplement 3 to Attachment 3.1-A, page 4a
- Supplement 3 to Attachment 3.1-A, page 5
- Supplement 3 to Attachment 3.1-A, page 6
- Supplement 3 to Attachment 3.1-A, page 6a
- Supplement 1 to Attachment 3.1-B, page 1
- Supplement 3 to Attachment 3.1-B, page 1a
- Supplement 3 to Attachment 3.1-B, page 2
- Supplement 3 to Attachment 3.1-B, page 2a
- Supplement 3 to Attachment 3.1-B, page 4
- Supplement 3 to Attachment 3.1-B, page 4a
- Supplement 3 to Attachment 3.1-B, page 3

As you know, the DMC program has in recent years been especially vulnerable to potential fraud. We know the state is committed to improving the protections and procedures in the program that will reduce that vulnerability, and will continue to vigorously pursue any and all allegations regarding fraud, waste or abuse in this program.

If you have any questions, please contact Tyler Sadwith by phone at (415) 744-3563 or by email at tyler.sadwith@cms.hhs.gov.

Sincerely,

/s/

Hye Sun Lee, MPH
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Laurie Weaver, California Department of Health Care Services
Marjorie McKisson, California Department of Health Care Services
Nathaniel Emery, California Department of Health Care Services

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
13-038

2. STATE
California

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2014

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.130

7. FEDERAL BUDGET IMPACT:
a. FFY 2014 \$67,881,000
b. FFY 2015 \$90,508,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Limitations on Attachment 3.1-A/B page 10
Limitations on Attachment 3.1-A/B page 10a
Limitations on Attachment 3.1-A/B page 10a.1
Limitations on Attachment 3.1-A/B page 10a.2
Limitations on Attachment 3.1-A/B page 20a
Supplement 1 to Attachment 3.1-B page 1
Supplement 2 to Attachment 3.1-A page 1
Supplement 3 to Attachment 3.1-A page 3
Supplement 3 to Attachment 3.1-A page 3a
Supplement 3 to Attachment 3.1-A page 4
Supplement 3 to Attachment 3.1-A page 4a (new)
Supplement 3 to Attachment 3.1-A page 5
Supplement 3 to Attachment 3.1-A page 6
Supplement 3 to Attachment 3.1-A page 6a (new)
Supplement 3 to Attachment 3.1-B page 1
Supplement 3 to Attachment 3.1-B page 1a
Supplement 3 to Attachment 3.1-B page 2
Supplement 3 to Attachment 3.1-B page 2a (new)
Supplement 3 to Attachment 3.1-B page 3
Supplement 3 to Attachment 3.1-B page 4
Supplement 3 to Attachment 3.1-B page 4a (new)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Limitations on Attachment 3.1-A/B page 10
Limitations on Attachment 3.1-A/B page 10a
Limitations on Attachment 3.1-A/B page 10a.1
Limitations on Attachment 3.1-A/B page 10a.2
Limitations on Attachment 3.1-A/B page 20a
Supplement 1 to Attachment 3.1-B page 1
Supplement 2 to Attachment 3.1-A page 1
Supplement 3 to Attachment 3.1-A page 3
Supplement 3 to Attachment 3.1-A page 3a
Supplement 3 to Attachment 3.1-A page 4
Supplement 3 to Attachment 3.1-A page 5
Supplement 3 to Attachment 3.1-A page 6
Supplement 3 to Attachment 3.1-B page 1
Supplement 3 to Attachment 3.1-B page 1a
Supplement 3 to Attachment 3.1-B page 2
Supplement 3 to Attachment 3.1-B page 3
Supplement 3 to Attachment 3.1-B page 4

10. SUBJECT OF AMENDMENT:

Substance Use Disorder services expansion

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Governor's Office does not wish to Review
State Plan Amendments

ORIGINAL SIGNED

Toby Douglas

14. TITLE:
Director, Department of Health Care Services

15. DATE SUBMITTED:

16. RETURN TO:

Department of Health Care Services
Nathaniel Emery
State Plan Coordinator
MS 4600
P.O. Box 997417
Sacramento, CA 95899-7417

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 5, 2013

18. DATE APPROVED: September 5, 2014

PLAN APPROVED – ONE COPY ATTACHED

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME: Hye Sun Lee, MPH

22. TITLE: Acting Associate Regional Administrator

23. REMARKS:

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
5a. Physician's Services (continued)	<p>Procedures generally considered to be elective must meet criteria established by the Director.</p> <p>Orthoptics and pleoptics (eye exercises for the purpose of treating focusing problems using both eyes) are not covered. (Orthoptics relate to problems with the muscles that move the eyes, while pleoptics relate to problems with the retina.)</p> <p>Psychology, physical therapy, occupational therapy, speech therapy, audiology, optometry, and podiatry when performed by a physician are considered to be physician services for purposes of program coverage.</p>	<p>Outpatient medical procedures such as hyperbaric O₂ therapy, psoriasis day care, apheresis, cardiac, catheterization, and selected surgical procedures (generally considered to be elective) are subject to prior authorization. Prior authorization is required for the correction of cosmetic defects. Inhalation therapy when not personally rendered by a physician requires prior authorization. All sterilizations require informed consent.</p> <p>Prior authorization is required for the following: Injections for allergy desensitization, hyposensitization, or immunotherapy by injection of an antigen to stimulate production of protective antibodies in excess of 8 in any 120-day period.</p>

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
5a. Physician's Services (continued)	Shall include services of the type which an optometrist is legally authorized to perform, and shall be reimbursed whether furnished by a physician or an optometrist. Routine eye examinations with refraction are provided when medically necessary.	

* Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN No. 13-038
Supersedes
TN No. 06-009

Approval Date: 9/5/14

Effective Date: 1/1/14

STATE PLAN CHART

(Note: This chart is an overview only.)

TYPES OF SERVICE	PROGRAM COVERAGE**	AUTHORIZATION AND OTHER REQUIREMENTS*
5a Physician's Services (continued)	Outpatient heroin or other opioid detoxification services are administered or prescribed by a physician, or medical professional under the supervision of a physician.	Outpatient heroin or other opioid detoxification services require prior authorization and are limited to 21 consecutive calendar days of treatment, regardless if treatment is received each day. When medically necessary, additional 21-day treatments are covered after 28 days have elapsed from the completion of a preceding course of treatment. During the 28 day lapse, beneficiaries can receive maintenance treatment. Services are covered for beneficiaries under the age of 21 years when medically necessary. The narcotic drug methadone can only be rendered in state licensed Narcotic Treatment Programs, as required by federal and state law. Other narcotic and non-narcotic drugs permitted by federal law may be used for outpatient heroin or other opioid detoxification services at any outpatient clinic or physician office setting where the medical staff has appropriate state and federal certifications for treatment of opioid dependence outside of Narcotic Treatment Programs. Additional charges may be billed for services medically necessary to diagnose and treat disease(s) which the physician believes are concurrent with, but not part of, outpatient heroin or other opioid detoxification services. Services are covered to the extent that they are permitted by federal law.

*Prior Authorization is not required for emergency services.

**Coverage is limited to medically necessary services

TN No. 13-038
Supersedes
TN No. 11-037b

Approval Date: 9/5/14

Effective Date: 1/1/2014

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
5b. Medical and surgical services furnished by a dentist, to the extent mandated by 42 U.S.C Section 1396(a)(5)(B), are covered.	Pursuant to 42 CFR Section 440.50(b), medical and surgical services of a dentist means medical or surgical services furnished by a physician or a doctor of medicine or dental surgery.	Medical and surgical services furnished by a dentist, as described, administered, through a contract with the Medi-Cal Dental Fiscal Intermediary (Dental FI). Subject to state supervision, discretion, and oversight, and applicable federal and state statutes, regulations, and manual of criteria and utilization controls, the Dental FI approves and provides payment for the above services performed by an enrolled dental provider. Prior authorization of a defined subset of the above services is required.

* Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN No. 13-038
Supersedes
TN No. 11-017

Approval Date: 9/5/14

Effective Date: 1/1/14

(Note: This chart is an overview only.)

TYPE OF SERVICE***	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
13.d.5 Substance Use Disorder Treatment Services (continued)	Outpatient Drug Free Treatment Services (see Supplement 3 to Attachment 3.1-A for program coverage and details under 13.d.5 Substance Use Disorder Treatment Services)	Prior authorization is not required. In cases where additional EPSDT services are needed for individuals under 21, these services are available subject to prior authorization. Post-service periodic reviews include an evaluation of medical necessity, frequency of services, appropriateness and quality of care, and examination of clinical charts and reimbursement claims.
	Intensive Outpatient Treatment Services (see Supplement 3 to Attachment 3.1-A for program coverage and details under 13.d.5 Substance Use Disorder Treatment Services)	Prior authorization is not required. Post-service periodic reviews include an evaluation of medical necessity, frequency of services, appropriateness and quality of care, and examination of clinical charts and reimbursement claims.
	Perinatal Residential Substance Use Disorder Services (see Supplemental 3 to Attachment 3.1-A for program coverage and details)	Prior authorization is not required. Post-service periodic reviews include an evaluation of medical necessity, frequency of services, appropriateness and quality of care, and examination of clinical charts and reimbursement claims. The cost of room and board are not reimbursable DMC services.
	Substance Use Disorder Treatment Services provided to Pregnant and Postpartum Women (see Supplemental 3 to Attachment 3.1-A for program coverage and details)	Prior authorization is not required. Post-service periodic reviews include an evaluation of medical necessity, frequency of services, appropriateness and quality of care, and examination of clinical charts and reimbursement claims.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

***Outpatient services are pursuant to 42 CFR 440.130.

State/Territory: California

20. Extended Services for Pregnant Women

a. Pregnancy-related and postpartum services for 60 days after pregnancy ends.

Provided: Pregnancy-related and postpartum services include all antepartum (prenatal) care, care during labor and delivery, postpartum care, and family planning. Pregnancy –related services include all care normally provided and during pregnancy (examinations, routine urine analyses, evaluations, counseling, and treatment) and labor and delivery (initial and ongoing assessment of maternal and fetal well-being and progress of labor, management of analgesia and local or pudendal anesthesia, vaginal delivery with or without episiotomy, initial assessment and, when necessary, resuscitation of the newborn infant). Postpartum care includes those services (hospital and scheduled office visits during the puerperium, assessment of uterine involution and, as appropriate, contraceptive counseling) provided 60 days after pregnancy ends. Family planning services include contraceptive counseling and tubal ligation.

Pregnancy-related and postpartum services may also include outpatient alcohol and other drug treatment services that ameliorate conditions that complicate pregnancy when prescribed by a physician as medically necessary. These services include women-specific treatment and recovery services.

See Supplement 3 to Attachment 3.1-A page 3 for a complete description of services available to all beneficiaries

b. Services for any other medical conditions that may complicate pregnancy.

Provided: Treatment for obstetrical complications (including preexisting or developing maternal or fetal conditions) which create a high-risk pregnancy and which may or may not be pregnancy-related is also covered.

State/Territory: California

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY

LIMITATION ON SERVICES

13.d.5 Substance Use Disorder Treatment Services

Substance use disorder treatment services are provided to stabilize and rehabilitate Medi-Cal beneficiaries who have been recommended by physicians or other licensed practitioners of the healing arts, within the scope of their practices, to receive treatment for a substance-related disorder. Substance use disorder treatment services are provided by DMC certified substance use disorder treatment facilities, DMC certified satellite sites, or DMC certified perinatal residential substance use disorder programs and are based on medical necessity. Medically necessary rehabilitative services are provided in accordance with an individualized client plan prescribed by a licensed physician, and approved and authorized according to the State of California requirements, excluding crisis services for which a client plan is not required. Services include:

- Intensive Outpatient Treatment; these services are pursuant to 42 CFR 440.130
- Naltrexone Treatment
- Narcotic Treatment Program
- Outpatient Drug Free Treatment
- Perinatal Residential Substance Use Disorder Services

The intake assessment and treatment plan are standard for all DMC treatment modalities (see SUD Services Chart for service definitions).

Intensive Outpatient Treatment counseling services are provided to patients a minimum of three hours per day, three days a week, and are available to all patients for whom it has been determined by a physician to be medically necessary.

The components of Intensive Outpatient Treatment are:

- Intake
- Individual and Group Counseling
- Patient Education
- Medication Services
- Collateral Services
- Crisis Intervention Services
- Treatment Planning and Discharge Services

Naltrexone is a medication provided as an outpatient treatment service directed at serving detoxified opioid addicts and is covered under Drug Medi-Cal in oral form when prescribed by a physician as medically necessary. Oral Naltrexone for the treatment of alcohol dependence and injectable Naltrexone for the treatment of alcohol or opioid dependence is available through a Medi-Cal Treatment Authorization Request (TAR). Other narcotic and non-narcotic drugs for the treatment of opioid dependence are available through Medi-Cal when medically necessary (see Limitations on Attachment 3.1-A page 10a.1 for additional information). A patient must receive at least two face-to-face counseling sessions with a therapist or counselor every 30-day period. The intake assessment to admit a patient into the program is the same as for the Narcotic Treatment Program.

The components of Naltrexone Treatment Services are:

- Intake
- Individual and Group Counseling
- Patient Education
- Medication Services
- Collateral Services
- Crisis Intervention Services
- Treatment Planning and Discharge Services

State/Territory: California

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

Narcotic Treatment Program: This outpatient program uses methadone (or levoalphacetylmethadol (LAAM) if available and prescribed) as a narcotic replacement drug-when ordered by a physician as medically necessary to alleviate the symptoms of withdrawal from opioids. A patient must receive a minimum of fifty minutes of face-to-face counseling sessions with a therapist or counselor for up to 200 minutes per calendar month, although additional services may be provided based on medical necessity.

The components of the Narcotic Treatment Program are:

- Intake
- Individual and Group Counseling
- Patient Education
- Medical Psychotherapy
- Medication Services
- Collateral Services
- Crisis Intervention Services
- Treatment Planning and Discharge Services

Outpatient Drug Free (ODF) Treatment Services to stabilize and rehabilitate patients who have a substance use disorder diagnosis are covered under DMC when prescribed by a physician as medically necessary.

The components of Outpatient Drug Free Treatment Services are:

- Intake
- Individual and Group Counseling
- Patient Education
- Medication Services
- Collateral Services
- Crisis Intervention Services
- Treatment Planning and Discharge Services

Individual counseling is provided only for the purposes of intake, crisis intervention, collateral services, and treatment and discharge planning. Each ODF participant is to receive at least two group face-to-face counseling sessions every thirty days (4-10 participants) focused on short-term personal, family, job/school and other problems and their relationship to substance use. Reimbursable group sessions may last up to 90 minutes.

Perinatal Residential Substance Use Disorder Treatment is a non-institutional, non-medical, residential program which provides rehabilitation services to pregnant and postpartum women with a substance use disorder diagnoses. These services include women-specific treatment and recovery services. Each beneficiary shall live on the premises and shall be supported in their efforts to restore, maintain, and apply interpersonal and independent living skills and access community support systems. Services are provided in a 24-hour structured environment and covered under the Drug Medi-Cal program when medically necessary. Medically necessary rehabilitative services are provided in accordance with an individualized client plan prescribed by a licensed physician, and approved and authorized according to the State of California requirements. The cost of room and board are not reimbursable under the Medi-Cal program.

The components of Perinatal Residential Substance Use Disorder Treatment are:

- Intake, once per admission
- Individual and Group Counseling, a minimum of two sessions per 30 day period
- Patient Education, varies according to the needs of the beneficiary
- Collateral Services, as needed
- Crisis Intervention Services, as needed
- Treatment Planning, occurs upon admission and every 90 days thereafter
- Discharge Services, once per admission

Services shall include:

- Provision of or arrangement for transportation to and from medically necessary treatment.
- Safeguarding Medication: Facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication.

State/Territory: California

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

Provider Qualifications

Substance use disorder services are provided at qualified and DMC certified substance use disorder treatment clinics, their DMC certified satellite sites, and DMC certified perinatal residential substance use disorder programs that agree to abide by the definitions, rules, and requirements for stabilization and rehabilitation services established by the Department of Health Care Services, and that sign a provider agreement with a county or the State.

Services are provided by a qualified substance use disorder treatment professional functioning within the scope of his/her practice as defined in the California Code of Regulations, Title 9, Section 13005(a)(4)(A-F).

A substance use disorder treatment professional can qualify to provide alcohol and other drug (AOD) counseling in any DMC certified program in one of the following ways:

- As a registrant in a certifying organization that is accredited with the National Commission for Certifying Agencies (NCCA); the registrant must be enrolled in a counseling certification program and complete counseling certification requirements within five years. **Or**;
- As an AOD counselor, certified by an organization that is accredited with the NCCA; qualifications to become certified as an AOD counselor are (Title 9, Section 13040):
 - 155 hours of formal classroom AOD education to include:
 - Additional Counseling Competencies curriculum and Technical Assistance Publication Series 21 (TAP 21), published by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment
 - Provisions of services to special populations
 - Ethics
 - Communicable diseases
 - Prevention of sexual harassment
 - 160 hours of supervised AOD training based on the curriculum in TAP 21
 - 2,080 additional documented hours of paid or unpaid work experience providing counseling services in an AOD program
 - Obtain a score of at least 70 percent on a written or oral examination

State/Territory: California

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- Sign a statement documenting whether his/her prior certification as an AOD counselor has ever been revoked; and
- Sign an agreement to abide by the code of conduct. **Or;**
- One of the following:
 - A physician licensed by the Medical Board of California
 - A psychologist licensed by the Board of Psychology
 - A clinical social worker or marriage and family therapist licensed by the California Board of Behavioral Sciences; or,
 - An intern registered with the California Board of Psychology or the California Board of Behavioral Sciences

Assurances

The State assures that substance use disorder treatment services shall be available to children and youth found to be eligible under the provisions of Social Security Act section 1905(r)(5).

The State assures that the Single State Agency shall not delegate to any other State Agency the authority and responsibilities described in 42 CFR section 431.10(e).

The State assures that all Medicaid program requirements regarding free choice of providers as defined in 42 CFR 431.51 shall be adhered to.

The State assures that Perinatal Residential Substance Use Disorder Services are not provided in facilities that are Institutes for Mental Diseases.

The provider qualifications for DMC benefits are the same across all the service modalities. See chart on page 6a of Supplement 3 to Attachment 3.1-A.

Service Component	Intake ³		Group Counseling		Individual Counseling		Patient Education		Medical Psychotherapy	Medication Services	Transportation Services	Collateral Services		Crisis Intervention Services		Treatment Planning*		Discharge Services*	
	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²
	Diagnosis of substance use disorders utilizing the current DSM and assessment of treatment needs for medically necessary treatment services. Approval of a treatment plan by a physician licensed in the State of California. This may include a physical examination and laboratory testing (e.g., body specimen screening) necessary for treatment and evaluation conducted by staff lawfully authorized to provide such services and/or order laboratory	Collection of information for assessment used in the evaluation and analysis of the cause or nature of the substance use disorder which includes exploration of relevant mental, emotional, psychological and behavioral problems that may be contributing to the substance use disorder. This may also include health questionnaires.	Face-to-face contacts in which one or more therapists or counselors treat two or more clients at the same time, focusing on the needs of the individuals served. For outpatient drug free treatment services and narcotic treatment programs, group counseling shall be conducted with no less than four and no more than 10 clients at the same time, only one of whom needs to be a Medi-Cal beneficiary.	Face-to-face contacts between a beneficiary and a therapist or counselor. Telephone contacts, home visits, and hospital visits shall not qualify as Medi-Cal reimbursable units of service.	A learning experience using a combination of methods such as teaching, counseling, and behavior modification techniques which influence patients' knowledge and health and illness behavior.	Type of counseling service consisting of a face-to-face discussion conducted by the medical director of the Narcotic Treatment Program on a one-to-one basis with the patient.	The prescription or administration of medication related to substance use treatment services, or the assessment of the side effects or results of that medication conducted by staff lawfully authorized to provide such services and/or order laboratory testing within the scope of their practice or licensure.	Provision of or arrangement for transportation to and from medically necessary treatment.	Face-to-face sessions with therapists or counselors and significant persons in the life of a beneficiary, focusing on the treatment needs of the beneficiary in terms of supporting the achievement of the beneficiary's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the beneficiary.	Face-to-face contact between a therapist or counselor and a beneficiary in crisis. Services shall focus on alleviating crisis problems. "Crisis" means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. Crisis intervention services shall be limited to stabilization of the beneficiary's emergency situation.	The provider shall prepare an individualized written treatment plan, based on information obtained in intake and assessment process. The treatment plan includes: problems to be addressed, goals to be reached which address each problem, action steps which will be taken by the provider and/or beneficiary to accomplish identified goals, target dates for accomplishment of action steps and goals, and a description of services, including the type of counseling to be provided and the frequency thereof. The treatment plan may also include medical direction.	The process to prepare a person for the post treatment return or reentry into the community, and the linkage of the individual to essential community treatment, housing and human services.							
Provider Type	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²
Intensive Outpatient Treatment	X		X		X		X			X	PNO	X		X		X		X	
Naltrexone Treatment	X		X		X		X			X		X		X		X		X	
Narcotic Treatment Program	X		X		X		X		X	X	PNO	X		X		X		X	
Outpatient Drug Free Treatment	X		X		X		X			X	PNO	X		X		X		X	
Perinatal Residential Substance Use Disorder Services	X		X		X		X			S	X	X		X		X		X	

¹ Licensed providers must meet the following qualifications: MD, PA, NP, RN, Psy. D, LCSW, MFT or Intern registered by Board of Psychology or Behavioral Science Board and supervised by a mental health professional.

² Certified providers must meet the following qualifications: Counselors or registrants certified by an organization who will have 155 hours of formal Education; 160 hours of supervised AOD training; 2,080 hours of work experience in AOD counseling; obtain at least 70% score on a written or oral examination approved by the certifying organization and complete 40 hours of continuing education every two years in order to retain certification.

³ The process of admitting a beneficiary into a Substance Use Disorder Treatment Program. Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; the assessment of treatment needs to provide medically necessary services; and assistance with accessing community and human services networks. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.

* Certified personnel may assist with some aspects of this service, however, a licensed provider is responsible for this service component.

PNO - Perinatal Outpatient SUD Services

S - Safeguarding Medication; assistance with resident's self-administration of medication.

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
5a. Physician's Services (continued)	<p>Procedures generally considered to be elective must meet criteria established by the Director.</p> <p>Orthoptics and pleoptics (eye exercises for the purpose of treating focusing problems using both eyes) are not covered. (Orthoptics relate to problems with the muscles that move the eyes, while pleoptics relate to problems with the retina.)</p> <p>Psychology, physical therapy, occupational therapy, speech therapy, audiology, optometry, and podiatry when performed by a physician are considered to be physician services for purposes of program coverage.</p>	<p>Outpatient medical procedures such as hyperbaric O² therapy, psoriasis day care, apheresis, cardiac, catheterization, and selected surgical procedures (generally considered to be elective) are subject to prior authorization. Prior authorization is required for the correction of cosmetic defects. Inhalation therapy when not personally rendered by a physician requires prior authorization. All sterilizations require informed consent.</p> <p>Prior authorization is required for the following: Injections for allergy desensitization, hyposensitization, or immunotherapy by injection of an antigen to stimulate production of protective antibodies in excess of 8 in any 120-day period.</p>

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
5a. Physician's Services (continued)	Shall include services of the type which an optometrist is legally authorized to perform, and shall be reimbursed whether furnished by a physician or an optometrist. Routine eye examinations with refraction are provided when medically necessary.	

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**Coverage is limited to medically necessary services.

STATE PLAN CHART

(Note: This chart is an overview only.)

TYPES OF SERVICE	PROGRAM COVERAGE**	AUTHORIZATION AND OTHER REQUIREMENTS*
5a Physician's Services (continued)	Outpatient heroin or other opioid detoxification services are administered or prescribed by a physician, or medical professional under the supervision of a physician.	Outpatient heroin or other opioid detoxification services require prior authorization and are limited to 21 consecutive calendar days of treatment, regardless if treatment is received each day. When medically necessary, additional 21-day treatments are covered after 28 days have elapsed from the completion of a preceding course of treatment. During the 28 day lapse, beneficiaries can receive maintenance treatment. Services are covered for beneficiaries under the age of 21 years when medically necessary. The narcotic drug methadone can only be rendered in state licensed Narcotic Treatment Programs, as required by federal and state law. Other narcotic and non-narcotic drugs permitted by federal law may be used for outpatient heroin or other opioid detoxification services at any outpatient clinic or physician office setting where the medical staff has appropriate state and federal certifications for treatment of opioid dependence outside of Narcotic Treatment Programs. Additional charges may be billed for services medically necessary to diagnose and treat disease(s) which the physician believes are concurrent with, but not part of, outpatient heroin or other opioid detoxification services. Services are covered to the extent that they are permitted by federal law.

*Prior Authorization is not required for emergency services.

**Coverage is limited to medically necessary services

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
5b. Medical and surgical services furnished by a dentist, to the extent mandated by 42 U.S.C Section 1396(a)(5)(B), are covered.	Pursuant to 42 CFR Section 440.50(b), medical and surgical services of a dentist means medical or surgical services furnished by a physician or a doctore of medicine or dental surgery.	Medical and surgical services furnished by a dentist, as described, administered, through a contract with the Medi-Cal Dental Fiscal Intermediary (Dental FI). Subject to state supervision, discretion, and oversight, and applicatble federal and state statutes, regulations, and manual of criteria and utilization controls, the Dental FI approves and provides payment for the above services performed by an enrolled dental provider. Prior authorization of a defined subset of the above services is required.

* Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

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(Note: This chart is an overview only.)

TYPE OF SERVICE***	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
13.d.5 Substance Use Disorder Treatment Services (continued)	Outpatient Drug Free Treatment Services (see Supplement 3 To Attachment 3.1-B for program coverage and details under 13.d.5 Substance Use Disorder Treatment Services)	Prior authorization is not required. In cases where additional EPSDT services are needed for individuals under 21, these services are available subject to prior authorization. Post-service periodic reviews include an evaluation of medical necessity, frequency of services, appropriateness and quality of care, and examination of clinical charts and reimbursement claims.
	Intensive Outpatient Treatment services (see Supplement 3 To Attachment 3.1-B for program coverage and details under 13.d.5 Substance Use Disorder Treatment Services)	Prior authorization is not required. Post-service periodic reviews include an evaluation of medical necessity, frequency of services, appropriateness and quality of care, and examination of clinical charts and reimbursement claims.
	Perinatal Residential Substance Use Disorder Services (see Supplemental 3 to Attachment 3.1-B for program coverage and details)	Prior authorization is not required. Post-service periodic reviews include an evaluation of medical necessity, frequency of services, appropriateness and quality of care, and examination of clinical charts and reimbursement claims. The cost of room and board are not reimbursable DMC services.
	Substance Use Disorder Treatment Services Provided to Pregnant and Postpartum Women (see Supplemental 3 to Attachment 3.1-B for program coverage and details)	Prior authorization is not required. Post-service periodic reviews include an evaluation of medical necessity, frequency of services, appropriateness and quality of care, and examination of clinical charts and reimbursement claims.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

***Outpatient services are pursuant to 42 CFR 440.130.

State/Territory: California

20. Extended Services for Pregnant Women

a. Pregnancy-related and postpartum services for 60 days after pregnancy ends.

Provided: Pregnancy-related and postpartum services include all antepartum (prenatal) care, care during labor and delivery, postpartum care, and family planning. Pregnancy-related services include all care normally provided during pregnancy (examinations, routine urine analyses, evaluations, counseling, and treatment) and labor and delivery (initial and ongoing assessment of maternal and fetal well-being and progress of labor, management of analgesia and local or pudendal anesthesia, vaginal delivery with or without episiotomy, initial assessment and, when necessary, resuscitation of the newborn infant). Postpartum care includes those services (hospital and scheduled office visits during the puerperium, assessment of uterine involution and, as appropriate, contraceptive counseling) provided for 60 days after pregnancy ends. Family planning services include contraceptive counseling and tubal ligation.

Pregnancy-related and postpartum services may also include outpatient alcohol and other drug treatment services that ameliorate conditions that complicate pregnancy when prescribed by a physician as medically necessary. These services include women-specific treatment and recovery services.

See Supplement 3 to Attachment 3.1-B page 1 for a complete description of services available to all beneficiaries

b. Services for any other medical conditions that may complicate pregnancy.

Provided: Treatment for obstetrical complications (including preexisting or developing maternal or fetal conditions) which create a high-risk pregnancy and which may or may not be pregnancy-related is also covered.

State/Territory: California

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO MEDICALLY NEEDY GROUP(S)

LIMITATION ON SERVICES

13.d.5 Substance Use Disorder Treatment Services

Substance use disorder treatment services are provided to stabilize and rehabilitate Medi-Cal beneficiaries who have been recommended by physicians or other licensed practitioners of the healing arts, within the scope of their practices, to receive treatment for a substance-related disorder. Substance use disorder treatment services are provided by DMC certified substance use disorder treatment facilities, their DMC certified satellite sites, or DMC certified perinatal residential substance use disorder programs and are based on medical necessity. Medically necessary rehabilitative services are provided in accordance with an individualized client plan prescribed by a licensed physician, and approved and authorized according to the State of California requirements, excluding crisis services for which a client plan is not required. Services include:

- Intensive Outpatient Treatment; these services are pursuant to 42 CFR 440.130
- Naltrexone Treatment
- Narcotic Treatment Program
- Outpatient Drug Free Treatment
- Perinatal Residential Substance Use Disorder Services

The intake assessment and treatment plan are standard for all DMC treatment modalities (see SUD Services Chart for service definitions).

Intensive Outpatient Treatment counseling services are provided to patients a minimum of three hours per day, three days a week, and are available to all patients for whom it has been determined by a physician to be medically necessary.

The components of Intensive Outpatient Treatment are:

- Intake
- Individual and Group Counseling
- Patient Education
- Medication Services
- Collateral Services
- Crisis Intervention Services
- Treatment Planning and Discharge Services

Naltrexone is a medication provided as an outpatient treatment service directed at serving detoxified opioid addicts and is covered under Drug Medi-Cal in oral form when prescribed by a physician as medically necessary. Oral Naltrexone for the treatment of alcohol dependence and injectable Naltrexone for the treatment of alcohol or opioid dependence is available through a Medi-Cal Treatment Authorization Request (TAR). Other narcotic and non-narcotic drugs for the treatment of opioid dependence are available through Medi-Cal when medically necessary (see Limitations on Attachment 3.1-B page 10a.1 for additional information). A patient must receive at least two face-to-face counseling sessions with a therapist or counselor every 30-day period. The intake assessment to admit a patient into the program is the same as for the Narcotic Treatment Program.

The components of Naltrexone Treatment Services are:

- Intake
- Individual and Group Counseling
- Patient Education
- Medication Services
- Collateral Services
- Crisis Intervention Services
- Treatment Planning and Discharge Services

State/Territory: California

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO MEDICALLY NEEDY GROUP(S)

Narcotic Treatment Program: This outpatient program uses methadone (or levoalphacetylmethadol (LAAM) if available and prescribed) as a narcotic replacement drug-when ordered by a physician as medically necessary to alleviate the symptoms of withdrawal from opioids. A patient must receive a minimum of fifty minutes of face-to-face counseling sessions with a therapist or counselor for up to 200 minutes per calendar month, although additional services may be provided based on medical necessity.

The components of the Narcotic Treatment Program are:

- Intake
- Individual and Group Counseling
- Patient Education
- Medical Psychotherapy
- Medication Services
- Collateral Services
- Crisis Intervention
- Treatment Planning and Discharge Services

Outpatient Drug Free (ODF) Treatment Services to stabilize and rehabilitate patients who have a substance use disorder diagnosis are covered under DMC when prescribed by a physician as medically necessary.

The components of Outpatient Drug Free Treatment Services are:

- Intake
- Individual and Group Counseling
- Patient Education
- Medication Services
- Collateral Services
- Crisis Intervention
- Treatment Planning and Discharge Services

Individual counseling is provided only for the purposes of intake, crisis intervention, collateral services, and treatment and discharge planning. Each ODF participant is to receive at least two group face-to-face counseling sessions every thirty days (4-10 participants) focused on short-term personal, family, job/school and other problems and their relationship to substance use. Reimbursable group sessions may last up to 90 minutes.

Perinatal Residential Substance Use Disorder Treatment is a non-institutional, non-medical, residential program which provides rehabilitation services to pregnant and postpartum women with a substance use disorder diagnosis. These services include women-specific treatment and recovery services. Each beneficiary shall live on the premises and shall be supported in their efforts to restore, maintain, and apply interpersonal and independent living skills and access community support systems. Services are provided in a 24-hour structured environment and covered under the Drug Medi-Cal program when medically necessary. Medically necessary rehabilitative services are provided in accordance with an individualized client plan prescribed by a licensed physician, and approved and authorized according to the State of California requirements. The cost of room and board are not reimbursable under the Medi-Cal program.

The components of Perinatal Residential Substance Use Disorder Treatment are:

- Intake, once per admission
- Individual and Group Counseling, a minimum of two sessions per 30 day period
- Patient Education, varies according to the needs of the beneficiary
- Collateral Services, as needed
- Crisis Intervention Services, as needed
- Treatment Planning, occurs upon admission and every 90 days thereafter
- Discharge Services, once per admission

Services shall include:

- Provision of or arrangement for transportation to and from medically necessary treatment.
- Safeguarding Medication: Facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication.

State/Territory: California

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

Provider Qualifications

Substance use disorder services are provided at qualified and DMC certified substance use disorder treatment clinics, their DMC certified satellite sites, ~~or~~ and DMC certified perinatal residential substance use disorder programs that agree to abide by the definitions, rules, and requirements for stabilization and rehabilitation services established by the Department of Health Care Services, and that sign a provider agreement with a county or the State.

Services are provided by a qualified substance use disorder treatment professional functioning within the scope of his/her practice as defined in the California Code of Regulations, Title 9, Section 13005(a)(4)(A-F).

A substance use disorder treatment professional can qualify to provide alcohol and other drug (AOD) counseling in any DMC certified program in **one** of the following ways:

- As a registrant in a certifying organization that is accredited with the National Commission for Certifying Agencies (NCCA); the registrant must be enrolled in a counseling certification program and complete counseling certification requirements within five years. **Or**;
- As an AOD counselor, certified by an organization that is accredited with the NCCA; qualifications to become certified as an AOD counselor are (Title 9, Section 13040):
 - 155 hours of formal classroom AOD education to include:
 - Addiction Counseling Competencies curriculum and Technical Assistance Publication Series 21 (TAP 21), published by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment
 - Provisions of services to special populations
 - Ethics
 - Communicable diseases
 - Prevention of sexual harassment
 - 160 hours of supervised AOD training based on the curriculum in TAP 21
 - 2,080 additional documented hours of paid or unpaid work experience providing counseling services in an AOD program
 - Obtain a score of at least 70 percent on a written or oral examination

State/Territory: California

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO MEDICALLY NEEDY GROUP(S)

- Sign a statement documenting whether his/her prior certification as an AOD counselor has ever been revoked; and
- Sign an agreement to abide by the code of conduct. **Or;**
- One of the following:
 - A physician licensed by the Medical Board of California
 - A psychologist licensed by the Board of Psychology
 - A clinical social worker or marriage and family therapist licensed by the California Board of Behavioral Sciences; or,
 - An intern registered with the California Board of Psychology or the California Board of Behavioral Sciences

Assurances

The State assures that substance use disorder treatment services shall be available to children and youth found to be eligible under the provisions of Social Security Act section 1905(r)(5).

The State assures that the Single State Agency shall not delegate to any other State Agency the authority and responsibilities described in 42 CFR section 431.10(e).

The State assures that all Medicaid program requirements regarding free choice of providers as defined in 42 CFR 431.51 shall be adhered to.

The State assures that Perinatal Residential Substance Use Disorder Services are not provided in facilities that are Institutes for Mental Diseases.

The provider qualifications for DMC benefits are the same across all the service modalities. See chart on page 4a of Supplement 3 to Attachment 3.1-B.

Service Component	Intake ³		Group Counseling		Individual Counseling		Patient Education		Medical Psychotherapy	Medication Services	Transportation Services	Collateral Services		Crisis Intervention Services		Treatment Planning*		Discharge Services*	
	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²
	Diagnosis of substance use disorders utilizing the current DSM and assessment of treatment needs for medically necessary treatment services. Approval of a treatment plan by a physician licensed in the State of California. This may include a physical examination and laboratory testing (e.g., body specimen screening) necessary for treatment and evaluation conducted by staff lawfully authorized to provide such services and/or order laboratory	Collection of information for assessment used in the evaluation and analysis of the cause or nature of the substance use disorder which includes exploration of relevant mental, emotional, psychological and behavioral problems that may be contributing to the substance use disorder. This may also include health questionnaires.	Face-to-face contacts in which one or more therapists or counselors treat two or more clients at the same time, focusing on the needs of the individuals served. For outpatient drug free treatment services and narcotic treatment programs, group counseling shall be conducted with no less than four and no more than 10 clients at the same time, only one of whom needs to be a Medi-Cal beneficiary.	Face-to-face contacts between a beneficiary and a therapist or counselor. Telephone contacts, home visits, and hospital visits shall not qualify as Medi-Cal reimbursable units of service.	A learning experience using a combination of methods such as teaching, counseling, and behavior modification techniques which influence patients' knowledge and health and illness behavior.	Type of counseling service consisting of a face-to-face discussion conducted by the medical director of the Narcotic Treatment Program on a one-to-one basis with the patient.	The prescription or administration of medication related to substance use treatment services, or the assessment of the side effects or results of that medication conducted by staff lawfully authorized to provide such services and/or order laboratory testing within the scope of their practice or licensure.	Provision of or arrangement for transportation to and from medically necessary treatment.	Face-to-face sessions with therapists or counselors and significant persons in the life of a beneficiary, focusing on the treatment needs of the beneficiary in terms of supporting the achievement of the beneficiary's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the beneficiary.	Face-to-face contact between a therapist or counselor and a beneficiary in crisis. Services shall focus on alleviating crisis problems. "Crisis" means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. Crisis intervention services shall be limited to stabilization of the beneficiary's emergency situation.	The provider shall prepare an individualized written treatment plan, based upon information obtained in the intake and assessment process. The treatment plan includes: problems to be addressed, goals to be reached which address each problem, action steps which will be taken by the provider and/or beneficiary to accomplish identified goals, target dates for accomplishment of action steps and goals, and a description of services, including the type of counseling to be provided and the frequency thereof. The treatment plan may also include medical	The process to prepare a person for the post treatment return or reentry into the community, and the linkage of the individual to essential community treatment, housing and human services.							
Provider Type	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²
Intensive Outpatient Treatment	X		X		X		X			X	PNO	X		X		X		X	
Naltrexone Treatment	X		X		X		X			X		X		X		X		X	
Narcotic Treatment Program	X		X		X		X		X	X	PNO	X		X		X		X	
Outpatient Drug Free Treatment	X		X		X		X			X	PNO	X		X		X		X	
Perinatal Residential Substance Use Disorder Services	X		X		X		X			S	X	X		X		X		X	

¹ Licensed providers must meet the following qualifications: MD, PA, NP, RN, Psy. D, LCSW, MFT or Intern registered by Board of Psychology or Behavioral Science Board and supervised by a mental health professional.

² Certified providers must meet the following qualifications: Counselors or registrants certified by an organization who will have 155 hours of formal Education; 160 hours of supervised AOD training; 2,080 hours of work experience in AOD counseling; obtain at least 70% score on a written or oral examination approved by the certifying organization and complete 40 hours of continuing education every two years in order to retain certification.

³ The process of admitting a beneficiary into a Substance Use Disorder Treatment Program. Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; the assessment of treatment needs to provide medically necessary services; and assistance with accessing community and human services networks. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.

* Certified personnel may assist with some aspects of this service, however, a licensed provider is responsible for this service component.

PNO - Perinatal Outpatient SUD Services

S - Safeguarding Medication; assistance with resident's self-administration of medication