



TOBY DOUGLAS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

DEC 05 2013

Gloria Nagle, Ph.D., M.P.A.  
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Division of Medicaid & Children's Health Operations  
Centers for Medicare and Medicaid Services, Region IX  
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San Francisco, CA 94103-6707

STATE PLAN AMENDMENT 13-038

Dear Ms. Nagle:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 13-038, with the goal of providing additional substance use disorder services under the Drug Medi-Cal program effective January 1, 2014.

In accordance with the Affordable Care Act and California Senate Bill X1-1 (Hernandez, Chapter 4, Statutes of 2013) section 29, SPA 13-038 makes substance use disorder services available to all beneficiaries, when medically necessary, effective January 1, 2014.

The enclosed SPA revises or adds language to the following pages:

- Limitations on Attachment 3.1-A/B, page 10a.1 - Makes a technical edit to clarify that non-narcotic drugs are also available as a component of outpatient heroin detoxification
- Limitations on Attachment 3.1-A/B, page 20a
  - Adds language to Residential Substance Use Disorder Treatment Services to make this benefit available to all beneficiaries when medically necessary
  - Renames "Day Care Rehabilitative Treatment" as "Intensive Outpatient Treatment"
- Limitations on Attachment 3.1-A/B, page 20a1 - Removes language in regards to perinatal residential services, to clarify that this benefit is open to all beneficiaries when medically necessary

- Supplement 2 to Attachment 3.1-A, page 1 and 1a - Clarifies and simplifies the Extended Services to Pregnant Women supplement
- Supplement 3 to Attachment 3.1-A, page 3
  - Renames “Day Care Rehabilitative Treatment” as “Intensive Outpatient Treatment” and makes benefit available to all beneficiaries when medically necessary
  - Adds Residential Substance Use Disorder Services outside of Perinatal Residential services
  - Clarifies that substance use disorder treatment services are provided by facilities that are certified by Drug Medi-Cal
- Supplement 3 to Attachment 3.1-A, page 3a
  - Corrects a previously made error in the definition of “Group Counseling”
  - Adds a definition for “Treatment Planning”
  - Clarifies benefit coverage of the drug Naltrexone
  - Adds medical direction as a service component
- Supplement 3 to Attachment 3.1-A, page 3b
  - Renames “Day Care Rehabilitative Treatment” as “Intensive Outpatient Treatment”
  - Adds “Treatment and Discharge Planning” as a component of Naltrexone Treatment services
- Supplement 3 to Attachment 3.1-A, page 4
  - Renames “Day Care Rehabilitative Treatment” as “Intensive Outpatient Treatment”
  - Adds “Treatment and Discharge Planning” as a component of the Narcotic Treatment Program; adds the maximum reimbursable minutes for counseling per calendar month
  - Adds medical direction as a service component
  - Adds “Treatment Planning” as a component of Outpatient Drug Free Treatment services
  - Clarifies when individual counseling services may be provided
  - Adds medical direction as a service component
- Supplement 3 to Attachment 3.1-A, page 4a
  - Adds a description of Residential Substance Use Disorder Treatment Services
  - Clarifies care coordination
- Supplement 3 to Attachment 3.1-A, page 5 – Clarifies provider requirements
- Supplement 3 to Attachment 3.1-A, page 6 – Adds an assurance that Residential Substance Use Disorder Treatment Services will not be provided in facilities that are Institutes for Mental Disease
- Supplement 3 to Attachment 3.1-A, page 6a – Adds a SUD services chart detailing provider qualifications for each service component
- Supplement 1 to Attachment 3.1-B, page 1 and 1a - Clarifies and simplifies the Extended Services to Pregnant Women supplement
- Supplement 3 to Attachment 3.1-B, page 1



- Renames “Day Care Rehabilitative Treatment” as “Intensive Outpatient Treatment” and makes benefit available to all beneficiaries when medically necessary
  - Adds Residential Substance Use Disorder Services
  - Clarifies that substance use disorder treatment services are provided by facilities that are certified by Drug Medi-Cal
- Supplement 3 to Attachment 3.1-B, page 1a
  - Corrects a previously made error in the definition of “Group Counseling”
  - Adds a definition for “Treatment Planning”
  - Clarifies benefit coverage of the drug Naltrexone
  - Adds medical direction as a service component
- Supplement 3 to Attachment 3.1-B, page 1b
  - Renames “Day Care Rehabilitative Treatment” as “Intensive Outpatient Treatment”
  - Adds “Treatment and Discharge Planning” as a component of Naltrexone Treatment services
- Supplement 3 to Attachment 3.1-B, page 2
  - Renames “Day Care Rehabilitative Treatment” as “Intensive Outpatient Treatment”
  - Adds “Treatment and Discharge Planning” as a component of the Narcotic Treatment Program; adds the maximum reimbursable minutes for counseling per calendar month
  - Adds “Treatment Planning” as a component of Outpatient Drug Free Treatment services
  - Clarifies when individual counseling services may be provided
  - Adds medical direction as a service component
- Supplement 3 to Attachment 3.1-B, page 2a
  - Adds a description of Residential Substance Use Disorder Treatment Services
  - Clarifies care coordination
- Supplement 3 to Attachment 3.1-B, page 3 - Clarifies provider requirements
- Supplement 3 to Attachment 3.1-B, page 4 – Adds an assurance that Residential Substance Use Disorder Treatment Services will not be provided in facilities that are Institutes for Mental Disease
- Supplement 3 to Attachment 3.1-A, page 4a – Adds a SUD services chart detailing provider qualifications for each service component.

The approximate federal fiscal impact of the substance use disorder services expansion in Federal Fiscal year (FFY) 2014 and 2015 is included in the HCFA-179 form.

As required by the American Recovery and Reinvestment Act of 2009 (ARRA), DHCS routinely notifies Indian Health Programs and Urban Indian Organizations of SPAs that have a direct impact on the programs and organizations. DHCS published the Tribal Notice for SPA 13-038 on September 5, 2013 and held a tribal teleconference on September 16, 2013. DHCS did not receive any questions in regards to this SPA.

Ms. Gloria Nagle  
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SPA 13-038 did not require a public notice. To ensure collaboration, County stakeholders participated in numerous State-County workgroups prior to finalization of this SPA.

If you have any questions regarding the information provided, please contact Ms. Laurie Weaver, Chief, Medi-Cal Benefits Division, at (916) 552-9619 or by e-mail at [Laurie.Weaver@dhcs.ca.gov](mailto:Laurie.Weaver@dhcs.ca.gov).

Sincerely,

**Original copy signed by:**

Toby Douglas  
Director

Enclosures

cc: Donald A. Novo  
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<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: 13-038	2. STATE  California
	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 <u>2014</u> \$67,881,000 b. FFY <u>2015</u> \$90,508,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Limitations on Attachment 3.1-A/B page 10a.1 Limitations on Attachment 3.1-A/B page 20a Limitations on Attachment 3.1-A/B page 20a.1 Supplement 1 to Attachment 3.1-B page 1 Supplement 1 to Attachment 3.1-B page 1a Supplement 2 to Attachment 3.1-A page 1 Supplement 2 to Attachment 3.1-A page 1a 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 3b (new) 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 1b (new) 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 ( <i>If Applicable</i> ):  Limitations on Attachment 3.1-A/B page 10a.1 Limitations on Attachment 3.1-A/B page 20a Limitations on Attachment 3.1-A/B page 20a.1 Supplement 1 to Attachment 3.1-B page 1 Supplement 2 to Attachment 3.1-A page 1 Supplement 2 to Attachment 3.1-A page 1a 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

12. SIGNATURE OF STATE AGENCY OFFICIAL: <b>ORIGINAL COPY SIGNED BY:</b>	16. RETURN TO:  <b>Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, Suite 71.325, MS 4506 P.O. Box 997417 Sacramento, CA 95899-7417</b>
13. TYPED NAME: Toby Douglas	
14. TITLE: Director, Department of Health Care Services	
15. DATE SUBMITTED: 12/5/2013	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:	18. DATE APPROVED:
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME:	22. TITLE:
23. REMARKS:	

## 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 \_\_\_\_\_

Effective Date 1/1/2014

**State Plan Chart**

**Limitations on Attachment 3.1-A**

(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.
	Residential Substance Use Disorder Treatment Services (See Supplement 3 to Attachment 3.1-A for program coverage and details under 13.d.5 Substance Use Disorder Treatment Services. See Supplement 2 to Attachment 3.1-A for additional services available to pregnant and postpartum women)	Authorization is required. Services are provided based on medical necessity criteria, in accordance with an individualized Client Plan, and approved and authorized according to State of California requirements. Room and board are not reimbursable DMC services.

\*Prior authorization is not required for emergency services.

\*\*Coverage is limited to medically necessary services.

\*\*\*Outpatient services are not considered hospital outpatient services pursuant to 42 CFR 440.20.



**State Plan Chart**

**Limitations on Attachment 3.1-A**

(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)	Substance Use Disorder Treatment Services Provided to Pregnant and Postpartum Women (see Supplemental 2 To Attachment 3.1-A for program coverage and details under Extended Services For Pregnant Women)	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 not considered hospital outpatient services pursuant to 42 CFR 440.20.

20a1

TN No. 13-038

Supersedes TN No. 12-005

Approval Date: \_\_\_\_\_

Effective Date: 1/1/14

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.

b. 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 pg 3 for a complete description of Intensive Outpatient Treatment available to all beneficiaries.

c. Residential Substance Use Disorder Treatment Services are provided to pregnant and postpartum women with substance use disorders, when prescribed by a physician as medically necessary. These services include women-specific treatment and recovery services. In addition to what is available for all beneficiaries, perinatal services shall include:

- Therapeutic interventions addressing issues such as relationships, sexual and physical abuse, and parenting.
- Mother/Child Rehabilitative Services: Development of parenting skills and training in child development, which may include the provision of cooperative childcare.
- Education to reduce the harmful effects of alcohol and drugs on the mother and fetus or the mother and infant.

See Supplement 3 to Attachment 3.1-A pg 4a for a complete description of Residential Substance Use Disorder Treatment Services available to all beneficiaries.

TN No. 13-038

Approval Date: \_\_\_\_\_

Effective Date: 1/1/14

Supersedes

TN No. 12-005

d. 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.

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TN No. 13-038 Approval Date: \_\_\_\_\_ Effective Date: 1/1/14

Supersedes

TN No. 12-005

State/Territory: California

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

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LIMITATION ON SERVICES

13.d.5 Substance Use Disorder Treatment Services

Substance use disorder treatment services are to stabilize and rehabilitate Medi-Cal beneficiaries who are diagnosed by physicians or other licensed practitioners of the healing arts, within the scope of their practices, as having 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 or non-perinatal residential substance use disorder programs; are based on medical necessity; and are provided in accordance with a coordinated patient treatment or service plan approved by a licensed physician, excluding crisis services for which a service plan is not required. Services include:

- Intensive Outpatient Treatment
- Naltrexone Treatment
- Narcotic Treatment Program
- Outpatient Drug Free Treatment
- Residential Substance Use Disorder Services
- Perinatal Residential Substance Use Disorder Services (see Supplement 2 to Attachment 3.1-A)
- Substance Use Disorder Treatment Services Provided to Pregnant and Postpartum Women (see Supplement 2 to Attachment 3.1-A)

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: 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; and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.
- Individual Counseling: Face-to-face contacts between a beneficiary and a therapist or counselor. Telephone contacts, home visits, and hospital visits do not qualify as Medi-Cal reimbursable units of service.

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TN No. 13-038  
Supersedes  
TN No. 12-005

Approval Date: \_\_\_\_\_

Effective Date: 1/1/14

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- **Group Counseling:** 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. Telephone contacts, home visits, and hospital visits do not qualify as Medi-Cal reimbursable units of service.
  - **Medication Services:** The prescription or administration of medication related to substance use disorder treatment services, or the assessment of the side effects or results of that medication, conducted by staff lawfully authorized to provide such services within the scope of their practice or license.
  - **Medical Direction:** Includes physician and nursing services related to substance use disorders.
  - **Collateral Services:** Face-to-face sessions with therapists or counselors and significant persons in the life of the beneficiary, focused 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.
  - **Crisis Intervention:** Face-to-face contact between a therapist or counselor and a beneficiary in crisis. "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.
  - **Treatment Planning:** The provider shall prepare an individualized written treatment plan, based upon information obtained in the intake and assessment process. The treatment plan shall include: a statement of 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.
  - **Discharge Planning:** 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.

The intake assessment and treatment plan are standard for all DMC treatment modalities. Counseling as a component of Intensive Outpatient Treatment must be face-to-face with a therapist or counselor.

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: (See Intensive Outpatient Treatment for definitions)

- Intake
- Provision of Medication Services
- Medical direction, including physician and nursing services related to substance use disorders
- Individual and/or Group Counseling
- Collateral Services
- Crisis Intervention Services
- Treatment and Discharge Planning

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TN No. 13-038  
Supersedes  
TN No. None

Approval Date: \_\_\_\_\_

Effective Date: 1/1/14

State/Territory: California

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

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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 reimbursable for a maximum of 200 minutes per calendar month.

The components of the Narcotic Treatment Program are: (See Intensive Outpatient Treatment for definitions)

- Intake
- Individual and/or Group Counseling
- Medication Services
- Medical Direction: Includes physician and nursing services related to substance use disorders.
- Collateral Services
- Crisis Intervention
- Medical Psychotherapy: 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.
- Treatment and Discharge Planning

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: (See Intensive Outpatient Treatment for definitions)

- Intake
- Individual and/or Group Counseling
- Medication Services
- Medical Direction: Includes physician and nursing services related to substance use disorders.
- Collateral Services
- Crisis Intervention
- Treatment and Discharge Planning

Individual Counseling is provided only for the purposes of intake, crisis intervention, collateral services, and treatment and discharge planning. The intake assessment and treatment plan are standard for all DMC treatment modalities. 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.

The Residential Substance Use Disorder Treatment is a non-institutional, non-medical, residential program which provides rehabilitation services to beneficiaries with substance use disorder diagnoses. 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 prescribed by a physician as medically necessary. The costs of room and board are not reimbursable under the Medi-Cal program.

The components of Residential Substance Use Disorder Treatment services are: (see Intensive Outpatient Treatment definitions).

- Intake
- Individual and/or Group Counseling
- Medication Services
- Medical Direction: Includes physician and nursing services related to substance use disorders.
- Collateral Services
- Crisis Intervention Services
- Treatment and Discharge Planning

Services shall include:

- Care Coordination: provision of or arrangement for transportation to and from medically necessary treatment, assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary.

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TN No. 13-038

Approval Date: \_\_\_\_\_

Effective Date: 1/1/14

Supersedes

TN No. None

State/Territory: California

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

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Provider Qualifications

Substance use disorder services are provided at qualified and DMC certified substance use disorder treatment clinics, their DMC certified satellite sites, DMC certified perinatal or non-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:
    - Technical Assistance Publication (TAP) 21: Addiction Counseling Competencies (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 **Or;**

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TN No. 13-038

Supersedes

TN No. 12-005

Approval Date: \_\_\_\_\_

Effective Date: 1/1/14

State/Territory: California

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

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- 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 Residential Substance Use Disorder Treatment Services and 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			Group Counseling		Individual Counseling		Medical Psychotherapy	Medication Services	Medical Direction	Collateral Services		Crisis Intervention Services		Treatment Planning*		Discharge 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 testing.	Diagnosis of substance use disorders utilizing the current DSM and the assessment of treatment needs for medically necessary treatment services.	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.	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.	Includes physician and nursing services related to substance use disorders.	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 shall include: a statement of 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 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 <sup>1</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	L <sup>1</sup>	L <sup>1</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	C <sup>2</sup>
Intensive Outpatient Treatment		X		X		X			X	X	X		X		X		X	
Naltrexone Treatment		X		X		X			X	X	X		X		X		X	
Narcotic Treatment Program		X		X		X		X	X	X	X		X		X		X	
Outpatient Drug Free Treatment		X		X		X			X	X	X		X		X		X	
Residential Substance Use Disorder Services		X		X		X			X	X	X		X		X		X	

<sup>1</sup> 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.

<sup>2</sup> 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 and 2,080 hours of work experience in AOD counseling.

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

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 \_\_\_\_\_

Effective Date 1/1/14

**State Plan Chart**

**Limitations on Attachment 3.1-B**

(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.
	Residential Substance Use Disorder Treatment Services (See Supplement 3 to Attachment 3.1-B for program coverage and details under 13.d.5 Substance Use Disorder Treatment Services. See Supplement 1 to Attachment 3.1-B for additional services available to pregnant and postpartum women)	Authorization is required. Services are provided based on medical necessity criteria, in accordance with an individualized Client Plan, and approved and authorized according to State of California requirements. Room and board are not reimbursable DMC services.

\*Prior authorization is not required for emergency services.

\*\*Coverage is limited to medically necessary services.

\*\*\*Outpatient services are not considered hospital outpatient services pursuant to 42 CFR 440.20.

**State Plan Chart**

**Limitations on Attachment 3.1-B**

(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)	Substance Use Disorder Treatment Services Provided to Pregnant and Postpartum Women (see Supplemental 1 To Attachment 3.1-B for program coverage and details under Extended Services For Pregnant Women)	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 not considered hospital outpatient services pursuant to 42 CFR 440.20.

20a1

TN No. 13-038

Supersedes TN No. 12-005

Approval Date: \_\_\_\_\_

Effective Date: 1/1/14

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.

## b. 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 pg 1 for a complete description of Intensive Outpatient Treatment available to all beneficiaries.

## c. Residential Substance Use Disorder Treatment Services are provided to pregnant and postpartum women with substance use disorders, when prescribed by a physician as medically necessary. These services include women-specific treatment and recovery services. In addition to what is available for all beneficiaries, perinatal services shall include:

- Therapeutic interventions addressing issues such as relationships, sexual and physical abuse, and parenting.
- Mother/Child Rehabilitative Services: Development of parenting skills and training in child development, which may include the provision of cooperative childcare.
- Education to reduce the harmful effects of alcohol and drugs on the mother and fetus or the mother and infant.

See Supplement 3 to Attachment 3.1-B pg 2a for a complete description of Residential Substance Use Disorder Treatment Services available to all beneficiaries.

TN No. 13-038

Approval Date: \_\_\_\_\_

Effective Date: 1/1/14

Supersedes

TN No. 97-005



d. 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.

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TN No. 13-038 Approval Date: \_\_\_\_\_

Effective Date: 1/1/14

Supersedes

TN No. None

STATE/TERRITORY: CALIFORNIA

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

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LIMITATION ON SERVICES

13.d.5 Substance Use Disorder Treatment Services

Substance use disorder treatment services are to stabilize and rehabilitate Medi-Cal beneficiaries who are diagnosed by physicians or other licensed practitioners of the healing arts, within the scope of their practices, as having 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 or non-perinatal residential substance use disorder programs; are based on medical necessity; and are provided in accordance with a coordinated patient, treatment or service plan approved by a licensed physician, excluding crisis services for which a service plan is not required. Services include:

- Intensive Outpatient Treatment
- Naltrexone Treatment
- Narcotic Treatment Program
- Outpatient Drug Free Treatment
- Residential Substance Use Disorder Services
- Perinatal Residential Substance Use Disorder Services (see Supplement 1 to Attachment 3.1-B)
- Substance Use Disorder Treatment Services Provided to Pregnant and Postpartum women (see Supplement 1 to Attachment 3.1-B)

Intensive Outpatient Treatment counseling services are provided to patients a minimum of three hours per day, three days a week, and are limited to patients, who 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: 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; and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.
- Individual Counseling: Face-to-face contacts between a beneficiary and a therapist or counselor. Telephone contacts, home visits, and hospital visits do not qualify as Medi-Cal reimbursable units of service.

- **Group Counseling:** 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. Telephone contacts, home visits, and hospital visits do not qualify as Medi-Cal reimbursable units of service.
- **Medication Services:** The prescription or administration of medication related to substance use disorder treatment services, or the assessment of the side effects or results of that medication, conducted by staff lawfully authorized to provide such services within the scope of their practice or license.
- **Medical Direction:** Includes physician and nursing services related to substance use disorders.
- **Collateral Services:** Face-to-face sessions with therapists or counselors and significant persons in the life of the beneficiary, focused 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.
- **Crisis Intervention:** Face-to-face contact between a therapist or counselor and a beneficiary in crisis. "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.
- **Treatment Planning:** The provider shall prepare an individualized written treatment plan, based upon information obtained in the intake and assessment process. The treatment plan shall include: a statement of 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.
- **Discharge Planning:** 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.

The intake assessment and treatment plan are standard for all DMC treatment modalities. Counseling as a component of Intensive Outpatient Treatment must be face-to-face with a therapist or counselor.

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.

Intensive Outpatient Treatment

Substance Use Disorder Treatment

State/Territory: California

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

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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 reimbursable for a maximum of 200 minutes per calendar month.

The components of the Narcotic Treatment Program are: (See Intensive Outpatient Treatment for definitions)

- Intake
- Individual and/or Group Counseling
- Medication Services
- Medical Direction: Includes physician and nursing services related to substance use disorders.
- Collateral Services
- Crisis Intervention
- Medical Psychotherapy: 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.
- Treatment and Discharge Planning

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: (See Intensive Outpatient Treatment for definitions)

- Intake
- Individual and/or Group Counseling
- Medication Services
- Medical Direction: Includes physician and nursing services related to substance use disorders.
- Collateral Services
- Crisis Intervention
- Treatment and Discharge Planning

Individual Counseling is provided only for the purposes of intake, crisis intervention, collateral services, and treatment and discharge planning. The intake assessment and treatment plan are standard for all DMC treatment modalities. 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.

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 TN No. 13-038

Supersedes

TN No. 12-005

Approval Date: \_\_\_\_\_

Effective Date: 1/1/14

The Residential Substance Use Disorder Treatment is a non-institutional, non-medical, residential program which provides rehabilitation services to beneficiaries with substance use disorder diagnoses. 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 prescribed by a physician as medically necessary. The costs of room and board are not reimbursable under the Medi-Cal program.

The components of Residential Substance Use Disorder Treatment services are: (see Intensive Outpatient Treatment for definitions).

- Intake
- Individual and/or Counseling
- Medication Services
- Medical Direction: Includes physician and nursing services related to substance use disorders.
- Collateral Services
- Crisis Intervention Services
- Treatment and Discharge Planning

Services shall include:

- Care Coordination: provision of or arrangement for transportation to and from medically necessary treatment, assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary.

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TN No. 13-038 Approval Date: \_\_\_\_\_

Effective Date: 1/1/14

Supersedes

TN No. None

State/Territory: California

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

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Provider Qualifications

Substance use disorder services are provided at qualified and DMC certified substance use disorder treatment clinics, their DMC certified satellite sites, or DMC certified perinatal or non-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:
    - Technical Assistance Publication (TAP) 21: Addiction Counseling Competencies (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 **Or;**

State/Territory: California

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

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- 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 Residential Substance Use Disorder Treatment Services and 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			Group Counseling		Individual Counseling		Medical Psychotherapy	Medication Services	Medical Direction	Collateral Services		Crisis Intervention Services		Treatment Planning*		Discharge 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 testing.	Diagnosis of substance use disorders utilizing the current DSM and the assessment of treatment needs for medically necessary treatment services.	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 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.	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.	Includes physician and nursing services related to substance use disorders.	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 shall include: a statement of 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 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 <sup>1</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	L <sup>1</sup>	L <sup>1</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	C <sup>2</sup>
Intensive Outpatient Treatment		X		X		X			X	X	X		X		X		X	
Naltrexone Treatment		X		X		X			X	X	X		X		X		X	
Narcotic Treatment Program		X		X		X	X		X	X	X		X		X		X	
Outpatient Drug Free Treatment		X		X		X			X	X	X		X		X		X	
Residential Substance Use Disorder Services		X		X		X			X	X	X		X		X		X	

<sup>1</sup> 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.

<sup>2</sup> 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 and 2,080 hours of work experience in AOD counseling.

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



STATE PLAN CHART

(Note: This chart is an overview only.)

TYPES OF SERVICE	PROGRAM COVERAGE**	AUTHORIZATION AND OTHER REQUIREMENTS*
<p>5a Physician's Services (continued).</p>	<p>Outpatient heroin or other opioid detoxification services are administered or prescribed by a physician, or medical professional under the supervision of a physician.</p>	<p>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 <u>and non-narcotic</u> 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.</p>

Prior Authorization is not required for emergency services.  
\*\*Coverage is limited to medically necessary services

TN No. ~~11-037b-13-038~~  
Supersedes  
TN No. ~~NONE-11-037b~~

Approval Date 09-20-2012

Effective Date 4/1/2012 1/1/2014

State Plan Chart

(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. Except, in those 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.
	<del>Day care rehabilitative treatment</del> <a href="#">Intensive Outpatient Treatment</a> 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.
	<a href="#">Residential Substance Use Disorder Treatment Services (See Supplement 3 to Attachment 3.1-A for program coverage and details under 13.d.5 Substance Use Disorder Treatment Services. See Supplement 2 to Attachment 3.1-A for additional services available to pregnant and postpartum women)</a>	<a href="#">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. Room and board are not reimbursable DMC services.</a>

\*Prior authorization is not required for emergency services.

\*\*Coverage. is limited to medically necessary services.

State Plan Chart

(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)	<del>Perinatal Residential Substance Use Disorder Services (see Supplemental 2 To Attachment 3.1-A for program coverage and details under Extended Services For Pregnant Women)</del>	<del>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.</del>
	Substance Use Disorder Treatment Services Provided to Pregnant and Postpartum Women (see Supplemental 2 To Attachment 3.1-A for program coverage and details under Extended Services For Pregnant Women)	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.

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.

b. 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 pg 3 for a complete description of Intensive Outpatient Treatment available to all beneficiaries.

c. Residential Substance Use Disorder Treatment Services are provided to pregnant and postpartum women with substance use disorders, when prescribed by a physician as medically necessary. These services include women-specific treatment and recovery services. In addition to what is available for all beneficiaries, perinatal services shall include:

- Therapeutic interventions addressing issues such as relationships, sexual and physical abuse, and parenting.
- Mother/Child Rehabilitative Services: Development of parenting skills and training in child development, which may include the provision of cooperative childcare.
- Education to reduce the harmful effects of alcohol and drugs on the mother and fetus or the mother and infant.

See Supplement 3 to Attachment 3.1-A pg 4a for a complete description of Residential Substance Use Disorder Treatment Services available to all beneficiaries.

~~Pregnancy-related and postpartum services may also include alcohol and other drug treatment services that ameliorate conditions that complicate pregnancy because the developing fetus is vulnerable to the mother's alcohol or drug dependence. These services include women-specific treatment and recovery services.~~

~~Day care rehabilitative services provided to pregnant and postpartum women a minimum of three hours per day, three days a week, are covered under the Drug Medi-Cal program when prescribed by a physician as medically necessary.~~

~~The perinatal residential substance use disorder program is a non-institutional, non-medical, residential program which provides rehabilitative services to pregnant and postpartum women with substance use disorder diagnoses. Each beneficiary shall live on the premises and shall be supported in her 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 are covered for pregnant and postpartum women under the Drug Medi-Cal program when prescribed by a physician as medically necessary. The costs of room and board are not reimbursable under the Medi-Cal program.~~

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TN No. ~~12-005 13-038~~ Approval Date: ~~12/20/12~~ Effective Date: ~~July 1, 2012-1/1/14~~

Supersedes

TN No. ~~97-005-12-005~~

The components of perinatal residential substance use disorder services are:  
(see Day Care Rehabilitative Treatment, Supplement 3 to Attachment 3.1-A pg 3,  
for definitions)

- Intake
- Individual Counseling
- Group Counseling
- Medication Services
- Collateral Services
- Crisis Intervention Services

Perinatal Services shall include:

- Therapeutic interventions addressing issues such as relationships, sexual and physical abuse, and parenting.
- Mother/Child rehabilitative services: development of parenting skills and training in child development, which may include the provision of cooperative childcare.
- Service Access: provision of, or arrangement for transportation to and from medically necessary treatment.
- Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant.
- Coordination of ancillary services: assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary to prevent risk to fetus or infant.

d. 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.

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TN No. ~~12-005~~ 13-038 Approval Date: ~~12/20/12~~ Effective Date: ~~July 1, 2012~~ 1/1/14

Supersedes

TN No. ~~None~~ 12-005

State/Territory: California

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

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## LIMITATION ON SERVICES

## 13.d.5 Substance Use Disorder Treatment Services

Substance use disorder treatment services are to stabilize and rehabilitate Medi-Cal beneficiaries who are diagnosed by physicians or other licensed practitioners of the healing arts, within the scope of their practices, as having 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 or non-perinatal residential substance use disorder programs; are based on medical necessity; and are provided in accordance with a coordinated patient treatment or service plan approved by a licensed physician, excluding crisis services for which a service plan is not required. Services include:

- ~~Day Care Rehabilitative~~ Intensive Outpatient Treatment
- Naltrexone Treatment
- Narcotic Treatment Program
- Outpatient Drug Free Treatment
- Residential Substance Use Disorder Services
- Perinatal Residential Substance Use Disorder Services (see Supplement 2 to Attachment 3.1-A)
- Substance Use Disorder Treatment Services Provided to Pregnant and Postpartum Women (see Supplement 2 to Attachment 3.1-A)

~~Day Care Rehabilitative, Intensive Outpatient~~ Treatment counseling services are provided to patients a minimum of three hours per day, three days a week, and are ~~limited to patients that are pregnant or in the postpartum period, or patients eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services available to all patients for whom it has been determined by a physician to be medically necessary.~~

The components of ~~Day Care Rehabilitative~~ Intensive Outpatient Treatment are:

- Intake: 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; and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.
- Individual Counseling: ~~Face-to-face contacts between a~~ ~~between a~~ beneficiary and a therapist or counselor. Telephone contacts, home visits, and hospital visits do not qualify as Medi-Cal reimbursable units of service.

- ~~Group Counseling: Face-to-face contacts between a beneficiary and a therapist or counselor, 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.~~ Telephone contacts, home visits, and hospital visits do not qualify as Medi-Cal reimbursable units of service.
- Medication Services: The prescription or administration of medication related to substance use disorder treatment services, or the assessment of the side effects or results of that medication, conducted by staff lawfully authorized to provide such services within the scope of their practice or license.
- Medical Direction: Includes physician and nursing services related to substance use disorders.
- Collateral Services: Face-to-face sessions with therapists or counselors and significant persons in the life of the beneficiary, focused 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.
- Crisis Intervention: Face-to-face contact between a therapist or counselor and a beneficiary in crisis. "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.
- Treatment Planning: The provider shall prepare an individualized written treatment plan, based upon information obtained in the intake and assessment process. The treatment plan shall include: a statement of 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.
- Discharge Planning: 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.

The intake assessment and treatment plan are standard for all DMC treatment modalities. ~~The three daily hours of eCounseling as a component of for Day Care Rehabilitative Intensive Outpatient Treatment must be face-to-face with a therapist or counselor. Patients are also provided with education to reduce the harmful effects of alcohol and drugs on the mother and fetus or infant.~~

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

TN No. ~~12-005-13-038~~

Supersedes \_\_\_\_\_ Approval Date: ~~12/20/2012~~ Effective Date: ~~July 1, 2012~~ 1/1/14

TN No. ~~None~~ 12-005



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.

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TN No. 12-005-13-038

Supersedes Approval Date: 12/20/2012 Effective Date: July 1, 2012-1/1/2014

TN No. None-12-005

The components of Naltrexone treatment services are: (See ~~Day-Care Rehabilitative Intensive Outpatient Treatment~~ for definitions)

- Intake
- Provision of Medication Services
- Medical direction, including physician and nursing services related to substance use disorders
- Individual and/or Group Counseling
- Collateral Services
- Crisis Intervention Services
- Treatment and Discharge Planning

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TN No. 13-038

Supersedes \_\_\_\_\_

TN No. None

Approval Date: \_\_\_\_\_

Effective Date: 1/1/14

State/Territory: California

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

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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 reimbursable for a maximum of 200 minutes per calendar month.

The components of the Narcotic Treatment Program are: (See Day-Care Rehabilitative- Intensive Outpatient Treatment for definitions)

- Intake
- Individual and/or Group Counseling
- Medication Services
- Medical Direction: Includes physician and nursing services related to substance use disorders.
- Collateral Services
- Crisis Intervention
- Medical Psychotherapy: 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.
- Treatment and Discharge Planning

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: (See Day Care Rehabilitative Intensive Outpatient Treatment for definitions)

- Intake
- Individual and/or Group Counseling; ~~limited to intake~~
- ~~Group Counseling~~
- Medication Services
- Medical Direction: Includes physician and nursing services related to substance use disorders.
- Collateral Services
- Crisis Intervention
- Treatment and Discharge Planning

Individual Counseling is provided only for the purposes of intake, crisis intervention, collateral services, and treatment and discharge planning. The intake assessment and treatment plan are standard for all DMC treatment modalities. ~~For Each~~ ODF each 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.

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TN No. ~~12-005-13-038~~

Supersedes Approval Date: 12/20/12 Effective Date: July 1, 2012 1/1/14

TN No. ~~00-016-12-005~~

The Residential Substance Use Disorder Treatment is a non-institutional, non-medical, residential program which provides rehabilitation services to beneficiaries with substance use disorder diagnoses. 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 prescribed by a physician as medically necessary. The costs of room and board are not reimbursable under the Medi-Cal program.

The components of Residential Substance Use Disorder Treatment services are: (see Intensive Outpatient Treatment for definitions).

- Intake
- Individual and/or Group Counseling
- Medication Services
- Medical Direction: Includes physician and nursing services related to substance use disorders.
- Collateral Services
- Crisis Intervention Services
- Treatment and Discharge Planning

Services shall include:

- Care Cordination: provision of or arrangement for transportation to and from medically necessary treatment, assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary.

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TN No. 13-038    Approval Date: \_\_\_\_\_    Effective Date: 1/1/14

Supersedes

TN No. None

State/Territory: California

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

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Provider Qualifications

Substance use disorder services are provided at qualified and DMC certified substance use disorder treatment clinics, their DMC certified satellite sites, or DMC certified perinatal or non-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 licensed or DMC certified AOD program in one of the following ways:

- As a registrant in one of the nine a certifying organizations that is accredited with the National Commission for Certifying Agencies (NCCA) ; the registrant must be enrolled in a counseling certification program and complete the counseling certification requirements within five years. **Or**;
- As an AOD counselor, certified by one of the nine an certifying organizations 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:
    - Technical Assistance Publication (TAP) 21: Addiction Counseling Competencies (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 **Or**;

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TN No. 12-005-13-038

Supersedes

TN No. None-12-005

Approval Date: 12/20/12 Effective Date: July 1, 2012 1/1/14

State/Territory: California

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- 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 Residential Substance Use Disorder Treatment Services and 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			Group Counseling		Individual Counseling		Medical Psychotherapy	Medication Services	Medical Direction	Collateral Services		Crisis Intervention Services		Treatment Planning*		Discharge 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 testing.	Diagnosis of substance use disorders utilizing the current DSM and the assessment of treatment needs for medically necessary treatment services.	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.	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.	Includes physician and nursing services related to substance use disorders.	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 shall include: a statement of 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 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 <sup>1</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	L <sup>1</sup>	L <sup>1</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	C <sup>2</sup>
<b>Intensive Outpatient Treatment</b>		X		X		X			X	X	X		X		X		X	
<b>Naltrexone Treatment</b>		X		X		X			X	X	X		X		X		X	
<b>Narcotic Treatment Program</b>		X		X		X	X		X	X	X		X		X		X	
<b>Outpatient Drug Free Treatment</b>		X		X		X			X	X	X		X		X		X	
<b>Residential Substance Use Disorder Services</b>		X		X		X			X	X	X		X		X		X	

<sup>1</sup> 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.

<sup>2</sup> 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 and 2,080 hours of work experience in AOD counseling.

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



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. ~~11-037b-13-038~~

Supersedes

TN No. ~~NONE-11-037b~~

Approval Date 09-20-2012

Effective Date 4/1/2012 1/1/14

**State Plan Chart**

**Limitations on Attachment 3.1-B**

(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-AB for program coverage and details under 13.d.5 Substance Use Disorder Treatment Services)	Prior authorization is not required. Except, in those 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.
	<del>Day care rehabilitative treatment</del> <u>Intensive Outpatient Treatment</u> services (see Supplement 3 To Attachment 3.1-AB 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.
	<u>Residential Substance Use Disorder Treatment Services (See Supplement 3 to Attachment 3.1-B for program coverage and details under 13.d.5 Substance Use Disorder Treatment Services. See Supplement 1 to Attachment 3.1-B for additional services available to pregnant and postpartum women)</u>	<u>Authorization is required. Services are provided based on medical necessity criteria, in accordance with an individualized Client Plan, and approved and authorized according to State of California requirements. Room and board are not reimbursable DMC services.</u>

\*Prior authorization is not required for emergency services.

\*\*Coverage is limited to medically necessary services.

\*\*\*Outpatient services are not considered hospital outpatient services pursuant to 42 CFR 440.20.

**State Plan Chart**

**Limitations on Attachment 3.1-B**

(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)	<del>Perinatal Residential Substance Use Disorder Services (see Supplemental 2 To Attachment 3.1-A for program coverage and details under Extended Services For Pregnant Women)</del>	<del>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.</del>
	Substance Use Disorder Treatment Services Provided to Pregnant and Postpartum Women (see Supplemental 21 to Attachment 3.1-AB for program coverage and details under Extended Services For Pregnant Women)	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 not considered hospital outpatient services pursuant to 42 CFR 440.20.

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.

b. 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 pg 1 for a complete description of Intensive Outpatient Treatment available to all beneficiaries.

c. Residential Substance Use Disorder Treatment Services are provided to pregnant and postpartum women with substance use disorders, when prescribed by a physician as medically necessary. These services include women-specific treatment and recovery services. In addition to what is available for all beneficiaries, perinatal services shall include:

- Therapeutic interventions addressing issues such as relationships, sexual and physical abuse, and parenting.
- Mother/Child Rehabilitative Services: Development of parenting skills and training in child development, which may include the provision of cooperative childcare.
- Education to reduce the harmful effects of alcohol and drugs on the mother and fetus or the mother and infant.

See Supplement 3 to Attachment 3.1-B pg 2a for a complete description of Residential Substance Use Disorder Treatment Services available to all beneficiaries.

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TN No. 97-005 13-038 Approval Date: 12/3/1999 Effective Date: 7/1/97-1/1/14

Supersedes

TN No. 88.8 97-005

~~Pregnancy-related and postpartum services may also include alcohol and other drug treatment services that ameliorate conditions that complicate pregnancy because the developing fetus is vulnerable to the mother's alcohol or drug dependence. Those services include women-specific treatment and recovery services (therapeutic interventions addressing issues such as relationships, sexual and physical abuse, and parenting), therapeutic child care, parenting skills training, child development education, and transportation services.~~

~~Day care rehabilitative services provided to pregnant and postpartum women a minimum of three hours per day, three days a week, are covered under the Drug Medi-Cal program when prescribed by a physician as medically necessary.~~

~~Perinatal residential services provided in a 24-hour structured environment are covered for pregnant and postpartum women under the drug Medi-Cal program when prescribed by a physician as medically necessary. The costs of room and board are not reimbursable under the Medi-Cal program.~~

d. 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.

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TN No. 13-038 Approval Date: \_\_\_\_\_ Effective Date: 1/1/14

Supersedes

TN No. None

STATE/TERRITORY: CALIFORNIAAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED TO MEDICALLY NEEDY GROUP(S)

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LIMITATION ON SERVICES

## 13.d.5 Substance Use Disorder Treatment Services

Substance use disorder treatment services are to stabilize and rehabilitate Medi-Cal beneficiaries who are diagnosed by physicians or other licensed practitioners of the healing arts, within the scope of their practices, as having 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 or non-perinatal residential substance abuse use disorder programs; are based on medical necessity; and are provided in accordance with a coordinated patient, treatment or service plan approved by a licensed physician, excluding crisis services for which a service plan is not required. Services include:

- ~~Day Care Rehabilitative~~ Intensive Outpatient Treatment
- Naltrexone Treatment
- Narcotic Treatment Program
- Outpatient Drug Free Treatment
- Residential Substance Use Disorder Services
- Perinatal Residential Substance Use Disorder Services (see Supplement 2 1 to Attachment 3.1-B)
- Substance Use Disorder Treatment Services Provided to Pregnant and Postpartum women (see Supplement 1 to Attachment 3.1-B)

~~Day Care Rehabilitative, Intensive Outpatient~~ treatment counseling services are provided to patients a minimum of three hours per day, three days a week, and are limited to patients, who are pregnant or in the postpartum period, or patients eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services available to all patients for whom it has been determined by a physician to be medically necessary.

The components of ~~Day Care Rehabilitative~~ Intensive Outpatient Treatment are:

- Intake: 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; and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.
- Individual Counseling: Face-to-face contacts ~~between a~~ between a beneficiary and a therapist or counselor. Telephone contacts, home visits, and hospital visits do not qualify as Medi-Cal reimbursable units of service.

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 TN No. 12-005-13-038

 Supersedes \_\_\_\_\_ Approval Date: 12/20/12 Effective Date: July 1, 2012 1/1/14

 TN No. 00-016-12-005

- Group Counseling: Face-to-face contacts between a beneficiary and a therapist or counselor, 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. Telephone contacts, home visits, and hospital visits do not qualify as Medi-Cal reimbursable units of service.
- Medication Services: The prescription or administration of medication related to substance use disorder treatment services, or the assessment of the side effects or results of that medication, conducted by staff lawfully authorized to provide such services within the scope of their practice or license.
- Medical Direction: Includes physician and nursing services related to substance use disorders.
- Collateral Services: Face-to-face sessions with therapists or counselors and significant persons in the life of the beneficiary, focused 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.
- Crisis Intervention: Face-to-face contact between a therapist or counselor and a beneficiary in crisis. "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.
- Treatment Planning: The provider shall prepare an individualized written treatment plan, based upon information obtained in the intake and assessment process. The treatment plan shall include: a statement of 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.
- Discharge Planning: 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.

The intake assessment and treatment plan are standard for all DMC treatment modalities. ~~The three daily hours of eCounseling as a component of for Day Care Rehabilitative Intensive Outpatient Treatment~~ must be face-to-face with a therapist or counselor. ~~Patients are also provided with education to reduce the harmful effects of alcohol and drugs on the mother and fetus or infant.~~

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.

TN No. ~~12-005-13-038~~

Supersedes Approval Date: 12/20/2012 Effective Date: July 1, 2012-1/1/14

TN No. ~~None-12-005~~

The components of Naltrexone treatment services are: (See ~~Day Care Rehabilitative Intensive Outpatient Treatment~~ for definitions)

- Intake
- Provision of Medication Services
- Medical direction, including physician and nursing services related to substance use disorders
- Individual and/or Group Counseling
- Collateral Services
- Crisis Intervention Services
- Treatment and Discharge Planning



State/Territory: California

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

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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 reimbursable for a maximum of 200 minutes per calendar month.

The components of the Narcotic Treatment Program are: (See Day-Care Rehabilitative Intensive Outpatient Treatment for definitions)

- Intake
- Individual and/or Group Counseling
- Medication Services
- Medical Direction: Includes physician and nursing services related to substance use disorders.
- Collateral Services
- Crisis Intervention
- Medical Psychotherapy: 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.
- Treatment and Discharge Planning

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: (See Day-Care-Rehabilitative Intensive Outpatient Treatment for definitions)

- Intake
- Individual and/or Group Counseling; limited to intake
- ~~Group Counseling~~
- Medication Services
- Medical Direction: Includes physician and nursing services related to substance use disorders.
- Collateral Services
- Crisis Intervention
- Treatment and Discharge Planning

Individual Counseling is provided only for the purposes of intake, crisis intervention, collateral services, and treatment and discharge planning. The intake assessment and treatment plan are standard for all DMC treatment modalities. ~~For Each~~ ODF each 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.

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TN No. 12-005-13-038

Supersedes Approval Date: 12/20/12

Effective Date: July 1, 2012 1/1/14

TN No. 00-016-12-005

The Residential Substance Use Disorder Treatment is a non-institutional, non-medical, residential program which provides rehabilitation services to beneficiaries with substance use disorder diagnoses. 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 prescribed by a physician as medically necessary. The costs of room and board are not reimbursable under the Medi-Cal program.

The components of Residential Substance Use Disorder Treatment services are: (see Intensive Outpatient Treatment for definitions).

- Intake
- Individual and/or Counseling
- Medication Services
- Medical Direction: Includes physician and nursing services related to substance use disorders.
- Collateral Services
- Crisis Intervention Services
- Treatment and Discharge Planning

Services shall include:

- Care Coordination: provision of, or arrangement for transportation to and from medically necessary treatment, assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary.

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TN No. 13-038

Approval Date: \_\_\_\_\_

Effective Date: 1/1/14

Supersedes

TN No. None

State/Territory: California

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

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Provider Qualifications

Substance use disorder services are provided at qualified and DMC certified substance use disorder treatment clinics, their DMC certified satellite sites, or DMC certified perinatal or non-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 licensed or DMC certified AOD program in **one** of the following ways:

- As a registrant in ~~one of the nine~~ a certifying organizations that is accredited with the National Commission for Certifying Agencies (NCCA) ; the registrant must be enrolled in a counseling certification program and complete the counseling certification requirements within five years. **Or**;
- As an AOD counselor, certified by ~~one of the nine~~ an certifying organizations 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:
    - Technical Assistance Publication (TAP) 21: Addiction Counseling Competencies (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 **Or**;

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TN No. 12-005-13-038

Supersedes

TN No. None-12-005

Approval Date: 12/20/12 Effective Date: July 1, 2012 1/1/14

State/Territory: California

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- 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 Residential Substance Use Disorder Treatment Services and 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			Group Counseling		Individual Counseling		Medical Psychotherapy	Medication Services	Medical Direction	Collateral Services		Crisis Intervention Services		Treatment Planning*		Discharge Services*		
	L <sup>1</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	L <sup>1</sup>	L <sup>1</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	C <sup>2</sup>	L <sup>1</sup>	C <sup>2</sup>	
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 testing.																			
Diagnosis of substance use disorders utilizing the current DSM and the assessment of treatment needs for medically necessary treatment services.																			
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.																			
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.																			
Includes physician and nursing services related to substance use disorders.																			
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 shall include: a statement of 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 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.																			

<sup>1</sup> 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.  
<sup>2</sup> 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 and 2,080 hours of work experience in AOD counseling.  
 \* Certified personnel may assist with some aspects of this service, however, a licensed provider is responsible for this service component.