

## **METHOD OF INDICATING CHANGES**

This Accessible PDF version of the proposed emergency regulation text includes the phrase [begin underline] at the beginning of each addition, [end underline] at the end of each addition, [begin strikethrough] at the beginning of each deletion, and [end strikethrough] at the end of each deletion.

A standard PDF version of this proposed emergency regulation text is also available on the Department's Office of Regulations Internet site.

**Amend Section 51516.1 to read:**

**§ 51516.1. Reimbursement Rates for Drug Medi-Cal Substance Abuse Program Services.**

(a) Reimbursement for Naltrexone treatment, outpatient drug free treatment, day care ~~re~~habilitative, and perinatal residential treatment services shall be based on the lowest of the following:

(1) The provider's usual and customary charge to the general public for the same or similar services;

(2) The provider's allowable cost of ~~rendering~~ providing the services, as ~~defined~~ specified in Section ~~11987.5~~ 11848.5 of the Health and Safety Code; or

(3) The statewide maximum allowances (SMAs) for Fiscal Year ~~2002-~~ s ~~2003~~ 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, and 2009-2010, which ADP shall establish in accordance with Section 14021.6 of the Welfare and Institutions Code. The SMAs for the following Drug Medi-Cal substance abuse program services for Fiscal Year ~~2002-2003~~ s ~~2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, and 2009-2010 are:~~

The SMAs for the following Drug Medi-Cal substance abuse program services for Fiscal Year 2003-2004 are:

***Service Function***

Naltrexone services, per face-to-face visit

***Maximum Allowance Non-Perinatal Unit of Service***

\$21.19

***Maximum Allowance Perinatal Unit of Service***

N/A

***Service Function***

Outpatient drug free treatment services,  
face-to-face group counseling session,  
*per person*

***Maximum Allowance Non-Perinatal Unit of Service***

~~63.90~~ 70.25

***Maximum Allowance Perinatal Unit of Service***

\$106.08

***Service Function***

Outpatient drug free treatment services,  
face-to-face group counseling session,  
*per person*

***Maximum Allowance Non-Perinatal Unit of Service***

~~30.60~~ 32.33

***Maximum Allowance Perinatal Unit of Service***

~~46.97~~ [53.22]

***Service Function***

Day care rehabilitative, per  
face-to-face visit

***Maximum Allowance Non-Perinatal Unit of Service***

~~67.93~~ [67.85]

***Maximum Allowance Perinatal Unit of Service***

~~75.99~~ [74.44]

***Service Function***

Perinatal residential treatment  
Services, per day

***Maximum Allowance Non-Perinatal Unit of Service***

N/A

***Maximum Allowance Perinatal Unit of Service***

\$76.18

The SMAs for the following Drug Medi-Cal substance abuse program services for Fiscal Year 2004-2005 are:

**Service Function**

Naltrexone services, per face-to-face visit

**Maximum Allowance Non-Perinatal Unit of Service**

\$21.19

**Maximum Allowance Perinatal Unit of Service**

N/A

**Service Function**

Outpatient drug free treatment services,

face-to-face group counseling session,

per person

**Maximum Allowance Non-Perinatal Unit of Service**

\$63.90

**Maximum Allowance Perinatal Unit of Service**

\$106.08

**Service Function**

Outpatient drug free treatment services,

face-to-face group counseling session,

per person

**Maximum Allowance Non-Perinatal Unit of Service**

\$30.60

**Maximum Allowance Perinatal Unit of Service**

\$46.97

**Service Function**

Day care rehabilitative, per

face-to-face visit

**Maximum Allowance Non-Perinatal Unit of Service**

\$67.93

**Maximum Allowance Perinatal Unit of Service**

\$75.99

**Service Function**

Perinatal residential treatment

Services, per day

**Maximum Allowance Non-Perinatal Unit of Service**

N/A

**Maximum Allowance Perinatal Unit of Service**

\$76.18

The SMAs for the following Drug Medi-Cal substance abuse program services for Fiscal

Year 2005-2006 are:

**Service Function**

Naltrexone services, per face-to-face visit

**Maximum Allowance Non-Perinatal Unit of Service**

\$21.19

**Maximum Allowance Perinatal Unit of Service**

N/A

**Service Function**

Outpatient drug free treatment services,  
face-to-face individual counseling session,  
per person

**Maximum Allowance Non-Perinatal Unit of Service**

\$64.16

**Maximum Allowance Perinatal Unit of Service**

\$106.08

**Service Function**

Outpatient drug free treatment services,  
face-to-face group counseling session,  
per person

**Maximum Allowance Non-Perinatal Unit of Service**

\$30.85

**Maximum Allowance Perinatal Unit of Service**

\$48.16

**Service Function**

Day care rehabilitative, per  
face-to-face visit

**Maximum Allowance Non-Perinatal Unit of Service**

\$67.98

**Maximum Allowance Perinatal Unit of Service**

\$77.27

**Service Function**

Perinatal residential treatment

Services, per day

**Maximum Allowance Non-Perinatal Unit of Service**

N/A

**Maximum Allowance Perinatal Unit of Service**

\$77.46

The SMAs for the following Drug Medi-Cal substance abuse program services for Fiscal

Year 2006-2007 are:

**Service Function**

Naltrexone services, per face-to-face visit

**Maximum Allowance Non-Perinatal Unit of Service**

\$21.19

**Maximum Allowance Perinatal Unit of Service**

N/A

**Service Function**

Outpatient drug free treatment services,

face-to-face individual counseling session,

per person

**Maximum Allowance Non-Perinatal Unit of Service**

\$64.16

**Maximum Allowance Perinatal Unit of Service**

\$106.08

**Service Function**

Outpatient drug free treatment services,

face-to-face group counseling session,

per person

**Maximum Allowance Non-Perinatal Unit of Service**

\$30.85

**Maximum Allowance Perinatal Unit of Service**

\$48.16

**Service Function**

Day care rehabilitative, per  
face-to-face visit

**Maximum Allowance Non-Perinatal Unit of Service**

\$67.98

**Maximum Allowance Perinatal Unit of Service**

\$77.27

**Service Function**

Perinatal residential treatment  
Services, per day

**Maximum Allowance Non-Perinatal Unit of Service**

N/A

**Maximum Allowance Perinatal Unit of Service**

\$77.46

The SMAs for the following Drug Medi-Cal substance abuse program services for Fiscal

Year 2007-2008 are:

**Service Function**

Naltrexone services, per face-to-face visit

**Maximum Allowance Non-Perinatal Unit of Service**

\$21.19

**Maximum Allowance Perinatal Unit of Service**

N/A

**Service Function**

Outpatient drug free treatment services,

face-to-face individual counseling session,

per person

**Maximum Allowance Non-Perinatal Unit of Service**

\$74.79

**Maximum Allowance Perinatal Unit of Service**

\$106.08

**Service Function**

Outpatient drug free treatment services,

face-to-face group counseling session,

per person

**Maximum Allowance Non-Perinatal Unit of Service**

\$31.56

**Maximum Allowance Perinatal Unit of Service**

\$63.62

**Service Function**

Day care rehabilitative, per  
face-to-face visit

**Maximum Allowance Non-Perinatal Unit of Service**

\$67.55

**Maximum Allowance Perinatal Unit of Service**

\$79.92

**Service Function**

Perinatal residential treatment  
Services, per day

**Maximum Allowance Non-Perinatal Unit of Service**

N/A

**Maximum Allowance Perinatal Unit of Service**

\$96.81

The SMAs for the following Drug Medi-Cal substance abuse program services for Fiscal

Year 2008-2009 are:

**Service Function**

Naltrexone services, per face-to-face visit

**Maximum Allowance Non-Perinatal Unit of Service**

\$21.19

**Maximum Allowance Perinatal Unit of Service**

N/A

**Service Function**

Outpatient drug free treatment services,

face-to-face individual counseling session,

per person

**Maximum Allowance Non-Perinatal Unit of Service**

\$74.99

**Maximum Allowance Perinatal Unit of Service**

\$106.08

**Service Function**

Outpatient drug free treatment services,

face-to-face group counseling session,

per person

**Maximum Allowance Non-Perinatal Unit of Service**

\$31.45

**Maximum Allowance Perinatal Unit of Service**

\$63.62

**Service Function**

Day care rehabilitative, per

face-to-face visit

**Maximum Allowance Non-Perinatal Unit of Service**

\$67.96

**Maximum Allowance Perinatal Unit of Service**

\$82.90

**Service Function**

Perinatal residential treatment

Services, per day

**Maximum Allowance Non-Perinatal Unit of Service**

N/A

**Maximum Allowance Perinatal Unit of Service**

\$95.21

The SMAs for the following Drug Medi-Cal substance abuse program services for Fiscal

Year 2009-2010 are:

**Service Function**

Naltrexone services, per face-to-face visit

**Maximum Allowance Non-Perinatal Unit of Service**

\$19.07

**Maximum Allowance Perinatal Unit of Service**

N/A

**Service Function**

Outpatient drug free treatment services,

face-to-face individual counseling session,

per person

**Maximum Allowance Non-Perinatal Unit of Service**

\$66.53

**Maximum Allowance Perinatal Unit of Service**

\$95.23

**Service Function**

Outpatient drug free treatment services,

face-to-face group counseling session,

per person

**Maximum Allowance Non-Perinatal Unit of Service**

\$28.27

**Maximum Allowance Perinatal Unit of Service**

\$57.26

**Service Function**

Day care rehabilitative, per

face-to-face visit

**Maximum Allowance Non-Perinatal Unit of Service**

\$61.05

**Maximum Allowance Perinatal Unit of Service**

\$73.04

**Service Function**

Perinatal residential treatment

Services, per day

**Maximum Allowance Non-Perinatal Unit of Service**

N/A

**Maximum Allowance Perinatal Unit of Service**

\$89.90 [end underline]

(A) The SMA for counseling sessions for outpatient drug free treatment services shall be prorated annually as follows:

1. The SMA for an individual counseling session shall be prorated annually using the percentage computed by dividing the total actual time for all counseling sessions by the total time which would have been spent if all counseling sessions were 50 minutes in duration. This percentage (not to exceed 100 percent) shall be applied to the SMA to determine the maximum reimbursement rate.

For e ~~E~~ xample: Total Session Time/(50 minutes x Number of Sessions) x SMA = Prorated SMA.

2. The SMA for a group counseling session shall be prorated annually using the percentage computed by dividing the total actual time for all counseling sessions by the total time which would have been spent if all counseling sessions were 90 minutes in duration. This percentage (not to exceed 100 percent) shall be applied to the SMA per person to determine the maximum reimbursement rate.

For e ~~E~~ xample: Total Session Time/(90 minutes x Number of Sessions) x SMA = Prorated SMA.

3. To qualify as a group counseling session there shall be at least one Medi-Cal beneficiary in a group of no less than four and no more than ten individuals.

(b) Reimbursement for narcotic treatment program services shall be limited to the lower of the following:

(1) A uniform statewide ~~monthly~~ reimbursement

(US~~M~~R) rate; or

(2) The provider's usual and customary charge to the general public for the same

or similar service.

(c) The US[begin strikeout]M[end strikeout]R rate for narcotic treatment program services shall be based on the following:

(1) A per capita rate for each beneficiary receiving narcotic replacement therapy dosing, core, and lab work services:

(A) The narcotic replacement therapy dosing fee for methadone or LAAM shall include ingredient costs for an average daily dose of methadone or an average dose of LAAM dispensed to Medi-Cal beneficiaries;

(B) Where available, core and lab work services shall be based on and not exceed, for individual services or in the aggregate, outpatient rates for the same or similar service under the Medi-Cal fee-for-service program.

(d) The US[begin strikeout]M[end strikeout]R rate for narcotic treatment program services shall be prorated to a daily rate per beneficiary if the beneficiary receives less than a full month of services. The daily rate shall be based on:

(1) The annual rate per beneficiary; and

(2) A 365-day year.

(e) Reimbursement for narcotic treatment program services shall not be provided for services not rendered to or received by a beneficiary.

(f) For narcotic treatment program services, the US[begin strikeout]M[end strikeout]R rate shall consist of the following service components:

(1) Core; laboratory work; and dosing which are described below:

(A) Core consists of a physical exam, a test/analysis for drug determination, intake assessment, initial treatment plan, and physician supervision.

(B) Laboratory work consists of a tuberculin skin test, a serological test for syphilis, drug screening (urinalysis), and pregnancy tests for female LAAM beneficiaries.

(C) Dosing consists of an ingredient and dosing fee.

(2) Counseling services.

(g) For narcotic treatment program services, the Fiscal Year 2003-2004 ~~USMR~~ rate for each service component shall be as follows: ~~Rates for USMR Components by Type of Medication with Administrative Costs in Parentheses~~

**Fiscal Year 2003-2004 Rates for USR Components by Type of Medication with Administrative Costs Shown in Parentheses**

Narcotic Treatment Service Components

Methadone Non-Perinatal

Core Daily            \$~~9.39~~ 9.58  
underline]

Methadone Non-Perinatal

Core Monthly[Blank]

Methadone Non-Perinatal

Laboratory Work and Dosing Daily

0.88 ~~0.86~~  
underline] \$~~0.86~~ 0.88 [end underline]

Methadone Non-Perinatal

Laboratory Work and Dosing Monthly

\$~~285.64~~ 291.39

Methadone Perinatal

Core Daily            \$~~10.75~~ 10.76  
underline]

Methadone Perinatal

Core Monthly[Blank]

Methadone Perinatal Laboratory Work and Dosing Daily

(\$[begin underline]0[end underline] .98)

Methadone Perinatal Laboratory Work and Dosing Monthly

\$[begin strikeout]326.98[end strikeout] [begin underline]327.28[end underline]

LAAM Non-Perinatal

Core Dose    \$[begin strikeout]22.33[end strikeout] [begin underline]22.61[end underline]

LAAM Non-Perinatal

Core Monthly[Blank]

LAAM Non-Perinatal Laboratory Work and Dosing

Dose            [begin strikeout]\$(2.04)[end strikeout] [begin underline] (\$2.07) [end underline]

LAAM Non-Perinatal Laboratory Work and Dosing

Monthly        [begin strikeout]\$290.29[end strikeout] [begin underline]\$293.93[end underline]

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Narcotic Treatment Counseling

Methadone Non-Perinatal Individual    \$[begin strikeout]12.78[end strikeout] [begin underline]14.05[end underline]([begin strikeout]\$1.17[end strikeout] [begin underline]1.29)[end underline]

Methadone Non-Perinatal Group ~~3.40~~ [3.59] (~~31~~ [0.33])

Methadone Perinatal Individual \$21.22 (\$1.94)

Methadone Perinatal Group ~~5.22~~ [5.91] (~~48~~ [0.54])

LAAM Non-Perinatal Individual ~~12.78~~ [14.05] (~~1.17~~ [1.29])

LAAM Non-Perinatal Group ~~3.40~~ [3.59] (~~31~~ [0.33])

For narcotic treatment program services, the Fiscal Year 2004-2005  
USR rate for each service component shall be as follows:

~~Rates for USMR Components by Type of Medication with Administrative  
Costs in Parentheses~~

**Fiscal Year 2004-2005 Rates for USR Components by Type of  
Medication**

**with Administrative Costs Shown in Parentheses**

Narcotic Treatment Service Components

Methadone Non-Perinatal

Core Daily \$9.39

Methadone Non-Perinatal

Core Monthly[Blank]

Methadone Non-Perinatal

Laboratory Work and Dosing Daily (\$0.86)

Methadone Non-Perinatal

Laboratory Work and Dosing Monthly \$285.61

Methadone Perinatal

Core Daily \$10.75

Methadone Perinatal

Core Monthly[Blank]

Methadone Perinatal Laboratory Work and Dosing Daily (0.98)

Methadone Perinatal Laboratory Work and Dosing Monthly \$326.98

LAAM Non-Perinatal Core Dose \$22.33

LAAM Non-Perinatal Core Monthly [Blank]

LAAM Non-Perinatal Laboratory Work and Dose (\$2.04)

LAAM Non-Perinatal Laboratory Work and Dosing Monthly \$290.29

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Narcotic Treatment Counseling Methadone Non-Perinatal Individual \$12.78 (\$1.17)

Methadone Non-Perinatal Group \$3.40 (\$0.31)

Methadone Perinatal Individual \$21.22 (\$1.94)

Methadone Perinatal Group \$5.22 (\$0.48)

LAAM Non-Perinatal Individual \$12.78 (\$1.17)

LAAM Non-Perinatal Group \$3.40 (\$0.31)

For narcotic treatment program services, the Fiscal Year 2005-2006 USR rate for each service component shall be as follows:

**Fiscal Year 2005-2006 Rates for USR Components by Type of Medication**  
**with Administrative Costs Shown in Parentheses**

Narcotic Treatment Service Components

Methadone Non-Perinatal Core Daily \$9.64

Methadone Non-Perinatal Core Monthly [Blank]

Methadone Non-Perinatal Laboratory Work and Dosing Daily(\$0.88)

Methadone Non-Perinatal Laboratory Work and Dosing Monthly \$293.22

Methadone Perinatal Core Daily \$11.84

Methadone Perinatal Core Monthly [Blank]

Methadone Perinatal Laboratory Work and Dosing Daily (\$1.08)

Methadone Perinatal Laboratory Work and Dosing Monthly \$360.13

LAAM Non-Perinatal Core Dose \$22.33

LAAM Non-Perinatal Core Monthly [Blank]

LAAM Non-Perinatal Laboratory Work and Dose (\$2.04)

LAAM Non-Perinatal Laboratory Work and Dosing Monthly \$290.29

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Narcotic Treatment Counseling Methadone Non-Perinatal Individual \$13.03 (\$1.19)

Methadone Non-Perinatal Group \$3.64 (\$0.33)

Methadone Perinatal Individual \$21.22 (\$1.94)

Methadone Perinatal Group            \$6.29            (\$0.58)

LAAM Non-Perinatal Individual       \$13.03           (\$1.19)

LAAM Non-Perinatal Group           \$3.64            (\$0.33)

For narcotic treatment program services, the Fiscal Year 2006-2007 USR rate for each service component shall be as follows:

**Fiscal Year 2006-2007 Rates for USR Components by Type of Medication**  
**with Administrative Costs Shown in Parentheses**

Narcotic Treatment Service Components

Methadone Non-Perinatal Core Daily \$9.64

Methadone Non-Perinatal Core Monthly [Blank]

Methadone Non-Perinatal Laboratory Work and Dosing Daily (\$0.88)

Methadone Non-Perinatal Laboratory Work and Dosing Monthly \$293.22

Methadone Perinatal Core Daily \$11.84

Methadone Perinatal Core Monthly [Blank]

Methadone Perinatal Laboratory Work and Dosing Daily (\$1.08)

Methadone Perinatal Laboratory Work and Dosing Monthly \$360.13

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Narcotic Treatment Counseling Methadone Non-Perinatal Individual \$13.03 (\$1.19)

Methadone Non-Perinatal Group \$3.64 (\$0.33)

Methadone Perinatal Individual \$21.22 (\$1.94)

Methadone Perinatal Group \$6.29 (\$0.58)

For narcotic treatment program services, the Fiscal Year 2007-2008 USR rate for each service component shall be as follows:

**Fiscal Year 2007-2008 Rates for USR Components by Type of Medication**  
**with Administrative Costs Shown in Parentheses**

Narcotic Treatment Service Components

Methadone Non-Perinatal Core Daily \$11.20

Methadone Non-Perinatal Core Monthly [Blank]

Methadone Non-Perinatal Laboratory Work and Dosing Daily (\$1.02)

Methadone Non-Perinatal Laboratory Work and Dosing Monthly \$340.67

Methadone Perinatal Core Daily \$12.15

Methadone Perinatal Core Monthly [Blank]

Methadone Perinatal Laboratory Work and Dosing Daily (\$1.11)

Methadone Perinatal Laboratory Work and Dosing Monthly \$369.56

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Narcotic Treatment Counseling Methadone Non-Perinatal Individual \$14.96 (\$1.37)

Methadone Non-Perinatal Group \$3.51 (\$0.32)

Methadone Perinatal Individual \$21.22 (\$1.94)

Methadone Perinatal Group \$7.07 (\$0.65)

For narcotic treatment program services, the Fiscal Year 2008-2009 USR rate for each service component shall be as follows:

**Fiscal Year 2008-2009 Rates for USR Components by Type of Medication**  
**with Administrative Costs Shown in Parentheses**

Narcotic Treatment Service Components

Methadone Non-Perinatal Core Daily \$12.44

Methadone Non-Perinatal Laboratory Work and Dosing Daily (\$1.14)

Methadone Perinatal Core Daily \$13.38

Methadone Perinatal Laboratory Work and Dosing Daily (\$1.22)

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Narcotic Treatment Counseling Methadone Non-Perinatal Individual \$15.00 (\$1.37)

Methadone Non-Perinatal Group \$3.49 (\$0.32)

Methadone Perinatal Individual \$21.22 (\$1.94)

Methadone Perinatal Group \$7.07 (\$0.65)

For narcotic treatment program services, the Fiscal Year 2009-2010 USR rate for each service component shall be as follows:

**Fiscal Year 2009-2010 Rates for USR Components by Type of Medication  
with Administrative Costs Shown in Parentheses**

Narcotic Treatment Service Components

Methadone Non-Perinatal Core Daily \$11.34

Methadone Non-Perinatal Laboratory Work and Dosing Daily (\$1.03)

Methadone Perinatal Core Daily \$12.21

Methadone Perinatal Laboratory Work and Dosing Daily (\$1.11)

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Narcotic Treatment Counseling Methadone Non-Perinatal Individual \$13.30 (\$1.22)

Methadone Non-Perinatal Group \$3.14 (\$0.29)

Methadone Perinatal Individual \$19.04 (\$1.74)

Methadone Perinatal Group \$6.36 (\$0.58)[end underline]

The US[begin strikeout]M[end strikeout]R rates include administrative costs for the county or ADP when ADP assumes the role of the county as described in Section 51341.1(f). Provider reimbursement shall be adjusted to reimburse the county or ADP for administrative costs.

(h) For narcotic treatment program services, counseling sessions shall meet the requirements specified in Section 10345, Title 9, CCR, and

(1) A minimum of fifty (50) minutes of counseling per calendar month shall be

provided to each beneficiary. Counseling shall be individual and/or group counseling which meets the requirements of Section 51341.1(b)(8) and/or (b)(9). Any waiver of the fifty (50) minute minimum for counseling shall be in accordance with Section 10345, Title 9, CCR.

(2) ADP shall reimburse a provider for up to a maximum of 200 minutes of counseling per calendar month, per beneficiary. Counseling shall be individual and/or group counseling which meets the requirements of Section 51341.1(b)(8) and (b)(9).

(3) A provider shall claim reimbursement for counseling in 10-minute increments.

NOTE: Authority cited: Sections 10725, 14021.3, 14021.5, 14021.6, 14105 and 14124.5, Welfare and Institutions Code; and Section s 20 and ~~41758.41~~ 11758.42 ~~41758.41~~ 11758.42, Health and Safety Code. Reference: Sections 5705, 5715, 14021.5, 14021.6 14021.9 and 14132.90, Welfare and Institutions Code; and Sections 11758.42 and 11758.46, Health and Safety Code.