

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 strikeout] at the beginning of each deletion, and [end strikeout] 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 rehabilitative, 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 providing the services, as specified in Section 11848.5 of the Health and Safety Code; or

(3) The statewide maximum allowances (SMAs) for Fiscal Years 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, [begin strikeout]and[end strikeout] 2009-2010, [begin underline]and 2010-2011,[end underline] which ADP shall establish in accordance with Section [begin underline]s[end underline] 14021.6 [begin underline]and 14021.9(b)[end underline] of the Welfare and Institutions Code. [begin strikeout]The SMAs for the following Drug Medi-Cal substance abuse program services for Fiscal Years 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, and 2009-2010 are:[end strikeout]

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

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Naltrexone services, per face-to-face visit \$21.19

Maximum Allowance Perinatal Unit of Service

Naltrexone services, per face-to-face visit N/A

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face individual counseling
session, per person \$70.25

Maximum Allowance Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face individual counseling
session, per person \$106.08

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face group counseling
session, per person \$32.33

Maximum Allowance Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face group counseling
session, per person \$53.22

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Day care rehabilitative, per face-to-face
visit \$67.85

Maximum Allowance Perinatal Unit of Service

Service Function

Day care rehabilitative, per face-to-face visit \$74.44

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Perinatal residential treatment services, per day N/A

Maximum Allowance Perinatal Unit of Service

Service Function

Perinatal residential treatment services, per day \$76.18

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

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Naltrexone services, per face-to-face visit \$21.19

Maximum Allowance Perinatal Unit of Service

Naltrexone services, per face-to-face visit N/A

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face individual counseling session, per person \$63.90

Maximum Allowance Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face individual counseling session, per person \$106.08

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face group counseling
session, per person \$30.60

Maximum Allowance Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face group counseling
session, per person \$46.97

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Day care rehabilitative, per face-to-face
visit \$67.93

Maximum Allowance Perinatal Unit of Service

Service Function

Day care rehabilitative, per face-to-face
visit \$75.99

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Perinatal residential treatment services, per day N/A

Maximum Allowance Perinatal Unit of Service

Service Function

Perinatal residential treatment services, per day \$76.18

session, per person \$48.16

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Day care rehabilitative, per face-to-face

visit \$67.98

Maximum Allowance Perinatal Unit of Service

Service Function

Day care rehabilitative, per face-to-face \$77.27

visit

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Perinatal residential treatment services, per day N/A

Maximum Allowance Perinatal Unit of Service

Service Function

Perinatal residential treatment services, per day \$77.46

The SMAs for the following Drug Medi-Cal substance abuse program services for Fiscal Year 2006-2007 are:

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Naltrexone services, per face-to-face visit \$21.19

Maximum Allowance Perinatal Unit of Service

Naltrexone services, per face-to-face visit N/A

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face individual counseling
session, per person \$64.16

Maximum Allowance Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face individual counseling
session, per person \$106.08

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face group counseling
session, per person \$30.85

Maximum Allowance Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face group counseling
session, per person \$48.16

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Day care rehabilitative, per face-to-face
visit \$67.98

Maximum Allowance Perinatal Unit of Service

Service Function

Day care rehabilitative, per face-to-face
visit \$77.27

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Perinatal residential treatment services, per day N/A

Maximum Allowance Perinatal Unit of Service

Service Function

Perinatal residential treatment services, per day \$77.46

The SMAs for the following Drug Medi-Cal substance abuse program services for Fiscal Year 2007-2008 are:

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Naltrexone services, per face-to-face visit \$21.19

Maximum Allowance Perinatal Unit of Service

Naltrexone services, per face-to-face visit N/A

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face individual counseling session, per person \$74.79

Maximum Allowance Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face individual counseling session, per person \$106.08

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face group counseling
session, per person \$31.56

Maximum Allowance Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face group counseling
session, per person \$63.62

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Day care rehabilitative, per face-to-face
visit \$67.55

Maximum Allowance Perinatal Unit of Service

Service Function

Day care rehabilitative, per face-to-face \$79.92
visit

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Perinatal residential treatment services, per day N/A

Maximum Allowance Perinatal Unit of Service

Service Function

Perinatal residential treatment services, per day \$96.81

The SMAs for the following Drug Medi-Cal substance abuse program services
for Fiscal Year 2008-2009 are:

Maximum Allowance Non-Perinatal Unit of Service

Day care rehabilitative, per face-to-face
visit \$67.96

Maximum Allowance Perinatal Unit of Service

Service Function

Day care rehabilitative, per face-to-face \$82.90
visit

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Perinatal residential treatment services, per day N/A

Maximum Allowance Perinatal Unit of Service

Service Function

Perinatal residential treatment services, per day \$95.21

The SMAs for the following Drug Medi-Cal substance abuse program services
for Fiscal Year 2009-2010 are:

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Naltrexone services, per face-to-face visit \$19.07

Maximum Allowance Perinatal Unit of Service

Naltrexone services, per face-to-face visit N/A

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face individual counseling
session, per person \$66.53

Maximum Allowance Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face individual counseling
session, per person \$95.23

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face group counseling
session, per person \$28.27

Maximum Allowance Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face group counseling
session, per person \$57.26

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Day care rehabilitative, per face-to-face
visit \$61.05

Maximum Allowance Perinatal Unit of Service

Service Function

Day care rehabilitative, per face-to-face
visit \$73.04

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Perinatal residential treatment services, per day N/A

Maximum Allowance Perinatal Unit of Service

Service Function

Perinatal residential treatment services, per day \$89.90

The SMAs for the following Drug Medi-Cal substance abuse program services for Fiscal Year 2010-2011 are:

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Naltrexone services, per face-to-face visit \$19.07

Maximum Allowance Perinatal Unit of Service

Naltrexone services, per face-to-face visit N/A

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face individual counseling session, per person \$67.53

Maximum Allowance Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face individual counseling session, per person \$96.66

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face group counseling session, per person \$28.69

Maximum Allowance Perinatal Unit of Service

Service Function

Outpatient drug free treatment services, face-to-face group counseling

session, per person \$55.95

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Day care rehabilitative, per face-to-face

Visit \$61.97

Maximum Allowance Perinatal Unit of Service

Service Function

Day care rehabilitative, per face-to-face \$74.14

visit

Maximum Allowance Non-Perinatal Unit of Service

Service Function

Perinatal residential treatment services, per day N/A

Maximum Allowance Perinatal Unit of Service

Service Function

Perinatal residential treatment services, per day \$91.25

(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 example: $\text{Total Session Time} / (50 \text{ minutes} \times \text{Number of Sessions}) \times \text{SMA} =$
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 example: $\text{Total Session Time} / (90 \text{ minutes} \times \text{Number of Sessions}) \times \text{SMA} =$
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 reimbursement (USR) rate; or

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

(c) The USR 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 USR 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 USR 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 USR rate for each service component shall be as follows:

**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, Laboratory Work, and Dosing

Daily \$9.58 (\$0.88) Monthly \$291.39

Narcotic Treatment Service Components

Methadone Perinatal

Core, Laboratory Work, and Dosing

Daily \$10.76 (\$0.98) Monthly \$327.28

Narcotic Treatment Service Components

LAAM Non- Perinatal

Core, Laboratory Work, and Dosing

Daily \$22.61 (\$2.07) Monthly \$293.93

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Individual \$14.05 (\$1.29) \$21.22 (\$1.94) \$14.05 (\$1.29)

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Group \$3.59 (\$0.33) \$5.91 (\$0.54) \$3.59 (\$0.33)

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

**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, Laboratory Work, and Dosing

Daily \$9.39 (\$0.86) Monthly \$285.61

Narcotic Treatment Service Components

Methadone Perinatal

Core, Laboratory Work, and Dosing

Daily \$10.75 (\$0.98) Monthly \$326.98

Narcotic Treatment Service Components

LAAM Non- Perinatal

Core, Laboratory Work, and Dosing

Daily \$22.33 (\$2.04) Monthly \$290.29

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Individual \$12.78 (\$1.17) \$21.22 (\$1.94) \$12.78 (\$1.17)

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Group \$3.40 (\$0.31) \$5.22 (\$0.48) \$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, Laboratory Work, and Dosing

Daily \$9.64 (\$0.88) Monthly \$293.22

Narcotic Treatment Service Components

Methadone Perinatal

Core, Laboratory Work, and Dosing

Daily \$11.84 (\$1.08) Monthly \$360.13

Narcotic Treatment Service Components

LAAM Non- Perinatal

Core, Laboratory Work, and Dosing

Daily \$22.33 (\$2.04) Monthly \$290.29

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Individual \$13.03 (\$1.19) \$21.22 (\$1.94) \$13.03 (\$1.19)

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Group \$3.64 (\$0.33) \$6.29 (\$0.58) \$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, Laboratory Work, and Dosing

Daily \$9.64 (\$0.88) Monthly \$293.22

Narcotic Treatment Service Components

Methadone Perinatal

Core, Laboratory Work, and Dosing

Daily \$11.84 (\$1.08) Monthly \$360.13

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Individual \$13.03 (\$1.19) \$21.22 (\$1.94)

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Group \$3.64 (\$0.33) \$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, Laboratory Work, and Dosing

Daily \$11.20 (\$1.02) Monthly \$340.67

Narcotic Treatment Service Components

Methadone Perinatal

Core, Laboratory Work, and Dosing

Daily \$12.15 (\$1.11) Monthly \$369.56

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Individual \$14.96 (\$1.37) \$21.22 (\$1.94)

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Group \$3.51 (\$0.32) \$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, Laboratory Work, and Dosing

Daily \$12.44 (\$1.14)

Narcotic Treatment Service Components

Methadone Perinatal

Core, Laboratory Work, and Dosing

Daily \$13.38 (\$1.22)

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Individual \$15.00 (\$1.37) \$21.22 (\$1.94)

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Group \$3.49 (\$0.32) \$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, Laboratory Work, and Dosing

Daily \$11.34 (\$1.03)

Narcotic Treatment Service Components

Methadone Perinatal

Core, Laboratory Work, and Dosing

Daily \$12.21 (\$1.11)

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Individual \$13.30 (\$1.22) \$19.04 (\$1.74)

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Group \$3.14 (\$0.29) \$6.36 (\$0.58)

For narcotic treatment program services, the Fiscal Year 2010-2011 USR rate for each service component shall be as follows:

**Fiscal Year 2010-2011 Rates for USR Components by Type of Medication
with Administrative Costs Shown in Parentheses**

Narcotic Treatment Service Components

Methadone Non-Perinatal

Core, Laboratory Work, and Dosing

Daily \$11.51 (\$1.05)

Narcotic Treatment Service Components

Methadone Perinatal

Core, Laboratory Work, and Dosing

Daily \$12.39 (\$1.13)

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Individual \$13.50 (\$1.24) \$19.33 (\$1.77)

Narcotic Treatment Counseling

Narcotic Treatment Counseling is delivered in 10 minute increments

Group \$3.19 (\$0.29) \$6.22 (\$0.57)

The USR 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, [begin strikeout]14021.3, [end strikeout] 14021.5, 14021.6, 14105 and 14124.5, Welfare and Institutions Code; and Sections 20 and 11758.42, Health and Safety Code. Reference: Sections 5705, [begin strikeout]5715, [end strikeout] 14021.5, 14021.6, 14021.9 and 14132.90, Welfare and Institutions Code; and Sections 11758.42 and 11758.46, Health and Safety Code.