

**State of California
Office of Administrative Law**

In re:
Department of Health Care Services

Regulatory Action:

Title 22, California Code of Regulations

Adopt sections:

Amend sections: 51516.1

Repeal sections:

**NOTICE OF APPROVAL OF CERTIFICATE OF
COMPLIANCE**

**Government Code Sections 11349.1 and
11349.6(d)**

OAL Matter Number: 2015-0723-06

**OAL Matter Type: Certificate of Compliance
(C)**

This rulemaking by the California Department of Health Care Services (DHCS) makes permanent the amendments to section 51516.1, Title 22, of the California Code of Regulations adopted pursuant to emergency rulemaking OAL File No. 2015-0330-02E. Specifically, this rulemaking action makes permanent the updates to Medi-Cal reimbursement rates for substance abuse (Drug Medi-Cal) services for Fiscal Year 2012-2013 in section 51516.1 of Title 22 of the California Code of Regulations..

OAL approves this regulatory action pursuant to section 11349.6(d) of the Government Code.

Date: August 26, 2015

Original Signed

Peggy J. Gibson
Senior Attorney

For: DEBRA M. CORNEZ
Director

Original: Jennifer Kent
Copy: Lori Manieri

CERT

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2015-0414-04	REGULATORY ACTION NUMBER 2015072300C	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY DEPARTMENT OF HEALTH CARE SERVICES			AGENCY FILE NUMBER (If any) DHCS-12-007E

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

AUG 26 2015

2:38 PM

2015 JUL 23 P 12:52
OFFICE OF
ADMINISTRATIVE LAW**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER 2015 172	PUBLICATION DATE 4/24/2015

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) DRUG MEDI-CAL RATES (2012-2013)	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2015-0330-02 E
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND 51516.1
TITLE(S) 22	REPEAL
3. TYPE OF FILING	
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b)) <input checked="" type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only	
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)	
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)	
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input checked="" type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____	
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY	
<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> Other (Specify) _____	
7. CONTACT PERSON Lori Manieri	TELEPHONE NUMBER (916) 650-6825
FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) lori.manieri@dhcs.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE
Original Signed
TYPED NAME AND TITLE OF SIGNATORY
Jennifer Kent, Director

DATE
7/19/15

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

AUG 26 2015

Office of Administrative Law

§ 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 11818 of the Health and Safety Code; or

(3) The statewide maximum allowances (SMAs) for Fiscal Year 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, 2010-2011, 2011-2012, and 2012-2013, which the Department shall establish in accordance with Sections 14021.6 and 14021.9(c) of the Welfare and Institutions Code.

The SMA Rate Tables in Subsection (a)(3) for Fiscal Years 2003-2004 through 2011-2012 are unchanged.

The SMAs for the following Drug Medi-Cal substance use disorder services for Fiscal Year 2012-2013 are:

<i>Service Function</i>	<i>Maximum Allowance Non-Perinatal Unit of Service</i>	<i>Maximum Allowance Perinatal Unit of Service</i>
Naltrexone services, per face-to-face visit	\$19.07	N/A
Outpatient drug free treatment services, face-to-face individual counseling session, per person	\$71.25	\$101.99

Outpatient drug free treatment services, face-to-face group counseling session, per person	\$30.28	\$61.33
Day care rehabilitative, per face-to-face visit	\$65.38	\$78.23
Perinatal residential treatment Services, per day	N/A	\$96.28

(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: $\text{Total Session Time} / (50 \text{ minutes} \times \text{Number of Sessions}) \times \text{SMA} = \text{Prorated SMA}$.

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: $\text{Total Session Time} / (90 \text{ minutes} \times \text{Number of Sessions}) \times \text{SMA} = \text{Prorated SMA}$.

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 services.

(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.

The USR Rate Tables in Subsection (g) for Fiscal Years 2003-2004 through 2011-2012 are unchanged

(g) For narcotic treatment program services, the Fiscal Year 2012-2013 USR rate for each service component shall be as follows:

Fiscal Year 2012-2013 Rates for USR Components by Type of Medication with Administrative Costs Shown in Parentheses

<i>Narcotic Treatment Service Components</i>	<i>Methadone Non-Perinatal Daily</i>	<i>Methadone Perinatal Daily</i>
Core	\$11.97	\$13.05
Laboratory Work	(\$1.09)	(\$1.19)
And Dosing		
<i>Narcotic Treatment Counseling</i>	Narcotic Treatment Counseling is delivered in 10 minute increments	
Individual	\$14.24	\$20.39
	(\$1.31)	(\$1.86)

Group	\$3.36	\$6.81
	(\$0.31)	(\$0.62)

The USR rates include administrative costs for the county or the Department when the Department assumes the role of the county as described in Section 51341.1(f).

Provider reimbursement shall be adjusted to reimburse the county or the Department 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)(11) and/or (b)(12). Any waiver of the fifty (50) minute minimum for counseling shall be in accordance with Section 10345, Title 9, CCR.

(2) The Department 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)(11) and (b)(12).

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

NOTE: Authority cited: Sections 10725, 14021.5, 14021.6, 14021.30, 14105 and 14124.5, Welfare and Institutions Code; and Section 20, Health and Safety Code. Reference: Sections 14021.5, 14021.51, 14021.6, 14021.9, 14021.30, 14121.24 and 14132.90, Welfare and Institutions Code; and Section 11818, Health and Safety Code.