## 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: 51490.1

Repeal sections:

NOTICE OF APPROVAL OF CHANGES WITHOUT REGULATORY EFFECT

California Code of Regulations, Title 1, Section 100

OAL Matter Number: 2018-0724-05

OAL Matter Type: Nonsubstantive (N)

This action without regulatory effect amends the deadline for the submission of claims to make the regulation consistent with Welfare and Institutions Code section 14021.6(g).

OAL approves this change without regulatory effect as meeting the requirements of California Code of Regulations, title 1, section 100.

Date: September 4, 2018

Amy R. Gowan Attorney

For: Debra M. Cornez

Director

Original: Jennifer Kent, Director Copy: Erika Drayton-Jebali

For use by Secretary of State only NOTICE FILE NUMBER EMERGENCY NUMBER OAL FILE 2018-0 12 4-0 5N ENDORSED - FIL NUMBERS Zin the office of the Secretary of State For use by Office of Administrative Law (OAL) only of the State of California 2018 JUL 24 P L: 49 OFFICE OF ADMINISTRATIVE LAW NOTICE REGULATIONS AGENCY FILE NUMBER (If any) AGENCY WITH BUILEMAKING AUTHORITY Department of Health Care Services DIT CS 18-002 A. PUBLICATION OF NOTICE (Complete for publication in Notice Register) FIRST SECTION AFFECTED 1. SUBJECT OF NOTICE TITLE(S) 2. REQUESTED PUBLICATION DATE 3. NOTICE TYPE Notice re Proposed 4. AGENCY CONTACT PERSON TELEPHONE NUMBER FAX NUMBER (Optional) Other Regulatory Action ACTION ON PROPOSED NOTICE NOTICE REGISTER NUMBER PUBLICATION DATE OAL USE Approved as Approved as Disapproved/ ONLY Modified Submitted B. SUBMISSION OF REGULATIONS (Complete when submitting regulations) 1a. SUBJECT OF REGULATION(S) 1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) Drug Medi-Cal (DMC) Claims Submission Timelines 2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related) ADOPT SECTION(S) AFFECTED (List all section number(s) AMÉND individually. Attach Section 51490.1 additional sheet if needed.) REPEAL TITLE(S) 22 3. TYPE OF FILING Regular Rulemaking (Gov. Certificate of Compliance: The agency officer named Emergency Readopt (Gov. Changes Without Regulatory Code §11346) below certifies that this agency complied with the Code, §11346.1(h)) Effect (Cal. Code Regs., title Resubmittal of disapproved or provisions of Gov. Code §§11346.2-11347.3 either 1, §100) withdrawn nonemergency before the emergency regulation was adopted or File & Print Print Only filina (Gav. Code §§11349.3. within the time period required by statute. 11349.4) Resubmittal of disapproved or withdrawn Emergency (Gov. Code, Other (Specify) emergency filing (Gov. Code, §11346.1) §11346.1(b)) 4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Ca). 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) Effective January 1, April 1, July 1, or Effective on filing with §100 Changes Without Effective X October 1 (Gov. Code §11343.4(a)) other (Specify) Secretary of State Regulatory Effect CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY Fair Political Practices Commission State Fire Marshal Department of Finance (Form STD, 399) (SAM §6660) Other (Specify) CONTACT PERSON TELEPHONE NUMBER FAX NUMBER (Optional) · E-MAIL ADDRESS (Optional) Erika Drayton-Jebali 916-345-8404 Erika. Drayton-Jebali@dhcs.ca.gov For use by Office of Administrative Law (OAL) only 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 ENDORSED APPROVED 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. SEP 04 2018 Original Signed 18 TYPED NAME AND TITLE OF SIGNATORY Office of Administrative Law Jennifer Kent, Director

Amend Section 51490.1 as follows:

§ 51490.1. Claim Submission Requirements for Counties and Providers of Drug Medi-Cal Substance Use Disorder Services.

(a) Claims from counties and providers for reimbursement of outpatient drug free, day care habilitative, narcotic treatment program, Naltrexone treatment, and perinatal residential treatment services shall be presented to the Department no later than thirty (30) calendar days after the month of service six (6) months from the date of service, unless the county or provider has good cause, as specified in Sections 51008 and 51008.5. The county or provider shall produce, upon request by the Department for audit or monitoring purposes, documentation to substantiate the good cause.

## (b) -- No changes

Note: Authority cited: Section 20, Health and Safety Code; Sections 10725, 14021.5, 14021.30, 14021.33, 14124.26 and 14124.5, Welfare and Institutions Code. Reference: Sections 14021, 14021.5, 14021.6, 14021.51, 14043.7, 14053, 14107, 14124.1, 14124.2, 14124.20, 14124.21, 14124.24, 14124.25, 14131, 14132.21, 14132.905, 14133 and 14133.1, Welfare and Institutions Code; and Statutes of 2011, Chapter 32; and Statutes of 2012, Chapter 36.