



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

Ms. Hye Sun Lee
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare & Medicaid Services, Region IX
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

STATE PLAN AMENDMENT 15-012

Dear Ms. Lee:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 15-012 to modify substance use disorder services in the Drug Medi-Cal (DMC) Treatment Program by expanding group counseling size limits, covering more medication-assisted treatments, and removing some limitations on individual counseling.

SPA 15-012 will allow group counseling for all DMC modalities to be between two and 12 individuals, where previously it was limited to between four and 10 individuals. SPA 15-012 will also remove the previous limitation on individual counseling to allow individual counseling on the telephone, at home visits, and in a hospital. Finally, SPA 15-012 will expand the available medication-assisted treatments in the DMC program to include buprenorphine and disulfiram.

The enclosed SPA revises or adds language to the provisions set forth in the following pages:

- Supplement 3 to Attachment 3.1-A, page 4
- Supplement 3 to Attachment 3.1-A, page 6a
- Supplement 3 to Attachment 3.1-B, page 2
- Supplement 3 to Attachment 3.1-B, page 4a

In compliance with the American Recovery and Reinvestment Act of 2009, DHCS routinely notifies Indian Health Programs and Urban Indian Organizations of SPAs that have a direct impact on the programs and organizations. DHCS released the tribal notice on February 23, 2015 and held a teleconference on February 27, 2015. We

Ms. Hye Sun Lee
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received one comment and posted our response on the DHCS website on March 18, 2015.

FISCAL IMPACT PORTION

DHCS anticipates that the total federal cost associated with these changes would be \$4,426,525.48 for Federal Fiscal year (FFY) 2015 and \$17,706,101.93 for FFY 2016 respectively.

The approximate federal fiscal impact of these substance use disorder services in FFY 2015 and 2016 is included on the HCFA-179 form.

If you have any questions regarding the information provided, please contact Don Braeger, Chief, Substance Use Disorder - Prevention, Treatment, and Recovery Services Division, at (916) 327-2754.

Sincerely,

Original Signed

Mari Cantwell
Chief Deputy Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
15-012

2. STATE
CA

FOR: HEALTH CARE FINANCING ADMINISTRATION

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, 2015

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 2015 \$4,427,000
b. FFY 2016 \$17,706,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement 3 to Attachment 3.1-A, page 4
Supplement 3 to Attachment 3.1-A, page 6a
Supplement 3 to Attachment 3.1-B, page 2
Supplement 3 to Attachment 3.1-B, page 4a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Supplement 3 to Attachment 3.1-A, page 4
Supplement 3 to Attachment 3.1-A, page 6a
Supplement 3 to Attachment 3.1-B, page 2
Supplement 3 to Attachment 3.1-B, page 4a

10. SUBJECT OF AMENDMENT:

Substance Use Disorder services group counseling size limits, covered medicated-assisted treatments, and clarification of individual counseling limitations

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:
The Governor's Office does not
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Original Signed

13. TYPED NAME:
Mari Cantwell

14. TITLE:
Chief Deputy Director

15. DATE SUBMITTED:

16. RETURN TO:

**Department of Health Care Services
Nathaniel Emery
State Plan Coordinator
1501 Capitol Avenue, Suite 71.326
P.O. Box 997417
Sacramento, CA 95899-7417**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

Service Component	Intake ³		Group Counseling		Individual Counseling		Patient Education		Medical Psychotherapy	Medication Services	Transportation Services	Collateral Services		Crisis Intervention Services		Treatment Planning*		Discharge Services*	
	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²
	Diagnosis of substance use disorders utilizing the current DSM and assessment of treatment needs for medically necessary treatment 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	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. Group counseling shall be conducted with no less than two and no more than 12 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.	A learning experience using a combination of methods such as teaching, counseling, and behavior modification techniques which influence patients' knowledge and health and illness behavior.	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.	Provision of or arrangement for transportation to and from medically necessary treatment.	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 on information obtained in intake and assessment process. The treatment plan includes: 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 treatment plan may also include medical direction.	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 ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²
Intensive Outpatient Treatment	X		X		X		X			X	PNO	X		X		X		X	
Naltrexone Treatment	X		X		X		X			X		X		X		X		X	
Narcotic Treatment Program	X		X		X		X		X	X	PNO	X		X		X		X	
Outpatient Drug Free Treatment	X		X		X		X			X	PNO	X		X		X		X	
Perinatal Residential Substance Use Disorder Services	X		X		X		X			S	X	X		X		X		X	

¹ 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 and supervised by a mental health professional.

² 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; 2,080 hours of work experience in AOD counseling; obtain at least 70% score on a written or oral examination approved by the certifying organization and complete 40 hours of continuing education every two years in order to retain certification.

³ 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; the assessment of treatment needs to provide medically necessary services; and assistance with accessing community and human services networks. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.

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

PNO - Perinatal Outpatient SUD Services

S - Safeguarding Medication; assistance with resident's self-administration of medication.

SUD Services Chart
DHCS
Nov 2014

Service Component	Intake ³		Group Counseling		Individual Counseling		Patient Education		Medical Psychotherapy	Medication Services	Transportation Services	Collateral Services		Crisis Intervention Services		Treatment Planning*		Discharge Services*	
	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²
	Diagnosis of substance use disorders utilizing the current DSM and assessment of treatment needs for medically necessary treatment 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	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. Group counseling shall be conducted with no less than two and no more than 12 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.	A learning experience using a combination of methods such as teaching, counseling, and behavior modification techniques which influence patients' knowledge and health and illness behavior.	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.	Provision of or arrangement for transportation to and from medically necessary treatment.	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 includes: 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 treatment plan may also include medical	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 ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²
Intensive Outpatient Treatment	X		X		X		X			X	PNO	X		X		X		X	
Naltrexone Treatment	X		X		X		X			X		X		X		X		X	
Narcotic Treatment Program	X		X		X		X		X	X	PNO	X		X		X		X	
Outpatient Drug Free Treatment	X		X		X		X			X	PNO	X		X		X		X	
Perinatal Residential Substance Use Disorder Services	X		X		X		X			S	X	X		X		X		X	

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PNO - Perinatal Outpatient SUD Services

S - Safeguarding Medication; assistance with resident's self-administration of medication

State/Territory: California

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

Narcotic Treatment Program: This outpatient program uses methadone, buprenorphine, disulfiram (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 and alcohol. A patient must receive a minimum of fifty minutes of face-to-face counseling sessions with a therapist or counselor for up to 200 minutes per calendar month, although additional services may be provided based on medical necessity.

The components of the Narcotic Treatment Program are:

- Intake
- Individual and Group Counseling
- Patient Education
- Medical Psychotherapy
- Medication Services
- Collateral Services
- Crisis Intervention Services
- Treatment Planning and Discharge Services

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:

- Intake
- Individual and Group Counseling
- Patient Education
- Medication Services
- Collateral Services
- Crisis Intervention Services
- Treatment Planning and Discharge Services

Individual counseling is provided only for the purposes of intake, crisis intervention, collateral services, and treatment and discharge planning. Each ODF participant is to receive at least two group face-to-face counseling sessions every thirty days (2-12 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.

State/Territory: California

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

Narcotic Treatment Program: This outpatient program uses methadone, buprenorphine, disulfiram (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 and alcohol. A patient must receive a minimum of fifty minutes of face-to-face counseling sessions with a therapist or counselor for up to 200 minutes per calendar month, although additional services may be provided based on medical necessity.

The components of the Narcotic Treatment Program are:

- Intake
- Individual and Group Counseling
- Patient Education
- Medical Psychotherapy
- Medication Services
- Collateral Services
- Crisis Intervention
- Treatment Planning and Discharge Services

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.

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- Intake
- Individual and Group Counseling
- Patient Education
- Medication Services
- Collateral Services
- Crisis Intervention
- Treatment Planning and Discharge Services

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