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 ~~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 Years ~~2002-2003~~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 Years ~~2002-2003~~ 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	***Maximum Allowance Non-Perinatal Unit of Service***	***Maximum Allowance Perinatal Unit of Service***
Naltrexone services, per face-to-face visit	$21.19	N/A
Outpatient drug free treatment services, face-to-face individual counseling session, per person	~~$63.90~~70.25	$106.08
Outpatient drug free treatment services, face-to-face group counseling session, per person	~~$30.60~~32.33	~~$46.97~~53.22
Day care rehabilitative, per face-to-face visit	~~$67.93~~67.85	~~$75.99~~74.44
Perinatal residential treatment services, per day	N/A	$76.18

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

Service Function	***Maximum Allowance Non-Perinatal Unit of Service***	***Maximum Allowance Perinatal Unit of Service***
Naltrexone services, per face-to-face visit	$21.19	N/A
Outpatient drug free treatment services, face-to-face individual counseling session, per person	$63.90	$106.08
Outpatient drug free treatment services, face-to-face group counseling session, per person	$30.60	$46.97
Day care rehabilitative, per face-to-face visit	$67.93	$75.99
Perinatal residential treatment Services, per day	N/A	$76.18

The SMAs for the following Drug Medi-Cal substance abuse program services for Fiscal Year 2005-2006 are:

Service Function	***Maximum Allowance Non-Perinatal Unit of Service***	***Maximum Allowance Perinatal Unit of Service***
Naltrexone services, per face-to-face visit	$21.19	N/A
Outpatient drug free treatment services, face-to-face individual counseling session, per person	$64.16	$106.08
Outpatient drug free treatment services, face-to-face group counseling session, per person	$30.85	$48.16
Day care rehabilitative, per face-to-face visit	$67.98	$77.27
Perinatal residential treatment Services, per day	N/A	$77.46

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

Service Function	***Maximum Allowance Non-Perinatal Unit of Service***	***Maximum Allowance Perinatal Unit of Service***
Naltrexone services, per face-to-face visit	$21.19	N/A
Outpatient drug free treatment services, face-to-face individual counseling session, per person	$64.16	$106.08
Outpatient drug free treatment services, face-to-face group counseling session, per person	$30.85	$48.16
Day care rehabilitative, per face-to-face visit	$67.98	$77.27
Perinatal residential treatment Services, per day	N/A	$77.46

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

Service Function	***Maximum Allowance Non-Perinatal Unit of Service***	***Maximum Allowance Perinatal Unit of Service***
Naltrexone services, per face-to-face visit	$21.19	N/A
Outpatient drug free treatment services, face-to-face individual counseling session, per person	$74.79	$106.08
Outpatient drug free treatment services, face-to-face group counseling session, per person	$31.56	$63.62
Day care rehabilitative, per face-to-face visit	$67.55	$79.92
Perinatal residential treatment Services, per day	N/A	$96.81

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

Service Function	***Maximum Allowance Non-Perinatal Unit of Service***	***Maximum Allowance Perinatal Unit of Service***
Naltrexone services, per face-to-face visit	$21.19	N/A
Outpatient drug free treatment services, face-to-face individual counseling session, per person	$74.99	$106.08
Outpatient drug free treatment services, face-to-face group counseling session, per person	$31.45	$63.62
Day care rehabilitative, per face-to-face visit	$67.96	$82.90
Perinatal residential treatment Services, per day	N/A	$95.21

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

Service Function	***Maximum Allowance Non-Perinatal Unit of Service***	***Maximum Allowance Perinatal Unit of Service***
Naltrexone services, per face-to-face visit	$19.07	N/A
Outpatient drug free treatment services, face-to-face individual counseling session, per person	$66.53	$95.23
Outpatient drug free treatment services, face-to-face group counseling session, per person	$28.27	$57.26
Day care rehabilitative, per face-to-face visit	$61.05	$73.04
Perinatal residential treatment Services, per day	N/A	$89.90

(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~~M~~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~~M~~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~~M~~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 US~~M~~R 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***		***Methadone Perinatal***		***LAAM Non-Perinatal***	
	Daily	***Monthly***	***Daily***	***Monthly***	***Dose***	***Monthly***
Core, Laboratory Work, and Dosing	$~~9.39~~9.58 ($~~.86~~0.88)	$~~285.61~~291.39	$~~10.75~~10.76 ($0.98)	$~~326.98~~327.28	$~~22.33~~22.61 $~~(2.04)~~($2.07)	~~$290.29~~ $293.93
Narcotic Treatment Counseling	*Narcotic Treatment Counseling is delivered in 10 minute increments*					
Individual	$~~12.78~~14.05 ($~~1.17~~1.29)		$21.22 ($1.94)		$~~12.78~~14.05 ($~~1.17~~1.29)	
Group	$~~3.40~~3.59 ($~~.31~~0.33)		$~~5.22~~5.91 ($~~.48~~0.54)		$~~3.40~~3.59 ($~~.31~~0.33)	

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

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***		***Methadone Perinatal***		***LAAM Non-Perinatal***	
	Daily	***Monthly***	***Daily***	***Monthly***	***Dose***	***Monthly***
Core, Laboratory Work, and Dosing	$9.39 ($0.86)	$285.61	$10.75 ($0.98)	$326.98	$22.33 ($2.04)	$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)	
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 in Parentheses						
Narcotic Treatment Service Components	***Methadone Non-Perinatal***		***Methadone Perinatal***		***LAAM Non-Perinatal***	
	Daily	***Monthly***	***Daily***	***Monthly***	***Dose***	***Monthly***
Core, Laboratory Work, and Dosing	$9.64 ($0.88)	$293.22	$11.84 ($1.08)	$360.13	$22.33 ($2.04)	$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)	
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***		***Methadone Perinatal***	
	Daily	***Monthly***	***Daily***	***Monthly***
Core, Laboratory Work, and Dosing	$9.64 ($0.88)	$293.22	$11.84 ($1.08)	$360.13
Narcotic Treatment Counseling	*Narcotic Treatment Counseling is delivered in 10 minute increments*			
Individual	$13.03 ($1.19)		$21.22 ($1.94)	
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***		***Methadone Perinatal***	
	Daily	***Monthly***	***Daily***	***Monthly***
Core, Laboratory Work, and Dosing	$11.20 ($1.02)	$340.67	$12.15 ($1.11)	$369.56
Narcotic Treatment Counseling	*Narcotic Treatment Counseling is delivered in 10 minute increments*			
Individual	$14.96 ($1.37)		$21.22 ($1.94)	
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***	***Methadone Perinatal***
	Daily	***Daily***
Core, Laboratory Work, and Dosing	$12.44 ($1.14)	$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)
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***	***Methadone Perinatal***
	Daily	***Daily***
Core, Laboratory Work, and Dosing	$11.34 ($1.03)	$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)
Group	$3.14 ($0.29)	$6.36 ($0.58)

The US~~M~~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 Sections 20 and ~~11758.41~~ 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.