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 Year 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, [begin strikeout]~~and~~ [end strikeout]2010-2011, [begin underline]and 2011-2012, [end underline]which ADP shall establish in accordance with Sections 14021.6 and 14021.9(b) of the Welfare and Institutions Code.

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

Service Function
Naltrexone services, per face-to-face visit
Maximum Allowance Non-Perinatal Unit of Service
$21.19
Maximum Allowance Perinatal Unit of Service
N/A

Service Function
Outpatient drug free treatment services, face-to-face individual counseling session, per person
Maximum Allowance Non-Perinatal Unit of Service
$70.25
Maximum Allowance Perinatal Unit of Service
$106.08

Service Function
Outpatient drug free treatment services, face-to-face group counseling session, per person
Maximum Allowance Non-Perinatal Unit of Service
$32.33
Maximum Allowance Perinatal Unit of Service
$53.22

Service Function
Day care rehabilitative, per face-to-face visit
Maximum Allowance Non-Perinatal Unit of Service
$67.85
Maximum Allowance Perinatal Unit of Service
$74.44

Service Function
Perinatal residential treatment services, per day
Maximum Allowance Non-Perinatal Unit of Service
N/A
Maximum Allowance Perinatal Unit of Service
$76.18

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

Service Function
Naltrexone services, per face-to-face visit
Maximum Allowance Non-Perinatal Unit of Service
$21.19
Maximum Allowance Perinatal Unit of Service
N/A

Service Function
Outpatient drug free treatment services, face-to-face individual counseling session, per person
Maximum Allowance Non-Perinatal Unit of Service
$63.90
Maximum Allowance Perinatal Unit of Service
$106.08

Service Function
Outpatient drug free treatment services, face-to-face group counseling session, per person
Maximum Allowance Non-Perinatal Unit of Service
$30.60
Maximum Allowance Perinatal Unit of Service
$46.97

Service Function
Day care rehabilitative, per face-to-face visit
Maximum Allowance Non-Perinatal Unit of Service
$67.93
Maximum Allowance Perinatal Unit of Service
$75.99

Service Function
Perinatal residential treatment services, per day
Maximum Allowance Non-Perinatal Unit of Service
N/A
Maximum Allowance Perinatal Unit of Service
$76.18

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

Service Function
Naltrexone services, per face-to-face visit
Maximum Allowance Non-Perinatal Unit of Service
$21.19
Maximum Allowance Perinatal Unit of Service
N/A

Service Function
Outpatient drug free treatment services, face-to-face individual counseling session, per person
Maximum Allowance Non-Perinatal Unit of Service
$64.16
Maximum Allowance Perinatal Unit of Service
$106.08

Service Function
Outpatient drug free treatment services, face-to-face group counseling session, per person
Maximum Allowance Non-Perinatal Unit of Service
$30.85
Maximum Allowance Perinatal Unit of Service
$48.16

Service Function
Day care rehabilitative, per face-to-face visit
Maximum Allowance Non-Perinatal Unit of Service
$67.98
Maximum Allowance Perinatal Unit of Service
$77.27

Service Function
Perinatal residential treatment services, per day
Maximum Allowance Non-Perinatal Unit of Service
N/A
Maximum Allowance Perinatal Unit of Service
$77.46

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

Service Function
Naltrexone services, per face-to-face visit
Maximum Allowance Non-Perinatal Unit of Service
$21.19
Maximum Allowance Perinatal Unit of Service
N/A

Service Function
Outpatient drug free treatment services, face-to-face individual counseling session, per person
Maximum Allowance Non-Perinatal Unit of Service
$64.16
Maximum Allowance Perinatal Unit of Service
$106.08

Service Function
Outpatient drug free treatment services, face-to-face group counseling session, per person
Maximum Allowance Non-Perinatal Unit of Service
$30.85
Maximum Allowance Perinatal Unit of Service
$48.16

Service Function
Day care rehabilitative, per face-to-face visit
Maximum Allowance Non-Perinatal Unit of Service
$67.98
Maximum Allowance Perinatal Unit of Service
$77.27

Service Function
Perinatal residential treatment services, per day
Maximum Allowance Non-Perinatal Unit of Service
N/A
Maximum Allowance Perinatal Unit of Service
$77.46

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

Service Function
Naltrexone services, per face-to-face visit
Maximum Allowance Non-Perinatal Unit of Service
$21.19
Maximum Allowance Perinatal Unit of Service
N/A

Service Function
Outpatient drug free treatment services, face-to-face individual counseling session, per person
Maximum Allowance Non-Perinatal Unit of Service
$74.79
Maximum Allowance Perinatal Unit of Service
$106.08

Service Function
Outpatient drug free treatment services, face-to-face group counseling session, per person
Maximum Allowance Non-Perinatal Unit of Service
$31.56
Maximum Allowance Perinatal Unit of Service
$63.62

Service Function
Day care rehabilitative, per face-to-face visit
Maximum Allowance Non-Perinatal Unit of Service
$67.55
Maximum Allowance Perinatal Unit of Service
$79.92

Service Function
Perinatal residential treatment services, per day
Maximum Allowance Non-Perinatal Unit of Service
N/A
Maximum Allowance Perinatal Unit of Service
$96.81

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

Service Function
Naltrexone services, per face-to-face visit
Maximum Allowance Non-Perinatal Unit of Service
$21.19
Maximum Allowance Perinatal Unit of Service
N/A

Service Function
Outpatient drug free treatment services, face-to-face individual counseling session, per person
Maximum Allowance Non-Perinatal Unit of Service
$74.99
Maximum Allowance Perinatal Unit of Service
$106.08

Service Function
Outpatient drug free treatment services, face-to-face group counseling session, per person
Maximum Allowance Non-Perinatal Unit of Service
$31.45
Maximum Allowance Perinatal Unit of Service
$63.62

Service Function
Day care rehabilitative, per face-to-face visit
Maximum Allowance Non-Perinatal Unit of Service
$67.96
Maximum Allowance Perinatal Unit of Service
$82.90

Service Function
Perinatal residential treatment services, per day
Maximum Allowance Non-Perinatal Unit of Service
N/A
Maximum Allowance Perinatal Unit of Service
$95.21

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

Service Function

Naltrexone services, per face-to-face visit

Maximum Allowance Non-Perinatal Unit of Service

$19.07

Maximum Allowance Perinatal Unit of Service

N/A

Service Function

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

Maximum Allowance Non-Perinatal Unit of Service

$66.53

Maximum Allowance Perinatal Unit of Service

$95.23

Service Function

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

Maximum Allowance Non-Perinatal Unit of Service

$28.27

Maximum Allowance Perinatal Unit of Service

$57.26

Service Function

Day care rehabilitative, per face-to-face visit

Maximum Allowance Non-Perinatal Unit of Service

$61.05

Maximum Allowance Perinatal Unit of Service

$73.04

Service Function

Perinatal residential treatment services, per day

Maximum Allowance Non-Perinatal Unit of Service

N/A

Maximum Allowance Perinatal Unit of Service

$89.90

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

Service Function
Naltrexone services, per face-to-face visit
Maximum Allowance Non-Perinatal Unit of Service
$19.07
Maximum Allowance Perinatal Unit of Service
N/A

Service Function
Outpatient drug free treatment services, face-to-face individual counseling session, per person
Maximum Allowance Non-Perinatal Unit of Service
$67.53
Maximum Allowance Perinatal Unit of Service
$96.66

Service Function
Outpatient drug free treatment services, face-to-face group counseling session, per person
Maximum Allowance Non-Perinatal Unit of Service
$28.69
Maximum Allowance Perinatal Unit of Service
$55.95

Service Function
Day care rehabilitative, per face-to-face visit
Maximum Allowance Non-Perinatal Unit of Service
$61.97
Maximum Allowance Perinatal Unit of Service
$74.14

Service Function
Perinatal residential treatment services, per day
Maximum Allowance Non-Perinatal Unit of Service
N/A
Maximum Allowance Perinatal Unit of Service
$91.25

The SMAs for the following Drug Medi-Cal substance abuse program services for Fiscal Year 2011-2012 are:

Service Function

Naltrexone services, per face-to-face visit

Maximum Allowance Non-Perinatal Unit of Service

$19.07

Maximum Allowance Perinatal Unit of Service

N/A

Service Function

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

Maximum Allowance Non-Perinatal Unit of Service

$65.59

Maximum Allowance Perinatal Unit of Service

$96.61

Service Function

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

Maximum Allowance Non-Perinatal Unit of Service

$29.57

Maximum Allowance Perinatal Unit of Service

$53.80

Service Function

Day care rehabilitative, per face-to-face visit

Maximum Allowance Non-Perinatal Unit of Service

$63.86

Maximum Allowance Perinatal Unit of Service

$76.40

Service Function

Perinatal residential treatment services, per day

Maximum Allowance Non-Perinatal Unit of Service

N/A

Maximum Allowance Perinatal Unit of Service

$92.45

(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: 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 example: 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 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

Core, Methadone Non-Perinatal
Daily: $9.58
Monthly: [Blank]

Core, Methadone Perinatal
Daily: $10.76
Monthly: [Blank]

Core, LAAM, Non-Perinatal
Dose: $22.61
Monthly: [Blank]

Laboratory Work and Dosing, Methadone Non-Perinatal
Daily: ($0.88)
Monthly: $291.39

Laboratory Work and Dosing, Methadone Perinatal
Daily: ($0.98)
Monthly: $327.28

Laboratory Work and Dosing, LAAM, Non-Perinatal
Dose: ($2.07)
Monthly: $293.93

Narcotic Treatment Counseling (Narcotic Treatment counseling is delivered in 10 minute increments)

Individual, Methadone Non-Perinatal
Individual: $14.05, ($1.29)
Group: $3.59, ($0.33)

Methadone Perinatal
Individual: $21.22, ($1.94)
Group: $5.91, ($0.54)

LAAM Non-Perinatal
Individual: $14.05, ($1.29)
Group: $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

Core, Methadone Non-Perinatal
Daily: $9.39
Monthly: [Blank]

Core, Methadone Perinatal
Daily: $10.75
Monthly: [Blank]

Core, LAAM, Non-Perinatal
Dose: $22.33
Monthly: [Blank]

Laboratory Work and Dosing, Methadone Non-Perinatal
Daily: ($0.86)
Monthly: $285.61

Laboratory Work and Dosing, Methadone Perinatal
Daily: ($0.98)
Monthly: $326.98

Laboratory Work and Dosing, LAAM, Non-Perinatal
Dose: ($2.04)
Monthly: $290.29

Narcotic Treatment Counseling (Narcotic Treatment counseling is delivered in 10 minute increments)

Individual, Methadone Non-Perinatal
Individual: $12.78, ($1.17)
Group: $3.40, ($0.31)

Methadone Perinatal
Individual: $21.22, ($1.94)
Group: $5.22, ($0.48)

LAAM Non-Perinatal
Individual: $12.78, ($1.17)
Group: $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

Core, Methadone Non-Perinatal
Daily: $9.64
Monthly: [Blank]

Core, Methadone Perinatal
Daily: $11.84
Monthly: [Blank]

Core, LAAM, Non-Perinatal
Dose: $22.33
Monthly: [Blank]

Laboratory Work and Dosing, Methadone Non-Perinatal
Daily: ($0.88)
Monthly: $293.22

Laboratory Work and Dosing, Methadone Perinatal
Daily: ($1.08)
Monthly: $360.13

Laboratory Work and Dosing, LAAM, Non-Perinatal
Dose: ($2.04)
Monthly: $290.29

Narcotic Treatment Counseling (Narcotic Treatment counseling is delivered in 10 minute increments)

Individual, Methadone Non-Perinatal
Individual: $13.03, ($1.19)
Group: $3.64, ($0.33)

Methadone Perinatal
Individual: $21.22, ($1.94)
Group: $6.29, ($0.58)

LAAM Non-Perinatal
Individual: $13.03, ($1.19)
Group: $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

Core, Methadone Non-Perinatal
Daily: $9.64
Monthly: [Blank]

Core, Methadone Perinatal
Daily: $11.84
Monthly: [Blank]

Laboratory Work and Dosing, Methadone Non-Perinatal
Daily: ($0.88)
Monthly: $293.22

Laboratory Work and Dosing, Methadone Perinatal
Daily: ($1.08)
Monthly: $360.13

Narcotic Treatment Counseling (Narcotic Treatment counseling is delivered in 10 minute increments)

Individual, Methadone Non-Perinatal
Individual: $13.03, ($1.19)
Group: $3.64, ($0.33)

Methadone Perinatal
Individual: $21.22, ($1.94)
Group: $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

Core, Methadone Non-Perinatal
Daily: $11.22
Monthly: [Blank]

Core, Methadone Perinatal
Daily: $12.15
Monthly: [Blank]

Laboratory Work and Dosing, Methadone Non-Perinatal
Daily: ($1.02)
Monthly: $340.67

Laboratory Work and Dosing, Methadone Perinatal
Daily: ($1.11)
Monthly: $369.56

Narcotic Treatment Counseling (Narcotic Treatment counseling is delivered in 10 minute increments)

Individual, Methadone Non-Perinatal
Individual: $14.96, ($1.37)
Group: $3.51, ($0.32)

Methadone Perinatal
Individual: $21.22, ($1.94)
Group: $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

Core, Methadone Non-Perinatal
Daily: $12.44

Core, Methadone Perinatal
Daily: $13.38

Laboratory Work and Dosing, Methadone Non-Perinatal
Daily: ($1.14)

Laboratory Work and Dosing, Methadone Perinatal
Daily: ($1.22)

Narcotic Treatment Counseling (Narcotic Treatment counseling is delivered in 10 minute increments)

Individual, Methadone Non-Perinatal
Individual: $15.00, ($1.37)
Group: $3.49, ($0.32)

Methadone Perinatal
Individual: $21.22, ($1.94)
Group: $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

Core, Methadone Non-Perinatal
Daily: $11.34

Core, Methadone Perinatal
Daily: $12.21

Laboratory Work and Dosing, Methadone Non-Perinatal
Daily: ($1.03)

Laboratory Work and Dosing, Methadone Perinatal
Daily: ($1.11)

Narcotic Treatment Counseling (Narcotic Treatment counseling is delivered in 10 minute increments)

Individual, Methadone Non-Perinatal
Individual: $13.30, ($1.22)
Group: $3.14, ($0.29)

Methadone Perinatal
Individual: $19.04, ($1.74)
Group: $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

Core, Methadone Non-Perinatal
Daily: $11.51

Core, Methadone Perinatal
Daily: $12.39

Laboratory Work and Dosing, Methadone Non-Perinatal
Daily: ($1.05)

Laboratory Work and Dosing, Methadone Perinatal
Daily: ($1.13)

Narcotic Treatment Counseling (Narcotic Treatment counseling is delivered in 10 minute increments)

Individual, Methadone Non-Perinatal
Individual: $13.50, ($1.24)
Group: $3.19, ($0.29)

Methadone Perinatal
Individual: $19.33, ($1.74)
Group: $6.22, ($0.57)

For narcotic treatment program services, the Fiscal Year 2011- 2012 USR rate for each service component shall be as follows:

Fiscal Year 2011-2012 Rates for USR Components by Type of Medication with Administrative Costs Shown in Parentheses

Narcotic Treatment Service Components

Core, Methadone Non-Perinatal
Daily: $11.86

Core, Methadone Perinatal
Daily: $12.77

Laboratory Work and Dosing, Methadone Non-Perinatal
Daily: ($1.08)

Laboratory Work and Dosing, Methadone Perinatal
Daily: ($1.16)

Narcotic Treatment Counseling (Narcotic Treatment counseling is delivered in 10 minute increments)

Individual, Methadone Non-Perinatal
Individual: $13.91, ($1.28)
Group: $3.28, ($0.30)

Methadone Perinatal
Individual: $19.92, ($1.82)
Group: $5.98, ($0.54)

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, 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, 14021.5, 14021.6, 14021.9 and 14132.90, Welfare and Institutions Code; and Sections 11758.42 and 11758.46, Health and Safety Code.