

REPORTING REQUIREMENT MATRIX

Document 1F(b)

DIRECT CONTRACT PROVIDER SUBMISSION REQUIREMENTS FOR THE DEPARTMENT OF HEALTH CARE SERVICES (DHCS) AND/OR THE DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS (ADP)

Fiscal Year 2012-13

Division/Branch/Section	Name of Document, Report, or Data	Due Date(s) to ADP or DHCS	Authority for ADP/DHCS Requesting Document/Report/Data	Purpose of Report/Document/Data
Division of Administration, Audit Services Branch	A-133 Audit Report	3/31 (Annually)	OMB Circular A-133 Single Audit Report	Requirement of Single Audit Act for audits of federal funds
Information Management Services Division (IMSD) - Data Management Services Section	CalOMS Treatment Data Files	45 days after the end of the reporting month (Monthly)	HSC Sections 11755(o)	Meet federal requirements for reporting client treatment data and to provide data needed by state and counties for planning, budgeting and reporting
IMSD - Data Management Services Section	Drug and Alcohol Treatment Access Report (DATAR) Data Files	10 days after the end of the reporting month (Monthly)	45 CFR 96, Sections 96.126 and 96.131	Meet federal capacity/waiting list requirements and to provide data needed for capacity management
Licensing and Certification (LCD) - Policy and Program Support Branch (PPSB), Program Support	Annual License Renewal for Narcotic Treatment Programs (NTPs)	5/31 (Annually)	CCR, Title 9, Section 10055(b)(2)	Recommendation for each NTP license renewal
LCD - PPSB, Program Support	Initial Licensure for NTPs	Once before ADP reviews	CCR, Title 9, Section 10040	A certification of need for the proposed NTP, a certification that all local ordinances, fire regulations, and local planning agency requirements have been complied with, and a recommendation for program licensure

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LCD - PPSB, Program Support	Relocation for NTPs	Once before ADP reviews	Policy	Recommendation for new program address
LCD - PPSB, Program Support	NTP County Certification Form	Once before ADP approves	Policy	Recommendation <ul style="list-style-type: none"> - patient slot increase - patient slot decrease - to allow NTPs to enter patients into maintenance treatment without two year history of opiate addiction and without two failed detoxes.
LCD - PPSB/Program Support	Adolescent Waiver	Every time an adult program wants to serve adolescents (Only Once)	Title 9, Section 10605	To demonstrate need for adolescent services
LCD - PPSB/Program Support	Alcohol and Other Drug (AOD) Program Certification	Prior to Certification (Once and if relocation occurs)	Alcohol and/or Other Drug Certification Standards 3035(c)	Zoning approval
LCD - PPSB/Program Support	Application for Certification and/or Licensure	Prior to Review and Approval (Continuous until approval as well as at renewal either annually or biannually)	Title 9, Section 11834.01 for Residential Licensure. Title 9, Section 10010 for Narcotic Treatment Programs. Policy for Certification.	To apply for licensure or certification
PSD – Treatment, Fiscal Management and Accountability Branch (FMAB)	Cost Reports including applicable Drug Medi-Cal (DMC) forms	November 1 (Annually)	W&I Code 14124.24	Ensure expenditures meet Federal and State requirements

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PSD – Treatment, FMAB	Contract	Within 60 days after notification of final allocation	HSC Section 11758.10	To encumber funds
Department of Health Care Services (DHCS) – Drug Medi-Cal (DMC) Division – FMAB	DMC claims	Within 30 days from the end of the service month	Contract Title 22, Section 51490.1	To bill for AOD DMC services to Medi-Cal beneficiaries
DHCS – DMC Division - FMAB	DMC Form = Multiple Billing Override (DHCS Form MC 6700)	As Required Per Form Instructions	Title 22, Section 51490.1	To report DMC services that have been provided for the same client on the same day
DHCS – DMC Division - FMAB	DMC Forms = Good Cause Certification (DHCS Forms MC 6065A or MC 6065B)	As Required Per Form Instructions	Title 22, Section 51490.1	To report the reason for late submission of DMC claims
DHCS – DMC Division - FMAB	DMC Forms – DMC Claim Submission – Direct Contract Provider (DHCS Form MC 6185)	At time the claim is submitted for adjudication	Contract	For direct provider's certification of claims to be true and accurate in order for reimbursement to be issued.