

## SERVICE CODE DESCRIPTIONS

### AND UNIT INFORMATION

Fiscal Year 2012-13

These service code definitions were identified in the FY 1993-94 *Appendices of Guidelines for Preparation and Submission of Substance Abuse Prevention and Treatment Plan for County Alcohol and Drug Programs*. Other references are indicated in brackets.

#### **SUPPORT SERVICES**

##### **00 - County Support**

This includes administrative, management, and support functions not specifically defined in the other Support Services components. [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following type of units must be reported:

Main Unit: Hours

##### **01 - Quality Assurance**

This includes activities to assure conformity to acceptable professional standards and identify problems that need to be remedied. These activities may occur at the State, county, or program level. County administrative agency contracts to monitor service providers' fall in this category, as do peer review activities. [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following is a listing of which unit information must be reported:

Main Unit: Hours

## **02 - Training**

Post-Employment - This includes staff development and continuing education for personnel employed in local programs as well as support and coordination agencies, as long as the training relates to substance abuse service delivery. Typical costs include course fees, tuition and expense reimbursements to employees, trainer and support staff salaries, and certification expenditures. [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following is a listing of which unit information must be reported:

Main Unit: Hours

## **03 - Program Development**

This includes consultation, technical assistance, and materials support to local providers and planning groups. Normally these activities are carried out by State and county level agencies. [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following is a listing of which unit information must be reported:

Main Unit: Hours

## **04 - Research and Evaluation**

This includes activities or components related to research and evaluation of clinical trials, demonstration projects to test feasibility and effectiveness of a new approach, and performance evaluation of service programs. These activities might be carried out by the State agencies or a county contractor. [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following is a listing of which unit information must be reported:

Main Unit: Hours

## **05 - Planning, Coordination, Needs Assessment**

This includes State, regional, and local personnel salaries pro-rated for time spent in planning meetings, data collection, analysis, writing, and travel. It also includes operating costs such as printing, advertising, and conducting meetings. Any contracts with community agencies or local governments for planning and coordination fall in this category, as do needs assessment projects to identify the scope and magnitude of the problem, resources available, gaps in services, and strategies to close those gaps. [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Main Unit: Hours

## **06 - Start Up Costs**

Those costs associated with the initial development of a program within the 90 days immediately prior to the provider's ability to provide services. Typically, these costs include (but are not limited to) those for administrative and staff salaries, training, rent, utilities, and repairs. [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Main Unit: Hours

## **09 – Alteration or Renovation**

This includes costs associated with the alteration or renovation of alcohol recovery/drug treatment facilities. A waiver must be granted by the Federal government prior to using SAPT funds. [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Main Unit: Hours

## **PRIMARY PREVENTION**

### **11 - Other**

The federally defined six primary prevention strategies, codes 12 through 17, have been designed to encompass nearly all of the prevention activities. However, in the unusual case an activity does not fit one of the six strategies, it may be classified in the "Other" category. [Federal Definition and ADP Letter #96-47 dated September 19, 1996]

The following type of unit must be reported:

Main Unit: N/A

### **12 - Information Dissemination**

This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug use, abuse and addiction and their effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- a. Clearinghouse/information resource center(s);
- b. Resource directories;
- c. Media campaigns;
- d. Brochures;
- e. Radio/TV public service announcements;
- f. Speaking engagements;
- g. Health fairs/health promotion; and
- h. Information lines.

The following type of unit must be reported:

Main Unit: N/A

**13 - Education**

This strategy involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages) and systematic judgment abilities. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- a. Classroom and/or small group sessions (all ages);
- b. Parenting and family management classes;
- c. Peer leader/helper programs;
- d. Education programs for youth groups; and,
- e. Children of substance abusers groups.

The following type of unit must be reported:

Main Unit: N/A

**14 - Alternatives**

This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco and other drug use. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by, alcohol, tobacco and other drugs and would, therefore, minimize or obviate resorting to the latter. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- a. Drug free dances and parties;
- b. Youth/adult leadership activities;
- c. Community drop-in centers; and,
- d. Community service activities.

The following type of unit must be reported:

Main Unit: N/A

**15 - Problem Identification and Referral**

This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in

need of treatment. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- a. Employee assistance programs;
- b. Student assistance programs; and,
- c. Driving while under the influence/driving while intoxicated education programs.

The following type of unit must be reported:

Main Unit: N/A

### **16 - Community-Based Process**

This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and drug abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, inter-agency collaboration, coalition building and networking. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- a. Community and volunteer training, e.g., neighborhood action training, training of key people in the system, staff officials training;
- b. Systematic planning;
- c. Multi-agency coordination and collaboration;
- d. Accessing services and funding; and,
- e. Community team-building.

The following type of unit must be reported:

Main Unit: N/A

### **17 - Environmental**

This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco, and other drugs used in the general population. This strategy can be divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those which relate to the service and action-oriented initiatives. Examples of activities conducted and methods used for this strategy shall include, (but not be limited to) the following:

- a. Promoting the establishment and review of alcohol, tobacco and drug use policies in schools;
- b. Technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco and other drug use;
- c. Modifying alcohol and tobacco advertising practices; and,
- d. Product pricing strategies.

The following type of unit must be reported:

Main Unit: N/A

**SECONDARY PREVENTION - These strategies do not count toward the 20 percent primary prevention funding requirement**

**18 - Early Intervention**

This strategy is designed to come between a substance user and his or her actions in order to modify behavior. It includes a wide spectrum of activities ranging from user education to formal intervention and referral to appropriate treatment/recovery services. This service code is defined as activities for the purpose of encouraging those individuals in need of treatment to undergo such treatment.

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Main Unit: Hours

**19 - Outreach and Intervention**

This service code is defined as activities for the purpose of encouraging those individuals in need of treatment to undergo such treatment. The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Main Unit: Hours

**20 - Intravenous Drug User (IDU or IVDU)**

Activities for the purpose of encouraging those individuals in need of treatment to undergo such treatment.

The following type of unit must be reported:

Main Unit: Hours

**21 - Referrals, Screening, and Intake**

Activities involved in the assessment of a client's needs regarding treatment to ensure the most appropriate treatment. This may include the completion of record-keeping documents.

The following type of unit must be reported:

Main Unit: Hours

**NONRESIDENTIAL****30 - Rehabilitative Ambulatory Intensive Outpatient (Day Care Rehabilitative)**

Day Care Rehabilitative (DCR) services are those that last two or more hours but less than 24 hours per day for three or more days per week. Programs that are DMC certified are required to provide services that last three or more hours but less than 24 hours, per day, for three or more days per week. This service definition includes day care habilitative programs which provide counseling and rehabilitation services to Medi-Cal beneficiaries with substance abuse impairments. Clients may live independently, semi-independently, or in a supervised residential facility which does not provide this service. DCR differs from Outpatient Drug Free care in which clients participate according to a minimum attendance schedule and have regularly assigned treatment activities.

**Medi-Cal Beneficiaries:** DMC reimbursement for DCR services shall be available only for services provided to pregnant and postpartum beneficiaries or beneficiaries under the age of 21 who are targeted for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services. Within the DCR program, only pregnant and postpartum women are eligible to receive DMC services through the perinatal certified program. The postpartum period is defined as a sixty (60) day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. Eligibility shall end on the last day of the calendar month in which the 60th day occurs. As an example, a woman gives birth on August 11<sup>th</sup>. Her eligibility as a pregnant and

postpartum woman ends on October 31<sup>st</sup>. Parenting women who are Medi-Cal eligible are still eligible for regular DMC services (non-Perinatal State General funds) and non-DMC perinatal programs. [Title 22, July 1, 2012].

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Non-DMC Component

Main Unit: Visits

DMC Component

Main Unit: Visits

### **32 - Aftercare**

Structured services offered to an individual who has completed treatment, typically for a set period of time (e.g., six months), to ensure successful recovery.

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Main Unit: Hours

### **33 - Rehabilitative/Ambulatory Outpatient or Outpatient Drug Free (ODF) - Group**

Treatment/recovery or rehabilitation services provided where the client does not reside in a treatment facility. The client receives drug abuse or alcoholism treatment services with or without medication, including counseling and/or supportive services. This is also known as nonresidential services in the alcoholism field. [Federal Definition]

**Medi-Cal Beneficiaries Only:** Each client shall receive two group counseling sessions (minimum 90 minutes per group session) per 30-day period depending on his/her needs and treatment plan or be subject to discharge. Group counseling means face-to-face contacts in which one or more counselors treat four or more clients, up to a total of ten clients, at the same time, focusing on the needs of the individuals served. At least one of the clients in the group session must be DMC eligible to claim DMC reimbursement for the group session. [Title 22, July 1, 2012]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Non-DMC Component

Main Unit: Visits

DMC Component

Main Unit: Visits

**34 - Rehabilitative/Ambulatory Outpatient or Outpatient Drug Free (ODF) - Individual**

Treatment/recovery or rehabilitation services provided where the client does not reside in a treatment facility. The client receives drug abuse or alcoholism treatment services with or without medication, including counseling and/or supportive services. This is also known as nonresidential services in the alcoholism field. [Federal Definition]

**Medi-Cal Beneficiaries Only:** Each shall receive individual counseling, which is face-to-face contact between a client and a therapist or counselor. Individual counseling is limited to intake, evaluation, assessment and diagnosis, treatment and discharge planning, collateral services, and crisis intervention. [Title 22, July 1, 2012]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Non-DMC Component

Main Unit: Visits

DMC Component

Main Unit: Visits

Miscellaneous Unit: SACPA Visits (if Funding Line 80y is utilized)

### **35 - Interim Treatment Services - CalWORKs**

This service code will be utilized for CalWORKs clients whose use of alcohol or drugs has interfered with their performance in the workplace or in school. Each client will receive short-term outpatient treatment services (no longer than eight weeks) of group and/or individual counseling sessions depending on his or her needs. This service includes any activity designed to assist the individual in determining a need for more intensive alcohol and other drug treatment.

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Non-DMC Component

Main Unit: Hours

### **NARCOTICS TREATMENT SERVICES**

#### **41 - Outpatient Methadone Detoxification (OMD)**

This service element is comprised of the provision of narcotic withdrawal treatment pursuant to California Code of Regulations (CCR) Title 9, beginning with Section 10000, to clients who, with the aid of medication, are undergoing a period of planned withdrawal from narcotic drug dependence. Withdrawal without medication is not considered detoxification treatment for reporting purposes.

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Main Unit: Slot Days

## **42 - Inpatient Methadone Detoxification (IMD)**

In a controlled, 24-hour hospital setting, this service element is comprised of the provision of narcotic withdrawal treatment pursuant to CCR Title 9, beginning with Section 10000, to clients who, with the aid of medication are undergoing a period of planned withdrawal from narcotic drug dependence. Withdrawal without medication is not considered detoxification for reporting purposes.

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Main Unit: Bed Days

## **43 - Naltrexone Treatment**

The use of Naltrexone (Trexan) is to block the effects of heroin and other narcotics or opioids, such as codeine, pentazocine (Talwin), morphine, oxycodone (Percodan), and hydromorphone (Dilaudid). Services include medication, medical direction, medically necessary urine screens for use of substances, counseling, and other appropriate activities and services.

For DMC, Naltrexone treatment services means an outpatient treatment service directed at serving detoxified opiate addicts who have substance abuse diagnosis by using the drug Naltrexone, which blocks the euphoric effects of opiates and helps prevent relapse to opiate addiction. [Title 22, July 1, 2012]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

### **Non-DMC Component**

Main Unit: Visits

### **DMC Component**

Main Unit: Visits

#### **44 - Rehabilitative Ambulatory Detoxification (Other than Methadone)**

Rehabilitative ambulatory detoxification is defined as outpatient treatment services rendered in less than 24 hours that provide for safe withdrawal in an ambulatory setting (pharmacological or nonpharmacological). [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Main Unit: Slot Days

#### **48 – Narcotic Replacement Therapy (Narcotic Treatment Program) – (Dosing and Counseling Services)**

**METHADONE** - This service element is comprised of the provision of methadone as prescribed by a physician to alleviate the symptoms of withdrawal from narcotics; and other required/appropriate activities and services provided in compliance with CCR Title 9, Chapter 4, beginning with Section 10000. Services include intake, assessment and diagnosis, all medical supervision, urine drug screening, individual and group counseling, admission physical examinations and laboratory tests. [Title 9, and Title 22, July 2012]

**GROUP COUNSELING** - 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. For DMC reimbursement, groups must have a minimum of four and a maximum of 10 persons; at least one must be a Medi-Cal eligible beneficiary. [Title 22, July 1, 2012]

**INDIVIDUAL COUNSELING** - Face-to-face contacts between a beneficiary and a therapist or counselor. Telephone contacts, home visits, and hospital visits are not qualify as Medi-Cal reimbursable units of service. [Title 22, July 1, 2012]

For DMC, a unit of service is reimbursed in 10-minute increments for both group and individual counseling sessions. DHCS reimburses a provider up to a maximum of 200 minutes (20 units of service) of counseling (combination of group and/or individual) per calendar month, per beneficiary. [Title 22, July 1, 2012]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Non-DMC Component

Main Unit: Visits

DMC Component

Main Unit: Visits

**RESIDENTIAL**

**NOTE:** DHCS must license all non-medical adult residential facilities that provide alcohol and drug treatment services on-site. Providers should contact DHCS's Licensing and Certification Division for licensure information.

**50 - Free-Standing Residential Detoxification**

Free-standing residential detoxification is defined as services in a non-hospital setting that provide for safe withdrawal and transition to ongoing treatment. [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Non-DMC Component

Main Unit: Bed Days

**51 - Residential/Recovery Long Term (over 30 days)**

Long-term residential care is typically over 30 days of nonacute care in a setting with recovery/treatment services for alcohol and other drug use and dependency. [Federal Definition] Services are provided by program-designated personnel and include the following elements: personal recovery/treatment planning, educational sessions, social/recreational activities, individual and group sessions, detoxification services, and information about, and may include assistance in obtaining, health, social, vocational, and other community services.

Perinatal residential funding is intended for gender specific residential services tailored to meet the recovery and treatment needs of women and their children. [Title 22, July 1, 2012]

**Medi-Cal Beneficiaries Only:** Within the DMC component of a residential program, only pregnant and postpartum women who are DMC beneficiaries may receive DMC services. The postpartum period is defined as a sixty (60) day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. Eligibility shall end on the last day of the calendar month in which the 60th day occurs. As an example, a woman gives birth on August 11<sup>th</sup>, her eligibility as a pregnant and postpartum woman ends on October 31<sup>st</sup>. Parenting women who are Medi-Cal eligible are still eligible for non-DMC services (non-Perinatal State General Funds and non-DMC perinatal programs). [Title 22, July 1, 2012]

The licensed treatment capacity of a facility eligible for DMC perinatal certification cannot be more than 16 persons. Beds occupied by children are not counted toward the 16-bed limit. The facility may not share food, shelter, treatment or services with another alcohol or drug recovery or treatment residential facility unless the combined treatment capacity of all the facilities is 16 or less. [Title 22, July 1, 2012]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Non-DMC Component

Main Unit: Bed Days

DMC Component

Main Unit: Per Day

**52 - Residential/Recovery Short Term (up to 30 days)**

Short-term residential care is typically 30 days or less of nonacute care in a setting with recovery/treatment services for alcohol and other drug abuse and dependency. [Federal Definition].

Services are provided by program-designated personnel and include the following elements: personal recovery/treatment planning, educational sessions, social/recreational activities, individual and group sessions, and information about, and may include assistance in obtaining, health, social, vocational, and other community services.

Perinatal residential funding is intended for gender specific residential services tailored to meet the recovery and treatment needs of women and their children.

**Medi-Cal Beneficiaries:** Only pregnant and postpartum women who are DMC beneficiaries may receive DMC residential services. The postpartum period is defined as a sixty (60) day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. Eligibility shall end on the last day of the calendar month in which the 60th day occurs. As an example, a woman gives birth on August 11<sup>th</sup>, her eligibility as a pregnant and postpartum woman ends on October 31<sup>st</sup>. Parenting women who are Medi-Cal eligible are still eligible for regular DMC services (non-Perinatal State General funds) and non-DMC perinatal programs. [Title 22, July 1, 2012]

Licensed treatment capacity of a facility eligible for DMC perinatal certification cannot be more than 16 persons. Beds occupied by children are not counted toward the 16-bed limit. The facility may not share food, shelter, treatment or services with another alcohol or drug recovery or treatment residential facility unless the combined treatment capacity of all the facilities is 16 or less. [Title 22, July 1, 2012]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Non-DMC Component

Main Unit: Bed Days

DMC Component

Main Unit: Per Day

**53 - Hospital Inpatient Detoxification (24 Hours)**

Hospital inpatient detoxification is defined as medical acute care services for detoxification for persons with severe medical complications associated with withdrawal. (SAPT Block Grant Funds cannot be used to fund these services except as provided in Title 45 [Public Welfare] of the Code of Federal Regulations, Section 96.135(c)). [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Main Unit: Bed Days

**54 - Hospital Inpatient Residential (24 Hours)**

Hospital inpatient residential care is medical care (other than detoxification) in a hospital facility in conjunction with treatment services for alcohol and other drug abuse and dependency. (SAPT Block Grant Funds cannot be used to fund these services). [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Main Unit: Bed Days

**55 - Chemical Dependency Recovery Hospital (CDRH)**

All treatment programs, or components thereof, located in a Department of Health Services - licensed CDRH fall under this service definition. Services are provided on the basis of a 24-hour day unit of service. State General Fund used for this service must have a county match of 10 percent. [Title 22, Chapter 11]

The funding source of the program determines the type of unit information that must be reported. The following types of units must be reported:

Main Unit: Bed Days

**56 - Transitional Living Center (TLC) (Perinatal and Parolee Services)**

A TLC is a facility designed to help persons maintain an alcohol- and-drug free lifestyle and "transition" back into the community. TLC activities are supervised, although not necessarily 24 hours per day, within an alcohol- and drug-free environment. Attendance at recovery and treatment services is mandatory, although those services need not be on-site. If services are provided on-site, ADP must license the facility. TLCs are not required to provide child care, case management, transportation, education, or primary or pediatric care as the provision of these services are the responsibility of the treatment program the resident attends. [Perinatal Services Network Guidelines – 2009]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Main Unit: Bed Days

### **57 - Alcohol/Drug-Free Housing (ADFH) (For Perinatal, Parolee, SACPA and CDCI client population)**

ADFH centers help recovering persons to maintain an alcohol- and drug-free lifestyle. Residents are free to organize and participate in self-help meetings or any other activity that helps them maintain sobriety. The house or its residents do not and cannot provide any treatment, recovery, or detoxification services; do not have treatment or recovery plans or maintain resident files; and do not have a structured, scheduled program of alcohol and drug education, group or individual counseling, or recovery support sessions.

Only ADFH centers participating in the Parolee Services Network are eligible for ongoing funding. Only the start-up phase of ADFHs can be funded with SGF. Start-up costs are limited to the following one-time expenditures that prepare the residence for occupancy: first and last month's deposit to secure a property; security and utilities deposits; and furniture that meets basic needs. Federal funds **cannot** be used to start or fund ADFHs on an ongoing basis. [Perinatal Services Network Guidelines - 2009]

The funding source of the program determines the type of unit information that must be reported. The following types of units must be reported:

Main Unit: Bed Days

### **ANCILLARY SERVICES**

#### **22 - Perinatal Outreach**

Perinatal Outreach is an element of service that identifies and encourages eligible pregnant and parenting women in need of treatment services to take advantage of these services. Outreach may also be used to educate the professional community on perinatal services so that they become referral sources for potential clients. [Perinatal Services Network Guidelines - 2009]

The following type of unit must be reported:

Main Unit: Hours

### **63 - Cooperative Projects**

This code allows for funding of special projects that have been approved by DHCS prior to funding. [ADP Letter #96-21 dated April 12, 1996]  
Cooperative Projects are those which DHCS and a County conjointly utilize strategies and activities to expand or enhance alcohol and drug services.

The following type of unit must be reported:

Main Unit: Hours

### **64 - Vocational Rehabilitation**

Services which provide for gaining and maintaining job skills which will allow for productive employment. Vocational rehabilitation includes vocational testing, counseling, guidance, job training, job placement, and other relevant activities designed to improve the alcoholic person's ability to become economically self-supporting.

Federal or State funding is not allowed for this service.

The following type of unit must be reported:

Main Unit: Hours

### **66 - Tuberculosis (TB) Services**

These services provide counseling and testing regarding tuberculosis offered to individuals either seeking treatment or receiving treatment for substance abuse.

The following type of unit must be reported:

Main Unit: Hours

### **67 - Interim Services (within 48 hours)**

Interim services are those services offered to injecting drug users or pregnant women seeking substance abuse treatment who cannot be admitted to a program due to capacity limitations.

The following type of unit must be reported:

Main Unit: Hours

**68 - Case Management for all populations except SACPA. For SACPA Case Management refer to Service Code 83**

Case Management services are activities involved in the integrating and coordinating of all necessary services to ensure successful treatment and recovery. Services may include outreach, intake, assessment, individual service plans, monitoring and evaluation of progress, and community resource referrals.

NOTE: Programs that receive perinatal funds must provide or arrange for case management services. [Perinatal Services Network Guidelines - 2009]

The following type of unit must be reported:

Main Unit: Hours

**69 - Primary Medical Care (For Perinatal, Parolee, SACPA and CDCI client population)**

This is an element required in SAPT Block Grant funded perinatal programs. The program must provide or arrange for this service, which does not include specialist care or hospitalization for pregnant women and women with dependent children who are receiving substance abuse services. If the care is not covered by a third party provider, SAPT Block Grant funds may be used as the payment of last resort. This service must include referrals for prenatal care. [Perinatal Services Network Guidelines - 2009]

The funding source of the program determines the type of unit information that must be reported. The following types of units must be reported:

Main Unit: Hours

**70 - Pediatric Medical Care (Perinatal Only)**

This is an element required in SAPT Block Grant funded perinatal programs. The program must provide or arrange for this service, which does not include specialist care or hospitalization for the children of women who are receiving substance abuse services. If the care is not covered by a third party provider, SAPT Block Grant funds may be used as the payment of last resort. This service must include immunizations.

The following type of unit must be reported:

Main Unit: Hours

### **71 - Transportation (For Perinatal, Parolee, SACPA and CDCI client population)**

This service is the provision of or arrangement for the transportation of a client to and from treatment services.

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Main Unit: Hours

### **72 – Human Immunodeficiency Virus (HIV) Counseling Services**

**Counseling** is a process of helping a client understand his or her patterns of thinking, feeling, and acting, and helping that client to make conscious choices to change behavior. Counselors gather client information using screening or assessment tools that are sensitive to age, developmental level, culture, gender, and sexual orientation.

**Counseling Services** are clients-centered, intensive, and prevention-based services conducted with HIV-positive or high risk individuals for the purpose of preventing HIV transmission or acquisition.

**Risk Assessment** is a brief evaluation of HIV behavioral risk factors used to decide who should be recommended for HIV testing, interventions, or other services. A risk assessment is usually done as part of targeted testing because it requires asking a person about behavioral risk factors for HIV and other infectious diseases.

The following type of unit must be reported:

Main Unit: N/A

### **73- Human Immunodeficiency Virus (HIV)/AIDS Education**

Education sessions cover understanding of HIV/AIDS, risks of drug use and drug injection, sexual behavior and HIV/AIDS, and seeking entry into substance abuse treatment programs. HIV/AIDS educators may use presentations, one-on-one discussion, group discussion, and role-play as part of HIV/AIDS education.

The following type of unit must be reported:

Main Unit: N/A

## **74 – Human Immunodeficiency Virus (HIV) Infectious Disease Services**

**Integrated Infectious Disease Services** are services in which a person is offered and receives **two or more** prevention, treatment, or care services for HIV/AIDS, sexually transmitted diseases (STDs), viral hepatitis, or tuberculosis (TB) in the course of a single visit within one facility. **Testing** is conducted in public health department sites and community-based settings in order to increase the numbers of persons who know their infectious disease status and, if positive, can be linked to medical care and other prevention services.

The following type of unit must be reported:

Main Unit: N/A

## **75 – Human Immunodeficiency Virus (HIV) Therapeutic Measures for HIV Positives**

Primary services for newly HIV-infected clients include linkage to a medical provider (an HIV positive person is seen by a health-care provider to receive medical care for his/her HIV infection within a specified time), medical care, and a referral to a case manager, if needed. Linkage to medical care is the outcome of the referral.

**Medical intervention** is any examination, treatment, or other act having preventive, diagnostic therapeutic or rehabilitative aims, and which is carried out by a physician or other health care provider. Medical interventions include a full medical evaluation, CD4 count, and viral load count. The community-based organization (CBO) is responsible for linking clients to medical care, prevention services, and other supportive services within 3 months, as well as establishing a comprehensive memorandum of understanding with partner agencies to make active referrals.

**Treatment Adherence** is the following of a recommended course of treatment, which includes medical and dental appointments, lab tests, and taking all prescribed medications. **Treatment Adherence Services** are services that assist the patient with maintaining his or her treatment. These include prevention services and support services (e.g., psychosocial, housing, and substance abuse), as well as other STD screenings, economic benefits, and partner services.

The following type of unit must be reported:

Main Unit: N/A

## **76- Human Immunodeficiency Virus (HIV) Referral Services**

Patient Navigation is the process by which a client's needs for care and supportive services are assessed and are provided with assistance, including necessary follow-up efforts to facilitate contact with appropriate service providers. Patient navigation seeks to improve engagement in medical care (and therefore improve health outcomes) by addressing patients' individual barriers to care.

Referral is the process in which a provider facilitates entry into a necessary service or intervention. Referrals vary by the client's needs and intensity of follow-up. CBOs may have to realign their resources to support a linkage/support case manager in order to provide successful referrals. A monitoring and evaluation system needs to be implemented to ensure access to services and verify completed referrals. In reference to medical care, a referral is one way to link a person to care. It is important the testing agency tracks the referral and provides the necessary follow-up to verify the person attended the first appointment.

Non-emergency transportation to medical appointment determined to be necessary may be provided for PLWHIV/AIDS who require routine medical services and who, are unable to use other available means of local transportation because of financial problems or physical conditions.

The following type of unit must be reported:

Main Unit: N/A

## **77 Human Immunodeficiency Virus (HIV) Outreach**

Face-to-face interventions with high-risk individuals conducted in places where those individuals meet. Outreach is for the purpose of recruiting clients into substance use disorder and other prevention or care services, as needed, as well as for the distribution of risk reduction supplies in fact –to-face settings.

## **80 – SACPA Literacy Training**

Literacy Training means instruction and information presented in an individual or group session to increase literacy skills and reading comprehension.

The following types of units must be reported:

Main Unit: SACPA Hours

### **81 – SACPA Family Counseling**

Family Counseling means counseling with individuals, couples, or groups which examines interpersonal and family relationship. Such counseling shall be provided by an individual licensed as provided by California Code of Regulations, Title 9, Section 9505.

The following types of units must be reported:

Main Unit: SACPA Hours

### **82 – SACPA Vocational Training**

Vocational Training means instruction and information presented in a group setting to increase opportunities for gainful employment.

The following type of unit must be reported:

Main Unit: SACPA Hours

### **83 – SACPA Case Management**

Case Management means activities involved in the integrating and coordinating of all necessary services to ensure successfully treatment and recovery. Services may include referral/assessment, placement into the services, supervision, and miscellaneous case management.

The following type of unit must be reported:

Main Unit: SACPA Hours

### **84 – SACPA Other Services**

Other Services means probation, court monitoring, and miscellaneous services provided pursuant to the Substance Abuse and Crime Prevention Act of 2000. These services may include: housing, transportation, health services, mental health services.

The following type of unit must be reported:

Main Unit: SACPA Hours

**85 – SACPA Drug Testing**

This service code was established to account for the number of drug tests for SACPA clients that were previously paid for with SAPT SATTA – Substance Abuse Testing funding, now being paid for with SAPT Discretionary funds. .

Main Unit: SACPA Drug Tests

**86 – CARE Other Services**

This service code was established to account for the cost of California Access to Recovery Effort (CARE) services that do not fall within the description of existing service codes. Because this service code may be used to report the cost of many different types of eligible services provided under the CARE Program, no attempt will be made to capture the different unit types. Therefore the unit count is not required under this service code.

Main Unit: N/A

**87 – Drug Court – Other Treatment Related Services**

This service code is used for treatment related services in drug court programs other than those reported in services in Secondary Prevention, Non-Residential, Narcotics Treatment, or Residential Treatment modalities.

Main Unit: None

**88 – AB109, Chapter 15, Statute of 2011, Other Services**

This service code was established to account for the cost of the realignment of Criminal Justice and Rehabilitation programs from the State to the counties is detailed in Assembly Bill 109 (AB 109). Because this service code may be used to report the cost of many different types of eligible AOD services provided under AB 109, no attempt will be made to capture the different unit types. Therefore the unit count is not required under this service code.

Main Unit: N/A

## **DRIVING UNDER THE INFLUENCE**

### **90 - Driving Under the Influence**

This service is a first offender, 18-month, or 30-month alcohol and drug education and counseling program for persons who have a driving or boating violation involving alcohol and/or other drugs. These programs have been recommended by the county board of supervisors and are licensed by the Department.

The following type of unit must be reported:

Main Unit: Persons Served