

Substance Abuse Prevention and Treatment Block Grant (SABG) General Ledger Report

State Fiscal Year (SFY) 2018 - 2019
 SFY Quarter (QTR) 3
 January 1, 2019 through March 31, 2019

SABG Discretionary 50-19

(a.) Drug Medi-Cal Provider Number (4 Digits)	(b.) Provider Name	(c.) Service Code	(d.) Service Code Desc	(e.) Program Code	(f.) Program Code Desc	(g.) Amount

Total Discretionary

TOTAL HERE - will
 match first page of the
 QFFMR

(a.) Drug Medi-Cal Provider Number	(b.) Provider Name	(c.) Service Code	(d.) Service Code Desc	(e.) Program Code	(f.) Program Code Desc	(g.) Amount

Total Friday Night Live

SABG Primary Prevention Set-Aside 50d-19

match the first page of
the QFFMR.

(a.) Drug Medi-Cal Provider Number	(b.) Provider Name	(c.) Service Code	(d.) Service Code Desc	(e.) Program Code	(f.) Program Code Desc	(g.) Amount

Total Primary Prevention

match the first page of
the QFFMR.

SABG - Perinatal Set-Aside 52-19

(a.) Drug Medi-Cal Provider Number	(b.) Provider Name	(c.) Service Code	(d.) Service Code Desc	(e.) Program Code	(f.) Program Code Desc	(g.) Amount

Total Perinatal

match the first page of
 the QFFMR.

Administration Costs Summary

Please provide administrative/non-direct cost not to exceed 15%

Total Admin Costs for Qtr	Allocation for Qtr*	Qtr %

*Allocation for quarter equals your total SABG allocation divided by 7.

General Ledger Instructions

Purpose: The general ledger is for the counties to report reimbursable expenditures to receive Substance Abuse Prevention and Treatment (SABG) payments based on the c requested Quarterly Federal Financial Management Report (QFFMR).

The General Ledger will provide Department of Health Care Services (DHCS) a summary of each categorical fund that is provided on the QFFMR.

The total of each categorical fund combined will be the amount the county receives as a payment for that quarter based on the Federal Fiscal Year (FFY).

General format for data:

- (a) **Drug Medi-Cal Provider Number (four Digits)** - The four digit Drug Medi-Cal provider number for the provider being reported
- (b) **Provider Name** – The business that provides health care services to consumers
- (c) **Service Code**- Two-digit codes placed on health care professional claims to indicate the setting in which a service was provided
- (d) **Service Code Description** -A general description of the type of service
- (e) **Program Code**- SUD Cost Report Program Codes
- (f) **Program Code Description** - Select the program code listing that corresponds with pro gram code number
- (g) **Total amount**

Please follow the above steps for each categorical funding line. An electronic copy of th completed General Ledger will need to be emailed to SABGreporting@dhcs.ca.gov.

Note: When a county reimburses a provider with SABG funds using a negotiated rate; then the county is to report that amount as its costs to purchase services, regardless of the provider's actual cost.

Questions: Counties can email questions on SABG reporting and payments to:
SABGreporting@dhcs.ca.gov

Reports Submission: The QFFMR and General Ledger reports can be emailed to
SABGreporting@dhcs.ca.gov

Counties must also mail the QFFMR report with original signature to:

P.O. Box 997413
Sacramento, CA 95899-7413
Attn: Joyce Ong
Fiscal Management & Accountability Section - MS 2629

SERVICE CODES		SFY 2019-20
Support Services		
Code Number	Service Code Description	
00	County Support	
01	Quality Assurance	
02	Training	
03	Program Development	
04	Research and Evaluation	
05	Planning, Coordination, Need Assessment	
06	Start Up Costs	
09	Alteration or Renovation	
Primary Prevention		
Code Number	Service Code Description	
11	Other	
12	Information Dissemination	
13	Education	
14	Alternatives	
15	Problem Identification and Referral	
16	Community-Based Process	
17	Environmental	
Secondary Prevention		
Code Number	Service Code Description	
18	Early Intervention	
19	Outreach/Intervention	
20	Intravenous Drug User (IDU or IVDU)	
21	Referrals/Screening/Intake	
Nonresidential		
Code Number	Service Code Description	
30	Intensive Outpatient Treatment (IOT)	
32	Recovery Support	
33	Outpatient Drug Free (ODF) Group	
34	Outpatient Drug Free (ODF) Individual	
35	Interim Treatment Services (CalWORKS Only)	

Program Codes		SFY 2019-20
Code Number	Program Code Description	
1	Non-DMC Non-Perinatal	
3	Non-DMC Perinatal	
4	Non-DMC Non-Perinatal - Other	
5	Non-DMC Non-Perinatal - Other	
6	Non-DMC Non-Perinatal - Other	
7	Non-DMC Non-Perinatal - Other	
10	Non-DMC Perinatal - Other	
11	Non-DMC Perinatal - Other	
14	Non-DMC/DSS CalWORKs	
15	Non-DMC/DSS CalWORKs - Other	
20	Non-DMC Adolescent Treatment	

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Narcotic Treatment	
Code Number	Service Code Description
41	Outpatient Methadone Detox (OMD)
42	Inpatient Methadone Detox
43	Naltrexone
44	Rehabilitative/Ambulatory Detox (Other than Methadone)
48	Narcotic Replacement Therapy - All Services
Residential	
Code Number	Service Code Description
50	Free-Standing Residential Detoxification
51	Residential/Recovery Long Term (over 30 days)
52	Residential/Recovery Short Term (up to 30 days)
53	Hospital Inpatient Detoxification (24 hour)
54	Hospital Inpatient Residential (24 hour)
55	Chemical Dependency Recovery Hospital (CDRH)
56	Transitional Living Center
57	Alcohol/Drug Free Housing (Perinatal Only)
Ancillary Services	
Code Number	Service Code Description
22	Perinatal Outreach
63	Cooperative Projects
64	Vocational Rehabilitation
66	Tuberculosis Services
67	Interim Services (within 48 hours)
68	Case Management
69	Primary Medical Care (Perinatal Only)
70	Pediatric Medical Care (Perinatal Only)
71	Transportation (Perinatal Only)
Driving Under the Influence	
Code Number	Service Code Description
90	Driving Under the Influence

ODS Waiver Services	
Code Number	Service Code Description
52a	Residential/Recovery Short Term (up to 30 days)
56a	Transitional Living Center
57a	Alcohol/Drug Free Housing (Perinatal Only)
91	ODS Outpatient Treatment (OT)
105	ODS Intensive Outpatient Treatment (IOT)
106	ODS Partial Hospitalization (PH)
109	ODS Withdrawal Management 3.2
112	ODS Residential 3.1
113	ODS Residential 3.3
114	ODS Residential 3.5
115	<i>ODS Residential 3.7 *</i>
116	<i>ODS Residential 4.0 *</i>
117	ODS NTP MAT Buprenorphine
118	ODS NTP MAT Disulfiram
119	ODS NTP MAT Naloxone
120	ODS NTP - all services

** These services are not yet available to claim.*