

FINAL STATEMENT OF REASONS

As authorized by Government Code Section 11346.9(d), the Department of Health Care Services (Department) incorporates by reference the Initial Statement of Reasons prepared for this rulemaking.

The regulation text was made available for public comment for at least 45 days, from August 28, 2015 through October 16, 2015, and one individual submitted a comment.

A public hearing was held at 10:00 a.m. on October 16, 2015 in Training Room A of the East End Complex located at 1500 Capitol Avenue in Sacramento, California. No comments were received.

No changes were made to the regulations nor were changes necessary to the Initial Statement of Reasons following the 45-day public comment period and the public hearing.

DOCUMENTS INCORPORATED BY REFERENCE

The Department proposes to incorporate forms by reference, which are available on the Department's Provider Enrollment Division internet website at: http://files.medical.ca.gov/pubsdoco/prov_enroll.asp#Forms. These forms are proposed to be incorporated by reference because it would be too cumbersome to print these forms directly in the California Code of Regulations. The forms to be incorporated by reference are as follows:

Section 51000.30, Subsection (c)(3)(H) incorporates the "Drug Medi-Cal Substance Use Disorder Clinic Application," DHCS 6001 (Rev. 12/14) form by reference.

Section 51000.30, Subsection (c)(3)(I) incorporates the "Drug Medi-Cal Substance Use Disorder Medical Director/Licensed Substance Use Disorder Treatment Professional/Substance Use Disorder Nonphysician Medical Practitioner Application/Agreement/Disclosure Statement," DHCS 6010 (Rev. 12/14) form by reference.

Section 51000.45, Subsection (d) incorporates the "Drug Medi-Cal Provider Agreement," DHCS 6009 (Rev. 12/14) form by reference.

SUMMARY AND RESPONSE TO COMMENTS

COMMENT LETTER #1

Chris Barley, LAADC, Clinical Supervisor, Family and Children Services of Silicon Valley

10/15/15

Comment 1.A.

Right to Fair Hearing

Requiring providers to inform beneficiaries of SUDS treatment services of their right to a fair hearing relating to; denial, involuntary discharge, or reduction in DMC substance abuse services as it relates to conducting fair hearings in accordance with Section 50953 places unnecessary avoidable hardships on providers, beneficiaries, and treatment systems as well as creating barriers to medically necessary services.

Response 1.A.

This comment refers to Section 50953 which outlines the State Hearing Procedures. The scope of the DHCS 14-009E proposal involved the provider enrollment requirements for Drug Medi-Cal providers. Section 50953 was neither adopted nor amended in the DHCS-14-009E proposal, therefore the comment and proposal cannot be considered at this time. The comment goes outside the scope of the DHCS-14-009E proposal and has been forwarded to the appropriate division for consideration.

LOCAL MANDATE DETERMINATION

The Department has determined that the regulations would not impose a mandate on local agencies or school districts, nor are there any costs for which reimbursement is required by Part 7 (commencing with Section 17500), Division 4 of the Government Code. County participation in the DMC program is voluntary and not all counties offer DMC services.

ALTERNATIVES CONSIDERED

The Department has determined that no reasonable alternative considered by the Department, or that has otherwise been identified and brought to the attention of the Department, would be more effective in carrying out the purpose for which this action is proposed, or would be as effective and less burdensome to affected private persons than the proposed action, or would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

Existing regulations related to the Medi-Cal program are located in Title 22, CCR, Division 3. Using this regulatory proposal to make amendments and adoptions to existing requirements that govern the Medi-Cal program is the most effective and convenient way to provide current and updated information directly to those impacted providers, physicians and beneficiaries.

This regulatory action is necessary, pursuant to WIC Section 14043.75, to take steps to prevent fraud and abuse related to substance use disorder services, under the Medi-Cal program. Specifically, this regulatory action will address abusive and fraudulent practices as identified in the field reviews conducted by the Department.