

State of California
Office of Administrative Law

NOTICE OF APPROVAL OF CHANGES WITHOUT REGULATORY EFFECT
California Code of Regulations, Title 1, Section 100
OAL Matter Number: 2018-0724-05
OAL Matter Type: Nonsubstantive (N)

In re:
Department of Health Care Services
Regulatory Action:
Title 22, California Code of Regulations

Adopt sections: [Blank]
Amend sections: 51490.1
Repeal sections: [Blank]

This action without regulatory effect amends the deadline for the submission of claims to make the regulation consistent with Welfare and Institutions Code section 14021.6(g).

OAL approves this change without regulatory effect as meeting the requirements of California Code of Regulations, title 1, section 100.

Date: September 4, 2018

[Original Signed]
Amy R. Gowan, Attorney

For: DEBRA M. CORNEZ, Director

Original: Jennifer Kent, Director
Copy: Erika Drayton-Jebali

[Stamp]
[NONSUBSTANTIVE]

**STATE OF CALIFORNIA – OFFICE OF ADMINISTRATIVE LAW
NOTICE PUBLICATION/REGULATIONS SUBMISSION**

STD. 400 (REV. 01-2013)
OAL FILE NUMBERS
NOTICE FILE NUMBER: **Z-** [Blank]
REGULATORY ACTION NUMBER: 2018-0724-05N
EMERGENCY NUMBER: [Blank]

For use by Office of Administrative Law (OAL) only
NOTICE: [Blank]

REGULATIONS: [Date Stamp]
2018 JUL 24 PM 4:49
OFFICE OF ADMINISTRATIVE LAW

For Use by Secretary of State Only
[Date Stamp]
Endorsed Filed in the office of the Secretary of State of the State of California
SEP 04 2018
1:45 pm

AGENCY WITH RULEMAKING AUTHORITY: Department of Health Care Services
AGENCY FILE NUMBER (if any): DHCS-18-002

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE: [Blank]
TITLES: [Blank]
FIRST SECTION AFFECTED: [Blank]
2. REQUESTED PUBLICATION DATE: [Blank]
3. NOTICE TYPE
Notice re Proposed Regulatory Action: [Blank]
Other: [Blank]
4. AGENCY CONTACT PERSON: [Blank]
TELEPHONE NUMBER: [Blank]
FAX NUMBER (Optional): [Blank]

OAL USE ONLY

ACTION ON PROPOSED NOTICE
Approved as Submitted: [Blank]
Approved as Modified: [Blank]
Disapproved/Withdrawn: [Blank]
NOTICE REGISTER NUMBER: [Blank]

PUBLICATION DATE: [Blank]

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATIONS: Drug Medi-Cal (DMC) Claims Submission Timelines

1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBERS:

[Blank]

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLES AND SECTIONS
(Including Title 26, if toxics related)

SECTIONS AFFECTED (List all section numbers individually. Attach additional sheet if needed.)

ADOPT: [Blank]

AMEND: Section 51490.1

REPEAL: [Blank]

TITLES: 22

3. TYPE OF FILING

Regular Rulemaking (Gov. Code Section 11346): [Blank]

Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code Sections 11349.3, 11349.4): [Blank]

Emergency (Gov. Code, Section 11346.1(b)): [Blank]

Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code Sections 11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute: [Blank]

Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, Section 11346.1): [Blank]

Emergency Readopt (Gov. Code, Section 11346.1(h)): [Blank]

File & Print: [Blank]

Changes Without Regulatory Effect (Cal. Code Regs., Title 1, Section 100): [Checked]

Print Only: [Blank]

Other (Specify): [Blank]

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs, Title 1, Section 44 and Gov. Code Section 11347.1): [Blank]

5. EFFECTIVE DATE OF CHANGES (Gov. Code, Sections 11343.4, 11346.1(d)); Cal. Code Regs, Title 1, Section 100):

Effective January 1, April 1, July 1, or October 1 (Gov. Code Section 11343.4(a)): [Blank]

Effective on filing with Secretary of State: [Blank]

Section 100 Changes Without Regulatory Effect: [Checked]

Effective other (Specify): [Blank]

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY.

Department of Finance (Form STD. 399) (SAM Section 6660): [Blank]
Fair Political Practices Commission: [Blank]
State Fire Marshal: [Blank]
Other (Specify): [Blank]

7. CONTACT PERSON: Erika Drayton-Jebali
TELEPHONE NUMBER: 916-345-8404
FAX NUMBER (Optional): [Blank]
EMAIL ADDRESS (Optional): Erika.Drayton-Jebali@dhcs.ca.gov

8. I certify that the attached copy of the regulations is a true and correct copy of the regulations identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE: [Original Signed]

TYPED NAME AND TITLE OF SIGNATORY: Jennifer Kent, Director

DATE: 7/19/18

For use by Office of Administrative Law (OAL) only

[Date Stamp]

Endorsed Approved

SEP 04 2018

Office of Administrative Law

METHOD OF INDICATING CHANGES

This Accessible PDF version of the approved regulation text includes the phrase **[begin underline]** at the beginning of each addition, **[end underline]** at the end of each addition, **[begin strikethrough]** at the beginning of each deletion, and **[end strikethrough]** at the end of each deletion.

A standard PDF version of this proposed regulation text is also available on the Department's Office of Regulations Internet site.

Amend Section 51490.1 as follows:

§ 51490.1. Claim Submission Requirements for Counties and Providers of Drug Medical Substance Use Disorder Services.

(a) Claims from counties and providers for reimbursement of outpatient drug free, day care habilitative, narcotic treatment program, Naltrexone treatment, and perinatal residential treatment services shall be presented to the Department no later than ~~[begin strikeout] thirty (30) calendar days after the month of service [end strikeout]~~ [begin underline] six (6) months from the date of service [end underline], unless the county or provider has good cause, as specified in Sections 51008 and 51008.5. The county or provider shall produce, upon request by the Department for audit or monitoring purposes, documentation to substantiate the good cause.

(b) -- No changes

Note: Authority cited: Section 20, Health and Safety Code; Sections 10725, 14021.5, 14021.30, 14021.33, 14124.26 and 14124.5, Welfare and Institutions Code. Reference: Sections 14021, 14021.5, 14021.6, 14021.51, 14043.7, 14053, 14107, 14124.1, 14124.2, 14124.20, 14124.21, 14124.24, 14124.25, 14131, 14132.21, 14132.905, 14133 and 14133.1, Welfare and Institutions Code; and Statutes of 2011, Chapter 32; and Statutes of 2012, Chapter 36.