

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
San Francisco Regional Office  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6706



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

DEC 20 2012

Toby Douglas, Director  
California Department of Health Care Services  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

Dear Mr. Douglas:

Enclosed is an approved copy of California State Plan Amendment (SPA) 12-005. SPA 12-005 was submitted to my office on September 28, 2012 to reflect the transition of the Drug Medi-Cal program functions from the Department of Alcohol and Drug programs to the Department of Health Care Services (DHCS) effective July 1, 2012. The SPA also updates the Drug Medi-Cal program service descriptions and requirements.

The effective date of this SPA is July 1, 2012. Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Limitations on Attachment 3.1-A, page 20
- Limitations on Attachment 3.1-B, page 20
- Limitations on Attachment 3.1-A, page 20a
- Limitations on Attachment 3.1-B, page 20a
- Limitations on Attachment 3.1-A, page 20a.1
- Limitations on Attachment 3.1-B, page 20a.1
- Supplement 3 to Attachment 3.1-A, page 3
- Supplement 3 to Attachment 3.1-A, page 3a
- Supplement 3 to Attachment 3.1-B, page 1
- Supplement 3 to Attachment 3.1-B, page 1a
- Supplement 3 to Attachment 3.1-A, page 4
- Supplement 3 to Attachment 3.1-B, page 2
- Supplement 3 to Attachment 3.1-A, page 5
- Supplement 3 to Attachment 3.1-B, page 3
- Supplement 3 to Attachment 3.1-A, page 6
- Supplement 3 to Attachment 3.1-B, page 4
- Supplement 5 to Attachment 4.19-B, page 9
- Supplement 2 to Attachment 3.1-A, page 1
- Supplement 2 to Attachment 3.1-A, page 1a

If you have any questions, please contact Kristin Dillon by phone at (415) 744-3579 or by email at [Kristin.Dillon@cms.hhs.gov](mailto:Kristin.Dillon@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink, appearing to read 'Gloria Nagle', with a stylized flourish at the end.

Gloria Nagle, Ph.D., MPA  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosure

cc: Vanessa Baird, California Department of Health Care Services  
Kathryn Waje, California Department of Health Care Services  
Laurie Weaver, California Department of Health Care Services

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
12-005

2. STATE  
California

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
July 1, 2012

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 CFR, Part 8 42 CFR 440.130

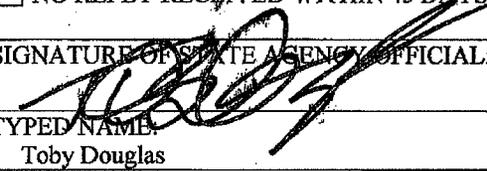
7. FEDERAL BUDGET IMPACT:  
a. FFY 2013 \$0  
b. FFY 2014 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Limitations on Attachment 3.1-A/B page 20  
Limitations on Attachment 3.1-A/B page 20a  
Limitations on Attachment 3.1-A/B page 20a.1 (new)  
Supplement 3 to Attachment 3.1-A page 3  
Supplement 3 to Attachment 3.1-A page 3a (new)  
Supplement 3 to Attachment 3.1-B page 1  
Supplement 3 to Attachment 3.1-B page 1a (new)  
Supplement 3 to Attachment 3.1-A page 4  
Supplement 3 to Attachment 3.1-B page 2  
Supplement 3 to Attachment 3.1-A page 5 (new)  
Supplement 3 to Attachment 3.1-B page 3 (new)  
Supplement 3 to Attachment 3.1-A page 6 (new)  
Supplement 3 to Attachment 3.1-B page 4 (new)  
Supplement 5 to Attachment 4.19-B page 9  
Supplement 2 to Attachment 3.1-A page 1  
Supplement 2 to Attachment 3.1-A page 1a (new)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Limitations on Attachment 3.1-A/B page 20  
Limitations on Attachment 3.1-A/B page 20a  
Supplement 3 to Attachment 3.1-A page 3  
Supplement 3 to Attachment 3.1-B page 1  
Supplement 3 to Attachment 3.1-A page 4  
Supplement 3 to Attachment 3.1-B page 2  
Supplement 5 to Attachment 4.19-B page 9  
Supplement 2 to Attachment 3.1-A page 1

10. SUBJECT OF AMENDMENT:  
  
Replace references of Alcohol and Drug Programs (ADP) to DHCS, and update program coverage.

11. GOVERNOR'S REVIEW (Check One):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Governor's Office does not wish to Review  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      State Plan Amendments

12. SIGNATURE OF STATE AGENCY OFFICIAL:  


13. TYPED NAME:  
Toby Douglas

14. TITLE:  
Director, Department of Health Care Services

15. DATE SUBMITTED: SEP 28 2012

16. RETURN TO:

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 9/28/12

18. DATE APPROVED: DEC 20 2012

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/12

20. SIGNATURE OF REGIONAL OFFICIAL:  


21. TYPED NAME: Gloria Nagle

22. TITLE: Associate Regional Administrator

23. REMARKS: Pen and ink changes to Box 6 confirmed via 12/5/12 response from the State.

**State Plan Chart**

**Limitations on Attachment 3.1-A**

(Note: This chart is an overview only.)

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
13.d.4 Rehabilitative mental health services (continued)	See Supplement 3 to Attachment 3.1-A for program coverage and eligibility details.	Services are based on medical necessity and in accordance with a client plan signed by a licensed mental health professional.  Beneficiaries must meet medical necessity criteria.
13.d.5 Substance Use Disorder Treatment Services	Substance use disorder treatment services include:  Narcotic treatment program (see Supplement 3 To Attachment 3.1-A for program coverage and details under 13.d.5 Substance Use Disorder Treatment Services)  Naltrexone Treatment (see Supplement 3 To Attachment 3.1-A for program coverage and details under 13.d.5 Substance Use Disorder Treatment Services)	Prior authorization is not required. Post-service periodic reviews include an evaluation of medical necessity, frequency of services, appropriateness and quality of care, and examination of clinical charts and reimbursement claims.  Prior authorization is not required. Post-service periodic reviews include an evaluation of medical necessity, frequency of services, appropriateness and quality of care, and examination of clinical charts and reimbursement claims.

\*Prior authorization is not required for emergency services.

\*\*Coverage. is limited to medically necessary services.

State Plan Chart

Limitations on Attachment 3.1-A

(Note: This chart is an overview only.)

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
13.d.5 Substance Use Disorder Treatment Services (continued)	Outpatient Drug Free Treatment Services (see Supplement 3 To Attachment 3.1-A for program coverage and details under 13.d.5 Substance Use Disorder Treatment Services)	Prior authorization is not required. In those cases where additional services are needed for EPSDT individuals under 21, these services are available subject to prior authorization. Post-service periodic reviews include an evaluation of medical necessity, frequency of services, appropriateness and quality of care, and examination of clinical charts and reimbursement claims.
	Day care rehabilitative treatment services (see Supplement 3 To Attachment 3.1-A for program coverage and details under 13.d.5 Substance Use Disorder Treatment Services)	Prior authorization is not required. Post-service periodic reviews include an evaluation of medical necessity, frequency of services, appropriateness and quality of care, and examination of clinical charts and reimbursement claims.

\*Prior authorization is not required for emergency services.

\*\*Coverage is limited to medically necessary services.

20a

TN No. 12-005

Supersedes TN No. 00-016

Approval Date: DEC 20 2012

Effective Date: 7/1/2012

State Plan Chart

Limitations on Attachment 3.1-A

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
13.d.5 Substance Use Disorder Treatment Services (continued)	Perinatal Residential Substance Use Disorder Services (see Supplemental 2 To Attachment 3.1-A for program coverage and details under Extended Services For Pregnant Women)	Prior authorization is not required. Post-service periodic reviews include an evaluation of medical necessity, frequency of services, appropriateness and quality of care, and examination of clinical charts and reimbursement claims. Room and board are not reimbursable DMC services.
	Substance Use Disorder Treatment Services Provided to Pregnant and Postpartum Women (see Supplemental 2 To Attachment 3.1-A for program coverage and details under Extended Services For Pregnant Women)	Prior authorization is not required. Post-service periodic reviews include an evaluation of medical necessity, frequency of services, appropriateness and quality of care, and examination of clinical charts and reimbursement claims.

\*Prior authorization is not required for emergency services.

\*\*Coverage. is limited to medically necessary services.

20a1

TN No. 12-005

Supersedes TN No. None

Approval Date: DEC 20 2012

Effective Date: 7/1/2012

**State Plan Chart**

**Limitations on Attachment 3.1-B**

(Note: This chart is an overview only.)

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
13.d.4 Rehabilitative mental health services (continued)	See Supplement 2 to Attachment 3.1-B for program coverage and eligibility details.	Services are based on medical necessity and in accordance with a client plan signed by a licensed mental health professional.  Beneficiaries must meet medical necessity criteria.
13.d.5 Substance Use Disorder Treatment Services	Substance use disorder treatment services include:  Narcotic treatment program (see Supplement 3 To Attachment 3.1-B for program coverage and details under 13.d.5 Substance Use Disorder Treatment Services)  Naltrexone Treatment (see Supplement 3 To Attachment 3.1-B for program coverage and details under 13.d.5 Substance Use Disorder Treatment Services)	Prior authorization is not required. Post-service periodic reviews include an evaluation of medical necessity, frequency of services, appropriateness and quality of care, and examination of clinical charts and reimbursement claims.  Prior authorization is not required. Post-service periodic reviews include an evaluation of medical necessity, frequency of services, appropriateness and quality of care, and examination of clinical charts and reimbursement claims.

\*Prior authorization is not required for emergency services.

\*\*Coverage. is limited to medically necessary services.

State Plan Chart

Limitations on Attachment 3.1-B

(Note: This chart is an overview only.)

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
13.d.5 Substance Use Disorder Treatment Services (continued)	Outpatient Drug Free Treatment Services (see Supplement 3 To Attachment 3.1-B for program coverage and details under 13.d.5 Substance Use Disorder Treatment Services)	Prior authorization is not required. In those cases where additional services are needed for EPSDT individuals under 21, these services are available subject to prior authorization. Post-service periodic reviews include an evaluation of medical necessity, frequency of services, appropriateness and quality of care, and examination of clinical charts and reimbursement claims.
	Day care rehabilitative treatment services (see Supplement 3 To Attachment 3.1-B for program coverage and details under 13.d.5 Substance Use Disorder Treatment Services)	Prior authorization is not required. Post-service periodic reviews include an evaluation of medical necessity, frequency of services, appropriateness and quality of care, and examination of clinical charts and reimbursement claims.

\*Prior authorization is not required for emergency services.

\*\*Coverage is limited to medically necessary services.

20a

TN No. 12-005

Supersedes TN No. 00-016

Approval Date: DEC 20 2012

Effective Date: 7/1/2012

**State Plan Chart**

**Limitations on Attachment 3.1-B**

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
13.d.5 Substance Use Disorder Treatment Services (continued)	Perinatal Residential Substance Use Disorder Services (see Supplemental 1 To Attachment 3.1-B for program coverage and details under Extended Services For Pregnant Women)	Prior authorization is not required. Post-service periodic reviews include an evaluation of medical necessity, frequency of services, appropriateness and quality of care, and examination of clinical charts and reimbursement claims. Room and board are not reimbursable DMC services.
	Substance Use Disorder Treatment Services Provided to Pregnant and Postpartum Women (see Supplemental 1 To Attachment 3.1-B for program coverage and details under Extended Services For Pregnant Women)	Prior authorization is not required. Post-service periodic reviews include an evaluation of medical necessity, frequency of services, appropriateness and quality of care, and examination of clinical charts and reimbursement claims.

\*Prior authorization is not required for emergency services.

\*\*Coverage. is limited to medically necessary services.

20a1

TN No. 12-005  
Supersedes TN No. None

Approval Date: DEC 20 2012

Effective Date: 7/1/2012

State/Territory: California

## 20. Extended Services for Pregnant Women

## a. Pregnancy-related and postpartum services for 60 days after pregnancy ends.

Provided: Pregnancy-related and postpartum services include all antepartum (prenatal) care, care during labor and delivery, postpartum care, and family planning. Pregnancy-related services include all care normally provided and during pregnancy (examinations, routine urine analyses, evaluations, counseling, and treatment) and labor and delivery (initial and ongoing assessment of maternal and fetal well-being and progress of labor, management of analgesia and local or pudendal anesthesia, vaginal delivery with or without episiotomy, initial assessment and, when necessary, resuscitation of the newborn infant). Postpartum care includes those services (hospital and scheduled office visits during the puerperium, assessment of uterine involution and, as appropriate, contraceptive counseling) provided 60 days after pregnancy ends. Family planning services include contraceptive counseling and tubal ligation.

Pregnancy-related and postpartum services may also include alcohol and other drug treatment services that ameliorate conditions that complicate pregnancy because the developing fetus is vulnerable to the mother's alcohol or drug dependence. Those services include women-specific treatment and recovery services.

Day care rehabilitative services provided to pregnant and postpartum women a minimum of three hours per day, three days a week, are covered under the Drug Medi-Cal program when prescribed by a physician as medically necessary.

The perinatal residential substance use disorder program is a non-institutional, non-medical, residential program which provides rehabilitative services to pregnant and postpartum women with substance use disorder diagnoses. Each beneficiary shall live on the premises and shall be supported in her efforts to restore, maintain, and apply interpersonal and independent living skills and access community support systems. Services are provided in a 24-hour structured environment and are covered for pregnant and postpartum women under the Drug Medi-Cal program when prescribed by a physician as medically necessary. The costs of room and board are not reimbursable under the Medi-Cal program.

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TN No. 12-005

Approval Date: DEC 20 2012 Effective Date: July 1, 2012

Supersedes

TN No. 97-005

The components of perinatal residential substance use disorder services are:  
(see Day Care Rehabilitative Treatment, Supplement 3 to Attachment 3.1-A pg 3,  
for definitions)

- Intake
- Individual Counseling
- Group Counseling
- Medication Services
- Collateral Services
- Crisis Intervention Services

Perinatal Services shall include:

- Therapeutic interventions addressing issues such as relationships, sexual and physical abuse, and parenting.
- Mother/Child rehabilitative services: development of parenting skills and training in child development, which may include the provision of cooperative childcare.
- Service Access: provision of, or arrangement for transportation to and from medically necessary treatment.
- Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant.
- Coordination of ancillary services: assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary to prevent risk to fetus or infant.

b. Services for any other medical conditions that may complicate pregnancy.

Provided: Treatment for obstetrical complications (including preexisting or developing maternal or fetal conditions) which create a high-risk pregnancy and which may or may not be pregnancy-related is also covered.

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Supersedes

TN No. None

STATE/TERRITORY: CALIFORNIA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED TO MEDICALLY NEEDY GROUP(S)

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LIMITATION ON SERVICES

13.d.5 Substance Use Disorder Treatment Services

Substance use disorder treatment services are to stabilize and rehabilitate Medi-Cal beneficiaries who are diagnosed by physicians or other licensed practitioners of the healing arts, within the scope of their practices, as having a substance-related disorder. Substance use disorder treatment services are provided by certified substance use disorder treatment facilities, their certified satellite sites, or certified perinatal residential substance use disorder programs; are based on medical necessity; and are provided in accordance with a coordinated patient, treatment or service plan approved by a licensed physician, excluding crisis services for which a service plan is not required. Services include:

- Day Care Rehabilitative Treatment
- Naltrexone Treatment
- Narcotic Treatment Program
- Outpatient Drug Free Treatment
- Perinatal Residential Substance Use Disorder Services (see Supplement 2 to Attachment 3.1-B)
- Substance Use Disorder Treatment Services Provided to Pregnant and Postpartum women (see Supplement 1 to Attachment 3.1-B)

Day Care Rehabilitative, outpatient treatment counseling services are provided to patients a minimum of three hours per day, three days a week, and are limited to patients that are pregnant or in the postpartum period, or patients eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services.

The components of Day Care Rehabilitative Treatment are:

- Intake: The process of admitting a beneficiary into a substance use disorder treatment program. Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.
- Individual Counseling: Face-to-face contacts between a beneficiary and a therapist or counselor. Telephone contacts, home visits, and hospital visits do not qualify as Medi-Cal reimbursable units of service.

- **Group Counseling:** Face-to-face contacts between a beneficiary and a therapist or counselor. Telephone contacts, home visits, and hospital visits do not qualify as Medi-Cal reimbursable units of service.
- **Medication Services:** The prescription or administration of medication related to substance use disorder treatment services, or the assessment of the side effects or results of that medication, conducted by staff lawfully authorized to provide such services within the scope of their practice or license.
- **Collateral Services:** Face-to-face sessions with therapists or counselors and significant persons in the life of the beneficiary, focused on the treatment needs of the beneficiary in terms of supporting the achievement of the beneficiary's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the beneficiary.
- **Crisis Intervention:** Face-to-face contact between a therapist or counselor and a beneficiary in crisis. "Crisis" means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. Crisis intervention services shall be limited to stabilization of the beneficiary's emergency situation.
- **Discharge Planning:** The process to prepare a person for the post treatment return or reentry into the community, and the linkage of the individual to essential community treatment, housing and human services.

The intake assessment and treatment plan are standard for all DMC treatment modalities. The three daily hours of counseling for Day Care Rehabilitative Treatment must be face-to-face with a therapist or counselor. Pregnant and perinatal patients are also provided with education to reduce the harmful effects of alcohol and drugs on the mother and fetus or infant.

Naltrexone is a medication provided as an outpatient treatment service directed at serving detoxified opioid addicts and is covered under Drug Medi-Cal when prescribed by a physician as medically necessary. A patient must receive at least two, face-to-face counseling sessions with a therapist or counselor every 30-day period. The intake assessment to admit a patient into the program is the same as for the Narcotic Treatment Program.

The components of Naltrexone treatment services are: (See Day Care Rehabilitative Treatment for definitions)

- Intake
- Provision of Medication Services
- Medical direction, including physician and nursing services related to substance use disorders
- Individual and/or Group Counseling
- Collateral Services
- Crisis Intervention Services

STATE/TERRITORY: CALIFORNIA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO MEDICALLY NEEDY GROUP(S)

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**Narcotic Treatment Program:** This outpatient program uses methadone (or levoalphacetylmethadol (LAAM) if available and prescribed) as a narcotic replacement drug-when ordered by a physician as medically necessary to alleviate the symptoms of withdrawal from opioids. A patient must receive a minimum of fifty minutes of face-to-face, counseling sessions with a therapist or counselor per calendar month.

The components of the Narcotic Treatment Program are: (See Day Care Rehabilitative Treatment for definitions)

- Intake
- Individual and/or Group Counseling
- Medication Services
- Collateral Services
- Crisis Intervention
- Medical Psychotherapy: Type of counseling service consisting of a face-to-face discussion conducted by the medical director of the Narcotic Treatment Program on a one-to-one basis with the patient.

**Outpatient Drug Free (ODF) Treatment Services** to stabilize and rehabilitate patients who have a substance use disorder diagnosis are covered under DMC when prescribed by a physician as medically necessary.

The components of Outpatient Drug Free Treatment Services are: (See Day Care Rehabilitative Treatment for definitions)

- Intake
- Individual Counseling, limited to intake
- Group Counseling
- Medication Services
- Collateral Services
- Crisis Intervention
- Discharge Planning

The intake assessment and treatment plan are standard for all DMC treatment modalities. For ODF, each participant is to receive at least two group face-to-face counseling sessions every thirty days (4-10 participants) focused on short-term personal, family, job/school and other problems and their relationship to substance use. Reimbursable group sessions may last up to 90 minutes.

State/Territory: California

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED TO THE CATEGORICALLY NEEDY

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Provider Qualifications

Substance use disorder services are provided by qualified and certified substance use disorder treatment facilities, their certified satellite sites, or certified perinatal residential substance use disorder programs that agree to abide by the definitions, rules, and requirements for stabilization and rehabilitation services established by the Department of Health Care Services, and that sign a provider agreement with a county or the State.

Services are provided by a qualified substance use disorder treatment professional functioning within the scope of his/her practice as defined in the California Code of Regulations, Title 9, Section 13005(a)(4)(A-F).

A substance use disorder treatment professional can qualify to provide alcohol and other drug (AOD) counseling in any licensed or certified AOD program in **one** of the following ways:

- As a registrant in one of the nine certifying organizations; the registrant must be enrolled in a certification program and complete the certification requirements within five years.  
**Or;**
- As an AOD counselor, certified by one of the nine certifying organizations; qualifications to become certified as an AOD counselor are (Title 9, Section 13040):
  - 155 hours of formal classroom AOD education to include:
    - Technical Assistance Publication (TAP) 21: Addiction Counseling Competencies (Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment)
    - Provisions of services to special populations
    - Ethics
    - Communicable diseases
    - Prevention of sexual harassment
  - 160 hours of supervised AOD training based on the curriculum in TAP 21;
  - 2,080 additional documented hours of paid or unpaid work experience providing counseling services in and AOD program;
  - Obtain a score of at least 70 percent on a written or oral examination; **Or;**

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TN No: 12-005  
Supersedes:  
TN No: None

Approval Date: DEC 20 2012

Effective Date: July 1, 2012

State/Territory: California

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

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- Sign a statement documenting whether his/her prior certification as an AOD counselor has ever been revoked; and
- Sign an agreement to abide by the code of conduct. Or;
- Be one of the following:
  - A physician licensed by the Medical Board of California;
  - A psychologist licensed by the Board of Psychology;
  - A clinical social worker or marriage and family therapist licensed by the California Board of Behavioral Sciences; or,
  - An intern registered with the California Board of Psychology or the California Board of Behavioral Sciences.

**Assurances**

The State assures that substance use disorder treatment services shall be available to children and youth found to be eligible under the provisions of Social Security Act section 1905(r)(5).

The State assures that the Single State Agency shall not delegate to any other State Agency the authority and responsibilities described in 42 CFR section 431.10(e).

The State assures that all Medicaid program requirements regarding free choice of providers as defined in 42 CFR 431.51 shall be adhered to.

The State assures that Perinatal Residential Substance Abuse Services are not provided in facilities that are Institutes for Mental Diseases.

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TN No: 12-005  
Supersedes:  
TN No: None

Approval Date: DEC 20 2012

Effective Date: July 1, 2012

State/Territory: California**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

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**LIMITATION ON SERVICES****13.d.5 Substance Use Disorder Treatment Services**

Substance use disorder treatment services are to stabilize and rehabilitate Medi-Cal beneficiaries who are diagnosed by physicians or other licensed practitioners of the healing arts, within the scope of their practices, as having a substance use disorder. Substance use disorder treatment services are provided by certified substance use disorder treatment facilities, their certified satellite sites, or certified perinatal residential substance use disorder programs; are based on medical necessity; and are provided in accordance with a coordinated patient, treatment or service plan approved by a licensed physician, excluding crisis services for which a service plan is not required. Services include:

- Day Care Rehabilitative Treatment
- Naltrexone Treatment
- Narcotic Treatment Program
- Outpatient Drug Free Treatment
- Perinatal Residential Substance Use Disorder Services (see Supplement 2 to Attachment 3.1-A)
- Substance Use Disorder Treatment Services Provided to Pregnant and Postpartum Women (see Supplement 2 to Attachment 3.1-A)

Day Care Rehabilitative, outpatient treatment counseling services are provided to patients a minimum of three hours per day, three days a week, and are limited to patients that are pregnant or in the postpartum period, or patients eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services.

The components of Day Care Rehabilitative Treatment are:

- Intake: The process of admitting a beneficiary into a substance use disorder treatment program. Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.
- Individual Counseling: Face-to-face contacts between a beneficiary and a therapist or counselor. Telephone contacts, home visits, and hospital visits do not qualify as Medi-Cal reimbursable units of service.

- **Group Counseling:** Face-to-face contacts between a beneficiary and a therapist or counselor. Telephone contacts, home visits, and hospital visits do not qualify as Medi-Cal reimbursable units of service.
- **Medication Services:** The prescription or administration of medication related to substance use disorder treatment services, or the assessment of the side effects or results of that medication, conducted by staff lawfully authorized to provide such services within the scope of their practice or license.
- **Collateral Services:** Face-to-face sessions with therapists or counselors and significant persons in the life of the beneficiary, focused on the treatment needs of the beneficiary in terms of supporting the achievement of the beneficiary's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the beneficiary.
- **Crisis Intervention:** Face-to-face contact between a therapist or counselor and a beneficiary in crisis. Crisis means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. Crisis intervention services shall be limited to stabilization of the beneficiary's emergency situation.
- **Discharge Planning:** The process to prepare a person for the post treatment return or reentry into the community, and the linkage of the individual to essential community treatment, housing and human services.

The intake assessment and treatment plan are standard for all Drug Medi-Cal treatment modalities. The three daily hours of counseling for Day Care Rehabilitative Treatment must be face-to-face with a therapist or counselor. Patients are also provided with education to reduce the harmful effects of alcohol and drugs on the mother and fetus or infant.

Naltrexone is a medication provided as an outpatient treatment service directed at serving detoxified opioid addicts and is covered under Drug Medi-Cal when prescribed by a physician as medically necessary. A patient must receive at least two, face-to-face counseling sessions with a therapist or counselor every 30-day period. The intake assessment to admit a patient into the program is the same as for the Narcotic Treatment Program.

The components of Naltrexone treatment services are: (See Day Care Rehabilitative Treatment for definitions)

- Intake
- Provision of Medication Services
- Medical direction, including physician and nursing services related to substance use disorders
- Individual and/or Group Counseling
- Collateral Services
- Crisis Intervention Services

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TN No. 12-005  
Supersedes  
TN No. None

Approval Date: DEC 20 2012

Effective Date: July 1, 2012

State/Territory: CaliforniaAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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Narcotic Treatment Program: This outpatient program uses methadone (or levoalphacetylmethadol (LAAM) if available and prescribed) as a narcotic replacement drug-when ordered by a physician as medically necessary to alleviate the symptoms of withdrawal from opioids. A patient must receive a minimum of fifty minutes of face-to-face, counseling sessions with a therapist or counselor per calendar month.

The components of the Narcotic Treatment Program are: (See Day Care Rehabilitative Treatment for definitions)

- Intake
- Individual and/or Group Counseling
- Medication Services
- Collateral Services
- Crisis Intervention
- Medical Psychotherapy: Type of counseling service consisting of a face-to-face discussion conducted by the medical director of the Narcotic Treatment Program on a one-to-one basis with the patient.

Outpatient Drug Free (ODF) Treatment Services to stabilize and rehabilitate patients who have a substance use disorder diagnosis are covered under DMC when prescribed by a physician as medically necessary.

The components of Outpatient Drug Free Treatment Services are: (See Day Care Rehabilitative Treatment for definitions)

- Intake
- Individual Counseling, limited to intake
- Group Counseling
- Medication Services
- Collateral Services
- Crisis Intervention
- Discharge Planning

The intake assessment and treatment plan are standard for all DMC treatment modalities. For ODF, each participant is to receive at least two group face-to-face counseling sessions every thirty days (4-10 participants) focused on short-term personal, family, job/school and other problems and their relationship to substance use. Reimbursable group sessions may last up to 90 minutes.

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**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

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Provider Qualifications

Substance use disorder services are provided at qualified and certified substance use disorder treatment clinics, their certified satellite sites, or certified perinatal residential substance use disorder programs that agree to abide by the definitions, rules, and requirements for stabilization and rehabilitation services established by the Department of Health Care Services, and that sign a provider agreement with a county or the State.

Services are provided by a qualified substance use disorder treatment professional functioning within the scope of his/her practice as defined in the California Code of Regulations, Title 9, Section 13005(a)(4)(A-F).

A substance use disorder treatment professional can qualify to provide alcohol and other drug (AOD) counseling in any licensed or certified AOD program in **one** of the following ways:

- As a registrant in one of the nine certifying organizations; the registrant must be enrolled in a certification program and complete certification requirements within five years. **Or;**
- As an AOD counselor, certified by one of the nine certifying organizations; qualifications to become certified as an AOD counselor are (Title 9, Section 13040):
  - 155 hours of formal classroom AOD education to include:
    - Technical Assistance Publication (TAP) 21: Addiction Counseling Competencies (Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment)
    - Provisions of services to special populations
    - Ethics
    - Communicable diseases
    - Prevention of sexual harassment
  - 160 hours of supervised AOD training based on the curriculum in TAP 21;
  - 2,080 additional documented hours of paid or unpaid work experience providing counseling services in an AOD program;
  - Obtain a score of at least 70 percent on a written or oral examination **Or;**

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- Sign a statement documenting whether his/her prior certification as an AOD counselor has ever been revoked; and
- Sign an agreement to abide by the code of conduct. **Or;**
- One of the following:
  - A physician licensed by the Medical Board of California;
  - A psychologist licensed by the Board of Psychology;
  - A clinical social worker or marriage and family therapist licensed by the California Board of Behavioral Sciences; or,
  - An intern registered with the California Board of Psychology or the California Board of Behavioral Sciences.

Assurances

The State assures that substance use disorder treatment services shall be available to children and youth found to be eligible under the provisions of Social Security Act section 1905(r)(5).

The State assures that the Single State Agency shall not delegate to any other State Agency the authority and responsibilities described in 42 CFR section 431.10(e).

The State assures that all Medicaid program requirements regarding free choice of providers as defined in 42 CFR 431.51 shall be adhered to.

The State assures that Perinatal Residential Substance Use Disorder Services are not provided in facilities that are Institutes for Mental Diseases.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: CALIFORNIA

3. Eligible facilities may bill one visit per group education session for each education session that meets Medi-Cal requirements for coverage and one or more eligible Medi-Cal beneficiaries attend. Facilities will bill for only one visit per group education session regardless of the number of Medi-Cal eligible participants in the session. Adjustments to the apportionment statistics will be made to assure the equitable apportionment of the costs of group education sessions to Medi-Cal.

4. The following services are not subject to cost-based reimbursement under this Supplement nor may a visit be counted as a Medi-Cal visit under this Supplement 5:

(a) Medi-Cal specialty mental health services, including Medi-Cal Short Doyle services, under the State's consolidated Section 1915 (b) waiver.

(b) Medi-Cal alcohol and drug program services.

ENCLOSURE

Revised Pages for:  
CALIFORNIA MEDICAID STATE PLAN  
Under Transmittal of  
STATE PLAN AMENDMENT (SPA)  
**12-005\***

All new pages will have this SPA\* number identified as the new TN No., so it will not be repeated for each new insert pages.

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Limitations on Attachment 3.1-A, page 20	Limitations on Attachment 3.1-A, page 20
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None	Limitations on Attachment 3.1-A, page 20a.1
Supplement 3 to Attachment 3.1-A, page 3	Supplement 3 to Attachment 3.1-A, page 3
None	Supplement 3 to Attachment 3.1-A, page 3a
Supplement 3 to Attachment 3.1-A, page 4	Supplement 3 to Attachment 3.1-A, page 4
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None	Supplement 2 to Attachment 3.1-A, page 1a
None	Supplement 3 to Attachment 3.1-A, page 5
None	Supplement 3 to Attachment 3.1-A, page 6
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None	Supplement 3 to Attachment 3.1-B, page 3
None	Supplement 3 to Attachment 3.1-B, page 4
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