

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
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ADP BULLETIN

Title Final Version of Title 22 Regulations Related to the Drug/Medi-Cal Program		Issue Date: 07-22-98 Expiration Date:	Issue No. 98-36
Deputy Director Approval (signed by) GLORIA J. MERK, II Program Operations Division	Function <input type="checkbox"/> Information Management <input type="checkbox"/> Quality Assurance <input checked="" type="checkbox"/> Service Delivery <input checked="" type="checkbox"/> Fiscal <input type="checkbox"/> Administration	Supersedes Bulletin/ADP Letter No. N/A	

PURPOSE

The purpose of this bulletin is to transmit the final Title 22 regulations related to the Drug/Medi-Cal (D/MC) Program which are effective June 30, 1998. These regulations have been published in Sections 51341.1, 51490.1, and 51516.1 of Title 22, California Code of Regulations and supersede those which were previously published in Title 22, effective July 1, 1997. The new rates which are effective July 1, 1998 are also included

DISCUSSION

Emergency regulations were published on July 1, 1997, to implement AB 2071. The Department received public comments and modified the regulations in response to those comments. Exhibit 1 is the final version of the regulations. Also included, as Exhibit 2, is a listing of the contents of the regulations for quick reference.

Some important changes and clarifications in the regulations are described below.

Section 51341.1

- The requirement for group counseling sign-in sheets is moved from Subsection (i)(7) to (g)(2) to ensure confidentiality. The date and duration of the group counseling sessions must also be documented.
- The requirement for good cause documentation for provider-related delays is added under Subsection (g)(4). Good cause documentation for beneficiary-related delays remains at Subsection (i)(8).
- Subsection (h)(3)(B) requires that progress notes for day care habilitative and perinatal residential treatment services are recorded at least once a week rather than for each counseling session.
- Subsection (h)(6)(A) requires a discharge summary to list the reason for the discharge.
- Subsection (i)(7) requires evidence of compliance with the treatment service requirements in (d).
- Subsection (j)(4) describes the circumstances required for reimbursement of an additional unit of service for various treatment services.
- Subsection (m)(4) clarifies limits on reimbursement for narcotic treatment programs' individual and group counseling sessions.

Section 51490.1

- Changes to Subsection (d)(2) clarify that additional units of service cannot be claimed for perinatal residential and can only be claimed for crisis services for day care habilitative treatment services.

Section 51516.1

- The term "ancillary" is replaced with core and lab work in Subsection (c). Also in that subsection, it is clarified that the dosing fee for LAAM is based on the average dose.

While not substantive, conditions of D/MC coverage of services previously contained in the definition of unit of service at Section 51341.1(b)(20) are moved to (j)(4). In addition, a number of other nonsubstantive changes have been made to the above-referenced sections of Title 22 for clarity and consistency purposes.

REFERENCES

Sections 51516.1, 51490.1 and 51516.1, Title 22, California Code of Regulations

HISTORY

Sections 51341.1, 51490.1, and 51516.1 of Title 22, California Code of Regulations, effective July 1, 1997

QUESTIONS/MAINTENANCE

Questions regarding the final regulations may be directed to the Program Accountability Branch at (____) ____ - ____.

EXHIBITS

Exhibits 1: [Sections 51341.1, 51490.1, and 51516.1, Title 22, California Code of Regulations](#)

Exhibits 2: [List of regulation subsections](#)

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