

DMC:

Drug Medi-Cal Programs

Including highlights of SD/MC ii

Drug Medi-Cal (DMC)

The Drug Medi-Cal (DMC) program provides medically necessary substance abuse treatment services for eligible Medi-Cal beneficiaries (California Code of Regulations, Title 22, Section 51341.1, 51490.1, and 51516.1)

Service Information

Narcotic Treatment Program (NTP): Modality using methadone directed at stabilization and rehabilitation of persons who are opiate addicted and have substance abuse diagnoses. This program does not include detoxification treatment. Services within NTP include: intake, treatment planning, medical direction, body specimen screening, physician and nursing services related to substance abuse, medical psychotherapy, individual and/or group counseling, admission physical examinations and laboratory tests, and medication services. Services also include the provision of methadone as prescribed by a physician to alleviate symptoms of withdrawal from opiates rendered in accordance with the requirements set forth in Title 9, California Code of Regulations (CCR), Chapter 4, commencing with Section 10000.

In order for a provider to receive reimbursement for DMC substance abuse services, the services shall be provided by or under the direction of a physician.

Group counseling shall be conducted with no less than four and no more than ten clients at the same time, only one of whom needs to be a Medi-Cal beneficiary.

Day Care Rehabilitative (DCR): Modality designed to provide outpatient counseling and rehabilitation services at least three hours per day, three days per week to persons with substance abuse diagnoses, who are pregnant or in the postpartum period, and/or to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) eligible beneficiaries. DCR services include: intake, admission physical examinations, medical direction, treatment planning, individual and group counseling, body specimen screens, medication services, collateral services, and crisis intervention, provided by staff who are lawfully authorized to provide, prescribe, and/or order these services within the scope of their practice or licensure. DCR services shall be provided only to pregnant and postpartum women and/or to EPSDT eligible beneficiaries. The service shall consist of regularly assigned, structured, and supervised treatment.

Outpatient Drug Free (ODF): Modality designed to stabilize and rehabilitate persons with substance abuse diagnoses in an outpatient setting. Services within ODF include: admission physical examinations, intake, medical direction, medication services, body specimen screens, treatment and discharge planning, crisis intervention, collateral services, group and individual counseling, provided by staff who are lawfully authorized to provide, prescribe, and/or order these services within the scope of their practice or licensure, subject to the following:

Group counseling sessions focus on short-term personal, family, job/school, and other problems and their relationship to substance abuse or a return to substance abuse. Each beneficiary receives at least two group counseling sessions per month. Group counseling shall be conducted with no less than four and no more than ten clients at the same time, only one of whom needs to be a Medi-Cal beneficiary.

Individual counseling is limited to intake, crisis intervention, collateral services, treatment and discharge planning.

Perinatal Residential: Service modality is a non-institutional, non-medical residential program that provides rehabilitation services to pregnant and postpartum women with substance abuse diagnoses. Each beneficiary lives on the premises and is supported in her efforts to restore, maintain, and apply interpersonal and independent living skills and access community support systems. Programs provide a range of activities and services for pregnant and postpartum women. Supervision and treatment services are available day and night, seven days a week. Services include: intake, admission physical examinations and laboratory tests, medical direction, treatment planning, individual and group counseling, parenting education, body specimen screens, medication services, collateral services, and crisis intervention services, provided by staff¹ who are lawfully authorized to provide, and/or order these services within the scope of their practice or licensure. Perinatal residential substance abuse services shall address treatment and recovery issues specific to pregnant and postpartum women, such as relationships, sexual and physical abuse, and development of parenting skills.

The services include:

- Mother/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative childcare).
- Service access (i.e., 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 infant.
- Coordination of ancillary services (i.e., 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).

Perinatal residential substance abuse services are provided in a residential facility licensed by ADP. The services are reimbursed through the Medi-Cal

¹ For a provider to receive reimbursement for DMC substance abuse services, those services shall be provided by or under the direction of a physician [22, CCR, 51341.1(h)].

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program only when provided in a facility with a treatment capacity of 16 beds or less, not including beds occupied by children of residents. Room and board is not reimbursable through the Medi-Cal program. For a provider to receive reimbursement for DMC substance abuse services, those services shall be provided by or under the direction of a physician.

Funding Information

DMC funding is administered through a contract between the Department of Alcohol and Drug Programs (ADP) and counties or direct contract providers. The reimbursement is 50% State General Fund (SGF) and 50% Federal Financial Participation (FFP), or 100% SGF if the DMC service is for a medi-cal beneficiary who qualifies under the minor consent program.

Maximum allowance rates are established for each service type, which is the maximum that can be billed or reimbursed. While a rate is established, the DMC program is a cost reimbursement program. At the end of each fiscal year, cost data is provided from the counties and direct contract providers. Costs above the maximum allowance rate are not reimbursed and costs below the rate are only reimbursed at the cost.

Reporting Requirements

The DMC services are provided by providers and then the claims are submitted electronically to ADP by the counties or by providers with whom ADP has a direct contract. Claims are normally submitted on a monthly basis as they are due within 30 days from the end of the service month. An invoice (ADP Form 1592) must accompany each claim, which is a summary of the detailed claim data. The summary information includes provider information, month and year of service, type of service provided, and the billed amount. While the invoice is not submitted electronically, it is tied in summary to the client data within the claim. The claims are processed through the Department of Health Care Services' Short-Doyle/ Medi-Cal system for adjudication. Upon ADP's receipt of approved claim information, ADP request from the State Controller's Office to issue reimbursement to the counties or direct contract providers.

