

FY 10-11 SUBSTANCE ABUSE ADP NNA/DRUG MEDICAL COST REPORT TRAINING



REFERENCE MATERIALS

- Exhibit C – Program Codes Comparison
- Exhibit D – Service Codes Comparison
- Exhibit E – Service Code Descriptions and Unit Information
- Exhibit T – Unit Definitions
- Exhibit S – FY 2010-11 Approved Drug MediCal Rates



PROGRAM CODES COMPARISON- FY 2009-10 and 2010-11

Program Code Listing	FY 2009-10 Code Number	FY 2010-11 Code Number
NNA Alcohol/Drug	1	1
NNA Parolee	2	2
NNA Perinatal	3	3
NNA Alcohol/Drug - Other	4	4
NNA Alcohol/Drug - Other	5	5
NNA Alcohol/Drug - Other	6	6
NNA Alcohol/Drug - Other	7	7
NNA Parolee - Other	8	8
NNA Parolee - Other	9	9
NNA Perinatal - Other	10	10
NNA Perinatal - Other	11	11
NNA Mentor (In Need of Treatment)	12	12
NNA Mentor (Not In Need of Treatment)	13	13
NNA/DSS CalWORKs	14	14
NNA/DSS CalWORKs - Other	15	15
NNA Adolescent Treatment	20	20
Drug Court - Adult Felony - Alcohol/Drug	40	40
Drug Court - Adult Felony - Perinatal	41	41
Drug Court - Juvenile - Alcohol/Drug	42	42
Drug Court - Juvenile - Perinatal	43	43
Drug Court - Dependency - Alcohol/Drug	44	44
Drug Court - Dependency - Perinatal	45	45
Unexpended Federal Funds	80	80
DMC Non-Minor Consent - 100% SGF	85	85
DMC Non-Minor Consent - 100% SGF (Peri)	86	86
DMC EPSDT	90	90
DMC EPSDT - Perinatal	91	91
DMC Minor Consent	92	92
DMC Minor Consent - Perinatal	93	93
DMC Private Pay	94	94
DMC Perinatal	95	95
DMC Perinatal - Other	96	96
DMC Alcohol/Drug	97	97
DMC Alcohol/Drug - Other	98	98
DMC Alcohol/Drug - Other	99	99

SERVICE CODES COMPARISON - FY 2009-10 and FY 2010-11

Service Code Descriptions	FY 2009-10 Code Number	FY 2010-11 Code Number
Support Services		
County Support	00	00
Quality Assurance	01	01
Training	02	02
Program Development	03	03
Research and Evaluation	04	04
Planning, Coordination, Need Assessment	05	05
Start Up Costs	06	06
Alteration or Renovation	09	09
Primary Prevention		
Other	11	11
Information Dissemination	12	12
Education	13	13
Alternatives	14	14
Problem Identification and Referral	15	15
Community-Based Process	16	16
Environmental	17	17
Secondary Prevention		
Early Intervention	18	18
Outreach/Intervention	19	19
Intravenous Drug User (IDU or IVDU)	20	20
Referrals/Screening/Intake	21	21
Nonresidential		
Rehabilitative/Ambulatory Intensive Outpatient (DCR)	30	30
Aftercare	32	32
Outpatient Drug Free (ODF) Group	33	33
Outpatient Drug Free (ODF) Individual	34	34
Interim Treatment Services (CalWORKS Only)	35	35
Narcotic Treatment		
Outpatient Methadone Detox (OMD)	41	41
Inpatient Methadone Detox	42	42
Naltrexone	43	43
Rehabilitative/Ambulatory Detox (Other than Methadone)	44	44
Narcotic Replacement Therapy - All Services	48	48

Residential		
Free-Standing Residential Detoxification	50	50
Residential/Recovery Long Term (over 30 days)	51	51
Residential/Recovery Short Term (up to 30 days)	52	52
Hospital Inpatient Detoxification (24 hour)	53	53
Hospital Inpatient Residential (24 hour)	54	54
Chemical Dependency Recovery Hospital (CDRH)	55	55
Transitional Living Center (Perinatal/Parolee Only)	56	56
Alcohol/Drug Free Housing (Perinatal/Parolee Only)	57	57
Ancillary Services		
Perinatal Outreach	22	22
Cooperative Projects	63	63
Vocational Rehabilitation	64	64
HIV Early Intervention Services	65	65
Tuberculosis Services	66	66
Interim Services (within 48 hours)	67	67
Case Management (excluding SACPA clients)	68	68
Primary Medical Care (Perinatal Only)	69	69
Pediatric Medical Care (Perinatal Only)	70	70
Transportation (Perinatal/Parolee Only)	71	71
SACPA Literacy Training	80	80
SACPA Family Counseling	81	81
SACPA Vocational Training	82	82
SACPA Case Management	83	83
SACPA Other Services	84	84
SACPA Drug Testing	85	85
CARE Other Services (Sacramento and L.A. counties only)	86	86
Drug Court - Other Treatment Related Services	87	87
Driving Under the Influence		
Driving Under the Influence	90	90

SERVICE CODE DESCRIPTIONS

AND UNIT INFORMATION

Fiscal Year 2010-11

These service code definitions were identified in the FY 1993-94 *Appendices of Guidelines for Preparation and Submission of Substance Abuse Prevention and Treatment Plan for County Alcohol and Drug Programs*. Other references are indicated in brackets.

SUPPORT SERVICES

00 - County Support

This includes administrative, management, and support functions not specifically defined in the other Support Services components. [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following type of units must be reported:

Main Unit: Hours

01 - Quality Assurance

This includes activities to assure conformity to acceptable professional standards and identify problems that need to be remedied. These activities may occur at the State, county, or program level. County administrative agency contracts to monitor service providers fall in this category, as do peer review activities. [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following is a listing of which unit information must be reported:

Main Unit: Hours

02 - Training

Post-Employment - This includes staff development and continuing education for personnel employed in local programs as well as support and coordination agencies, as long as the training relates to substance abuse service delivery. Typical costs include course fees, tuition and expense reimbursements to employees, trainer and support staff salaries, and certification expenditures. [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following is a listing of which unit information must be reported:

Main Unit: Hours

03 - Program Development

This includes consultation, technical assistance, and materials support to local providers and planning groups. Normally these activities are carried out by State and county level agencies. [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following is a listing of which unit information must be reported:

Main Unit: Hours

04 - Research and Evaluation

This includes activities or components related to research and evaluation of clinical trials, demonstration projects to test feasibility and effectiveness of a new approach, and performance evaluation of service programs. These activities might be carried out by the State agencies or a county contractor. [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following is a listing of which unit information must be reported:

Main Unit: Hours

05 - Planning, Coordination, Needs Assessment

This includes State, regional, and local personnel salaries pro-rated for time spent in planning meetings, data collection, analysis, writing, and travel. It also includes operating costs such as printing, advertising, and conducting meetings. Any contracts with community agencies or local governments for planning and coordination fall in this category, as do needs assessment projects to identify the scope and magnitude of the problem, resources available, gaps in services, and strategies to close those gaps. [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Main Unit: Hours

06 - Start Up Costs

Those costs associated with the initial development of a program within the 90 days immediately prior to the provider's ability to provide services. Typically, these costs include (but are not limited to) those for administrative and staff salaries, training, rent, utilities, and repairs. [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Main Unit: Hours

09 – Alteration or Renovation

This includes costs associated with the alteration or renovation of alcohol recovery/drug treatment facilities. A waiver must be granted by the Federal government prior to using SAPT funds. [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Main Unit: Hours

PRIMARY PREVENTION

11 - Other

The federally defined six primary prevention strategies, codes 12 through 17, have been designed to encompass nearly all of the prevention activities. However, in the unusual case an activity does not fit one of the six strategies, it may be classified in the "Other" category. [Federal Definition and ADP Letter #96-47 dated September 19, 1996]

The following type of unit must be reported:

Main Unit: N/A

12 - Information Dissemination

This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug use, abuse and addiction and their effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- a. Clearinghouse/information resource center(s);
- b. Resource directories;
- c. Media campaigns;
- d. Brochures;
- e. Radio/TV public service announcements;
- f. Speaking engagements;
- g. Health fairs/health promotion; and
- h. Information lines.

The following type of unit must be reported:

Main Unit: N/A

13 - Education

This strategy involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages) and systematic judgment abilities. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- a. Classroom and/or small group sessions (all ages);
- b. Parenting and family management classes;
- c. Peer leader/helper programs;
- d. Education programs for youth groups; and,
- e. Children of substance abusers groups.

The following type of unit must be reported:

Main Unit: N/A

14 - Alternatives

This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco and other drug use. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by, alcohol, tobacco and other drugs and would, therefore, minimize or obviate resorting to the latter. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- a. Drug free dances and parties;
- b. Youth/adult leadership activities;
- c. Community drop-in centers; and,
- d. Community service activities.

The following type of unit must be reported:

Main Unit: N/A

15 - Problem Identification and Referral

This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in

need of treatment. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- a. Employee assistance programs;
- b. Student assistance programs; and,
- c. Driving while under the influence/driving while intoxicated education programs.

The following type of unit must be reported:

Main Unit: N/A

16 - Community-Based Process

This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and drug abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, inter-agency collaboration, coalition building and networking. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- a. Community and volunteer training, e.g., neighborhood action training, training of key people in the system, staff officials training;
- b. Systematic planning;
- c. Multi-agency coordination and collaboration;
- d. Accessing services and funding; and,
- e. Community team-building.

The following type of unit must be reported:

Main Unit: N/A

17 - Environmental

This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco, and other drugs used in the general population. This strategy can be divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those which relate to the service and action-oriented initiatives. Examples of activities conducted and methods used for this strategy shall include, (but not be limited to) the following:

- a. Promoting the establishment and review of alcohol, tobacco and drug use policies in schools;
- b. Technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco and other drug use;
- c. Modifying alcohol and tobacco advertising practices; and,
- d. Product pricing strategies.

The following type of unit must be reported:

Main Unit: N/A

SECONDARY PREVENTION - These strategies do not count toward the 20 percent primary prevention funding requirement

18 - Early Intervention

This strategy is designed to come between a substance user and his or her actions in order to modify behavior. It includes a wide spectrum of activities ranging from user education to formal intervention and referral to appropriate treatment/recovery services. This service code is defined as activities for the purpose of encouraging those individuals in need of treatment to undergo such treatment.

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Main Unit: Hours

19 - Outreach and Intervention

This service code is defined as activities for the purpose of encouraging those individuals in need of treatment to undergo such treatment. The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Main Unit: Hours

20 - Intravenous Drug User (IDU or IVDU)

Activities for the purpose of encouraging those individuals in need of treatment to undergo such treatment.

The following type of unit must be reported:

Main Unit: Hours

21 - Referrals, Screening, and Intake

Activities involved in the assessment of a client's needs regarding treatment to ensure the most appropriate treatment. This may include the completion of record-keeping documents.

The following type of unit must be reported:

Main Unit: Hours

NONRESIDENTIAL**30 - Rehabilitative Ambulatory Intensive Outpatient (Day Care Rehabilitative)**

Day Care Rehabilitative (DCR) services are those that last two or more hours but less than 24 hours per day for three or more days per week. Programs that are DMC certified are required to provide services that last three or more hours but less than 24 hours, per day, for three or more days per week. This service definition includes day care habilitative programs which provide counseling and rehabilitation services to Medi-Cal beneficiaries with substance abuse impairments. Clients may live independently, semi-independently, or in a supervised residential facility which does not provide this service. DCR differs from Outpatient Drug Free care in which clients participate according to a minimum attendance schedule and have regularly assigned treatment activities.

Medi-Cal Beneficiaries: DMC reimbursement for DCR services shall be available only for services provided to pregnant and postpartum beneficiaries or beneficiaries under the age of 21 who are targeted for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services. Within the DCR program, only pregnant and postpartum women are eligible to receive DMC services through the perinatal certified program. The postpartum period is defined as a sixty (60) day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. Eligibility shall end on the last day of the calendar month in which the 60th day occurs. As an example, a woman gives birth on August 11th. Her eligibility as a pregnant and

postpartum woman ends on October 31st. Parenting women who are Medi-Cal eligible are still eligible for regular DMC services (non-Perinatal State General funds) and non-DMC perinatal programs. [Title 22, July 1, 2001].

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

NNA Component

Main Unit: Visits

DMC Component

Main Unit: Visits

Miscellaneous Unit: SACPA Visits (if Funding Line 80y is utilized)

32 - Aftercare

Structured services offered to an individual who has completed treatment, typically for a set period of time (e.g., six months), to ensure successful recovery.

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

Main Unit: Hours

33 - Rehabilitative/Ambulatory Outpatient or Outpatient Drug Free (ODF) - Group

Treatment/recovery or rehabilitation services provided where the client does not reside in a treatment facility. The client receives drug abuse or alcoholism treatment services with or without medication, including counseling and/or supportive services. This is also known as nonresidential services in the alcoholism field. [Federal Definition]

Medi-Cal Beneficiaries Only: Each client shall receive two group counseling sessions (minimum 90 minutes per group session) per 30-day period depending on his/her needs and treatment plan or be subject to discharge. Group counseling means face-to-face contacts in which one or more counselors treat four or more clients, up to a total of ten clients, at the same time, focusing on the needs of the individuals served. At least one of the clients in the group session must be DMC eligible to claim DMC reimbursement for the group session. [Title 22, July 1, 2001]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

NNA Component

Main Unit: Visits

DMC Component

Main Unit: Visits

Miscellaneous Unit: SACPA Visits (if Funding Line 80y is utilized)

34 - Rehabilitative/Ambulatory Outpatient or Outpatient Drug Free (ODF) - Individual

Treatment/recovery or rehabilitation services provided where the client does not reside in a treatment facility. The client receives drug abuse or alcoholism treatment services with or without medication, including counseling and/or supportive services. This is also known as nonresidential services in the alcoholism field. [Federal Definition]

Medi-Cal Beneficiaries Only: Each shall receive individual counseling, which is face-to-face contact between a client and a therapist or counselor. Individual counseling is limited to intake, evaluation, assessment and diagnosis, treatment and discharge planning, collateral services, and crisis intervention. [Title 22, July 1, 2001]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

NNA Component

Main Unit: Visits

DMC Component

Main Unit: Visits

Miscellaneous Unit: SACPA Visits (if Funding Line 80y is utilized)

35 - Interim Treatment Services - CalWORKs

This service code will be utilized for CalWORKs clients whose use of alcohol or drugs has interfered with their performance in the workplace or in school. Each client will receive short-term outpatient treatment services (no longer than eight weeks) of group and/or individual counseling sessions depending on his or her needs. This service includes any activity designed to assist the individual in determining a need for more intensive alcohol and other drug treatment.

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

NNA Component

Main Unit: Hours

NARCOTICS TREATMENT SERVICES

41 - Outpatient Methadone Detoxification (OMD)

This service element is comprised of the provision of narcotic withdrawal treatment pursuant to California Code of Regulations (CCR) Title 9, beginning with Section 10000, to clients who, with the aid of medication, are undergoing a period of planned withdrawal from narcotic drug dependence. Withdrawal without medication is not considered detoxification treatment for reporting purposes.

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

NNA Component

Main Unit: Slot Days

42 - Inpatient Methadone Detoxification (IMD)

In a controlled, 24-hour hospital setting, this service element is comprised of the provision of narcotic withdrawal treatment pursuant to CCR Title 9, beginning with Section 10000, to clients who, with the aid of medication are undergoing a period of planned withdrawal from narcotic drug dependence. Withdrawal without medication is not considered detoxification for reporting purposes.

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

NNA Component

Main Unit: Bed Days

43 - Naltrexone Treatment

The use of Naltrexone (Trexan) is to block the effects of heroin and other narcotics or opioids, such as codeine, pentazocine (Talwin), morphine, oxycodone (Percodan), and hydromorphone (Dilaudid). Services include medication, medical direction, medically necessary urine screens for use of substances, counseling, and other appropriate activities and services.

For DMC, Naltrexone treatment services means an outpatient treatment service directed at serving detoxified opiate addicts who have substance abuse diagnosis by using the drug Naltrexone, which blocks the euphoric effects of opiates and helps prevent relapse to opiate addiction.

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

NNA Component

Main Unit: Visits

DMC Component

Main Unit: Visits

Miscellaneous Unit: SACPA Visits (if Funding Line 80y is utilized)

44 - Rehabilitative Ambulatory Detoxification (Other than Methadone)

Rehabilitative ambulatory detoxification is defined as outpatient treatment services rendered in less than 24 hours that provide for safe withdrawal in an ambulatory setting (pharmacological or nonpharmacological). [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

NNA Component

Main Unit: Slot Days

48 – Narcotic Replacement Therapy – (Dosing and Counseling Services)

METHADONE - This service element is comprised of the provision of methadone as prescribed by a physician to alleviate the symptoms of withdrawal from narcotics; and other required/appropriate activities and services provided in compliance with CCR Title 9, Chapter 4, beginning with Section 10000. Services include intake, assessment and diagnosis, all medical supervision, urine drug screening, individual and group counseling, admission physical examinations and laboratory tests. [Title 9 and Title 22]

GROUP COUNSELING - Face-to-face contacts in which one or more therapists or counselors treat two or more clients at the same time, focusing on the needs of the individuals served. For DMC reimbursement, groups must have a minimum of four and a maximum of 10 persons; at least one must be a Medi-Cal eligible beneficiary. [Title 22, July 1, 2001]

INDIVIDUAL COUNSELING - Face-to-face contacts between a beneficiary and a therapist or counselor. Telephone contacts, home visits, and hospital visits are not qualify as Medi-Cal reimbursable units of service. [Title 22, July 1, 2001]

For DMC, a unit of service is reimbursed in 10-minute increments for both group and individual counseling sessions. ADP reimburses a provider up to a maximum of 200 minutes (20 units of service) of counseling (combination of group and/or individual) per calendar month, per beneficiary. [Title 22, July 1, 2001]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

NNA Component

Main Unit: Visits

DMC Component

Main Unit: Visits

Miscellaneous Unit: SACPA Visits (if Funding Line 80y is utilized)

RESIDENTIAL

NOTE: ADP must license all non-medical adult residential facilities that provide alcohol and drug treatment services on-site. Providers should contact ADP's Licensing and Certification Division for licensure information.

50 - Free-Standing Residential Detoxification

Free-standing residential detoxification is defined as services in a non-hospital setting that provide for safe withdrawal and transition to ongoing treatment.
[Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

NNA Component

Main Unit: Bed Days

51 - Residential/Recovery Long Term (over 30 days)

Long-term residential care is typically over 30 days of nonacute care in a setting with recovery/treatment services for alcohol and other drug use and dependency.
[Federal Definition] Services are provided by program-designated personnel and include the following elements: personal recovery/treatment planning, educational sessions, social/recreational activities, individual and group sessions, detoxification services, and information about, and may include assistance in obtaining, health, social, vocational, and other community services.

Perinatal residential funding is intended for gender specific residential services tailored to meet the recovery and treatment needs of women and their children.
[Title 22, July 1, 2001]

Medi-Cal Beneficiaries Only: Within the DMC component of a residential program, only pregnant and postpartum women who are DMC beneficiaries may

receive DMC services. The postpartum period is defined as a sixty (60) day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. Eligibility shall end on the last day of the calendar month in which the 60th day occurs. As an example, a woman gives birth on August 11th, her eligibility as a pregnant and postpartum woman ends on October 31st. Parenting women who are Medi-Cal eligible are still eligible for non-DMC services (non-Perinatal State General Funds and non-DMC perinatal programs). [Title 22, July 1, 2001]

The licensed treatment capacity of a facility eligible for DMC perinatal certification cannot be more than 16 persons. Beds occupied by children are not counted toward the 16-bed limit. The facility may not share food, shelter, treatment or services with another alcohol or drug recovery or treatment residential facility unless the combined treatment capacity of all the facilities is 16 or less. [Title 22, July 1, 2001]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

NNA Component

Main Unit: Bed Days

DMC Component

Main Unit: Per Day

52 - Residential/Recovery Short Term (up to 30 days)

Short-term residential care is typically 30 days or less of nonacute care in a setting with recovery/treatment services for alcohol and other drug abuse and dependency. [Federal Definition].

Services are provided by program-designated personnel and include the following elements: personal recovery/treatment planning, educational sessions, social/recreational activities, individual and group sessions, and information about, and may include assistance in obtaining, health, social, vocational, and other community services.

Perinatal residential funding is intended for gender specific residential services tailored to meet the recovery and treatment needs of women and their children.

Medi-Cal Beneficiaries: Only pregnant and postpartum women who are DMC beneficiaries may receive DMC residential services. The postpartum period is defined as a sixty (60) day period beginning on the last day of pregnancy,

regardless of whether other conditions of eligibility are met. Eligibility shall end on the last day of the calendar month in which the 60th day occurs. As an example, a woman gives birth on August 11th, her eligibility as a pregnant and postpartum woman ends on October 31st. Parenting women who are Medi-Cal eligible are still eligible for regular DMC services (non-Perinatal State General funds) and non-DMC perinatal programs. [Title 22, July 1, 2001]

Licensed treatment capacity of a facility eligible for DMC perinatal certification cannot be more than 16 persons. Beds occupied by children are not counted toward the 16-bed limit. The facility may not share food, shelter, treatment or services with another alcohol or drug recovery or treatment residential facility unless the combined treatment capacity of all the facilities is 16 or less. [Title 22, July 1, 2001]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

NNA Component

Main Unit: Bed Days

DMC Component

Main Unit: Per Day

53 - Hospital Inpatient Detoxification (24 Hours)

Hospital inpatient detoxification is defined as medical acute care services for detoxification for persons with severe medical complications associated with withdrawal. (SAPT Block Grant Funds cannot be used to fund these services except as provided in Title 45 [Public Welfare] of the Code of Federal Regulations, Section 96.135(c)). [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

NNA Component

Main Unit: Bed Days

54 - Hospital Inpatient Residential (24 Hours)

Hospital inpatient residential care is medical care (other than detoxification) in a hospital facility in conjunction with treatment services for alcohol and other drug abuse and dependency. (SAPT Block Grant Funds cannot be used to fund these services). [Federal Definition]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

NNA Component

Main Unit: Bed Days

55 - Chemical Dependency Recovery Hospital (CDRH)

All treatment programs, or components thereof, located in a Department of Health Services - licensed CDRH fall under this service definition. Services are provided on the basis of a 24-hour day unit of service. State General Fund used for this service must have a county match of 10 percent. [Title 22, Chapter 11]

The funding source of the program determines the type of unit information that must be reported. The following types of units must be reported:

NNA Component

Main Unit: Bed Days

56 - Transitional Living Center (TLC) (Perinatal and Parolee Services)

A TLC is a facility designed to help persons maintain an alcohol- and-drug free lifestyle and "transition" back into the community. TLC activities are supervised, although not necessarily 24 hours per day, within an alcohol- and drug-free environment. Attendance at recovery and treatment services is mandatory, although those services need not be on-site. If services are provided on-site, ADP must license the facility. TLCs are not required to provide child care, case management, transportation, education, or primary or pediatric care as the provision of these services are the responsibility of the treatment program the resident attends. [Perinatal Services Guidelines - Fall 1997]

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

NNA Component

Main Unit: Bed Days

57 - Alcohol/Drug-Free Housing (ADFH) (Perinatal, Parolee, SACPA, and CDCI Funding Sources)

ADFH centers help recovering persons to maintain an alcohol- and drug-free lifestyle. Residents are free to organize and participate in self-help meetings or any other activity that helps them maintain sobriety. The house or its residents do not and cannot provide any treatment, recovery, or detoxification services; do not have treatment or recovery plans or maintain resident files; and do not have a structured, scheduled program of alcohol and drug education, group or individual counseling, or recovery support sessions.

Only ADFH centers participating in the Parolee Services Network are eligible for ongoing funding. Only the start-up phase of ADFHs can be funded with SGF. Start-up costs are limited to the following one-time expenditures that prepare the residence for occupancy: first and last month's deposit to secure a property; security and utilities deposits; and furniture that meets basic needs. Federal funds **cannot** be used to start or fund ADFHs on an ongoing basis. [Perinatal Services Guidelines - Fall 1997]

The funding source of the program determines the type of unit information that must be reported. The following types of units must be reported:

NNA Component

Main Unit: Bed Days

ANCILLARY SERVICES

22 - Perinatal Outreach

Perinatal Outreach is an element of service that identifies and encourages eligible pregnant and parenting women in need of treatment services to take advantage of these services. Outreach may also be used to educate the professional community on perinatal services so that they become referral sources for potential clients. [Perinatal Services Network Guidelines - Fall 1997]

The following type of unit must be reported:

Main Unit: Hours

63 - Cooperative Projects

This code allows for funding of special projects that have been approved by ADP prior to funding. [ADP Letter #96-21 dated April 12, 1996]

Cooperative Projects are those which ADP and a County conjointly utilize strategies and activities to expand or enhance alcohol and drug services.

The following type of unit must be reported:

Main Unit: Hours

64 - Vocational Rehabilitation

Services which provide for gaining and maintaining job skills which will allow for productive employment. Vocational rehabilitation includes vocational testing, counseling, guidance, job training, job placement, and other relevant activities designed to improve the alcoholic person's ability to become economically self-supporting. [Alcohol Services Reporting System Manual]

Federal or State funding is not allowed for this service.

The following type of unit must be reported:

Main Unit: Hours

65 – Human Immunodeficiency Virus (HIV) Early Intervention Services (EIS)

Those activities involved in the prevention and delay of the progression of HIV by encouraging HIV counseling, testing, assessment of the progression of the disease and the provision of prophylactic and anti-viral prescription drugs.

ADP requires all counties receiving HIV EIS funds to provide additional details on spending these funds. Counties will need to assign their HIV expenditures to the following specific categories:

- a. Counseling - Pre-and or Post HIV test counseling.
- b. Testing - Testing individuals with respect to such disease, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease.

- c. Therapeutic Measures - Providing the therapeutic measures (described in item b above) for preventing and treating conditions arising from HIV.

The following type of unit must be reported:

Main Unit: Hours

66 - Tuberculosis (TB) Services

These services provide counseling and testing regarding tuberculosis offered to individuals either seeking treatment or receiving treatment for substance abuse.

The following type of unit must be reported:

Main Unit: Hours

67 - Interim Services (within 48 hours)

Interim services are those services offered to injecting drug users or pregnant women seeking substance abuse treatment who cannot be admitted to a program due to capacity limitations.

The following type of unit must be reported:

Main Unit: Hours

68 - Case Management for all populations except SACPA. For SACPA Case Management refer to Service Code 83

Case Management services are activities involved in the integrating and coordinating of all necessary services to ensure successful treatment and recovery. Services may include outreach, intake, assessment, individual service plans, monitoring and evaluation of progress, and community resource referrals.

NOTE: Programs that receive perinatal funds must provide or arrange for case management services. [Perinatal Services Guidelines - Fall 1997]

The following type of unit must be reported:

Main Unit: Hours

69 - Primary Medical Care (Perinatal, Parolee, SACPA, and CDCI Funding Sources)

This is an element required in SAPT Block Grant funded perinatal programs. The program must provide or arrange for this service, which does not include specialist care or hospitalization for pregnant women and women with dependent children who are receiving substance abuse services. If the care is not covered by a third party provider, SAPT Block Grant funds may be used as the payment of last resort. This service must include referrals for prenatal care. [Perinatal Guidelines - Fall 1997]

The funding source of the program determines the type of unit information that must be reported. The following types of units must be reported:

NNA Component
Main Unit: Hours

70 - Pediatric Medical Care (Perinatal Only)

This is an element required in SAPT Block Grant funded perinatal programs. The program must provide or arrange for this service, which does not include specialist care or hospitalization for the children of women who are receiving substance abuse services. If the care is not covered by a third party provider, SAPT Block Grant funds may be used as the payment of last resort. This service must include immunizations.

The following type of unit must be reported:

Main Unit: Hours

71 - Transportation (Perinatal, Parolee, SACPA, and CDCI Funding Sources)

This service is the provision of or arrangement for the transportation of a client to and from treatment services.

The funding source of the program determines the type of unit information that must be reported.

The following types of units must be reported:

NNA Component
Main Unit: Hours

80 – SACPA Literacy Training

Literacy Training means instruction and information presented in an individual or group session to increase literacy skills and reading comprehension.

The following types of units must be reported:

NNA Component

Main Unit: SACPA Hours

Miscellaneous Unit: SACPA Indiv Sessions

Miscellaneous Unit: SACPA Indiv in Group Sessions

Miscellaneous Unit: SACPA Group Sessions

81 – SACPA Family Counseling

Family Counseling means counseling with individuals, couples, or groups which examines interpersonal and family relationship. Such counseling shall be provided by an individual licensed as provided by California Code of Regulations, Title 9, Section 9505.

The following types of units must be reported:

NNA Component

Main Unit: SACPA Hours

Miscellaneous Unit: SACPA Indiv Sessions

Miscellaneous Unit: Couple Sessions

Miscellaneous Unit: SACPA Indiv in Group Sessions

Miscellaneous Unit: SACPA Group Sessions

82 – SACPA Vocational Training

Vocational Training means instruction and information presented in a group setting to increase opportunities for gainful employment.

The following type of unit must be reported:

NNA Component

Main Unit: SACPA Hours

Miscellaneous Unit: SACPA Indiv in Group Sessions

Miscellaneous Unit: SACPA Group Sessions

83 – SACPA Case Management

Case Management means activities involved in the integrating and coordinating of all necessary services to ensure successfully treatment and recovery. Services may include referral/assessment, placement into the services, supervision, and miscellaneous case management.

The following type of unit must be reported:

NNA Component

Main Unit: SACPA Hours

84 – SACPA Other Services

Other Services means probation, court monitoring, and miscellaneous services provided pursuant to the Substance Abuse and Crime Prevention Act of 2000. These services may include: housing, transportation, health services, mental health services.

The following type of unit must be reported:

NNA Component

Main Unit: SACPA Hours

85 – SACPA Drug Testing

This service code was established to account for the number of drug tests for SACPA clients that were paid for with SAPT SATTA – Substance Abuse Testing funding.

Main Unit: SACPA Drug Tests

86 – CARE Other Services

This service code was established to account for the cost of California Access to Recovery Effort (CARE) services that do not fall within the description of existing service codes. Because this service code may be used to report the cost of many different types of eligible services provided under the CARE Program, no attempt will be made to capture the different unit types. Therefore the unit count is not required under this service code.

Main Unit: N/A

87 – Drug Court – Other Treatment Related Services

This service code is used for treatment related services in drug court programs other than those reported in services in Secondary Prevention, Non-Residential, Narcotics Treatment, or Residential Treatment modalities.

Main Unit: None

DRIVING UNDER THE INFLUENCE

90 - Driving Under the Influence

This service is a first offender, 18-month, or 30-month alcohol and drug education and counseling program for persons who have a driving or boating violation involving alcohol and/or other drugs. These programs have been recommended by the county board of supervisors and are licensed by the Department.

The following type of unit must be reported:

Main Unit: Persons Served

UNIT DEFINITIONS

Fiscal Year 2010-11

Support Services

- Hours – This is defined as available staff hours (NNA only program).
- SACPA Hours – This is the number of staff hours utilized for SACPA services.

Primary Prevention Services

- N/A

Secondary Prevention Services

- Hours – This is defined as available staff hours (NNA only program).

Non-Residential Services

- Visit Days – This is defined as the number of days a client receives day care rehabilitative services.
- SACPA Visit Days – This is defined as the number days a SACPA client receives day care rehabilitative services. For budgeting and cost reporting, this is an additional reporting requirement to identify the number of SACPA Visit Days that are included in the total number of Visit Days report.
- Hours – For a NNA only program, this is defined as available staff hours. For a combined program with NNA and DMC, this is defined as direct treatment service hours.
- SACPA Hours – This is the number of staff hours utilized for SACPA services. For budgeting and cost reporting, this is an additional reporting requirement to identify the number of staff hours utilized for SACPA services that are included in the total number of staff hours reported.
- Per Person (For DMC Programs) – This is defined as the total DMC attendance for all counseling sessions (total of all DMC face to face visits) for the year (i.e., If a provider conducts five ODF group sessions with ten attendees (face to face visits) at each session and three are DMC clients, the “per person” count for this provider for DMC ODF group counseling is

15. If a provider conducts twenty ODF individual sessions (face to face) with a DMC client or different DMC clients, the “per person” count for this provider for DMC ODF individual counseling is 20.) Note: DMC clients for this purpose are those who the cost of the service was reimbursed by Drug Medi-cal. (ODF group or individual).
- # of People (Group Sessions) – NNA Only – This is defined as the total non-DMC and non-Private Pay clients at attendance (group face to face visits) for all the ODF group sessions within the year.
 - SACPA People (Group Sessions) – (NNA Only) – This is defined as the total number of SACPA people at attendance (SACPA group face to face visits) for all ODF group sessions within the year. For budgeting and cost reporting, this is an additional reporting requirement to identify the number of SACPA people that are included in the total number of People counted in NNA.
 - Group Sessions – This is defined as the number of group sessions provided within a year. For budgeting and cost reporting, providers with multiple programs reporting ODF group counseling will prorate the group sessions provided within the year by the number of group face to face visits in each program (i.e., A provider conducted 5 ODF group sessions with 10 participants in each session. The total group face to face visits is 50. Of the 50 visits, 10 funded by NNA, 20 by Private Pay and 20 by Drug Medi-Cal. The prorating of ODF group sessions for cost reporting is 1 NNA, 2 Private Pay, and 2 Drug Medi-Cal.).
 - Individual Sessions (NNA Only) – This is defined as the number of individual sessions provided for non-DMC clients excluding Private Pay.
 - SACPA Individual Sessions (NNA Only) – This is defined as the number of individuals sessions provided for non-DMC SACPA clients. For budgeting and cost reporting, this is an additional reporting requirement to identify the number of SACPA Individual sessions that are included in the total number of NNA Individual sessions reported.

Narcotic Treatment Services

- Slot Days – This is defined as the number of available dosing days within the cost report year.
- SACPA People - This is defined as the number of SACPA people that utilized the slot days. For budgeting and cost reporting, this is an additional reporting requirement to identify the number of SACPA people slot days that are included in the total number of slot days reported.

- Visits – This is defined as the total number of client visits for Naltrexone dosing services.
- SACPA Visits – This is defined as the number of client visits for Naltrexone dosing services.
- Bed Days – This is defined as the number of available bed days (i.e., 10 beds x 365 days in a year =3,650 bed days).
- SACPA Bed Days – This is defined as the number of available bed days for the use by SACPA clients (i.e., 10 beds but only 4 beds are used for SACPA clients, the SACPA bed days is 1,460 (4 beds x 365 days in a year)).
- Group Sessions – This is defined as the number of group sessions provided within a year. For purposes of NTP, the group sessions should be reported as described in this example.

For example:

Group sessions:

If you have five group sessions with five people in each session that lasted 90 minutes each session, you would enter 25 as the number of people and you would enter 225 as group sessions (# of 10 minute sessions).
 $5 \text{ group sessions} \times 5 \text{ people} \times 90 \text{ minutes} \text{ divided by } 10 \text{ minutes} = 225 \text{ group sessions.}$

Individual Sessions:

If you have one individual session that lasted 40 minutes, you would enter 4 as total individual sessions (# of 10 minute sessions).

Note: The total # of people and group sessions must be separated by NNA and DMC clients. The # of SACPA clients is within the NNA total.

- SACPA Group Sessions – This is defined as the number of group sessions provided for SACPA clients within NNA or DMC total group sessions.
- Individual Sessions (NNA Only) – This is defined as the number of individual sessions.
- Individual SACPA Sessions (NNA Only) – This is defined as the number of individual sessions provided for SACPA clients within the total.
- Licensed Capacity – This is defined as the capacity of the program as licensed by the Department of Alcohol and Drug Programs.

- Group Sessions (NTP DMC) – This is defined as the number of 10-minute increments of counseling during a group counseling session.
- Individual Sessions (NTP DMC) – This is defined as the number of 10-minute increments of counseling during an individual counseling session.
- Methadone Dosing – This is defined as the number of Methadone doses issued (NNA, DMC or SACPA NNA clients).

Residential Services

- Bed Days – This is defined as the number of available bed days. For budgeting and cost reporting, it is the number of available bed days for the reporting year (i.e., 5 beds x 365 days = 1,825 bed days).
- SACPA Bed Days – This is defined as the number of available bed days for SACPA clients. For budgeting and cost reporting this is an additional reporting requirement to identify the number of SACPA bed days that are included in the total number of bed days reported (i.e., Five beds with one dedicated for SACPA, the number of SACPA Bed Days is 365 (1 bed x 365 days).
- Per Day (DMC Residential Only) – This is defined as the number of days a DMC client received residential treatment services.

Ancillary Services

- Hours – This is defined as available staff hours (NNA only program).
- SACPA Hours – This is the number of staff hours utilized for SACPA services.
- SACPA Individual Sessions – This defined as the number of individual sessions provided to SACPA clients for SACPA Literacy Training or SACPA Family Counseling.
- SACPA Individuals in Group Sessions – This defined as the number of SACPA individuals in SACPA group sessions for SACPA Literacy Training, SACPA Family Counseling, or SACPA Vocational Training.
- SACPA Group Sessions – This is defined as the number of SACPA Group sessions provided for SACPA Literacy Training, SACPA Family Counseling, or SACPA Vocational Training.

Driving Under the Influence (DUI)

- Persons Served – This is defined as the number of persons (clients) receiving DUI services.

Proposed Drug Medi-Cal Rates For Fiscal Year 2010-2011

Regular DMC

Description	Unit of Service (UOS)	FY 2010-2011 UOS Rate****
Narcotic Treatment Program (NTP) - Methadone	Daily	\$11.51 \$1.05 (*)
NTP - Individual Counseling (**)	One 10-minute Increment	\$13.50 \$1.24 (*)
NTP - Group Counseling (**)	One 10-minute Increment	\$3.19 \$0.29 (*)
Day Care Rehabilitative (DCR)	Face-to-Face Visit	\$61.97
Naltrexone (NAL) (***)	Face-to-Face Visit	\$19.07
Outpatient Drug Free (ODF) Individual Counseling	Face-to-Face Visit (Per Person)	\$67.53
ODF Group Counseling	Face-to-Face Visit (Per Person)	\$28.69

Perinatal DMC

Description	Unit of Service (UOS)	FY 2010-2011 UOS Rate****
Narcotic Treatment Program (NTP) - Methadone	Daily	\$12.39 \$1.13 (*)
NTP - Individual Counseling (**)	One 10-minute Increment	\$19.33 \$1.77 (*)
NTP - Group Counseling (**)	One 10-minute Increment	\$6.22 \$0.57 (*)
Day Care Rehabilitative (DCR)	Face-to-Face Visit	\$74.14
Perinatal Residential (RES)	Daily	\$91.25
Outpatient Drug Free (ODF) Individual Counseling	Face-to-Face Visit (Per Person)	\$96.66
ODF Group Counseling	Face-to-Face Visit (Per Person)	\$55.95

* Denotes the administrative costs which are included within the rate.

** ADP shall reimburse NTP providers for up to 200 minutes of counseling per calendar month, per beneficiary, under methadone service only. Counseling shall be individual and/or group.

***From FY 2002-03 through FY 2008-09, Naltrexone was frozen at the \$21.19 FY 1999-2000 approved rate. For FY 2009-10, the \$21.19 frozen rate was reduced by 10 percent to \$19.07. Since the FY 1999-2000 approved rate, no more recent cost report data has been submitted, so a new rate has not been developed.

**** These rates are the lower of the FY 2010-2011 rates developed using the customary methodologies, or the rates applicable for FY 2009-2010 adjusted by the 1.5 percent cumulative growth in the Implicit Price Deflator. This is in accordance with Welfare and Institutions Code Section 14021.9(b).