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State/Territory Name: California

State Plan Amendment (SPA) #: 15-012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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

June 9, 2015

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

Dear Ms. Cantwell:

Enclosed is an approved copy of California State Plan Amendment (SPA) 15-012. SPA 15-012 was submitted to my office on March 30, 2015. This SPA expands the group counseling size limits for Drug Medi-Cal services. The effective date of this SPA is January 1, 2015.

Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Supplement 3 to Attachment 3.1-A, page 4
- Supplement 3 to Attachment 3.1-A, page 6a
- Supplement 3 to Attachment 3.1-B, page 2
- Supplement 3 to Attachment 3.1-B, page 4a

If you have any questions, please contact Cheryl Young by phone at (415) 744-3598 or by email at Cheryl.Young@cms.hhs.gov.

Sincerely,

/s/

Hye Sun Lee, MPH
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Don Braeger, California Department of Health Care Services
Nathaniel Emery, California Department of Health Care Service
Marlies Perez, California Department of Health Care Services

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

1. TRANSMITTAL NUMBER:
15-012

2. STATE
CA

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

4. PROPOSED EFFECTIVE DATE
January 1, 2015

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 440.130

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 \$0
b. FFY 2016 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement 3 to Attachment 3.1-A, page 4
Supplement 3 to Attachment 3.1-A, page 6a
Supplement 3 to Attachment 3.1-B, page 2
Supplement 3 to Attachment 3.1-B, page 4a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Supplement 3 to Attachment 3.1-A, page 4
Supplement 3 to Attachment 3.1-A, page 6a
Supplement 3 to Attachment 3.1-B, page 2
Supplement 3 to Attachment 3.1-B, page 4a

10. SUBJECT OF AMENDMENT:
Substance Use Disorder services group counseling size limits

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
The Governor's Office does not
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mari Cantwell

14. TITLE:

Chief Deputy Director

15. DATE SUBMITTED:

JUN 01 2015

16. RETURN TO:

Department of Health Care Services
Nathaniel Emery
State Plan Coordinator
1501 Capitol Avenue, Suite 71.326
P.O. Box 997417
Sacramento, CA 95899-7417

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 30, 2015

18. DATE APPROVED:

June 9, 2015

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME: Hye Sun Lee, MPH

22. TITLE: Associate Regional Administrator

23. REMARKS:

State/Territory: California

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

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 for up to 200 minutes per calendar month, although additional services may be provided based on medical necessity.

The components of the Narcotic Treatment Program are:

- Intake
- Individual and Group Counseling
- Patient Education
- Medical Psychotherapy
- Medication Services
- Collateral Services
- Crisis Intervention Services
- Treatment Planning and Discharge Services

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:

- Intake
- Individual and Group Counseling
- Patient Education
- Medication Services
- Collateral Services
- Crisis Intervention Services
- Treatment Planning and Discharge Services

Individual counseling is provided only for the purposes of intake, crisis intervention, collateral services, and treatment and discharge planning. Each ODF participant is to receive at least two group face-to-face counseling sessions every thirty days 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.

Service Component	Intake ³		Group Counseling		Individual Counseling		Patient Education		Medical Psychotherapy	Medication Services	Transportation Services	Collateral Services		Crisis Intervention Services		Treatment Planning*		Discharge Services*	
	Diagnosis of substance use disorders utilizing the current DSM and assessment of treatment needs for medically necessary treatment services. Approval of a treatment plan by a physician licensed in the State of California. This may include a physical examination and laboratory testing (e.g., body specimen screening) necessary for treatment and evaluation conducted by staff lawfully authorized to provide such services and/or order laboratory	Collection of information for assessment used in the evaluation and analysis of the cause or nature of the substance use disorder which includes exploration of relevant mental, emotional, psychological and behavioral problems that may be contributing to the substance use disorder. This may also include health questionnaires.	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. Group counseling shall be conducted with no less than two and no more than 12 clients at the same time, only one of whom needs to be a Medi-Cal beneficiary.		Face-to-face contacts between a beneficiary and a therapist or counselor. Telephone contacts, home visits, and hospital visits shall not qualify as Medi-Cal reimbursable units of service.		A learning experience using a combination of methods such as teaching, counseling, and behavior modification techniques which influence patients' knowledge and health and illness behavior.		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.	The prescription or administration of medication related to substance use treatment services, or the assessment of the side effects or results of that medication conducted by staff lawfully authorized to provide such services and/or order laboratory testing within the scope of their practice or licensure.	Provision of or arrangement for transportation to and from medically necessary treatment.	Face-to-face sessions with therapists or counselors and significant persons in the life of a beneficiary, focusing 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.		Face-to-face contact between a therapist or counselor and a beneficiary in crisis. Services shall focus on alleviating crisis problems. "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.		The provider shall prepare an individualized written treatment plan, based on information obtained in intake and assessment process. The treatment plan includes: problems to be addressed, goals to be reached which address each problem, action steps which will be taken by the provider and/or beneficiary to accomplish identified goals, target dates for accomplishment of action steps and goals, and a description of services, including the type of counseling to be provided and the frequency thereof. The treatment plan may also include medical direction.		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.	
Provider Type	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²
Intensive Outpatient Treatment	X		X		X		X			X	PNO	X		X		X		X	
Naltrexone Treatment	X		X		X		X			X		X		X		X		X	
Narcotic Treatment Program	X		X		X		X		X	X	PNO	X		X		X		X	
Outpatient Drug Free Treatment	X		X		X		X			X	PNO	X		X		X		X	
Perinatal Residential Substance Use Disorder Services	X		X		X		X			S	X	X		X		X		X	

¹ Licensed providers must meet the following qualifications: MD, PA, NP, RN, Psy. D, LCSW, MFT or Intern registered by Board of Psychology or Behavioral Science Board and supervised by a mental health professional.

² Certified providers must meet the following qualifications: Counselors or registrants certified by an organization who will have 155 hours of formal Education; 160 hours of supervised AOD training; 2,080 hours of work experience in AOD counseling; obtain at least 70% score on a written or oral examination approved by the certifying organization and complete 40 hours of continuing education every two years in order to retain certification.

³ 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; the assessment of treatment needs to provide medically necessary services; and assistance with accessing community and human services networks. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.

* Certified personnel may assist with some aspects of this service, however, a licensed provider is responsible for this service component.

PNO - Perinatal Outpatient SUD Services

S - Safeguarding Medication; assistance with resident's self-administration of medication.

State/Territory: California

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED MEDICALLY NEEDY GROUPS

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Provider Type	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²	L ¹	C ²
Intensive Outpatient Treatment	X		X		X		X			X	PNO	X		X		X		X	
Naltrexone Treatment	X		X		X		X			X		X		X		X		X	
Narcotic Treatment Program	X		X		X		X		X	X	PNO	X		X		X		X	
Outpatient Drug Free Treatment	X		X		X		X			X	PNO	X		X		X		X	
Perinatal Residential Substance Use Disorder Services	X		X		X		X			S	X	X		X		X		X	

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