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SAPC BULLETIN NO. 10-04

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October 25, 2010

TO: Los Angeles County Drug/Medi-Cal  
Contract Treatment Providers

FROM: John Viernes, Jr., Director   
Substance Abuse Prevention and Control

SUBJECT: **REVISED DRUG/MEDI-CAL RATES**

This is to provide you with a copy of the State's **Proposed Drug/Medi-Cal Rates for Fiscal Year: 2010-2011** (Attachment I). It is also to advise you that we are amending the rates in your current Fiscal Year 2010-2011 Drug/Medi-Cal contracts.

Based on the revised State cap rates minus allowable County Administrative fees, the maximum contract rates will be as follows:

Service Function	Perinatal	Non-Perinatal
Narcotic Treatment Program		
Methadone - 365 days	\$11.26	\$10.46
Counseling: Individual	\$17.56	\$12.26
Counseling: Group	\$5.65	\$2.90
Outpatient Drug Free		
Individual	\$86.99	\$60.78
Group	\$50.35	\$25.82
Day Care Habilitative	\$66.73	\$55.77
Naltrexone	N/A	\$17.16
Perinatal Residential	\$82.12	N/A

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In addition, I have attached a list of estimated Drug/Medi-Cal slot costs for Fiscal Year 2010-2011 (Attachment II).

If you have any questions or need additional information, please let me know or you may call Michael Kerr at (626) 299-4129.

JV:ko

**Attachments**

c: Leo Busa  
Dorothy de Leon  
Tony Hill  
Michael A. Kerr

**FISCAL YEAR 2010-2011 DRUG/MEDI-CAL ANNUAL SLOT COST  
(ESTIMATED)**

NON-PERINATAL

1. NTP:            Methadone:       (dosing: \$10.46 a day X 365 days) + (counseling: \$12.26 per 10-minute increment X 20 increments per month X 12 months) = **\$6,760.30**
2. DCH:                               \$55.77 per visit X 3 visits per week X 52 weeks = **\$8,700.12**
3. Naltrexone:                       \$17.16 a day X 365 days = **\$6,263.40**
4. ODF:                               (12 individual sessions X \$60.78) + (92 group sessions X \$25.82) = **\$3,104.80**

PERINATAL

1. PNPT:           Methadone:       (dosing: \$11.26 a day X 365 days) + (counseling: \$17.56 per 10-minute increment X 20 increments per month X 12 months) = **\$8,324.30**
2. DCHP:                               \$66.73 a visit X 3 visits per week X 52 weeks = **\$10,409.88**
3. RPH:                               \$82.12 a day X 365 days = **\$29,973.80**
4. ODFP:                               (12 individual sessions X \$86.99) + (92 group sessions X \$50.35) = **\$5,676.08**

## DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

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## ADP BULLETIN

Title <b>Proposed Drug Medi-Cal Rates for Fiscal Year 2010-2011</b> 		Issue Date: Sept. 29, 2010  Expiration Date: N/A	Issue No. 10 - 11
Deputy Director Approval   dave neilsen Deputy Director Program Services Division	Function: <input type="checkbox"/> Information Management <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Service Delivery <input checked="" type="checkbox"/> Fiscal <input type="checkbox"/> Administration <input type="checkbox"/> Other	Supersedes Bulletin/ADP Letter No.  09-06	

PURPOSE

This bulletin transmits the proposed Fiscal Year (FY) 2010-2011 reimbursement rates for Drug Medi-Cal (DMC) services. The proposed rates and subsequent claim payments are contingent upon Legislative action and approval of the FY 2010-2011 Budget Act. The rates will be effective July 1, 2010, through June 30, 2011.

While counties and direct contract providers may now submit DMC claims based on the proposed FY 2010-2011 rates, the Department of Alcohol and Drug Programs (ADP) cannot issue payments for any services provided in FY 2010-2011 until the Budget Act is signed.

ADP is authorizing counties and direct contract providers to submit claims for DMC services provided in July and August 2010 not later than October 30, 2010, using Delay Reason Code "11". Delay Reason Code requires the completion of the Claim Supplemental Information segment (Loop 2300 PWK segment) in each claim as described in ADP's *Companion Guide Appendix, Version 4.2, Section 5.0*. For July and August 2010 claims submitted not later than October 30, 2010, the Attachment Control Number reported in the Claim Supplemental Information segment should be "ADP782010", and trading partners do not need to submit a Good Cause Certification form (ADP 6065A) to ADP.

Claims submitted for the DMC services provided on or after September 1, 2010, must be submitted within 30 days of the end of the month of service unless providers have good cause for later submission as specified in the California Code of Regulations, Title 22, Section 51008.5.



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## DISCUSSION

Each year, ADP develops new reimbursement rates for DMC services. ADP developed the FY 2010-2011 rates in accordance with Sections 14021.6 and 14021.9(b) of the Welfare and Institutions Code, and Section 11758.42 of the Health and Safety Code. For FY 2010-2011, the cumulative growth in the Implicit Price Deflator to be used was 1.5 percent, as reported by the Department of Finance.

These rates reflect ADP's analysis of costs for the DMC treatment modalities. Exhibit A displays the proposed reimbursement rates for FY 2010-2011.

## REFERENCES

Sections 51516.1 and 51008.5, Title 22, California Code of Regulations  
Sections 14021.6 and 14021.9, Welfare and Institutions Code  
Section 11758.42, Health and Safety Code

## HISTORY

Section 51516.1 of Title 22, California Code of Regulations

## QUESTIONS/MAINTENANCE

Questions regarding the submission of DMC claims can be directed to your assigned Fiscal Management and Accountability Branch analyst. Questions regarding the FY 2010-2011 DMC rates can be directed to Thomas Walker at (916) 323-2089.

This bulletin is also available on ADP's web page at  
[www.adp.ca.gov/ADPLTRS/bulletin\\_letter.shtml](http://www.adp.ca.gov/ADPLTRS/bulletin_letter.shtml)

## EXHIBIT

Exhibit A – Proposed Drug Medi-Cal Rates for Fiscal Year 2010-2011

## DISTRIBUTION

County Alcohol and Drug Program Administrators  
Director's Advisory Council  
DMC Certified Providers  
DMC Direct Contract Providers  
Strategic Local Government Services, LLC

**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).