

SERVICE CODE DESCRIPTIONS AND UNIT INFORMATION

PRIMARY PREVENTION

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: Staff Hours

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: Staff Hours

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: Staff Hours

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: Staff Hours

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: Staff Hours

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: Staff Hours

SECONDARY PREVENTION

18 – Early Intervention

Description	This strategy is designed to come between a substance user and his or her actions in order to modify behavior.
Examples of Activities	Evidence-based individual user education, brief intervention sessions and formal intervention.
Minimum Documentation Required	On file: Client Charts: Documentation of history, goals, progress and any confidentiality or other intake forms. Submitted with Monthly Billing: Sessions provided per client
Expected Outcomes	<ul style="list-style-type: none"> • Reductions in alcohol and other drug use • Referral and linkage to treatment services if deemed clinically appropriate
FY 2009/10 Unit Rate	\$ 45.00/Session or \$70.00/Session for licensed/AOD certified staff. The Unit Rate for a Session is inclusive of opening/updating a client chart, providing the therapeutic intervention session and keeping progress notes.

19 – Outreach

Description	This service code is defined as activities for the purpose of identifying and encouraging those individuals in need of treatment to undergo such treatment.
Examples of Activities	Conducting targeted outreach to at-risk individuals to encourage them to seek intervention or treatment services; educational presentations to the professional community on intervention and/or treatment services so that they become a referral source.
Minimum Documentation Required	On file: Outreach and presentation logs; copies of referral handouts; presentation agendas and evaluations Submitted with Monthly Billing: Copy of Outreach Log
Expected Outcomes	<ul style="list-style-type: none"> • Increased referrals to intervention and/or treatment services • Increased admissions to intervention and/or treatment services
FY 2009/10 Unit Rate	\$32.00 (Reported in Staff Hours)

21 – Referrals, Screening and Intake

Description	This service code is defined as activities involved in the assessment of a client's needs regarding treatment to ensure the most appropriate treatment.
Examples of Activities	Conducting an intake; performing alcohol and drug screening using a validated screening tool; providing an active referral and linking the client to the referred services.
Minimum Documentation Required	On file: Client Charts with the completed screening, intake forms, and/or listing of referrals made and activities to ensure linkage with the referral. Submitted with Monthly Billing: Staff hours provided per service per client
Expected Outcomes	<ul style="list-style-type: none"> • Increased referrals to appropriate treatment services • Increased admissions to treatment services
FY 2009/10 Unit Rate	\$45.00 (Reported in Staff Hours)

NON-RESIDENTIAL

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:

ADTP Contract

Reporting Unit: Treatment Slots

NNA Component

Main Unit: Visits

Miscellaneous Unit: SACPA Visits (if Funding Line 78 is utilized)

DMC Component

Main Unit: Visits

Unit Rate

\$75/Session

Peri D/MC Unit Rates

Refer to 2010/11 Rates

Note from Marin ADTP:

Clinicians providing DMC services must have an NPI number and meet the DMC substance abuse professional definition: A substance abuse professional is defined as a person who has completed an Associate of Arts degree and one year of experience, or has three years experience in a mental health or substance abuse setting. Experience in a mental health or substance abuse field may be substituted for the degree requirement on a year-for-year basis provided that the experience includes clinical evaluation, treatment planning, and individual and group counseling.

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 type of units must be reported:

ADTP Contract

Reporting Unit: Sessions (Group Session: At least 90 minutes)

NNA Only Funding/Program

Main Unit: Hours

Miscellaneous Unit: # of People

Miscellaneous Unit: # of Group Sessions

DMC Only Funding/Program

Main Unit: Per Person

Miscellaneous Unit: # of Group Sessions

Combined NNA and DMC Funding/Program

NNA Component of the combined program

Main Unit: Hours

Miscellaneous Unit: # of Group Sessions

Miscellaneous Unit: # of People

DMC Component of the combined program

Main Unit: Per Person

Miscellaneous Unit: # of Group Sessions

Unit Rates

Group: \$32/Session (at least 90 minutes)

D/MC Rates

Refer to 2010/11 Rates

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

Treatment/recovery or rehabilitative 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:

ADTP Contract

Reporting Unit: Sessions (Individual Session: At least 50 minutes)

NNA Only Funding/Program

Main Unit: Hours

Miscellaneous Unit: # Indiv. Sessions (optional)

DMC Only Funding/Program

Main Unit: Per Person

Combined NNA and DMC Funding/Program

NNA Component of the combined program

Main Unit: Hours

Miscellaneous Unit: # of Indiv. Sessions

DMC Component of the combined program

Main Unit: Per Person

Unit Rates

\$70/Session (at least 50 minutes)

D/MC Rates

Refer to 2010/11 Rates

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

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 Funding/Program

Main Unit: Slot Days

Miscellaneous Unit: Group Sessions

Miscellaneous Unit: Indiv. Sessions

Miscellaneous Unit: Meth Doses (required)

Miscellaneous Unit: PC1210 Group Sessions

Miscellaneous Unit: PC1210 Indiv. Sessions

Miscellaneous Unit: PC1210 Residential Sessions

Miscellaneous Unit: PC1210 Transitional Housing Units

DMC Funding/Program

Main Unit: Licensed Capacity

Miscellaneous Unit: # 10-minute Group Sessions

Miscellaneous Unit: # 10-minute Indiv. Sessions

Miscellaneous Unit: Meth Doses (required)

Miscellaneous Unit: D/MC Admin. (required)

RESIDENTIAL

NOTE: The Department 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

Unit Rate

\$95/Day

Peri Residential

\$140/Day

57 – Alcohol/Drug-Free Housing (ADFH) (Perinatal and Parolee)

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

Miscellaneous Unit: PC1210 Bed Days (if Funding Line 78 is utilized)

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

65 – Human Immunodeficiency Virus (HIV) Early Intervention Services

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.

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

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