

POLICY TITLE: Drug Medi-Cal Utilization Review Requirements

Background: This policy reiterates ADP #97-41 letter, in effect since July 1, 1997. As a result of the passage of AB 2071, the State Utilization Control Plan is superseded by federal regulation Title 22, Section 51341.1 Drug Medi-Cal Substance Abuse Services.

Substance abuse service provided to Medi-Cal beneficiaries are covered by the Medi-Cal program when determined medically necessary in accordance with Section 51303. Services shall be prescribed by a physician, and are subject to utilization controls as set forth in Section 51159.

The county shall:

- Implement and maintain a system of fiscal disbursement and controls over the Drug Medi-Cal substance abuse services rendered by providers delivering services within its jurisdiction pursuant to an executed provider agreement.
- Monitor to ensure that billing for reimbursement is within the rates established for services; and
- Process claims for reimbursement.

In addition to the requirements of Section 51476 and the regulations set forth, the provider shall:

- Establish, maintain, and update as necessary, an individual patient record for each beneficiary admitted to treatment and receiving services. For purposes of this regulation, "an individual client record" means a file for each beneficiary, which shall contain, but is not limited to, information specifying the beneficiary's identifier (i.e., name, number), date of beneficiary's birth, the beneficiary's gender, ethnic background, beneficiary's address and telephone number, beneficiary's next of kin or emergency contact, and all documentation relating to the beneficiary gathered during the treatment episode, including all intake and admission data, all treatment plans, progress notes, continuing service justifications, laboratory test orders and results, referrals, counseling notes, discharge summary and any other information relating to the treatment services rendered to the beneficiary.
- Maintain group counseling sign-in sheets, which indicate the date and duration of the session;
- Provide services; and'
- Submit claims for reimbursement and maintain documentation specified in Section 51008.5 supporting good cause claims where the good cause results from provider-related delays.