

Current Drug Medi-Cal Benefits

Specific benefits in the State Plan are the following:

- **Narcotic Treatment Program (NTP)** – Outpatient treatment primary utilizing methadone. Utilization of the long-acting narcotic antagonist Naltrexone is also covered.
- **Outpatient Drug Free** – Mostly group counseling and some limited individual counseling.
- **Day Care Rehabilitation** – Intensive outpatient treatment, including group and individual counseling, eligibility for which is limited to pregnant and postpartum women and, as an EPSDT benefit, to children under 21.
- **Perinatal Residential** – Residential treatment provided to pregnant and postpartum women in facilities of 16 beds or less, not including beds occupied by children. (Room & board must be paid for by revenue other than Medi-Cal.)

Expanded DMC Benefits (County Option) in the May Revise Proposal *

- Residential Treatment for all Medi-Cal populations (room and board costs not included).
- Daycare Rehabilitation for all Medi-Cal populations.
- Alcohol Detoxification
- Recovery Supports

* Note: counties that provide these benefits for the expansion population must also provide them for the current DMC population.

California Estimates

- In FY '10-11 the DMC program served approximately 288,000 clients, and in FY '11-12 323,000 clients. The current rate of growth in DMC averages 13% annually, a rate that is expected to increase with Medicaid expansion.
- Four counties will have nearly 50% of the total statewide expansion population.
 - L.A. (32%), San Bernardino, Orange, San Diego
- The top 10 counties will have 74% of the expansion population.
 - Top 4 + Riverside, Sacramento, Fresno, Santa Clara, Alameda & Kern

DMC Reforms Sought by Counties

- County authority to manage the DMC program and provider network.
- County participation in the rate-setting process, with the goal of maximizing federal reimbursement.
- County ability to certify and recover usual and customary administrative costs, using the federal CPE process.

Proposed DMC Reforms (cont.)

- ▶ Standardized claiming and reimbursement systems.
- ▶ Direct service and associated administrative costs for EPSDT beneficiaries need to be calculated and provided to counties.
- ▶ Access to SUD services should be based on acceptable standards for medical necessity, which are uniform across the field.

Proposed DMC Reforms (cont.)

- ▶ Treatment capacity expansion will require a better system of workforce development, with a single state certification body for SUD counselors.
- ▶ Data reporting systems need to be standardized and improved.