

SERVICE CODE DESCRIPTIONS AND UNIT INFORMATION

Fiscal Year 2014-15

These service code definitions were identified in the Fiscal Year (FY) 1993-1994 *Appendices of Guidelines for Preparation and Submission of Substance Abuse Prevention and Treatment Plan for County Alcohol and Drug Programs*. Other references are indicated in brackets.

SUPPORT SERVICES

00 - County Support

Administrative, management, and support functions not specifically defined in the other Support Services components. [Federal Definition]

Reportable Main Unit: Hours

01 - Quality Assurance

Activities to assure conformity to acceptable professional standards and identify problems that need to be remedied. These activities may occur at the State, county, or program level. The county administrative agency may perform this activity or contract with an outside vendor. [Federal Definition]

Reportable Main Unit: Hours

02 - Training

Post-Employment – Staff development and continuing education for personnel employed in local programs as well as support and coordination agencies, as long as the training relates to substance abuse service delivery. Typical costs include course fees, tuition and expense reimbursements to employees, trainer and support staff salaries, and certification expenditures. [Federal Definition]

Reportable Main Unit: Hours

03 - Program Development

Consultation, technical assistance, and materials support to providers and planning groups. Normally these activities are carried out by State and county level agencies. [Federal Definition]

Reportable Main Unit: Hours

04 - Research and Evaluation

Activities or components related to research and evaluation of clinical trials, demonstration projects to test feasibility and effectiveness of a new approach, and performance evaluation of service programs. These activities might be carried out by the State agencies or a county contractor. [Federal Definition]

Reportable Main Unit: Hours

05 - Planning, Coordination, Needs Assessment

State, regional and local personnel salaries pro-rated for time spent in planning meetings, data collection, analysis, writing, and travel. Includes operating costs such as printing, advertising, and conducting meetings; contracts with community agencies or local governments for planning and coordination; and needs assessment projects to identify the scope and magnitude of the problem, resources available, gaps in services, and strategies to close those gaps. [Federal Definition]

Reportable Main Unit: Hours

06 - Start Up Costs

Costs associated with initial development of a program within the 90 days prior to the provider's ability to provide services. Includes administrative and staff salaries, training, rent, utilities, and repairs. [Federal Definition]

Reportable Main Unit: Hours

09 – Alteration or Renovation

Costs associated with the alteration or renovation of treatment facilities. A waiver must be granted by the federal government prior to using SAPT funds. [Federal Definition]

Reportable Main Unit: Hours

PRIMARY PREVENTION**11 - Other**

The six federally-defined primary prevention strategies, codes 12 through 17, have been designed to encompass nearly all of the prevention activities. In the unusual case an activity does not fit one of the six strategies, it may be classified in the "Other" category. [Federal Definition and former Department of Alcohol and Drug Programs Letter #96-47 dated September 19, 1996]

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.

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.

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.

15 - Problem Identification and Referral

This strategy aims at identification of those who have indulged in illegal and/or 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. However, 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.

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.

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.

SECONDARY PREVENTION - These strategies do not count toward the 20 percent primary prevention funding requirement**18 - Early Intervention**

A strategy designed to come between a substance user and his or her actions in order to modify behavior. Includes a wide spectrum of activities from user education to formal intervention and referral to appropriate treatment/recovery services.

Reportable Main Unit: Hours

19 - Outreach and Intervention

Activities for the purpose of encouraging those individuals in need of treatment to undergo such treatment. The funding source of the program determines the type of unit information that must be reported.

Reportable Main Unit: Hours

20 - Intravenous Drug User (IDU or IVDU)

Activities for the purpose of encouraging those individuals in need of treatment to undergo such treatment.

Reportable Main Unit: Hours

21 - Referrals, Screening, and Intake

Activities involved in the assessment of a client's needs to ensure the most appropriate treatment. This may include the completion of record-keeping documents.

Reportable Main Unit: Hours

NONRESIDENTIAL**30 – Intensive Outpatient Treatment (IOT)**

Treatment services provided in an outpatient setting with or without medication, including counseling and/or supportive services. IOT differs from outpatient drug free in that there is an increased frequency of contact and services that respond to the chronicity and severity of SUD disorders and problems experienced by clients. IOT programs generally provide structured programming for 9 hours or more per week spread over 3 to 5 days. For DMC, beneficiaries must receive services three or more hours per day for three or more days per week.

Non-DMC Component

Reportable Main Unit: Visit Days

DMC Component

Reportable Main Unit: Visit Days

Report visit days as “Unique Ind.” for the various funding source combinations. The total under the “Unique Ind” column should match the total reportable main unit.

32 - Aftercare

Structured services offered to an individual who has completed treatment, typically for a set period of time (e.g., six months), to ensure successful recovery.

Reportable Main Unit: Hours

33 - Outpatient Drug Free (ODF) - Group

Group treatment services provided in an outpatient treatment setting with or without medication, including counseling and/or supportive services. [Federal Definition]

Medi-Cal Beneficiaries: 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 two or more clients, up to a total of twelve 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, 2013]

Non-DMC Component

Reportable Main Unit: Hours

DMC Component

Reportable Main Unit: Per Person

Report the number of per person units as “Unique Ind.” for the various funding source combinations. The total under the “Unique Ind.” column should match the total reportable main unit.

34 - Outpatient Drug Free (ODF) - Individual

Individual treatment services provided in an outpatient setting with or without medication, including counseling and/or supportive services. [Federal Definition]

Medi-Cal Beneficiaries: Each client 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, 2013]

Non-DMC Component

Reportable Main Unit: Hours

DMC Component

Reportable Main Unit: Per Person

Report the number of per person units as “Unique Ind.” for the various funding source combinations. The total under the “Unique Ind.” column should match the total reportable main unit.

35 - Interim Treatment Services – CalWORKs

Short-term (eight weeks or less) of outpatient group and/or individual treatment services for CalWORKs clients whose use substance use has interfered with their performance in the workplace or in school. Includes any activity designed to assist the individual in determining need for more intensive treatment.

Reportable Main Unit: Hours

NARCOTICS TREATMENT SERVICES

41 - Outpatient Methadone Detoxification (OMD)

Provision of narcotic withdrawal treatment (pursuant to California Code of Regulations (CCR) Title 9, beginning with Section 10000) to clients who, with the aid of medication, are undergoing a period of planned withdrawal from narcotic drug dependence. Withdrawal without medication is not considered detoxification treatment for reporting purposes.

Reportable Main Unit: Slot Days

42 - Inpatient Methadone Detoxification (IMD)

Provision of narcotic withdrawal treatment in a controlled, 24-hour hospital setting (pursuant to CCR Title 9, beginning with Section 10000) to clients who, with the aid of medication are undergoing a period of planned withdrawal from narcotic drug dependence. Withdrawal without medication is not considered detoxification for reporting purposes.

Reportable Main Unit: Bed Days

43 - Naltrexone Treatment

The use of Naltrexone (Trexan) to block the effects of heroin and other narcotics or opioids, such as codeine, pentazocine (Talwin), morphine, oxycodone (Percodan), and hydromorphone (Dilaudid). Includes medication, medical direction, medically necessary urine screens, counseling, and other appropriate activities and services.

For DMC, Naltrexone treatment is an outpatient service directed at detoxified opiate addicts by using the drug Naltrexone, which blocks the euphoric effects of opiates and helps prevent relapse to opiate addiction. [Title 22, July 1, 2013]

Non-DMC Component

Reportable Main Unit: Visits

DMC Component

Reportable Main Unit: Per Person

Report the number of per person units as "Unique Ind." for the various funding source combinations. The total under the "Unique Ind." column should match the total reportable main unit.

44 – Rehabilitative/Ambulatory Detoxification (Other than Methadone)

Rehabilitative ambulatory detoxification is defined as outpatient treatment services rendered in less than 24 hours that provide for safe withdrawal in an ambulatory setting (pharmacological or nonpharmacological). [Federal Definition]

Reportable Main Unit: Slot Days

48 – Narcotic Replacement Therapy/Narcotic Treatment Program (NTP) – (Dosing and Counseling Services)

METHADONE DOSING - 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 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, July 2013]

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 two and a maximum of 12 persons; at least one must be a Medi-Cal eligible beneficiary. [Title 22, July 1, 2013]

INDIVIDUAL COUNSELING - Face-to-face contacts between a beneficiary and a therapist or counselor. Telephone contacts, home visits, and hospital visits do not qualify as Medi-Cal reimbursable units of service. [Title 22, July 1, 2013]

For DMC, a unit of service is a 10-minute increment for both group and individual counseling session. When medical necessity is met that requires additional NTP counseling beyond 200 minutes per calendar month, additional counseling (in 10 minute increments) is allowed with medical justification for the additional counseling clearly documented in the patient record.

Non-DMC Component

Reportable Main Unit: Slot Days

DMC Component

Reportable Main Unit: Licensed Capacity

Report unit information by applicable funding source combinations (grant type categories). For both the "Unique Ind." and the "NTP Dosing" column, units must be entered for the applicable various funding source combinations (grant type categories). If NTP group sessions were not billed, no data entry is required.

The totals for each column must match the secondary unit information that must be manually entered. The total units in "Unique Ind." must match the manual entry of the secondary unit of "Total Indiv Sessions". The total units in "NTP Dosing" must match the manual entry of the secondary unit of "Total Meth doses". The total units in "NTP Group" must match the manual entry of the secondary unit of "Total Group Sessions".

RESIDENTIAL

50 - Free-Standing Residential Detoxification

Services in a non-hospital setting that provide for safe withdrawal and transition to ongoing treatment. [Federal Definition]

Reportable Main Unit: Bed Days

51 - Residential/Recovery Long Term (over 30 days)

More than 30 days of non-acute treatment services in a residential setting. Services are provided by program-designated personnel and include 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 services tailored to meet the recovery and treatment needs of women and their children. [Title 22, July 1, 2013]

Medi-Cal Beneficiaries Only: Only pregnant and postpartum women¹ who are DMC beneficiaries may receive DMC services. 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 residential treatment facility unless the combined treatment capacity of all the facilities is 16 or less. [Title 22, July 1, 2013]

Non-DMC Component

Reportable Main Unit: Bed Days

DMC Component

Reportable Main Unit: Per Day

Report the number of Per Day units in “Unique Ind.” for the various funding source combinations. The total under the “Unique Ind” column should match the total reportable main unit.

52 - Residential/Recovery Short Term (up to 30 days)

Thirty days or less of non-acute treatment services in a residential setting. Services are provided by program-designated personnel and include recovery/treatment planning, educational sessions, social/recreational activities, individual and group sessions, 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.

Medi-Cal Beneficiaries: Only pregnant and postpartum¹ women who are DMC beneficiaries may receive DMC residential services. Parenting women who are Medi-Cal eligible are still eligible for non-perinatal DMC services. [Title 22, July 1, 2013] 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 residential treatment facility unless the combined treatment capacity of all the facilities is 16 or less. [Title 22, July 1, 2013]

Non-DMC Component

Reportable Main Unit: Bed Days

¹ 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. For example, if 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. [Title 22, July 1, 2013]

DMC Component

Reportable Main Unit: Per Day

Report the number of Per Day units in “Unique Ind.” for the various funding source combinations. The total under the “Unique Ind” column should match the total reportable main unit.

53 - Hospital Inpatient Detoxification (24 Hours)

Medical acute care services for detoxification for persons with severe medical complications associated with withdrawal. (SAPT Block Grant Funds cannot be used to fund these services except as provided in Title 45 [Public Welfare] of the Code of Federal Regulations, Section 96.135(c)). [Federal Definition]

Reportable Main Unit: Bed Days

54 - Hospital Inpatient Residential (24 Hours)

Medical care (other than detoxification) in a hospital facility in conjunction with treatment services for substance use disorders. (SAPT Block Grant Funds cannot be used to fund these services). [Federal Definition]

Reportable Main Unit: Bed Days

55 - Chemical Dependency Recovery Hospital (CDRH)

All treatment programs, or components thereof, located in a Department of Health CARE Services - licensed CDRH fall under this service definition. Services are provided on the basis of a 24-hour day unit of service. [Title 22, Chapter 11]

Reportable Main Unit: Bed Days

56 - Transitional Living Center (TLC) (Perinatal)

A TLC is a facility designed to help persons maintain a substance-free lifestyle and transition back into the community. TLC activities are supervised, although not necessarily 24 hours per day, within a substance-free environment. Attendance at recovery and treatment services is mandatory, although those services need not be on-site. If services are provided on-site, DHCS must license the facility. TLCs are not required to provide child care, case management, transportation, education, or primary or pediatric care as the provision of these services are the responsibility of the treatment program the resident attends. [Perinatal Services Network Guidelines – 2014]

Reportable Main Unit: Bed Days

57 - Alcohol/Drug-Free Housing (ADFH) (Perinatal)

ADFH centers help recovering persons to maintain a substance-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 substance use education, group or individual counseling, or recovery support sessions.

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 Network Guidelines - 2014]

Reportable Main Unit: Bed Days

ANCILLARY SERVICES

22 - Perinatal Outreach

An element of service that identifies and encourages eligible pregnant and parenting women in need of treatment services to take advantage of these services. Includes educating the professional community on perinatal services so that they become referral sources for potential clients. [Perinatal Services Network Guidelines - 2014]

Reportable Main Unit: Hours

63 - Cooperative Projects

Special projects, pre-approved by DHCS, in which DHCS and a county conjointly utilize strategies and activities to expand or enhance substance use disorder services. [Former Department of Alcohol and Drug Programs Letter #96-21 dated April 12, 1996]

Reportable Main Unit: Hours

64 - Vocational Rehabilitation

Services to assist an individual gain and maintain job skills and productive employment. Includes vocational testing, counseling, guidance, job training, job placement, and other relevant activities designed to improve the individual's ability to become economically self-supporting. Federal funding is not allowed for this service.

Reportable Main Unit: Hours

66 - Tuberculosis (TB) Services

Counseling and testing regarding tuberculosis offered to individuals either seeking treatment or receiving treatment for substance abuse.

Reportable Main Unit: Hours

67 - Interim Services (within 48 hours)

Services offered to injecting drug users or pregnant women seeking substance abuse treatment who cannot be admitted to a program due to capacity limitations.

Reportable Main Unit: Hours

68 - Case Management for all populations

Activities involved in the integrating and coordinating of all necessary services to ensure successful treatment and recovery. May include outreach, intake, assessment, individual service plans, monitoring and evaluation of progress, and community resource referrals. Programs that receive perinatal funds must provide or arrange for case management services. [Perinatal Services Network Guidelines - 2014]

Reportable Main Unit: Hours

69 - Primary Medical Care (For Perinatal)

Required in SAPT Block Grant-funded perinatal programs. The program must provide or arrange for this service, which does not include specialist care or hospitalization for pregnant women and women with dependent children who are receiving substance abuse services. If the care is not covered by a third party provider, SAPT Block Grant funds may be used as the payment of last resort. This service must include referrals for prenatal care. [Perinatal Services Network Guidelines - 2014]

Reportable Main Unit: Hours

70 - Pediatric Medical Care (Perinatal Only)

Required in SAPT Block Grant-funded perinatal programs. The program must provide or arrange for this service, which does not include specialist care or hospitalization for the children of women who are receiving substance abuse services. If the care is not covered by a third party provider, SAPT Block Grant funds may be used as the payment of last resort. This service must include immunizations.

Reportable Main Unit: Hours

71 - Transportation (For Perinatal)

Provision of, or arrangement for, the transportation of a client to and from treatment services.

Reportable Main Unit: Hours

72 – Human Immunodeficiency Virus (HIV) Counseling Services

Client-centered, intensive, and prevention-based services conducted with HIV-positive or high risk individuals for the purpose of preventing HIV transmission or acquisition. Includes the process of helping a client understand his or her patterns of thinking, feeling, and acting; and helping that client to make conscious choices to change behavior. Counselors gather client information using screening or assessment tools that are sensitive to age, developmental level, culture, gender, and sexual orientation. Includes risk assessment, a brief evaluation of HIV behavioral risk factors used to decide who should be recommended for HIV testing, interventions, or other services.

73- Human Immunodeficiency Virus (HIV)/AIDS Education

Education sessions that cover understanding of HIV/AIDS, risks of drug use and drug injection, sexual behavior and HIV/AIDS, and seeking entry into substance abuse treatment programs. HIV/AIDS educators may use presentations, one-on-one discussion, group discussion, and role-play as part of HIV/AIDS education.

74 – Human Immunodeficiency Virus (HIV) Infectious Disease Services

Services in which a person is offered and receives two or more prevention, treatment, or care services for HIV/AIDS, sexually transmitted diseases (STDs), viral hepatitis, or tuberculosis (TB) in the course of a single visit within one facility. Testing is conducted in public health department sites and community-based settings in order to increase the numbers of persons who know their infectious disease status and, if positive, can be linked to medical care and other prevention services.

75 – Human Immunodeficiency Virus (HIV) Therapeutic Measures for HIV Positives

Primary services for newly HIV-infected clients that include linkage to a medical provider (an HIV positive person is seen by a health-care provider to receive medical care for his/her HIV infection within a specified time), medical care, and referral to a case manager, if needed. Linkage to medical care is the outcome of the referral.

Medical intervention is any examination or treatment having preventive, diagnostic therapeutic or rehabilitative aims, carried out by a physician or other health care provider. Medical interventions include a full medical evaluation, CD4 count, and viral load count.

The community-based organization is responsible for linking clients to medical care, prevention services, and other supportive services within 3 months, as well as establishing a comprehensive memorandum of understanding with partner agencies to make active referrals.

Treatment adherence is following the recommended course of treatment, which includes medical and dental appointments, lab tests, and taking all prescribed medications, and assisting the patient with maintaining his or her treatment. Includes prevention and support services (e.g., psychosocial, housing, and substance abuse), as well as other STD screenings, economic benefits, and partner services.

76- Human Immunodeficiency Virus (HIV) Referral Services

Patient navigation is the process by which a client's needs for care and supportive services are assessed and are provided with assistance, including necessary follow-up efforts to facilitate contact with appropriate service providers. Patient navigation seeks to improve engagement in medical care (and therefore improve health outcomes) by addressing patients' individual barriers to care.

Referral is the process in which a provider facilitates entry into a necessary service or intervention. Referrals vary by the client's needs and intensity of follow-up. CBOs may have to realign their resources to support a linkage/support case manager in order to provide successful referrals. A monitoring and evaluation system needs to be implemented to ensure access to services and verify completed referrals. In reference to medical care, a referral is one way to link a person to care. It is important the testing agency tracks the referral and provides the necessary follow-up to verify the person attended the first appointment.

Non-emergency transportation to medical appointment determined to be necessary may be provided for PLWHIV/AIDS who require routine medical services and who, are unable to use other available means of local transportation because of financial problems or physical conditions.

77 Human Immunodeficiency Virus (HIV) Outreach

Face-to-face interventions with high-risk individuals conducted in places where those individuals meet. Outreach is for the purpose of recruiting clients into substance use disorder and other prevention or care services, as needed, as well as for the distribution of risk reduction supplies in fact –to-face settings.

88 – AB109, Chapter 15, Statute of 2011, Other Services

This service code was established to account for the cost of the realignment of Criminal Justice and Rehabilitation programs from the State to the counties is detailed in Assembly Bill 109 (AB 109). Because this service code may be used to report the cost of many different types of eligible AOD services provided under AB 109, no attempt will be made to capture the different unit types. Therefore the unit count is not required under this service code.

DRIVING UNDER THE INFLUENCE**90 - Driving Under the Influence**

This service is a first offender, 18-month, or 30-month alcohol and drug education and counseling program for persons who have a driving or boating violation involving alcohol and/or other drugs. These programs have been recommended by the county board of supervisors and are licensed by DHCS.

Reportable Main Unit: Persons Served