PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

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<tr><td colspan="3">Policy/Procedure Number: MCUP3101</td><td colspan="4">Lead Department: Health Services</td></tr>
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<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH</td><td colspan="2">Approval Date: 03/15/2017</td></tr>
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I. RELATED POLICIES:

A. MPCP2017 – Scope of Primary Care - Behavioral Health and Indications for Referral Guidelines
B. MCQP1021 – Initial Health Assessment and Behavioral Risk Assessment

II. IMPACTED DEPTS:

A. Health Services
B. Provider Relations
C. Claims
D. Member Services

III. DEFINITIONS:

A. Substance Use Disorders (SUD) – According to the Substance Abuse and Mental Health Services Administration (SAMHSA), substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria. Substance use disorders occur in a range of severity including mild, moderate, or severe. The most common substance use disorders in the United States include the following:
   1. Alcohol Use Disorder (AUD)
   2. Tobacco Use Disorder
   3. Cannabis Use Disorder
   4. Stimulant Use Disorder
   5. Hallucinogen Use Disorder
   6. Opioid Use Disorder

B. Alcohol Misuse
   Excessive drinking can put a person at risk of developing an alcohol use disorder. The definitions for the different levels of drinking behavior include the following:
   1. Binge Drinking – SAMHSA defines binge drinking as drinking 5 or more alcoholic drinks on the same occasion on at least 1 day in the past 30 days. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking that produces blood alcohol concentrations (BAC) of greater than 0.08 g/dL. This usually occurs after 4 drinks for women and 5 drinks for men over a 2 hour period.
   2. Heavy Drinking – SAMHSA defines heavy drinking as drinking 5 or more drinks on the same occasion on each of 5 or more days in the past 30 days.

C. Screening, Brief Intervention and Referral to Treatment (SBIRT): A process defined by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) as an evidence-based practice

used to identify, reduce, and prevent problematic use, misuse, and dependence on alcohol and illicit drugs. The SBIRT model was incited by an Institute of Medicine recommendation that called for community-based screening for health risk behaviors, including substance use. SBIRT consists of three major components:

1. Screening - a healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any healthcare setting.
2. Brief intervention - a healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice.
3. Referral to treatment - a healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services.

The process and tool can be generically applied to many conditions, including depression, substance use, smoking, etc. The new Medi-Cal funded SBIRT benefit only applies to alcohol use for adults; SBIRT is not covered for adolescents, for other substances, or for other conditions.

IV. ATTACHMENTS:

A. SBIRT Training Resources
B. Sample PCP Policy/Procedure for SBIRT
C. Pocket Screening and Brief Intervention for Alcohol Use Disorders
D. Application to be a Contracted Brief Intervention/Referral to Treatment Provider
E. Review Documentation for Applicants to be Contracted Brief Intervention/Referral to Treatment Provider

V. PURPOSE:

To establish procedures for identification, referral and coordination of care for Members requiring alcohol or substance use disorder treatment services.

VI. POLICY / PROCEDURE:

A. Covered Services:
   1. Alcohol and Other Drug Treatment Services covered through the Counties: Alcohol and substance use disorder treatment services available under the Drug Medi-Cal program as defined in Title 22, CCR Section 51341.1 and outpatient detoxification services defined in Title 22 CCR Section 51328 are excluded from Partnership HealthPlan of California's (PHC's) contract with the California Department of Health Care Services (DHCS). These services include all drugs used for the treatment of alcohol and substance use disorders covered by the State of California Alcohol and Drug Programs (ADP), Drug Medi-Cal Substance Abuse Services, as well as specific drugs listed in the Medi-Cal Provider Manual section that lists the specific medications for treating alcohol and substance use disorder not currently covered by the ADP, but reimbursed through the Medi-Cal Fee For Service (FFS) program.
   2. Basic alcohol and substance use disorder (SUD) counseling and treatment is within the scope of practice for office-based medical providers (both primary care clinicians and medical specialists) outside the specialized Drug Medi-Cal system. (See policy MPCP2017 Scope of Primary Care – Behavioral Health and Indications for Referral Guidelines) SUD services provided by PHC medical providers should be billed to PHC as any other encounter, using appropriate encounter and management CPT codes.
      a. Medical Specialists who are buprenorphine prescribers (for Medication Assisted Treatment (MAT) of Opioid Use Disorder) may be credentialed by PHC (see policy MP CR 13B Buprenorphine Prescriber Credentialing), which makes them eligible to be noted as buprenorphine prescribers in the PHC provider directory. They may accept referrals for MAT from PHC primary care and be eligible for applicable pay for performance programs.

b. To protect the confidentiality of patients wishing to be treated for SUD without notifying their primary care provider (PCP), medical specialists providing office visits for substance use disorder treatment may use the ICD 10 code F11.2x, to avoid the requirement for a Referral Authorization normally required for assigned patients.
c. Adjunctive counseling for SUD by non-licensed providers is not covered by PHC, except as part of a cardiac rehabilitation program. (see policy MCUP3128 Cardiac Rehabilitation)

3. Screening, Brief Intervention and Referral to Treatment for alcohol misuse: These services are covered by Partnership HealthPlan of California as part of the Medi-Cal Benefit, as outlined in Operational Instructional Letter 398-13.

B. PHC Responsibility
1. Identification
a. PHC may identify a member through one of the following:
1) Telephone inquiries from Member or Provider
2) During Prior Authorization and/or Concurrent Review Processes
3) Through by Care Coordination programs activity
2. Referral
a. PHC, or its designated subcontractor, will assist Members in locating available treatment sites. A list of phone numbers for accessing Substance Use Disorder Treatment Services in each county can be found on the PHC website (see VI. C. 8. b. below for details). If a placement within the Member's service area is not available, the member will be referred to the most appropriate site that can provide the appropriate services.
3. Coordination of Care
a. PHC will continue to cover the provision of primary care and other medical services unrelated to the treatment for substance use disorders and coordinate services between the Primary Care Providers and the Alcohol and Other Drug Treatment Programs. Since the physical health needs of members entering treatment for outpatient Substance Use Disorder (SUD) have often been deferred, a health maintenance visit with the member's Primary Care Provider is advisable within 30 days of initiating SUD treatment. The purposes of this health maintenance visit are to screen for undiagnosed or untreated medical or mental health problems, ensure age-appropriate and risk-factor appropriate preventive health activities are brought up to date, and to ensure chronic medical conditions are brought under optimal control. With the patient's permission, the problem list and action plan for this health maintenance visit may be shared with SUD treatment staff.
b. Wherever possible, PHC will support the efforts of primary care and other providers to integrate care, including alcohol and substance use disorder related care, to other health care services.

C. Screening, Brief Intervention and Referral to Treatment (SBIRT) for alcohol misuse.
1. Overview. This benefit is covered under Medi-Cal, Medicare and all Covered California Health Coverage, as part of the Affordable Care Act's requirement that all clinical prevention services recommended at a Class A or Class B level by the US Preventive Services Task Force (USPSTF) be covered by health plans. Specifically, the USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.

Counseling interventions in the primary care setting can positively affect unhealthy drinking behaviors in adults engaging in risky or hazardous drinking. Positive outcomes include reducing weekly alcohol consumption and long-term adherence to recommended drinking limits. Because brief behavioral counseling interventions can decrease the proportion of persons who engage in episodes of heavy drinking (which results in high blood alcohol concentration), indirect evidence supports the effect of screening and brief behavioral counseling interventions on important health

and social welfare outcomes, such as the probability of traumatic injury or death especially that related to motor vehicles.

2. Non-Covered Services
   a. Pre-screen or brief screen is considered part of routine primary care and is not separately reimbursed. The following short pre-screening questions have been integrated into the DHCS-approved Staying Healthy Assessment:
      1) Adults:
         a) Men under age 65: In the past year, have you had 5 or more drinks in one day?
         b) Women under age 65: In the past year, have you had 4 or more drinks in one day?
      2) Seniors: In the past year, have you had 4 or more alcohol drinks in one day?
   b. Other options for pre-screening questions (also not separately reimbursed).
3. Covered Services
   a. SBIRT services in primary care settings are covered benefits. Screening and brief intervention are more fully defined below.
      1) Providers may submit for reimbursement using Medi-Cal codes as specified below. Screening code is limited to 1 per day, and 1 per 6 month period. The Brief Intervention code is limited to 3 per 6 month period. If a patient changes primary care providers, the new PCP should endeavor to obtain prior records that include documentation of prior SBIRT services. Nonetheless, the new PCP may perform SBIRT as a consequence of the initial health assessment, even if SBIRT performed and billed in less than 6 months by a previous provider; the new provider will be reimbursed at the usual rate in this instance.
      2) Screening and brief intervention services may be provided on the same day as other Evaluation & Management services.
      3) Brief intervention services may be provided on the same date of services as the full screen, or on subsequent days.
   b. Definition of Primary Care: For the purposes of this policy, primary care settings are those where primary care physicians and non-physician clinicians provide services including: prevention, diagnosis and treatment of acute and chronic medical conditions, and continuity of care over time. For pregnant members, primary care includes clinicians caring for the pregnant member for her pregnancy. These clinicians may be seeing a patient in any setting, including private practice, Community Health Centers, medical groups or Comprehensive Perinatal Services Programs.
   c. Subcontracting of SBIRT services: If a primary care setting lacks the expertise or has other barriers making Brief Intervention impossible, Brief Intervention and Referral to Treatment (BIRT) Services may be subcontracted to clinicians outside the Primary Care Setting. Any provider or organization wanting to be a subcontractor for Brief Intervention services needs to apply to PHC, and be approved by the Chief Medical Officer (CMO) or Medical Director designee. Attachment D is an application form "Application to provide Brief Intervention services for alcohol use/misuse, for PHC providers." Attachment E is the review documentation for applicants, with a checklist of review criteria. Each application will be reviewed by a Performance Improvement Clinical Specialist (PICS) in the Quality and Performance Improvement Department at PHC, who will forward his/her findings and recommendation to the CMO or Medical Director Designee for final decision on approval.
4. Training and Proficiency - Primary Care Providers
   Primary care providers (PCPs) may offer SBIRT in the primary care setting, as follows:
   a. Screening and Brief Intervention services must be provided by a licensed health care provider or staff working under the supervision of a licensed health care provider. The following licensed health care providers are eligible to provide services or supervise staff that are providing services.

1) Licensed Physician
2) Physician Assistant
3) Nurse Practitioner
4) Psychologist

b. The following licensed and registered providers also may perform Screening and/or Brief Intervention in the primary care setting, under the direction of one of the 4 provider types above.
1) Licensed Marriage and Family Therapist
2) Registered Nurse
3) Certified Nurse Midwife
4) Licensed Clinical Social Worker
5) Licensed Professional Clinical Counselor

c. All health care providers listed above in sections VI. C. 4. a. and b. must be trained in order to provide or supervise individuals providing SBIRT services. They should be trained and proficient in screening to provide screening services, and also trained and proficient in brief intervention if they will provide brief intervention services.

d. Other members of the health care team (such as medical assistants, health educators or substance use disorder counselors) may also conduct SBIRT if:
1) They have at least 100 hours of clinical experience in their current role.
2) They are trained to provide the services they are providing
3) The supervising Medical Director or physician is responsible for evaluating the capacity of the staff they are supervising, and assuring the quality of screening and brief intervention provided by their non-licensed provider staff.

e. Providers must develop policies and procedures for SBIRT services. These should include:
1) The PCP site will maintain a list of licensed and registered professionals and non-licensed members of the health care team who have completed training in screening and/or brief intervention and are proficient in its administration and are thus approved to provide screening and/or brief intervention services at the PCP site. This list should be signed by the Medical Director or supervising physician.
2) A quality assurance process for SBIRT services
3) PHC and DHCS may request verification of the required documentation as part of their audit and oversight responsibilities.

5. Training and Proficiency – Contracted Brief Intervention/Referral to Treatment Providers

a. Brief Intervention/Referral to Treatment (BIRT) services must be provided by a licensed health care provider or staff working under the supervision of a licensed health care provider. The following licensed health care providers are eligible to provide services or supervise staff that are providing services.
1) Licensed Physician
2) Physician Assistant
3) Nurse Practitioner
4) Psychologist

b. The following licensed and registered providers also may perform Brief Intervention/Referral to Treatment under the direction of one of the 4 provider types above.
1) Licensed Marriage and Family Therapist
2) Registered Nurse
3) Certified Nurse Midwife
4) Licensed Clinical Social Worker
5) Licensed Professional Clinical Counselor

c. All health care providers listed above in sections VI. C. 5. a. and b. must be trained in order to provide or supervise individuals providing Brief Intervention services.

d. Other members of the health care team (such as health educators or substance use disorder counselors) may also conduct Brief Intervention if:
   1) They have at least 100 hours of clinical experience in their current role.
   2) They are trained to provide the services they are providing
   3) The supervising Medical Director, physician or psychologist is responsible for evaluating the capacity of the staff they are supervising, and assuring the quality of screening and brief intervention provided by their non-licensed provider staff.

e. Contracted Brief Intervention providers must develop policies and procedures for SBIRT services, which will be submitted and approved by PHC prior to providing services. These should include:
   1) The Contracted Brief Intervention provider will maintain a list of licensed and registered professionals who have completed training in brief intervention and are proficient in its performance and are thus approved to provide brief intervention services. This list should be signed by the Medical Director, supervising physician, or supervision psychologist. A minimum of 4 hours of specific training is required for every person clinician who will be performing or supervising the performance of Brief Intervention Services, and a minimum of 8 hours of training (or equivalent experience) in motivational interviewing/stages of change.
   2) A quality assurance process for SBIRT services
   3) PHC and DHCS may request verification of the required documentation as part of their audit and oversight responsibilities.

6. Screening
   a. Expanded screening (as opposed to pre-screening or brief screening) must utilize a validated screening questionnaire to classify the beneficiary's pattern of drinking and determine the need for brief intervention and/or referral to treatment services. The screening process does not diagnose a disorder, but it does determine whether a problem exists. The screening tool should be validated. The following two screening tools were considered validated by the United States National Institute of Drug Abuse: the Alcohol Use Disorder Identification Test (AUDIT), the Alcohol Use Disorder Identification Test—Consumption (AUDIT-C), and the 4 question CAGE (Cut down, Annoy, Guilty, Eye Opener) Questionnaire. If other tools are validated for use in adults in the future, they may be used instead.
   b. SBIRT screening includes discussion of the results of the screening and proposing additional interventions for Brief Intervention if the screen is positive.
   c. SBIRT screening test results, interpretation and any resulting patient-specific recommendations must be documented in the medical record.
7. Brief Intervention
   a. Providers should offer brief intervention(s) to members who are identified as having risky or hazardous alcohol use. Brief interventions include motivational interviewing and cognitive behavioral techniques tailored to the member's stage of readiness to make a change. Elements of brief interventions may include personalized feedback, education and resources, negotiated action plans, drinking use diaries, and stress management. The brief intervention(s) can be provided by the PCP or a supervised or other health care team member as described above who is trained and competent in providing brief intervention. The brief intervention includes one to three sessions, 15 minutes in duration per session, offered in-person or via telemedicine.
   b. SBIRT brief intervention services must be documented in the medical record. This should include the specific intervention employed with the member and the time spent with the member, if greater than 15 minutes of brief intervention is claimed at one visit.

8. Referral to Treatment
   a. Members who are found, upon screening and further evaluation, to meet criteria for alcohol use disorder as defined by the DSM, or those whose diagnosis are uncertain, should be referred for further evaluation and treatment. Treatment for alcohol use disorders is not covered by PHC.
   b. PCPs should refer members to their County Alcohol and Drug Program for provision of treatment, as medically necessary. California county contacts for local substance use disorder treatment information and referrals can be found on the PHC website: http://www.partnershiphp.org/Members/Medi-Cal/Pages/Benefits.aspx towards the bottom of the page under the heading "Substance Use Disorder Services."
   c. Referrals to treatment must be documented in the medical record.
9. Provider Review Process:
   a. The following will be evaluated as part of the Medical Record Review (MRR) process to monitor the SBIRT process.
      1) Review member's response to the Staying Healthy Assessment (SHA) alcohol question
      2) Offer an expanded questionnaire, such as the AUDIT or CAGE tool
      3) Conduct brief intervention sessions (15 minutes)
      4) Refer members with potential alcohol use disorder for treatment
   b. Beginning in July, 2014, Facility Site reviews will include a review of the SBIRT policy/procedure and associated documentation, as noted in section VI. C. 4. e. above.
   c. The results of these reviews will be shared with the site being reviewed, and the policy on SBIRT will be reinforced. Deficiencies in the SBIRT process will not be applied to the overall site review score.
10. SBIRT Billing Codes:
   a. The following billing codes should be used for billing SBIRT services to patients with:
      1) Medi-Cal and no other primary insurance coverage (such as Medicare):
         a) Expanded screening: H0049
         b) Brief Intervention (each 15 minutes): H0050
   b. Medicare/Medi-Cal members should have SBIRT billed through Medicare, using approved Medicare codes.

VII. REFERENCES:

A. For clinician support: NIAAA's Clinician Guide "Helping Patients Who Drink Too Much" provides two methods for screening: a "single question" to use during a clinical interview and a written self-report instrument (AUDIT). http://www.niaaa.nih.gov/guide
B. The CAGE questionnaire can be found here: http://www.integration.samhsa.gov/clinical-practice/sbirt/CAGE_questionaire.pdf
C. The AUDIT and AUDIT-C screening instruments for alcohol misuse are available from the Substance Abuse and Mental Health Services Administration-Health Resources and Services Administration Center for Integrated Health Solutions http://www.integration.samhsa.gov/clinical-practice/screening-tools Note: Although instruments are available for download, it does not include instructions/training for their implementation.
D. A complete guide to clinical implementation of the AUDIT screening instrument is available by the World Health Organization http://www.who.int/substance_abuse/activities/sbi/en/
E. Information on the Medicare SBIRT benefit and requirements: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/sbirt_factsheet_icn904084.pdf
F. Substance Abuse and Mental Health Services Administration (SAMHSA) website: https://www.samhsa.gov/disorders/substance-use
G. DHCS: All Plan Letter 14-004. Screening, Brief Intervention, and Referral to Treatment for Misuse of Alcohol.

Policy/Procedure Number: MCUP3101		Lead Department: Health Services
Policy/Procedure Title: Screening and Treatment for Substance Use Disorders		☒ **External Policy** ☐ **Internal Policy**
Original Date: 03/21/2012	**Next Review Date: 03/15/2018** **Last Review Date: 03/15/2017**	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

VIII. DISTRIBUTION:

A. PHC Department Directors
B. PHC Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Medical Officer

X. REVISION DATES: 03/21/12; 02/19/14; 06/18/14; 06/17/15; 04/20/16; 03/15/17

PREVIOUSLY APPLIED TO:

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by PHC to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under PHC.