

Alcohol and Drug Screening, Assessment, Brief Interventions & Referral to Treatment (SABIRT)

Who

SCAN contracted Medical Groups and IPAs who provide services to SCAN D-SNP (AKA Medi/Medi) members in California including Los Angeles, Riverside and San Bernardino Counties.

Why

The United States Preventive Services Task Force (USPSTF) assigned a Grade B recommendation for Screening and Behavioral Counseling Interventions to Reduce Unhealthy Alcohol Use in Adolescents and Adults, as of November 2018, and for Screening for Unhealthy Drug Use, as of June 2020.

What

Based on the updated USPSTF recommendations screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use. Additionally, the USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred.

The USPSTF uses the term “unhealthy alcohol use” to define a spectrum of behaviors, from risky drinking to alcohol use disorder (AUD) (e.g., harmful alcohol use, abuse, or dependence). Risky or hazardous alcohol use means drinking more than the recommended daily, weekly, or per-occasion amounts, resulting in increased risk for health consequences, but not meeting criteria for AUD. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines “heavy use” as exceeding the recommended limits of 4 drinks per day or 14 drinks per week for adult men or 3 drinks per day or 7 drinks per week for adult women. The term “unhealthy drug use” is defined as the use of illegally obtained substances, excluding alcohol and tobacco products, or the nonmedical use of prescription psychoactive medications; that is, use of medications for reasons, for duration, in amounts, or with frequency other than prescribed or by persons other than the prescribed individual.

Definitions	
Screening	<p>Unhealthy alcohol and drug use screening must be conducted using validated screening tools. Validated screening tools include, but are not limited to:</p> <ul style="list-style-type: none"> • Cut Down-Annoyed-Guilty-Eye-Opening Adapted to include Drugs (CAGE-AID) • Tobacco Alcohol, Prescription medication and other Substances (TAPS) • National Institute on Drug Abuse (NIDA) Quick Screen for adults <ul style="list-style-type: none"> ○ NIDA Quick Screen alcohol related question can be used for alcohol use screening • Drug Abuse Screening Test (DAST-10) • Alcohol Use Disorders Identification Test (AUDIT-C) • Parents, Partner, Past and Present (4Ps) for pregnant women/adolescents • Michigan Alcoholism Screening Test Geriatric (MAST-G) alcohol screening for geriatric population
Brief Assessment	<p>When a screening is positive, validated assessment tools should be used to determine if unhealthy alcohol use or SUD is present. Validated alcohol and drug assessment tools may be used without first using validated screening tools. Validated assessment tools include, but are not limited to:</p> <ul style="list-style-type: none"> • NIDA-Modified Alcohol, Smoking and Substance Involvement Screening Test (NM-ASSIST) • Drug Abuse Screening Test (DAST-20) • Alcohol Use Disorders Identification Test (AUDIT)
Brief interventions and Referral to Treatment	<p>For recipients with brief assessments that reveal unhealthy alcohol use, brief misuse counseling should be offered.</p>

Appropriate referral for additional evaluation and treatment including **medications for addiction treatment**, must be offered to recipients whose brief assessment demonstrates probable AUD or SUD. Alcohol and/or drug brief interventions include alcohol misuse counseling and counseling a member regarding additional treatment options, referrals, or services. Brief interventions must include the following:

- Providing feedback to the patient regarding screening and assessment results;
- Discussing negative consequences that have occurred and the overall severity of the problem;
- Supporting the patient in making behavioral changes; and
- Discussing and agreeing on plans for follow-up with the patient, including referral to other treatment if indicated.

MCPs **must make good faith efforts to confirm** whether members receive referred treatments and document when, where, and any next steps following treatment. If a member does not receive referred treatments, the MCP **must follow up with the member to understand barriers and make adjustments** to the referrals if warranted. MCPs **should** also attempt to connect with the provider to whom the member was referred to facilitate a warm hand off to necessary treatment.

Documentation

Documentation Requirements Member medical records must include the following:

- The **service** provided (e.g., screen and brief intervention);
- The name of the **screening instrument** and the **score** on the screening instrument (unless the screening tool is embedded in the electronic health record);
- The name of the **assessment instrument** (when indicated) and the **score** on the assessment (unless the screening tool is embedded in the electronic health record); and
- If and where a **referral** to an AUD or SUD program was made.

How

These services may be provided by providers within their scope of practice, including, but not limited to, physicians, physician assistants, nurse practitioners, certified nurse midwives, licensed midwives, licensed clinical social workers, licensed professional clinical counselors, psychologists and licensed marriage and family therapists.

When

In an effort to ensure that SCAN members are receiving the appropriate care and service for this condition, your **immediate attention is required**.

CMS GUIDANCE

On 8/27/2014, CMS released a fact sheet on SBIRT Services for both the Medicare and Medicaid programs. This document can be found at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SBIRT_Factsheet_ICN904084.pdf

Resource Links

All Plan Letter: APL 21-014)

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-014.pdf>

CMS

www.cms.gov

(Note: in 2015 CMS expands the requirement for all adults with Medicare)

MAPD Contract

As required by the Medicare Improvements for Patients and providers Act of 2008 (MIPPA) and the Affordable Care Act, beginning in CY 2013, and continuing annually, all D-SNPs are required to have a contract with the State Medicaid Agency(ies) in each state they seek to operate in order to continue as D-SNPs.

Medicare Benefit Policy Manual - <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>

Medicare Documentation Requirements - Refer to CR2520 (Transmittal AB-03-037, March 28, 2003) at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/AB03037.pdf>

MPS Quick Reference Chart (from CMS)

http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS_QuickReferenceChart_1.pdf

Outpatient Mental Health Treatment Limitation

“Medicare Claims Processing Manual” (Publication 100-04)

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912>

Provider Requirements

- **Physician Assistant** <http://www.gpo.gov/fdsys/pkg/CFR-2012-title42-vol2/pdf/CFR-2012-title42-vol2-sec410-74.pdf> and the “Medicare Benefit Policy Manual” (Publication 100-02: Chapter 15, Section 190)
- **Nurse Practitioner** <http://www.gpo.gov/fdsys/pkg/CFR-2012-title42-vol2/pdf/CFR-2012-title42-vol2-sec410-75.pdf> and the “Medicare Benefit Policy Manual” (Publication 100-02: Chapter 15, Section 200)
- **Clinical Nurse Specialist** <http://www.gpo.gov/fdsys/pkg/CFR-2012-title42-vol2/pdf/CFR-2012-title42-vol2-sec410-76.pdf> and the “Medicare Benefit Policy Manual” (Publication 100-02: Chapter 15, Section 210)
- **Clinical Psychologist** <http://www.gpo.gov/fdsys/pkg/CFR-2012-title42-vol2/pdf/CFR-2012-title42-vol2-sec410-71.pdf> and the “Medicare Benefit Policy Manual” (Publication 100-02: Chapter 15, Section 160)
- **Clinical Social Worker** <http://www.gpo.gov/fdsys/pkg/CFR-2012-title42-vol2/pdf/CFR-2012-title42-vol2-sec410-73.pdf> and the “Medicare Benefit Policy Manual” (Publication 100-02: Chapter 15, Section 170)

Staying Healthy Assessment (SHA)

<https://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx>

Substance Abuse and Mental Health Services Administration (SAMHSA)

<https://www.samhsa.gov/sbirt>

Tele-health SBIRT

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcfsht.pdf>

or

<http://www.cms.gov/Medicare/Medicare-General-Information/Telehealth>

US Preventive Services Task Force (USPSTF) alcohol screening recommendation

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions>

Contact

For more information or assistance, please contact your SCAN Network Management Specialist by email: NetworkMgmt@scanhealthplan.com or by phone (888) 705-7226.