PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

<table>
<tr><td colspan="4">Policy/Procedure Number: MCUP3101</td><td colspan="3">Lead Department: Health Services</td></tr>
<tr><td colspan="4">Policy/Procedure Title: Screening and Treatment for Substance Use Disorders</td><td colspan="3">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 03/21/2012</td><td colspan="4">Next Review Date: 01/08/2026
Last Review Date: 01/08/2025</td></tr>
<tr><td>Applies to:</td><td colspan="3">☒ Medi-Cal</td><td colspan="3">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td colspan="2">☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td colspan="2">☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td colspan="2">☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td colspan="2">☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 01/08/2025</td></tr>
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I. RELATED POLICIES:

A. MPCP2017 – Scope of Primary Care - Behavioral Health and Indications for Referral Guidelines
B. MCUP3028 – Mental Health Services
C. MCQP1021 – Initial Health Appointment
D. MPQP1022 – Site Review Requirements and Guidelines
E. MCQG1015 – Pediatric Preventive Health Guidelines
F. MCQG1005 – Adult Preventive Health Guidelines
G. MCUP3144 – Residential Substance Use Disorder Treatment Authorization
H. CMP26 – Verification of Caller Identity and Release of Information.

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. The term is often used synonymously with "addiction." According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, negative consequences of use, and substance-dependent pharmacological criteria (e.g., tolerance and/or withdrawal). Substance use disorders occur in a range of severity including mild, moderate, or severe. Substances can be obtained illicitly or prescription medications can be misused for purposes other than the intended prescription (also known as "non-medical use" of prescription medications). The most common substance use disorders in the United States include the following:
   1. Alcohol Use Disorder
   2. Tobacco Use Disorder
   3. Cannabis Use Disorder
   4. Stimulant Use Disorder (including cocaine, methamphetamine, and prescription stimulants)
   5. Opioid Use Disorder

B. Unhealthy Alcohol Use (UAU): Unhealthy alcohol use refers to a spectrum of alcohol-related behaviors ranging from risky use (e.g., drinking more than the recommended daily, weekly, or per-occasion amounts, resulting in increased risk for negative health consequences) to alcohol use disorder

(e.g., constellation of behavioral and pharmacological manifestations of clinical disorder of addiction, as above). The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines categories of risky drinking as follows:

1. Binge Drinking – a pattern of drinking that produces blood alcohol concentrations (BAC) of greater than 0.08 g/dL. This usually occurs after 4 standard drinks for adult women and 5 standard drinks for adult men over a 2-hour period.
2. Heavy Drinking – exceeding 4 standard drinks per day or 14 standard drinks per week for adult men or 3 standard drinks per day or 7 standard drinks per week for adult women.

C. Standard Alcohol Drink (US definition): 0.6 fl oz or 14 grams of pure alcohol = (approximately) one 12 oz regular beer (about 5% alcohol), 5 fl oz of table wine (about 12% alcohol), one 1.5 fl oz "shot" of hard liquor (about 40% alcohol)

D. Unhealthy Drug Use (UDU): The United States Preventive Services Taskforce (USPSTF) defines UDU as "the use of substances (not including alcohol or tobacco products) that are illegally obtained 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." Furthermore, Partnership HealthPlan recognizes that DSM-5 clinical diagnostic standards do not include consideration of the legality of how one procured the substance(s) that they use, and rather focuses on the behaviors associated with use of any substance. Therefore, Partnership expands upon this definition of UDU to include unhealthy use of substances (other than alcohol and tobacco) regardless of means by which the substance was obtained.

E. Unhealthy Drug Use Screening (UDUS): According to USPSTF, UDUS is defined as "asking one or more questions about drug use or drug-related risks in face-to-face, print, or audiovisual format." It does not refer to body fluid substance screening.

F. **SABIRT**: Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment: An expanded term stemming from the evidence-based Screening, Brief Intervention, and Referral to Treatment (SBIRT) construct used to identify, reduce, and prevent problematic use, misuse, and dependence on alcohol and illicit drugs. SBIRT interventions are generally delivered by primary care clinicians and related health care staff to assist patients in adopting, changing, or maintaining behaviors proven to affect health outcomes and health status including alcohol and other substance use. The SBIRT model was recommended by the Institute of Medicine which 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.

SABIRT represents an expansion of SBIRT with the addition of "brief assessment" (e.g., use of a validated assessment tool to determine if unhealthy alcohol of drug use or a SUD is present) into the SBIRT construct and serves as the basis of Medi-Cal provider and Managed Care Plan (MCP) obligations and service reimbursement structures related to alcohol and drug screening, assessment, brief interventions, and referral to treatment.

G. Covered Program: pursuant to 42 CFR Part 2 §2.11, means and includes: (a) an individual or entity (other than a general medical facility) who holds itself out as providing, and provides Substance Use Disorder Diagnosis, Treatment, or referral for Treatment; or (b) an identified unit within a general medical facility that holds itself out as providing, and provides, Substance Use Disorder Diagnosis, Treatment, or referral for Treatment; or (c) medical personnel or other staff in a general medical facility whose primary function is the provision of Substance Use Disorder Diagnosis, Treatment, or referral for Treatment and who are identified as such providers.

H. Records: pursuant to 42 CFR Part 2 §2.11, means any information, whether recorded or not, created by,

received, or acquired by a part 2 program relating to a patient (e.g., Diagnosis, Treatment and referral for Treatment information, billing information, emails, voice mails, and texts). The act of recording information about a substance use disorder and its treatment does not by itself render a medical record which is created by a non-part 2 treating provider (Covered Program) subject to the restrictions of part 2.

IV. ATTACHMENTS:

A. Recommended Tools and Training Resources for SABIRT
B. Pocket Screening and Brief Intervention for Alcohol Use Disorders
C. Youth Pocket Screening and Brief Intervention for Alcohol Use Disorders

V. PURPOSE:

To establish procedures for identification, assessment, referral and coordination of care for members with unhealthy alcohol or drug use and/or substance use disorders, and align these procedures with state requirements.

VI. POLICY / PROCEDURE:

A. Covered Services:
   1. Alcohol and Other Drug Treatment Services covered through the Counties:
      Except as noted in VI.A.2. below, 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 (Partnership's) contract with the California Department of Health Care Services (DHCS). These services include all drugs used for the treatment of substance use disorders covered by the State of California Alcohol and Drug Programs (ADP), Drug Medi-Cal Substance Use Services, as well as specific drugs listed in the Medi-Cal Provider Manual section that lists the specific medications for treating substance use disorders not currently covered by the ADP, but reimbursed through the Medi-Cal Fee For Service (FFS) program.
   2. Wellness and Recovery Benefit through Partnership:
      Effective July 1, 2020, Partnership Members have access to alcohol and substance use disorder treatment services through the Wellness and Recovery program if they meet all of the following criteria:
      a. Member has been determined eligible for full scope Medi-Cal
      b. Member is not institutionalized
      c. Member has a substance-related and addictive disorder per the current "Diagnostic and Statistical Manual of Mental Disorders—Fifth Edition" (DSM5) criteria (excluding tobacco use disorder and gambling disorder)
      d. Member meets the medical necessity criteria to receive Drug Medi-Cal (DMC) covered services AND
      e. Member resides in Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, or Solano County
   3. 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 Partnership medical providers should be billed to Partnership as any other encounter, using appropriate encounter and management CPT codes.
      a. Many of the medications used to treat addictions (often referred to as Medications for Addiction Treatment, or [MAT]) require no special or additional training or certification.
         1) Primary care clinicians may prescribe naltrexone, acamprosate or disulfiram for the treatment of alcohol use disorder.

2) Treating opioid use disorder with buprenorphine/buprenorphine-naloxone, or naltrexone extended release injection is within the scope of primary care practice.
   a) Special DEA registration (X-Waiver) is no longer required for prescribing FDA-approved buprenorphine products for the treatment of opioid use disorder (OUD).
   b) Methadone for the treatment of opioid use disorder is relegated almost exclusively to sanctioned Narcotic Treatment Programs (NTP), with some exceptions for acute care hospitals and emergency department settings.

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.xx or F10.xx 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 Partnership, except as part of a cardiac rehabilitation program (see policy MCUP3128 Cardiac Rehabilitation), or if the Member is a qualifying Member for SUD services through the Wellness and Recovery Program.

4. SABIRT: These services are covered by Partnership HealthPlan of California as part of the Medi-Cal Benefit, as outlined in All Plan Letter (APL) 21-014. These services include those related to both unhealthy alcohol and/or drug use and/or substance use disorders, and are to be provided for all Members aged 11 years and older, including pregnant Members.
   a. Minor consent to SABIRT services and related access to information about diagnosis, treatment, and/or records are subject to requirements as set forth in 42 CFR § 2.14 and may be released in compliance with Partnership policy CMP-26 Verification of Caller Identity and Release of Information.
5. Screening for tobacco use as well as unhealthy alcohol or drug use and/or substance use disorders is considered a part of the standard of care for primary care of Members between the ages of 11 and under the age of 21, as noted in policy MCQG1015 Pediatric Preventive Health Guidelines.
6. For adults, providers are expected to employ SABIRT to screen for/briefly intervene and assess/refer to treatment for unhealthy alcohol or drug use and/or other substance use, as part of routine adult preventive care, as noted in policy MCQG1005 Adult Preventive Health Guidelines.

B. Partnership Responsibility, Related to SUD Services
1. Identification
   a. Partnership may identify a Member in need of SUD services through one of the following:
      1) Telephone inquiries from Member or Provider
      2) During Prior Authorization and/or Concurrent Review Processes
      3) Through Care Coordination programs activity
      4) Through call center activities performed by Partnership's delegated managed behavioral health organization
2. Referral
   a. Partnership, 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 Partnership website (see VI.C.8.c. 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. No prior authorization from Partnership is required for referral to outpatient substance use services. (Please note, in Partnership's Wellness & Recovery benefit, prior authorization is required for placement in a residential treatment facility. Please refer to policy MCUP3144 Residential Substance Use Disorder Treatment Authorization for further information.)
3. Coordination of Care
   a. Partnership 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 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 consent, the problem list and action plan for this health maintenance visit may be shared with SUD treatment staff.

b. Wherever possible, Partnership will support the efforts of primary care and other providers to integrate care, including unhealthy alcohol and/or drug use and/or substance use disorder related care, to other health care services.

C. SABIRT services for unhealthy alcohol or drug use and/or substance use disorders.

1. Overview.

a. These benefits are 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 unhealthy alcohol use and provide persons engaged in risky or hazardous drinking with Brief Behavioral Counseling Interventions to reduce unhealthy alcohol use. Please note that youth aged 11 – 21 are eligible for additional screening benefits under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. Additionally, the USPSTF recommends that clinicians screen adults 18 years or older for unhealthy drug use, and this screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. While the USPSTF determined that the current evidence is insufficient to assess the balance of benefits and harms of screening for unhealthy drug use in adolescents, it nonetheless remains the standard of care for providers to screen Members between the ages of 11 and under the age of twenty-one for alcohol, tobacco, and other drug use, as noted in policy MCQG1015 Pediatric Preventive Health Guidelines. As articulated in APL 21-014, the American Academy of Pediatrics (AAP) recommends alcohol and drug use screening and assessment with appropriate follow up action as necessary, beginning at age 11.

b. Unhealthy Alcohol Use: 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.

c. Unhealthy Drug Use: Brief counseling interventions in the primary care setting can positively affect unhealthy drug use behaviors in adults engaging in unhealthy drug use, although the research base is less robust and more mixed than it is in relation to alcohol misuse. Several studies and systematic reviews have highlighted positive outcomes including increased likelihood of abstaining from unhealthy drug use and decreases in specific drug use such as cocaine and heroin. However, studies have demonstrated significantly positive benefits from various forms of unhealthy drug use *treatment* (e.g. pharmacotherapies, other behavioral treatments such as cognitive behavioral therapy). Connections to treatment services are more likely to be made if screening for UDU is accomplished in the primary care setting.

2. Non-Covered Services
   a. Pre-screen is considered part of routine primary care and is not separately reimbursed. An example of a pre-screen is "Have you consumed **any** beer, wine or other alcoholic beverage in the past year."
3. Covered Services
   a. SABIRT services in primary care settings are covered benefits. Information about these services is made available to Partnership Members via the evidence of coverage and via Partnership's external website. Screening and Brief Behavioral Counseling Intervention(s) are more fully defined below.
      1) Providers may submit for reimbursement for screening and brief intervention for unhealthy alcohol and drug use using Medi-Cal codes as specified below in VI.C.11.a. Screening codes are limited to 1 per day, and 1 per 6-month period. The Brief Behavioral Counseling Intervention code may be billed up to 3 units per 6-month period without additional medical justification. If the Member declines referral to substance use treatment services, is benefiting from Brief Behavioral Counseling Intervention, and the counselor feels further therapy will be helpful, additional Brief Behavioral Counseling Intervention visits may be performed. Justification for more than 3 Brief Behavioral Counseling Interventions must be noted in the medical record. No TAR is required. If a patient changes primary care providers, the new PCP should endeavor to obtain prior records that include documentation of prior SABIRT services. Nonetheless, the new PCP may perform SABIRT services as a consequence of the initial health appointment, even if SABIRT services were 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 Behavioral Counseling Intervention services may be provided on the same day as other Evaluation & Management services.
      3) Brief Behavioral Counseling 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 SABIRT services: If a primary care setting lacks the expertise or has other barriers making Brief Behavioral Counseling Intervention impossible, the PCP may refer the Member for SABIRT services to clinicians outside the Primary Care Setting. This may include emergency department and emergency department physicians, Partnership contracted medical specialists and credentialed SUD counselors. PCPs may also utilize Partnership's delegated managed behavioral health organization using the referral forms and process described in Partnership policy MPCP2017 Scope of Primary Care - Behavioral Health and Indications for Referral Guidelines. SABIRT is considered standard of care for mental health professionals providing mental health services, so these services will not be reimbursed in this setting.
4. Training and Proficiency - Primary Care Providers

   Primary Care Providers (PCPs) may offer SABIRT in the primary care setting, as follows:
   a. SABIRT 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 SABIRT in the primary care setting, under the direction of one of the four provider types above.
   1) Licensed Marriage and Family Therapist
   2) Registered Nurse
   3) Certified Nurse Midwife
   4) Licensed Midwife
   5) Licensed Clinical Social Worker
   6) 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 SABIRT services. They should be trained and proficient in screening to provide screening services, and also trained and proficient in Brief Behavioral Counseling Intervention if they will provide Brief Behavioral Counseling Intervention services.

d. Other Members of the health care team (such as medical assistants, health educators or substance use disorder counselors) may also conduct alcohol misuse screening and counseling or unhealthy drug use screening components of SABIRT 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 Behavioral Counseling Intervention provided by their non-licensed provider staff.

e. Providers must develop policies and procedures for SABIRT 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 Behavioral Counseling Intervention and are proficient in its administration and are thus approved to provide screening and/or Brief Behavioral Counseling Intervention services at the PCP site. This list should be signed by the Medical Director or supervising physician.
   2) A quality assurance process for SABIRT services
   3) Partnership and DHCS may request verification of the required documentation as part of their audit and oversight responsibilities.

f. Providers seeking technical assistance on developing policies and procedures for SABIRT services may contact the Behavioral Health Administrator or the Senior Director of Health Services at Partnership.

5. Training and Proficiency – Brief Behavioral Counseling Intervention/Referral to Treatment Providers
   a. Brief Behavioral Counseling 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 Brief Behavioral Counseling Intervention/Referral to Treatment under the direction of one of the four provider types above.
      1) Licensed Marriage and Family Therapist
      2) Registered Nurse
      3) Certified Nurse Midwife

4) Licensed Midwife
5) Licensed Clinical Social Worker
6) 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 Behavioral Counseling Intervention services.
d. Other Members of the health care team (such as health educators or substance use disorder counselors) may also conduct Brief Behavioral Counseling 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 Behavioral Counseling Intervention provided by their non-licensed provider staff.
e. Brief Behavioral Counseling Intervention providers must develop policies and procedures for SABIRT services. These should include:
   1) The Brief Behavioral Counseling Intervention provider will maintain a list of licensed and registered professionals who have completed training in Brief Behavioral Counseling Intervention and are proficient in its performance and are thus approved to provide Brief Behavioral Counseling 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 Behavioral Counseling 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 SABIRT services
   3) Partnership and DHCS may request verification of the required documentation as part of their audit and oversight responsibilities.

6. Screening and Brief Assessment
   a. Unhealthy alcohol and drug use screening must utilize a validated screening questionnaire to assess a patient for risky substance use behaviors.
   b. 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.
   c. The screening and brief assessment process does not diagnose a disorder, but it does determine whether a problem exists. Providers should consider risks and benefits of administration of screening and assessment tools, including discussion of these as part of informed consent, as well as consideration of issues related to mandatory reporting, documentation, and privacy. Screening should not be punitive and treatment recommendations based on screening and assessment results should have demonstrated effective evidence base. Results will be used to classify the beneficiary's pattern of drinking or drug use and determine the need for brief intervention and/or referral to treatment services.
   d. Screening and Brief Assessment Tools
      1) Please refer to Attachment A for a chart of recommended screening and brief assessment tools for unhealthy alcohol and/or drug use as well as training resources.
      2) Note that a validated screening question for unhealthy alcohol use is a required part of an Individual Health Appointment. Regardless of the drug screening and assessment tools used, at least one of the following validated alcohol misuse screening or assessment tools must be used, as only these screening/ assessment tools are acceptable for NCQA/HEDIS measures:
         a) AUDIT (10 question screening and assessment)
         b) AUDIT-C (3 question screening also validated in pregnant individuals)
         c) NIAAA Single Alcohol Screening Question (SASQ)

7. Brief Intervention:
   i. SABIRT to include discussion of the results of the screening and proposing additional interventions for Brief Behavioral Counseling Intervention if the screen is positive. Providers should offer Brief Behavioral Counseling Intervention(s) to Members who are identified as having risky or hazardous alcohol use.
   b. Brief Behavioral Counseling Interventions include motivational interviewing and cognitive behavioral techniques tailored to the Member's stage of readiness to make a change. Elements of Brief Behavioral Counseling Interventions may include:
      1) Personalized feedback
      2) Education and resources
      3) Negotiated action plans
      4) Drinking use diaries, and
      5) Stress management.
   c. The Brief Behavioral Counseling 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 Behavioral Counseling Intervention. The Brief Behavioral Counseling Intervention includes one to three sessions, 15 minutes in duration per session, offered in-person or via telemedicine. As noted earlier (VI.C.3.a.1), additional sessions are permitted under certain circumstances. Brief interventions must include the following:
      1) Feedback to the patient regarding screening and assessment results
      2) Discussion of negative consequences that have occurred and the overall severity of the problem
      3) Supporting the patient in making behavior changes
      4) Discussing and agreeing on plans for follow-up with the patient, including referral to other treatment if indicated
         a) Providers must make good faith efforts to confirm whether Members receive referred treatments and document when, where, and any next steps following treatment.
8. SABIRT Referral to Treatment
   a. No prior authorization is required for SABIRT services or for referral to services related to substance use or abuse.
   b. Members who are found, upon screening and further evaluation, to meet criteria for SUD as defined by the DSM-5, or those whose diagnoses are uncertain, should be referred for further evaluation and treatment.
   c. PCPs in counties without Partnership Wellness and Recovery coverage 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 Partnership website: http://www.partnershiphp.org/Members/Medi-Cal/Pages/Benefits.aspx under the heading "Alcohol and Drug Treatment." In Partnership Wellness and Recovery counties, the referral process is outlined on the Partnership website at this page: https://www.partnershiphp.org/Providers/BehavioralHealth/Pages/Substance-Use-Disorder-Services.aspx. Referrals to treatment must be documented in the medical record.
9. SABIRT results, interpretation and any resulting patient-specific recommendations 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 Behavioral Counseling Intervention is claimed at one visit.
   a. Pursuant to 42 CFR Part 2 §2.11, the act of recording information about a SUD and its treatment does not by itself render a medical record which is created by a non-part 2 treating provider (Covered Program per III.G above) subject to the restrictions of part 2.
   b. Documentation should also include:
      1) The service provided (e.g., screen and brief intervention)

2) The name of the screening instrument and the score on the electronic health record
3) 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)
4) If and where a referral to an alcohol or substance use disorder program was made

10. Provider Review Process:
    a. The following will be evaluated as part of the Medical Record Review (MRR) process to monitor the SABIRT process.
        1) Review Member's response to an age-appropriate, validated alcohol or drug use screening question
        2) Offer an expanded questionnaire, such as the AUDIT-C tool, or the ASSIST tool
        3) Conduct Brief Behavioral Counseling Intervention sessions
        4) Refer Members with potential unhealthy alcohol or drug use and/or SUD for treatment
    b. Facility Site reviews include a review of the SABIRT 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 SABIRT will be reinforced. Deficiencies in the SABIRT process will not be applied to the overall site review score.
11. SABIRT Billing Codes
    a. The following billing codes should be used for billing SABIRT services to patients with:
        1) Medi-Cal and no other primary insurance coverage (such as Medicare):
            a) Annual alcohol misuse screening: G0442
            b) Drug use screening: H0049 (*Although HCPCS defines this code as used for alcohol and/or drug screening, Medi-Cal requires this code to only be used for drug use screening.*)
            c) Alcohol and/or drug services, brief Intervention (each 15 minutes): H0050
        2) Medicare/Medi-Cal Members should have SABIRT 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 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 (SAMHSA-HRSA) Center for Integrated Health Solutions https://www.samhsa.gov/national-coe-integrated-health-solutions
C. Quick reference guide for screening for drug use in general medical settings: screening_qr.pdf (nih.gov)
D. NIDA Quick Screen and NIDA Modified ASSIST: https://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf
E. World Health Organization (WHO) manual for administration of ASSIST in primary care settings: https://www.who.int/publications/i/item/978924159938-2
F. Tobacco, Alcohol, Prescription Medication and Other Substance Use Tool (TAPS) online platform for either self or clinician-administration: https://www.drugabuse.gov/taps/#/
G. CRAFFT: Chang G, Orav EJ, Jones JA, Buynitsky T, Gonzalez S, Wilkins-Haug L. Self-reported alcohol and drug use in pregnant young women: a pilot study of associated factors and identification. J Addict Med. 2011 Sep;5(3):221-6.
H. A complete guide to clinical implementation of the AUDIT screening instrument is available by the World Health Organization https://www.who.int/publications/i/item/WHO-MSD-MSB-01.6a
I. 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

J. Substance Abuse and Mental Health Services Administration (SAMHSA) website: https://www.samhsa.gov/disorders/substance-use
K. Operational Instructional Letter (OIL) 398-13
L. DHCS: All Plan Letter (APL) 21-014 Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment. (10/11/2021)
M. Department of Health Care Services (DHCS) Intergovernmental Agreement for Drug Medi-Cal Organized Delivery System (DMC-ODS) Services
Drug Medi-Cal Organized Delivery System (DMC-ODS) webpage
N. DHCS APL 23-029 Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Third Party Entities (10/11/2023)
   1. Specialty Mental Health Services Memorandum of Understanding Template
   2. Substance Use Disorder Treatment Services Memorandum of Understanding Template
O. United States Preventative Services Task Force (USPSTF) Recommendation Statement: Screening for Unhealthy Drug Use (https://uspreventiveservicestaskforce.org/uspstf/recommendation/drug-use-illicit-screening)
P. Title 42 Code of Federal Regulations (CFR) Section 438.210 (a)(4), Part 2 §2.11 and § 2.14
Q. Title 22 California Code of Regulations (CCR) Sections 51303 and 51340.1
R. InterQual® Behavioral Health Criteria

VIII. DISTRIBUTION:

A. Partnership Department Directors
B. Partnership 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; 08/16/17; *02/14/18; 08/08/18; 11/14/18; 11/13/19; 06/10/20; 06/09/21; 02/09/22; 09/14/22; 06/14/23; 06/12/24; 01/08/25

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO: N/A

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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 Partnership 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 Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance

use disorder benefits in 42 CFR 438.910.