



**Implementation of A New Medi-Cal Benefit for
Current and Expansion Populations:**

***SBIRT – Alcohol Screening, Brief
Intervention and Referral to
Treatment***

January 23rd 2014

Importance

A key aspect of SBIRT is the integration and coordination of screening, early intervention, and treatment components into a system of care. This system links physical care, social services and specialty treatment programs.



Policy

In 2013, the USPSTF recommended 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.

Effective January 1, 2014, California offers Alcohol Screening, Brief Intervention, and Referral to Treatment (SBIRT) benefit in primary care settings to all Medi-Cal beneficiaries, 18 years and older.

** Effective January 1, 2014, the law requires that Alternative Benefit Plans covered preventive services described in section 2713 of the Public Health Service Act as part of essential health benefits. Section 2713 includes, among others, alcohol screening and brief behavioral interventions. (Affordable Care Act Section 4106).**



Provider Role

- Health care practitioners have the important responsibility of looking after their patients' general health and welfare.
- In California, alcohol use screening and brief intervention are incorporated into mainstream health care settings, such as primary care settings.
- Practitioners screen patients to assess alcohol use, and then, based on the screening results, provide the appropriate intervention.



Covered and Non-Reimbursable Services

Covered Services

SBIRT services are covered for risky alcohol use or misuse. The following services are covered:

1. **An expanded screen**, using a Medi-Cal approved alcohol use screening tool, limited to one unit per beneficiary per year, any provider. (H0049, \$24)
2. **Brief intervention** services may be provided on the same date of services as the expanded screen, or on subsequent days. The brief intervention is limited to three sessions per patient per year, provided by any SBIRT trained provider. The sessions can be combined in one or two visits, or be administered at three separate visits. Each service is limited to one session per unit, 15 minutes per unit, per beneficiary, any provider. (H0050, \$48).

Non Reimbursable Services

1. Administration of an alcohol pre-screen question.
2. Treatment for alcohol use disorder.



Reimbursement in Fee-For-Service

1. **A full screen**, using a Medi-Cal approved screening instrument, and billed with HCPCS code H0049, is limited to one unit per recipient per year, any provider. A pre-screen or brief screen is not reimbursable.
2. **Brief intervention** services may be provided on the same date of services as the full screen, or on subsequent days, using HCPCS code H0050. The brief intervention is limited to three sessions per recipient per year, any provider.
3. For Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) providers, the costs of providing SBIRT services are included in the all-inclusive prospective payment systems (PPS) rate. SBIRT services that meet the definition of an FQHC/RHC visit, as defined in the *Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)* section of the Part 2 – Medi-Cal Billing and Policy manual, are billable.
4. SBIRT services may be provided on the same day as other Evaluation & Management (E&M) services.
5. Any claims reimbursed for more than the maximum units per year are subject to recovery by the Department of Health Care Services (DHCS).



Update on SBIRT Implementation Efforts

Some Key Implementation Activities For SBIRT

Milestone	Status/Target Date(s) (if not completed)
1. Define benefit , frequency and referral processes	COMPLETED 12/24/13
2. Develop care model	COMPLETED 11/7/13
3. All Plan Letters to Managed Care Plans (MCPs)	January 2014
4. Conduct Partner/Stakeholder Meetings and explore efficient and effective strategies to engage Partners/Stakeholders on an ongoing basis	December 2013– on going
5. Set up educational trainings for Medical Directors and Physicians' leadership as well as for SBIRT supervisors and providers	December 2013 – April 2014
6. Develop MCP Capitation Rates	COMPLETED 11/12/13
7. Assure Policies and Procedures are in place to provide SBIRT services to benefs.	January 2014
8. Implement IT system updates/changes	COMPLETED 12/24/13
9. Send notices to providers, provider bulletin	COMPLETED 1/15/14
10. Plan reporting mechanism and metrics – assuring provision of the benefit	February 2014



Training Plans

Collaborating with UCLA on all phases:

- Phase 1: Educational training for Medical Directors and physicians' leadership
 - Live Webinar (December 19, 2013).



Training Plans – Cont'd

- Phase 2: Educational training for supervisors and providers: separately for health care professionals and non-health care professionals
 - set of live Webinars: (February–April, 2014)



Training Plans – Cont'd

- Phase 3: Training on screening tools and behavioral interventions:
 - Online trainings
 - information and tools on DHCS Website



Provider Requirements

Licensed as well as non-licensed providers may offer SBIRT services in the primary care setting

Trained non-licensed providers, including but not limited to health educators, Certified Addiction Counselors, health coaches, medical assistants, and non-licensed behavioral assistants, who meet the following requirements may provide SBIRT services:

- a. Be under the supervision of a licensed health care provider;
- b. Complete a minimum of 60 documented hours of professional experience such as coursework and internship within their respective field. This experience should include a minimum of four hours of training directly related to SBIRT services; and
- c. Complete a minimum of 30 documented hours of face-to-face client contact within his or her respective field, in addition to the 60 hours of clinical professional experience described above.



Provider Requirements- Cont'd

Licensed health care providers eligible to supervise staff are currently limited to:

- a. Licensed Physician
- b. Physician Assistant
- c. Nurse Practitioner
- d. Psychologist



Provider Requirements- Cont'd

At least one supervising licensed provider per clinic or practice must take four hours of SBIRT training within 12 months of initiating SBIRT services

- a. On an ongoing basis beyond the first 12 months of service, at least one supervising licensed provider per clinic or practice must have completed training.
- b. Rendering licensed providers are highly encouraged, but not required, to take training.
- c. A minimum of four hours of SBIRT training is highly encouraged for both supervising and rendering licensed providers.
- d. For solo physician practices, the physician is highly encouraged (but not required) to take the training within 12 months of initiating SBIRT services.



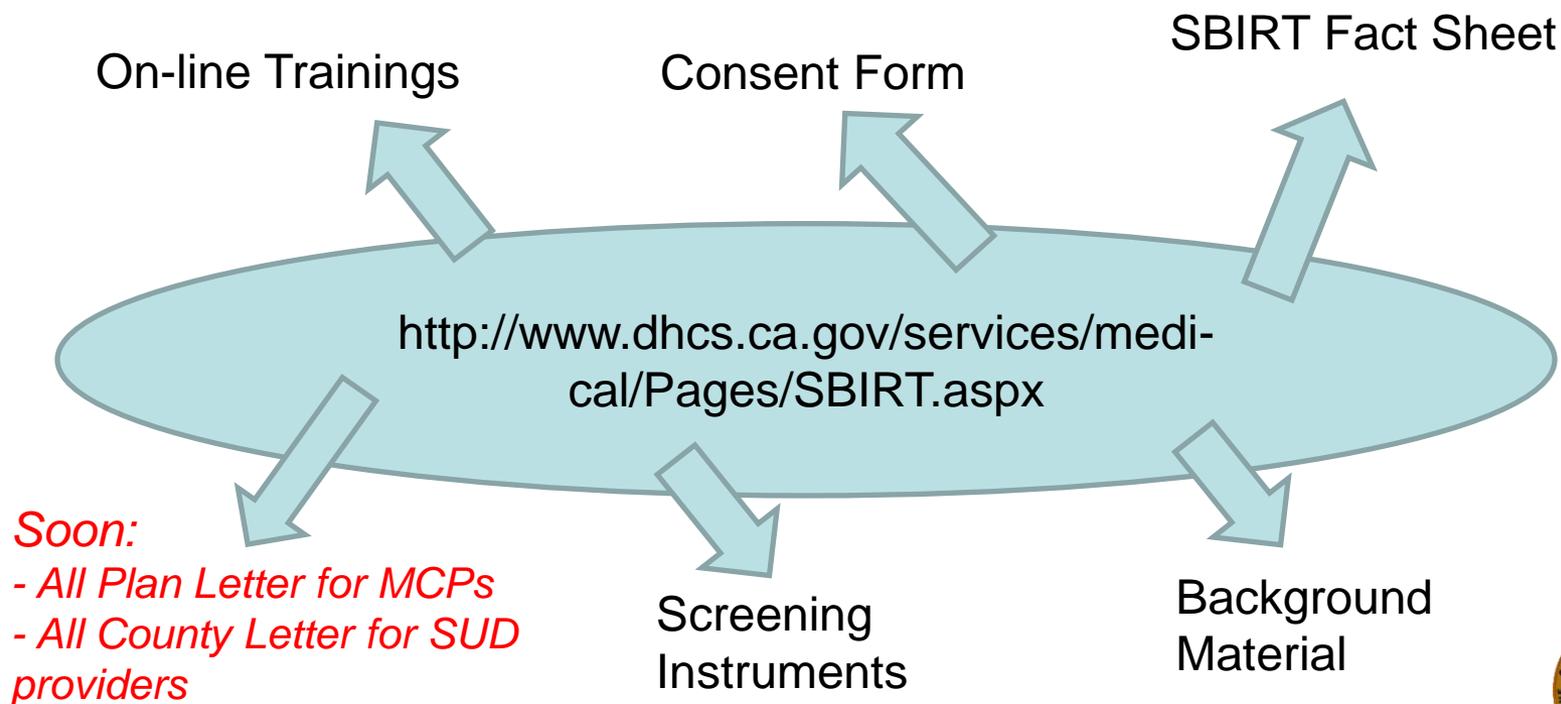
Provider Requirements- Cont'd

The supervising licensed provider and the non-licensed providers of SBIRT services must attest that they have obtained the required training on SBIRT

* some requirements may slightly be revised in the near future



SBIRT Website



Contact Information

---below are some useful addresses---

For:

DHCS:	Jane.Ogle@dhcs.gov -	(916) 440-7800
	Efrat.Eilat@dhcs.ca.gov -	(916) 552-9677
Managed Care:	Sarah.Brooks@dhcs.ca.gov -	(916) 449-5000
Benefits:	Laurie.Weaver@dhcs.ca.gov -	(916) 552-9400
SUD:	Rob.Maus@dhcs.ca.gov -	(916) 323-1074



Q & A



Update on SBIRT implementation efforts

Thank you

