State of California—Health and Human Services Agency
# Department of Health Care Services

TOBY DOUGLAS
*DIRECTOR*

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**DATE:** FEBRUARY 10, 2014

ALL PLAN LETTER 14-004

**TO:** ALL MEDI-CAL MANAGED CARE HEALTH PLANS

**SUBJECT:** SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT FOR MISUSE OF ALCOHOL

**PURPOSE:**
The purpose of this All Plan Letter (APL) is to explain the obligations of Medi-Cal managed care health plans (MCPs) to provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) services for MCP members ages 18 and older who misuse alcohol.

In May 2013, the United States Preventive Services Task Force (USPSTF) updated its alcohol screening recommendation (listed at http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm). The USPSTF recommends that clinicians screen adults ages 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 and/or referral to mental health and/or alcohol use disorder services, as medically necessary. Coverage of SBIRT services by the Medi-Cal program takes effect January 1, 2014. Note: The new Medi-Cal SBIRT benefit only targets misuse of alcohol.

**BACKGROUND:**
Approximately 21 percent of US adults report engaging in risky or hazardous drinking,[1] and the prevalence of current alcohol dependence is about four percent.[2] Alcohol misuse plays a contributing role in a wide range of health conditions, such as hypertension, gastritis, liver disease and cirrhosis, pancreatitis, certain types of cancer (for example, breast and esophageal), cognitive impairment, anxiety, and depression.[3] Research findings implicate alcohol misuse as a major risk factor for trauma, including

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[1] Vinson DC, Manning BK, Galliher JM, Dickinson LM, Pace WD, Turner BJ. Alcohol and sleep problems in primary care patients: a report from the AAFP National Research Network. *Ann Fam Med*. 2010;8(6):484-92.
[2] Hasin DS, Stinson FS, Ogburn E, Grant BF. Prevalence, correlates, disability, and comorbidity of DSM-IV alcohol abuse and dependence in the United States: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Arch Gen Psychiatry*. 2007;64(7):830-42.
[3] Corrao G, Bagnardi V, Zambon A, La Vecchia C. A meta-analysis of alcohol consumption and the risk of 15 diseases. *Prev Med*. 2004;38(5):613-9.

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falls, drowning, fires, motor vehicle crashes, homicide, and suicide.[4] Research findings also link alcohol use in pregnancy to fetal alcohol syndrome, which occurs in about 0.2 to 1.5 per 1,000 live births in the United States.[5]

Counseling interventions in the primary care setting can positively affect risky drinking behaviors in adults by reducing weekly alcohol consumption and increasing long-term adherence to recommended drinking limits.[6] Brief behavioral counseling interventions decrease the proportion of persons who engage in episodes of heavy drinking.[7] Indirect evidence supports the effect of screening and brief behavioral counseling interventions on reducing the probability of traumatic injury or death especially those related to motor vehicles.[8]

Existing policy requires MCPs to ensure that primary care providers (PCPs) screen members as part of routine care. For adults, PCPs must offer the Staying Healthy Assessment (SHA) or other approved tool within 120 days after enrollment and every three years, with annual reviews of the member's answers. DHCS has updated the SHA to include a single alcohol screening question recommended by the USPSTF. The SHA is posted at:
http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx.

This APL describes new requirements regarding the provision of SBIRT services, covered as a new benefit by the Medi-Cal Program.

**REQUIREMENTS:**
Beginning January 1, 2014, MCPs are responsible to cover and pay for an expanded alcohol screening for members 18 years of age and older who answer "yes" to the alcohol question in the SHA (considered a "pre-screen" in this APL), or at any time the PCP identifies a potential alcohol misuse problem. Also, MCPs shall cover and pay for brief intervention(s) for members who screen positively for risky or hazardous alcohol use or a potential alcohol use disorder. Any member identified with possible alcohol use disorders should be referred to the alcohol and drug program in the county where the member resides for evaluation and treatment.

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[4] Cherpitel CJ, Ye Y. Alcohol-attributable fraction for injury in the U.S. general population: data from the 2005 National Alcohol Survey. *J Stud Alcohol Drugs*. 2008;69(4):535-8.
[5] Centers for Disease Control and Prevention. Update: trends in fetal alcohol syndrome—United States, 1979–1993. *MMWR Morb Mortal Wkly Rep*. 1995;44(13):249-51.
[6] U.S. Preventive Services Task Force, *Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse*, *U.S. Preventive Services Task Force Recommendation Statement*, http://www.uspreventiveservicestaskforce.org/uspstf12/alcmisuse/alcmisusefinalrs.htm.
[7] *Ibid*.
[8] *Ibid*.

MCPs shall revise policies and procedures to ensure that providers in primary care settings offer and document SBIRT services according to requirements that *are found in the Provider Manual, which is available at:* [http://files.medi-cal.ca.govpublications/masters-mtp/part2/prev_m01o03.doc](http://files.medi-cal.ca.govpublications/masters-mtp/part2/prev_m01o03.doc)*. These requirements are also described below:*

**Provider Requirements**

1. All licensed providers, as well as non-licensed providers who meet the requirements below, may offer SBIRT services in the primary care setting.

2. Non-licensed health care providers must provide SBIRT under the supervision of a licensed health care provider. Licensed health care providers eligible to supervise staff are currently limited to a:

    a. Licensed Physician;
    b. Physician Assistant;
    c. Nurse Practitioner; and
    d. Psychologist.

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

    a. Beyond the first 12 months of providing SBIRT services, at least one supervising licensed provider per clinic or practice must have completed training.
    b. At all times, rendering licensed providers are highly encouraged, but not required, to take training in order to provide the services.
    c. A minimum of four hours of SBIRT training is highly encouraged for both supervising and rendering licensed providers within the first 12 months after initiating SBIRT services; however, rendering licensed providers are not required to take training in order to provide the services.
    d. For solo physician practices, the physician is highly encouraged, but not required, to take the training within 12 months after initiating SBIRT services.

4. Trained non-licensed providers, including but not limited to health educators, Certified Addiction Counselors, health coaches, medical assistants, and non-licensed behavioral assistants, must meet the following requirements. Requirements listed under b and c must be completed before providing SBIRT services.

    a. Be under the supervision of a licensed provider listed in #2 above.
    b. Complete a minimum of 60 documented hours of professional experience such as coursework, internship, practicum, education or professional work within their respective field. This experience should include a minimum of 4 hours of training directly related to SBIRT services (such as motivational interviewing).

   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. These contact hours may include internships, on-the-job training, or professional experience and SBIRT services training.

5. The supervising licensed provider and the non-licensed providers of SBIRT services must attest that they have obtained the required training on SBIRT within 12 months after initiating the provision of SBIRT services. The training is a one-time requirement.

The MCP is not required to offer the SBIRT training directly to its providers. Other organizations may provide the required training, including online courses, such as those listed in Attachment 1.

**Screening**

When a member answers "yes" to the SHA alcohol pre-screen question, the MCP must ensure that the PCP offers the member an expanded, validated alcohol screening questionnaire. While any validated screening tool is acceptable, DHCS recommends the use of the Alcohol Use Disorder Identification Test (AUDIT) or Alcohol Use Disorder Identification Test—Consumption (AUDIT-C).

MCPs must allow each member at least one expanded screening, using a validated screening tool, per year. (Note that administration of the alcohol question on the SHA is considered part of routine primary care. It was included in the capitation rate before January 1, 2014.) MCPs must ensure that PCPs maintain documentation of the SHA and the expanded screening. When a member transfers to another PCP, the receiving PCP must obtain prior records. If no documentation is found, the PCP must provide and document this service.

**Brief Intervention**

MCPs should ensure that providers offer brief intervention(s) to those members that a provider identifies as having risky or hazardous alcohol use when a member responds affirmatively to the alcohol question in the SHA, provides responses on the expanded screening that indicate hazardous use, or when otherwise identified. Brief intervention(s) typically include one to three sessions, 15 minutes in duration per session, offered in-person, by telephone, or by telehealth modalities. Providers may refer offsite for brief interventions; however, MCPs should encourage PCPs and their teams to offer the service within the primary care clinic, to increase the likelihood of members following through on the interventions.

MCPs must allow each member at least three brief intervention sessions per year. Providers may combine these sessions in one or two visits or administer the sessions as three separate visits.

**Referral to Treatment**

MCPs must ensure that members who are found, upon screening and evaluation, to meet criteria for an alcohol use disorder as defined by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), or whose diagnosis is uncertain, are referred for further evaluation and treatment. Treatment for alcohol use disorders is not a service covered by MCPs.

For further diagnostic evaluation and treatment, MCPs should refer to the alcohol and drug program of the county in which the member resides. The DHCS website has information about SBIRT services at http://www.dhcs.ca.gov/services/medi-cal/Pages/SBIRT.aspx. On this webpage the header *Referral to Treatment* links to a list of California county contacts for local substance use disorder treatment information and referrals.

MCPs shall include SBIRT services in their member-informing materials and their procedures that address grievances and appeals regarding SBIRT services.

DHCS will work with MCPs and stakeholders to develop a process for monitoring the implementation of these new requirements. DHCS will communicate these reporting and monitoring requirements separately.

If you have any questions regarding this APL, please contact Sarah Royce, MD, MPH, at (916) 650-0113 or sarah.royce@dhcs.ca.gov, or Liana Lianov, MD, MPH, at (916) 449-5149 or liana.lianov@dhcs.ca.gov.

Sincerely,

*Original Signed by Jane Ogle*

Jane Ogle
Deputy Director
Health Care Delivery Systems

Attachment

cc: County Mental Health and Substance Use Disorder Services Directors

**Attachment: Definitions and Resources**

**Definitions:**

**Screening, Brief Intervention and Referral to Treatment (SBIRT)** means comprehensive, integrated delivery of early intervention and treatment services for persons with substance abuse disorders, as well as those who are at risk of developing these disorders. Primary care settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

**Brief Intervention** means a provider interaction with a patient that is intended to induce a positive change in a health-related behavior. Brief intervention may include an initial intervention, a follow-up intervention and/or a referral.

**Alcohol use disorder** means that a patient meets the criteria in the *Diagnostic and Statistical Manual* (DSM) for a substance use disorder resulting from alcohol use.

**Available Trainings:**

A preliminary list of trainings and resources is included below. Updates will be available on the Department of Health Care Services (DHCS) web site.

Substance Abuse and Mental Health Services Administration (SAMHSA) funded – Addiction Technology Transfer Center Network:
"Foundations of SBIRT"

- 1.5 hour course
- Introduction of terms, topics and resources
- Free California Continuing Education (CE) Certificate Available
- $7.50 to receive 1.5 contact hour units from the National Association for Addiction Professionals (NAADAC), National Board for Certified Counselors (NBCC), and/or National Association of Social Workers (NASW)

(http://www.attcelearn.org/)

National Institute on Alcohol Abuse and Alcoholism (NIAAA) Clinician's Guide Online Training "Video Cases: Helping Patients Who Drink Too Much"

- Four interactive, 10-minute video cases
- Implementing Single Question and Alcohol Use Disorder Identification Test (AUDIT) Screening Tools
- Evidence-based clinical strategies
- Patients with different levels of severity and readiness to change
- Free Continuing Medical Education (CME)/CE credits for physicians and nurses through Medscape®

(http://www.niaaa.nih.gov/publications/clinical-guides-and-manuals/niaaa-clinicians-guide-online-training)

SBIRT Core Training Program: Screening, Brief Interventions, and Referral to Treatment

- Four hour training: $50 per individual; group rates are available
- Continuing Education Units (CEUs) available

(http://www.sbirttraining.com/sbirtcore)

Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration (SAMHSA-HRSA) Center for Integrated Health Solutions: Motivational Interviewing

- Three-part, pre-recorded webinar series
- Includes recording, presentation, and transcript
- Additional resources
- No certificate available; no charge

(http://www.integration.samhsa.gov/clinical-practice/motivational-interviewing)

Substance Use in Older Adults: Screening and Treatment Intervention Strategies

- Three hour training
- California CE Certificate at no charge
- $15.00 for the course and3.00 NAADAC CEUs and 8.00 NBCC clock hours

**Additional Resources:**
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

The AUDIT and Alcohol Use Disorder Identification Test—Consumption (AUDIT-C) screening instruments for alcohol misuse are available from the SAMHSA-HRSA Center for Integrated Health Solutions (www.integration.samhsa.gov/clinical-practice/screening-tools). Note: Although instruments are available for download, it does not include instructions/training for their implementation.

A complete guide to clinical implementation of the AUDIT screening instrument is available by the World Health Organization (http://whqlibdoc.who.int/hq/2001/who_msd_msb_01.6a.pdf)

**Technical Manuals:**
Technical Assistance Publication (TAP) 33: Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment (http://store.samhsa.gov/shin/content//SMA13-4741/TAP33.pdf)

Treatment Improvement Protocols (TIP) 35: Enhancing Motivation for Change in Substance Abuse Treatment
(http://www.ncbi.nlm.nih.gov/books/NBK64967/pdf/TOC.pdf)
Quick Guide: http://store.samhsa.gov/shin/content/SMA12-4097/SMA12-4097.pdf