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

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DATE: October 27, 2017

ALL PLAN LETTER 17-016
SUPERSEDES ALL PLAN LETTER 14-004

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: ALCOHOL MISUSE: SCREENING AND BEHAVIORAL COUNSELING INTERVENTIONS IN PRIMARY CARE[1]

PURPOSE:

The purpose of this All Plan Letter (APL) is to explain the obligations of Medi-Cal managed care health plans (MCPs) to provide Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care, also known as Alcohol Misuse Screening and Counseling (AMSC)[2], services for MCP members ages 18 and older who misuse alcohol. This APL also provides guidance to MCPs to ensure compliance with the Medicaid Managed Care for Mental Health Parity requirements included in the Final Rule (CMS-2333-F) issued by the Centers for Medicare and Medicaid Services (CMS) on March 30, 2016.[3]

BACKGROUND:

In May 2013, the United States Preventive Services Task Force (USPSTF) updated its alcohol screening recommendation.[4] The USPSTF recommends that clinicians screen adults ages 18 years or older for alcohol misuse. Members engaged in risky or hazardous drinking shall be provided 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 AMSC services by the Medi-Cal program

[1] APL was formerly named: Screening, Brief Intervention and Referral to Treatment for Misuse of Alcohol

[2] AMSC was formerly known as Screening, Brief Intervention, and Referral to Treatment (SBIRT)

[3] The Final Rule titled Medicaid and Children's Health Insurance Programs; Mental Health Parity and Addiction Equity Act of 2008; the Application of Mental Health Parity Requirements to Coverage Offered by Medicaid Managed Care Organizations, the Children's Health Insurance Program (CHIP), and Alternative Benefit Plans can be found at: https://www.federalregister.gov/documents/2016/03/30/2016-06876/medicaid-and-childrens-health-insurance-programs-mental-health-parity-and-addiction-equity-act-of

[4] The screening recommendation can be found at: https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/alcohol-misuse-screening-and-behavioral-counseling-interventions-in-primary-care

took effect on January 1, 2014. The Medi-Cal AMSC benefit only targets misuse of alcohol.

The Final Rule applied certain requirements from the Mental Health Parity and Addiction Equity Act of 2008 (Pub. L. 110-343, enacted on October 3, 2008) to coverage offered by Medicaid Managed Care Organizations. This included the addition of Subpart K – Parity in Mental Health and Substance Use Disorder Benefits to the Code of Federal Regulations (CFR). The general parity requirement (Title 42 CFR §438.910(b)) stipulates that treatment limitations for mental health benefits may not be more restrictive than the predominant treatment limitations applied to medical or surgical benefits. MCPs must be in compliance with the Mental Health Parity rule on October 2, 2017, as required by Title 42 CFR §438.930.[5]

Approximately 21 percent of US adults report engaging in risky or hazardous drinking,[6] and the prevalence of alcohol use disorder is about 6 percent.[7] 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.[8] Research findings implicate alcohol misuse as a major risk factor for trauma, including falls, drowning, fires, motor vehicle crashes, homicide, and suicide.[9] 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.[10]

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.[11] Brief behavioral counseling interventions decrease the proportion of persons who engage in episodes of heavy drinking.[12] Indirect evidence supports the effect of screening and brief behavioral counseling

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[5] Title 42 CFR can be found at: https://www.ecfr.gov/cgi-bin/text-idx?SID=f56153c4de21171571d21c8c469092c1&mc=true&node=pt42.4.438&rgn=div5
[6] 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.
[7] National Institute on Alcohol Abuse and Alcoholism, Alcohol Use Disorder https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-use-disorders
[8] 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.
[9] 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.
[10] 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.
[11] 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.
[12] Ibid.

interventions on reducing the probability of traumatic injury or death especially those related to motor vehicles.[13]

Existing policy requires MCPs to ensure that primary care providers (PCPs) screen members as part of routine care. For adults, PCPs must offer an Individual Health Education Behavioral Assessment (IHEBA) or other approved tool within 120 days after enrollment and every three years, with annual reviews of the member's answers. The IHEBA must include an alcohol-screening question recommended by the USPSTF.[14]

REQUIREMENTS:

Since January 1,2014, MCPs are required 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 IHEBA (considered a "pre-screen" in this APL), or at any time the PCP identifies a potential alcohol misuse problem. Please note that youth aged 18-21 are eligible for additional screening benefits under EPSDT (please see APL14-017[15]). Also, MCPs shall cover and pay for behavioral counseling 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.

As a result of the Mental Health Parity (CMS-2333-F), the AMSC training requirements for providers have been revised. MCPs shall revise policies and procedures to ensure that providers in primary care settings offer and document AMSC services according to requirements that are found in the Medi-Cal Provider Manual.[16] These requirements are also described below:

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[13] Ibid.

[14] https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/alcohol-misuse-screening-and-behavioral-counseling-interventions-in-primary-care ["How many times in the past year have you had 5 (for men) or 4 (for women and all adults over 65) or more drinks in a day?"] ["How many times in the past year have you had 5 (for men) or 4 (for women and all adults over 65) or more drinks in a day?"]

[15] APLs are available at: http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx

[16] The provider manual for the Two Plan Model can be found at:
http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/mcptwoplan_z01.doc
The provider manual for the Geographic Managed Care Model can be found at:
http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/mcpgmc_z01.doc
The provider manual for County Organized Health Systems can be found at:
http://files.medi-cal.ca.govpublications/masters-mtp/part1/mcpcohs_z01.doc
The provider manual for Imperial, San Benito, and Regional Models can be found at:
http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part1/mcpimperial_z01.doc

Provider Requirements
Primary care providers (PCPs) may offer AMSC in the primary care setting as long as they meet the following requirements:

- AMSC services may be provided by a licensed health care provider or staff working under the supervision of a licensed health care provider, including but not limited to, the following:
    - Licensed Physician
    - Physician Assistant
    - Nurse Practitioner
    - Psychologist

- At least one supervising licensed provider per clinic or practice may take four hours of AMSC training after initiating AMSC services. The training is not required; however, it is recommended.

Alcohol Misuse Screening
When a member answers “yes” to the IHEBA alcohol pre-screen question, the MCP must ensure that the PCP offers the member an expanded, validated alcohol screening questionnaire. DHCS requires 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, every year. Additional screenings can be provided in a calendar year if medical necessity is documented by the member’s provider. (Note that administration of the alcohol question on the IHEBA 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 IHEBA and the expanded screening. When a member transfers to another PCP, the receiving PCP must obtain prior records. If no documentation is found, the new PCP must provide and document this service. DHCS has issued updated Healthcare Common Procedure Codes, which are provided in the DHCS Provider Manual.

Behavioral Counseling Interventions for Alcohol Misuse
MCPs should ensure that providers offer behavioral counseling 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 IHEBA, provides responses on the expanded screening that indicate hazardous use, or when otherwise identified. Behavioral counseling 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 behavioral counseling 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 behavioral counseling intervention sessions per year. Providers may combine these sessions in one or two visits or administer the sessions as three separate visits. Additional behavioral counseling interventions can be provided if medical necessity has been determined by the member's provider. DHCS has issued updated Healthcare Common Procedure Codes, which are provided in the DHCS Provider Manual.

Referral to Mental Health and/or Alcohol Use Disorder Services
MCPs must ensure that members who, upon screening and evaluation, 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 to the County Department for alcohol and substance use disorder treatment services or DHCS-certified treatment program.

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

MCPs are responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Dual Plan Letters. These requirements must be communicated by each MCP to all delegated entities and subcontractors.

If you have any questions regarding this APL, please contact your Managed Care Operations Division Contract Manager.

Sincerely,

Original signed by Nathan Nau

Nathan Nau, Chief
Managed Care Quality and Monitoring Division
Department of Health Care Services

Attachment

Attachment: Definitions and Resources

Definitions:
Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care means screening for alcohol misuse and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.
(https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/alcohol-misuse-screening-and-behavioral-counseling-interventions-in-primary-care)

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.

Behavioral Counseling Interventions for Alcohol Misuse means activities 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 appropriate alcohol use.
(https://www.uspreventiveservicestaskforce.org/Page/Name/behavioral-counseling-interventions-an-evidence-based-approach)

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.

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