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

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DATE: October 11, 2021

All Plan Letter 21-014
Supersedes All Plan Letter 18-014

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: ALCOHOL AND DRUG SCREENING, ASSESSMENT, BRIEF INTERVENTIONS AND REFERRAL TO TREATMENT

PURPOSE:
The purpose of this All Plan Letter (APL) is to clarify the Medi-Cal managed care health plans' (MCP) primary care requirement to provide Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) to members ages 11 years and older, including pregnant women. This APL was formerly named "Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care." This APL aligns with the November 2018 and June 2020 updates to the United States Preventive Services Task Force (USPSTF) recommendations and supersedes APL18-014.[1, 2]

BACKGROUND:
Under the Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) benefit, MCPs are required to provide coverage for screening services for all members under 21 years of age.[3] As part of the EPSDT requirement, MCPs are contractually required to provide services as recommended by the American Academy of Pediatrics (AAP) Bright Futures initiative for all members under 21 years of age. The AAP develops guidance and recommendations for preventive care screenings and well-child visits for children and regularly publishes updated tools and resources for use by clinicians and state agencies.[4] Per AAP/Bright Futures recommendations, tobacco,

[1] USPSTF, Kris et al., Screening for Unhealthy Drug Use: US Preventive Services Task Force Recommendation Statement (June 9, 2020) 323 (22) JAMA 2301, is available at: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/drug-use-illicit-screening.
[2] USPSTF, Curry et al., Screening and Behavioral Counseling Interventions to Reduce Unhealthy Alcohol Use in Adolescents and Adults: US Preventive Services Task Force Recommendation Statement (November 13, 2018) 320 (18) JAMA 1899, available at: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions.
[3] For information about the EPSDT benefit, see APL 19-010. APLs are searchable at: https://www.dhcs.ca.gov/formsandpubs/Pages/MgdCarePlanPolicyLtrs.aspx.
[4] Information about the AAP/Bright Futures initiative and the most recent periodicity schedule and guidelines is available at: https://brightfutures.aap.org/Pages/default.aspx.

alcohol, and drug use screening and assessment with appropriate follow-up action as necessary should begin to occur at 11 years of age. MCPs are also contractually required to provide all preventive services for members who are 21 years of age or older consistent with USPSTF Grade A and B recommendations. The 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. The USPSTF recommends 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.[5] 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.[6]

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.

Unhealthy alcohol and drug use plays a contributing role in a wide range of medical and behavioral health conditions. Counseling interventions in the primary care setting can address risky drinking behaviors in adults by reducing weekly alcohol consumption and increasing long-term adherence to recommended drinking limits. Brief behavioral counseling interventions decrease the proportion of persons who engage in episodes of heavy drinking. Additionally, brief counseling interventions increase the likelihood pregnant women will abstain from alcohol throughout their pregnancy. Effective treatment options for AUDs and/or substance use disorders (SUDs) depend on the severity of the disorder and include some combination of the following: alcohol and/or

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[5] USPSTF, Curry et al., Screening and Behavioral Counseling Interventions to Reduce Unhealthy Alcohol Use in Adolescents and Adults: US Preventive Services Task Force Recommendation Statement (November 13, 2018) 320 (18) JAMA 1899, page 1.
[6] See footnote 1.

drug counseling sessions, participation in mutual help groups, structured, evidence-based psychosocial interventions, Federal Drug Administration-approved medications, residential treatment (when medically necessary), or some combination of these services.

The MCP contract requires that for individuals identified as requiring alcohol or SUD treatment services, MCPs must arrange for their referral to the county department responsible for substance use treatment, or other community resources when services are not available through counties, and to outpatient heroin detoxification providers available through the Medi-Cal fee-for-service program, for appropriate services. MCPs must assist members in locating available treatment service sites. To the extent that treatment slots are not available in the county alcohol and SUD treatment program within the MCP's service area, the MCP must pursue placement outside the area. The MCP must continue to cover and ensure the provision of primary care and other services unrelated to the alcohol and SUD treatment and coordinate services between Primary Care Providers (PCP) and treatment programs. MCPs must continue to identify individuals requiring alcohol and/or SUD treatment services and refer these individuals to county treatment programs. Treatment by a Network Provider must not be contingent on the individual complying with a referral to a county treatment program, and the services outlined in this APL must be covered whether an individual has accepted services from the county treatment program or not, as per APL 15-008, Professional Fees for Office Visits Associated with Alcohol and Substance Use Disorder Treatment Services.

POLICY:

SABIRT Requirements
Consistent with USPSTF Grade A or B recommendations, AAP/Bright Futures, and the Medi-Cal Provider Manual, MCPs must provide SABIRT services for members 11 years of age and older, including pregnant women. 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. For additional details regarding the policy, please refer to the Medi-Cal Provider Manual.[7] In providing SABIRT services, MCPs must comply with all applicable laws and regulations relating to the privacy of SUD records, as well as state law concerning the right of minors over 12 years of age to

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[7] See the Preventive Services and Evaluation & Management Medi-Cal Provider Manuals, available under General Medicine (GM), at: https://files.medi-cal.ca.gov/pubsdoco/manuals_menu.aspx.

consent to treatment, including, without limitation, Title 42 Code of Federal Regulations (CFR) Section 2.1 et seq., 42 CFR Section 2.14, and Family Code Section 6929.

Screening

Unhealthy alcohol and drug use screening must be conducted using validated screening tools. Validated screening tools include, but are not limited to:

- Cut Down-Annoyed-Guilty-Eye-Opener Adapted to Include Drugs (CAGE-AID)
- Tobacco Alcohol, Prescription medication and other Substances (TAPS)
- National Institute on Drug Abuse (NIDA) Quick Screen for adults
    - The single 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 and adolescents
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) for non-pregnant adolescents
- Michigan Alcoholism Screening Test Geriatric (MAST-G) alcohol screening for geriatric population.

Brief Assessment

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:

- 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

For recipients with brief assessments that reveal unhealthy alcohol use, brief misuse counseling should be offered. 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 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.

MCPs must ensure that PCPs maintain documentation of SABIRT services provided to members. When a member transfers from one PCP to another, the receiving PCP must attempt to obtain the member's prior medical records, including those pertaining to the provision of preventive services. Additionally, MCPs must include information about SABIRT services in their member-informing materials.

If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in a MCP's policies and procedures (P&Ps), the MCP must submit its updated P&Ps to its Managed Care Operations Division (MCOD) contract manager within 90 days of the release of this APL. If a MCP determines that no changes to its P&Ps are necessary, the MCP must submit an email confirmation to its MCOD contract manager within 90 days of the release of this APL, stating that the MCP's P&Ps have been reviewed and no changes are necessary. The email confirmation must include the title of this APL as well as the applicable APL release date in the subject line.

MCPs are responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters.[8] These requirements must be communicated by each MCP to all Subcontractors and Network Providers.

If you have any questions regarding this APL, please contact your MCOD Contract Manager.

Sincerely,

Signed by Bambi Cisneros

Bambi Cisneros, Acting Chief
Managed Care Quality and Monitoring Division

[8] For more information on Subcontractors and Network Providers, including the definition and requirements applicable, see APL 19-001, and any subsequent APLs on this topic.