

CENCAL HEALTH POLICY AND PROCEDURE	
<b>Title:</b> Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care	<b>Policy No. :</b> [XXX-0000ABCD – As Assigned]
<b>Department:</b> Health Services	
<b>Effective Date:</b> 5/1/2018	<b>Revised Date:</b> 10/15/2018
<b>Cross Reference:</b> <i>[Other policies referenced or utilized in-relation to this policy]</i>	<b>Review Only Date:</b> <i>[Date policy was last reviewed but not changed. Should occur at least annually]</i>
<b>Director:</b>  Dr Takashi Wada	<b>Director Signature and Date:</b>  <i>[Director signs and dates following approval]</i>
<b>Chief:</b>  <div style="text-align: center;"><i>[Chief name]</i></div>	<b>Chief Signature and Date:</b>  <i>[Chief signs and dates following approval]</i>

## I. Purpose

To ensure that members ages 18 and older are screened at Primary Care for alcohol misuse as part of routine care and provided with behavioral counseling interventions any time that potential alcohol misuse is identified

## II. Definitions

**Alcohol Misuse** refers to a spectrum of behaviors, including risky or hazardous alcohol use. Risky or hazardous alcohol use means drinking more than the recommended daily, weekly, or per-occasion quantity of alcohol, resulting in increased risk for adverse health consequences (e.g., the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the U.S. Department of Agriculture define “risky use” as consuming more than four drinks on any day or fourteen drinks per week for men, or more than three drinks on any day or seven drinks per week for women as well as any level of consumption under certain circumstances))

**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. Alcohol Use Disorder is a chronic relapsing brain disease characterized by compulsive alcohol use, loss of control over alcohol intake, and a negative emotional state when not using.

**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.

**Drug Medi-cal Organized Delivery System (DMC-ODS)** provides a continuum of care modeled after the American Society of Addiction Medicine (ASAM) criteria for substance use disorder treatment services. DMC-ODS services shall be available as a Medi-Cal benefit for individuals who meet the medical necessity criteria for substance abuse services and reside in either Santa Barbara or San Luis Obispo County. The County Departments of Behavioral Health Services are responsible for the management of the DMC-ODS services

### **III. Policy**

CenCal Health in compliance with APL 18-014 require that Primary Healthcare Providers provide screening, behavioral counseling interventions and referrals to adult members age 18 years of age and older for alcohol misuse.

### **IV Procedure**

#### **A. Alcohol Misuse Screening**

1. PCP's must annually screen adult members 18 years of age and older for alcohol misuse. Although PCP's must provide annually one alcohol misuse screening per year, additional screenings must be provided when medically necessary. Youth aged 18 -21 are eligible for additional screening benefits under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. Medical necessity must be documented by the member's PCP or primary care team.
2. When screening members for alcohol misuse, providers will use one of the following validated screening tools:
  - 2.1 The Alcohol Use Disorders Identification Test (AUDIT);
  - 2.2 The abbreviated AUDIT-Consumption (AUDIT –C);
  - 2.3 A single question screening, such as asking, "How many times in the past year have you had 4 (for women and all adults older than 65 years) or 5 9for men) or more drinks in a day.
3. PCP's will maintain documentation of the alcohol misuse screening of their clients. When a member transfers to another PCP, the receiving PCP must obtain prior medical records, including those pertaining to the provision of preventive services. If no documentation is found, the new PCP must provide and document that the member was provided with an Alcohol Misuse Screening.

#### **B. Behavioral Counseling Interventions**

1. Members who were identified during the screening process as being engaged in risky or hazardous drinking, must be offered brief behavioral counseling interventions,
2. Behavioral counseling interventions for alcohol misuse vary in their specific

components, administration, length, and number of interactions, but may include cognitive behavioral strategies, such as action plans, drinking diaries, stress management or problem solving. Interventions may be delivered by face-to-face sessions, written self-help materials, computer-or Web-based programs, or telephone counseling.

3. Members are entitled to at least one, but up to a maximum of three behavioral counseling interventions per year. Additional behavioral counseling interventions must be authorized when medically necessary; however, medical necessity must be documented by the member's primary healthcare provider.

**C. Referral to Alcohol Use Disorder Services**

1. Members who, upon screening and evaluation at the primary care level, meet criteria for an alcohol use disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM V) or whose diagnosis is uncertain, must be referred to the County Department for Alcohol and Substance Use Disorder Treatment Services. The referral process is outlined in the Memorandum of Understanding with the Behavioral Health Departments of Santa Barbara County and San Luis Obispo County for the coordination of care under the Drug Medi-cal Organized Delivery System (DMC-ODS).
2. The member's primary health care provider will continue to provide basic case management services while the member is receiving alcohol treatment services. Basic case management services include obtaining a written consent from the client to allow sharing of information between the primary healthcare provider and the substance use disorder treatment provider to facilitate the delivery of integrated and coordinated care to the member.
3. CenCal shall reimburse providers for professional fees associated with visits during which alcohol treatment are provided and such treatment are within the scope of practice for the provider. Such visits can occur independently of, or in conjunction with, other alcohol treatment services. Examples of treatment that may be in the scope of practice for the provider could include a visit to prescribe medications to reduce symptoms of withdrawal, or a visit to prescribe medications to support addiction recovery by providers with the necessary waiver.

**D. Referral to Mental Health or Dual Diagnosis Services**

1. Members who, upon screening and evaluation at the primary care level who are identified with risky alcohol use or alcohol use in early remission and mental health symptoms that is causing mild to moderate impairments in their life, can be referred to either an on-site mental health provider or the CenCal MHBO for mental health services.
2. Members who are identified with risky alcohol use and mental health symptoms that is causing moderate to severe functional impairments must be referred to County Behavioral Health for treatment services

**E. Billing for services**

Primary healthcare providers will use the following HCPCS codes when billing for Alcohol misuse screening and behavioral counseling interventions.

- G0442 (annual alcohol misuse screening, 15 minutes)
- G0443 (Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes)

**F. Administration**

1. CenCal will include alcohol misuse and behavioral counseling intervention services in member-informing materials.
2. CenCal will ensure that primary care level providers have access to the identified Screening questionnaires in English and Spanish, the Plan's threshold language and in multiple formats (hardcopy and electronic).
3. CenCal will monitor primary care provider's compliance with this policy through a review of claims data and reporting compliance to the Healthcare Dashboard.

**IV. References**

All Plan Letter 15-008: Professional fees for office visits associated with alcohol and substance use disorder treatment services.

All Plan Letter 18-014: Alcohol misuse: Screening and behavioral counseling interventions in primary care.

Memorandum of Understanding (MOU) with Santa Barbara County and San Luis Obispo County to implement the applicable provisions of the DMC-ODS, November 2017.

**V. Attachments**