
PROVIDER BULLETIN

IMPORTANT: NEW POLICY REQUIREMENTS

Screening, Brief Intervention, Referral to Treatment

(DHCS APL 14-004)

Please review this notice regarding new requirements to provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) services for members ages 18 and older who misuse alcohol.

As of January 1, 2014, adult Medi-Cal beneficiaries have an alcohol SBIRT benefit. The SBIRT benefit requires that clinicians screen adults for alcohol misuse and provide beneficiaries 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. Please note that the new Medi-Cal SBIRT benefit only targets misuse of alcohol.

PROVIDER REQUIREMENTS

Following are SBIRT training requirements for licensed providers and trained, unlicensed providers who provide SBIRT services.

Licensed Providers

Primary care physicians, physician assistants, nurse practitioners, and psychologists who provide SBIRT services or supervise a trained, unlicensed health care provider in the provision of SBIRT services are required to comply with the following training requirements, at a minimum:

- For clinics or practices, at least one supervising licensed provider must complete four hours of SBIRT training within 12 months after initiating SBIRT services
 - Beyond the first 12 months of providing SBIRT services, at least one supervising licensed provider per clinic or practice must have completed training

Though not required, it is recommended that:

- All rendering licensed providers take training in order to provide SBIRT services
- For providers practicing alone, the provider complete four hours of SBIRT training within 12 months after initiating SBIRT services

Trained, Unlicensed Providers

Trained, unlicensed providers, including, but not limited to, health educators, certified addiction counselors, health coaches, medical assistants, and trained, unlicensed behavioral assistants, are required to comply with the following training requirements, at a minimum, in order to provide SBIRT services:

- Be under the supervision of one of the following types of licensed providers only:
 - Licensed physician
 - Physician assistant
 - Nurse practitioner
 - Psychologist
- Prior to rendering SBIRT services, complete a minimum of 60 documented hours of professional experience, such as coursework, internship, practicum, education, or professional work, within their

respective fields. This experience should include a minimum of four hours of training directly related to SBIRT services, such as motivational interviewing

- Prior to rendering SBIRT services, complete a minimum of 30 documented hours of face-to-face client contact within their respective fields, 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.

SCREENING

Existing policy requires PCPs to 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. The SHA is available for reference at:

<http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx>.

When a member answers "yes" to the SHA alcohol pre-screen question, the PCP must offer 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). These tools can be found on the DHCS website at

<http://www.dhcs.ca.gov/services/medi-cal/Documents/AUDIT%20Screening%20Tool.pdf> and

http://www.dhcs.ca.gov/services/medi-cal/Documents/tool_audite.pdf.

PCPs must maintain documentation in medical records 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

Providers must offer brief intervention(s) to members that are identified 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.

Members are allowed 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

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, should be referred for further evaluation and treatment. Treatment for alcohol use disorders for Medi-Cal members should be referred to county Alcohol and Drug Services. For further diagnostic evaluation and treatment, please 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>.

CODING FOR ENCOUNTER DATA – submit encounters with the following codes:

- **H0049** - A full screen, using a Medi-Cal approved screening instrument, limited to once per year
- **H0050** - Brief intervention services may be provided on the same date of services as the full screen, or on subsequent days, limited to three sessions per recipient per year.

COMPLETE TRAINING & SUBMIT ATTESTATION

PCPs are responsible for having policies in place that establish, implement, and ensure that their supervising licensed providers are trained and unlicensed providers offering SBIRT services have attested to the following required SBIRT training.

- Training: If SBIRT benefits are being provided to members, providers must ensure that required training and guidelines are being met. Upon completion of training, please complete/fax attached SBIRT attestation documents to **Preferred IPA 818-265-0801**. Training and attestation is a one-time requirement.

ADDITIONAL RESOURCES AND TRAINING

Training Opportunities:

A preliminary list of trainings and resources is included below. Updates will also be available on the Department of Health Care Services (DHCS) web site. A list of additional training can be accessed at:

www.dhcs.ca.gov/services/medi-cal/Pages/SBIRT.aspx

Substance Abuse Research Consortium (SARC)

Tuesday, September 16, 2014 or Wednesday, September 17, 2014

LA Chamber of Commerce

350 S. Bixel Street

Los Angeles, CA 90017

For more information, contact:

Maria Castro

Phone: 310-267-5398

Fax: 310-312-0538

Email: mcbacca@ucla.edu

Registration

<https://www.surveymonkey.com/s/2014SARC>

4-Hour Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training

October 23, 2014

555 Universal Hollywood Dr.

Universal City, California 91608

For more information, contact:

Maria Castro

Phone: 310-267-5398

Email: mcbacca@ucla.edu

Registration

<https://www.surveymonkey.com/s/4HR SBIRT>

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.sbirtraining.com/sbircore>)

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>



Screening, Brief Intervention, Referral to Treatment (SBIRT) Training Attestation & Sign-In Form

Instructions

✓ Upon successful completion and participation in the Screening, Brief Intervention, Referral to Treatment (SBIRT) training, **FAX the completed form to Preferred IPA at 818-265-0801**

Provider Information

PROVIDER NAME				
STREET ADDRESS		CITY	STATE CA	ZIP CODE
COUNTY	TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

Attestation

I acknowledge that this office has received the updated Screening, Brief Intervention, Referral to Treatment (SBIRT) training via
 Recorded Webinar *Other:*

Signature of Physician/Designee	Printed Name and Title	Date
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All Provider and Office Staff Sign-In Sheet (Please attach additional pages if necessary.)

Print Full Name and Title	Signature

If you have any questions, please contact Provider Relations:

(818) 265-0800

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