

**Government Business Division  
Policies and Procedures**

<b>Section (Primary Department)</b> Quality Management		<b>SUBJECT (Document Title)</b> Alcohol and Drug Misuse Screening and Behavioral Counseling Interventions in Primary Care - CA	
<b>Effective Date</b> 01/03/2019	<b>Date of Last Review</b> 11/17/2023	<b>Date of Last Revision</b> 11/17/2023	<b>Dept. Approval Date</b> 11/17/2023
<b>Department Approval/Signature:</b>			

**Policy applies to health plans operating in the following State(s). Applicable products noted below.**

<b>Products</b>	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

**POLICY:**

This policy was developed to establish guidelines based on the Department of Health Care Services (DHCS) All Plan Letter 21-014 Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) for all members ages 11 years and older, including pregnant women.

Providers are required to provide all preventive services consistent with the United States Preventive Services Task Force (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.

Under the Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under The Age of 21 (EPSDT) benefit, referred to in California as Medi-Cal for Kids & Teens (DHCS APL 23-005) , Anthem Blue Cross Medi-Cal (Plan) is required to provide coverage for screening services, including a comprehensive array of prevention, diagnostic, and treatment services for all members under 21 years of age who are enrolled in full-scope Medicaid. As part of the EPSDT requirement, the Plan is 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.

Per AAP/Bright Futures Recommendations, tobacco, alcohol, and drug use screening and assessment with appropriate follow-up action as necessary should occur annually during

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every well visit beginning at 11 years of age. PCPs should assess for alcohol use at every well visit using the Staying Healthy Assessment or other risk assessment questionnaire. If a risk is identified, a PCP should follow-up with a validated screening tool such as the CRAFFT Questionnaire and provide counseling.

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 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 Plan contract requires that for individuals identified as requiring alcohol or SUD treatment services, the Plan shall 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. The Plan shall 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 Plan’s service area, the Plan shall pursue placement outside the area. The Plan shall 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. The

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Plan shall 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.

The Plan shall coordinate with third-party entities and county programs to ensure that Members receive all Medically Necessary services even if those services are not the financial responsibility of the Contractor. In circumstances where the Plan is coordinating care with County Departments, and not financially responsible for the care, the Plan will negotiate in good faith and execute a Memorandum of Understanding (MOU) with County Departments/Local Government Agencies (LGAs), within the Plan's service area, to ensure care coordination, timeliness of care, data sharing, and non-duplicative services for Members. The Plans MOUs with County Departments/LGAs will provide for SUD treatment services including counties participating in the Drug Medi-Cal Organized Delivery System (DMC-ODS). As referenced in the Plan's Policy, Memorandum of Understanding (MOU) Development in Two-Plan Model and GMC Counties – CA, the MOU will delineate the roles and responsibilities between the Plan and County Departments/LGAs for care coordination.

**DEFINITIONS:**

**Alcohol Misuse:** Defines a spectrum of behaviors, including risky or hazardous alcohol use such as drinking more than the recommended daily, weekly, or per-occasion quantity of alcohols resulting in increased risk for adverse health consequences.

**Alcohol Use Disorder (AUD):** A chronic relapsing brain disorder characterized by compulsive alcohol use, loss of control over alcohol intake, and a negative emotional state when not using.

**SABIRT Requirements:** Consistent with USPSTF Grade A or B recommendations, AAP/Bright Futures, and the Medi-Cal Provider Manual, the Plan shall provide SABIRT services for members 11 years of age and older, including pregnant women. For additional details regarding the policy, please refer to the Medi-Cal Provider Manual. In providing SABIRT services, the Plan shall 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 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.

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**Substance Use Disorder (SUD):** substance use disorders occur when the recurrent use of drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

**PROCEDURE:**

**Screening:**

Consistent with USPSTF and AAP recommendations and the Preventive Services Medi-Cal Provider Manual, Primary Care Providers (PCPs) must screen adult and adolescent members 11 years of age and older for alcohol and drug misuse at initial and periodic comprehensive health assessments. Although PCPs must provide one misuse screening per year for members under 21 years of age, additional screenings shall be provided when medically necessary. Medical necessity must be documented by the member's PCP or primary care team.

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

- Car, Relax, Alone, Forget, Friends, Trouble (CRAFT) for non-pregnant adolescents.
- Parents, Partner, Past and Present (4Ps) for pregnant women and adolescents
- Alcohol Use Disorders Identification Test (AUDIT-C) 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)
- 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)

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**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/drug misuse counseling and informing 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
- Discussing and agreeing on plans for follow-up with the patient, including referral to other treatment if indicated

The Plan shall 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 Plan shall follow up with the member to understand barriers and make adjustments to the referrals if warranted. The Plan 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 shall 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)
- If and where a referral to an AUD or SUD program was made

The Plan shall 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, the Plan shall include information about SABIRT services in their member-informing materials.

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**Behavioral Counseling Interventions for Alcohol or Drug Misuse:**

PCPs must offer members with brief behavioral counseling interventions, as specified by the Preventive Services Medi-Cal Provider Manual to reduce alcohol and drug misuse when, during the screening process, a member is identified as being engaged in risky or hazardous drinking. Behavioral counseling interventions for alcohol and drug misuse vary in their specific components, administration, length, and number of interactions, but may include cognitive behavioral strategies, such as action plans, drinking or using 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. PCPs must offer at least one, but may offer up to a maximum of three, behavioral counseling interventions for alcohol and drug misuse per year. Additional behavioral counseling interventions must be authorized when medically necessary, however, medical necessity must be documented by the member's PCP.

**Referral to Mental Health and/or Alcohol Use Disorder Services:**

PCPs must ensure that members who, upon screening and evaluation, meet the criteria for an AUD as defined by the current DSM (DSM-5, or as amended), 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 a DHCS-certified treatment program.

PCPs may call their local Health Department for referrals for substance abuse.

PCPs must maintain documentation of the alcohol misuse screening of their members. When a member transfers from one PCP to another, the receiving PCP must obtain the member's prior medical records, including those pertaining to the provision of preventive services.

PCPs must include alcohol misuse and behavioral counseling intervention services in their member-informing materials. PCPs must also maintain policies and procedures to ensure the questionnaire is offered and then document alcohol misuse screening services offered.

**REFERENCES:**

- American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care
- [CA Medicaid's Policy & Procedure: Memorandum of Understanding \(MOU\) Development in Two-Plan Model and GMC Counties – CA](#)
- DHCS All Plan Letter 15-008 Professional Fees For Office Visits Associated With Alcohol and Substance Use Disorder Treatment Services

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- DHCS All Plan Letter 21-014 Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT)
- DHCS All Plan Letter 23-005 Requirements For Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under The Age of 21 (Supersedes APL 19-010)
- [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)

**RESPONSIBLE DEPARTMENTS:**

**Primary Department:**  
Quality Management

**Secondary Department(s):**  
Health Education

**EXCEPTIONS:**

None

**REVISION HISTORY:**

Review Date	Changes
01/03/2019	<ul style="list-style-type: none"> <li>• New Policy</li> </ul>
01/24/2020	<ul style="list-style-type: none"> <li>• Annual Review - no changes</li> </ul>
12/16/2020	<ul style="list-style-type: none"> <li>• Annual Review</li> <li>• MMP/Duals added as an affected product line</li> <li>• Updated the Alcohol Use Disorder definition</li> <li>• Updated policy with requirements from APL 18-014</li> <li>• Updated the procedure</li> </ul>
12/14/2021	<ul style="list-style-type: none"> <li>• Annual Review</li> <li>• POLICY TITLE UPDATE: "Alcohol Misuse Screening and Behavioral Counseling Interventions in Primary Care - CA" TO "Alcohol and Drug Misuse Screening and Behavioral Counseling Interventions in Primary Care - CA"</li> <li>• Updated policy with requirements from APL 21-014</li> <li>• Updated policy, definitions, procedure, and references</li> <li>• Placed references in alphabetical order</li> <li>• Updated secondary department from Provider Relations to Provider</li> </ul>

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Review Date	Changes
12/15/2022	Experience <ul style="list-style-type: none"> <li>• Annual Review</li> <li>• Updated Policy section</li> <li>• Minor formatting corrections to Procedure section</li> <li>• Updated References section</li> <li>• Removed Provider Experience as a secondary department</li> </ul>
08/28/2023	<ul style="list-style-type: none"> <li>• Off-cycle Review</li> <li>• Removed MMP-Duals as an applicable product</li> <li>• Updated Policy section               <ul style="list-style-type: none"> <li>○ Added MOU language to Policy Section to comply with DHCS 2024 Artifact R.0134 AIR</li> <li>○ Revised EPSDT wording to comply with new APL 23-005 definition</li> </ul> </li> <li>• Updated Procedure and References sections</li> <li>• Added Health Education as secondary department</li> </ul>
11/17/2023	<ul style="list-style-type: none"> <li>• Annual Review</li> <li>• Updated Procedure section</li> </ul>