



Policy Title: Alcohol and Drug Treatment

Department: Utilization Management (UM)

Policy Number: UM 032

Rev. Date(s): 08/01/2014, 07/01/2015, 02/01/2016, 01/01/2017, 01/01/2018, 01/01/2019, 01/01/2020, 05/04/2022

Effective Date: 01/01/2016

Product Lines: All Gold Coast Medi-Cal FFS Medi-Cal
 Medicare Commercial

Age Limitations: None Under 21 Other

Policy

1. Treatment of major alcohol problems and other substance abuse problems as defined in Title 22, CCR, Section 51341.1, and outpatient heroin detoxification services defined in Title 22, CCR, Section 51328 are a carve out benefit to the local Alcohol & Other Drugs Program (AODP). Member's requiring these services shall be referred as described below.
2. Alcohol misuse screening services are now a benefit covered by Gold Coast Health Plan for all members ages 18 and older. These services shall be provided consistent with the USPSTF Grade A and B recommendations.

Procedures

1. Treatment of major Alcohol and Substance Abuse as described above are covered as a “carve out” benefit for Medi-Cal Managed Care Members.
2. These services can be accessed directly through the Ventura County Alcohol and Drug Program.
3. This information is available @: <http://www.dhcs.ca.gov/individuals/Pages/DMC-CountyNumbersDirectory.aspx> or by calling (805) 652-6919.
4. Primary care physicians are responsible for identifying members with actual or potential alcohol or substance abuse problems.
5. Members or their family may also identify an actual or potential alcohol or substance abuse problem.
6. Once a PCP, member, or family member has identified an actual or potential alcohol or substance problem, and the member is willing the case shall be referred to the local AODP for appropriate services.
7. AHP will ensure the provision of primary care and other covered services unrelated to the alcohol or substance abuse problem during the member's treatment.

Screening, Assessment, Brief Interventions, and Referrals to Treatment

1. AHP provides coverage for screening services for all Medi-Cal Managed Care Members under 21 years of age as indicated by the ‘Early and Periodic Screening, Diagnostic, and Treatment Services’ benefit.
2. AHP contracted providers must conduct unhealthy alcohol and drug use screenings using one of the validated tools listed below:
 - 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.
3. When a screening is positive, AHP providers will use one of the below validated assessment tools to determine if unhealthy alcohol use or Substance Use Disorder is present:
 - NIDA-Modified Alcohol, Smoking and Substance Involvement Screening Test (NM-ASSIST)
 - Drug Abuse Screening Test (DAST-20)
 - Alcohol Use Disorders Identification Test (AUDIT)
 4. For members with assessments that reveal unhealthy alcohol use, providers will suggest brief misuse counseling. For members whose brief assessment demonstrates probable Alcohol Use Disorder (AUD) or Substance Use Disorder (SUD), AHP providers will offer to refer the member, as appropriate, for additional evaluation and treatment, including medications for addiction treatment. Alcohol and/or drug brief interventions include the following:
 - 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.
 6. AHP's Case Management Department will be alerted to members that receive referrals to treatments and make efforts to outreach these members to offer assistance and coordination of care. Case Managers will document these interactions and outline a plan of care in coordination with the member's PCP and/or relevant specialist.
 7. AHP PCPs must maintain documentation of screening for alcohol and drug misuse, assessment, brief interventions, and referrals to treatment (SABIRT) services. 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.
 8. When a member transfers from one AHP contracted 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.
 9. AHP includes information about SABIRT services in various member-informing materials.

Regulatory References

1. APL 21-014
2. Title 22, CCR, Section 51341.1
3. Title 22, CCR, Section 51328
4. GCHP Member Handbook 2015-2016



REVIEWERS: PQI Committee, UM Committee, Medical Director, UM/QA Director

CREATED AND APPROVED BY:

- a. Linda Baker, RN January 2016; UM Committee January-February 2016

REVIEWED/REVISED BY:

- b. Reviewed/No changes by: Gagan Pawar, MD; UM Committee January 2017
- c. Reviewed/No changes by: Linda Baker, RN; January 2017

Approved:

- d. UM Committee Approval: January 2020
- e. PQI Committee Leaving: January 2020
- f. Board Approval: February 2020