

Monterey County Behavioral Health Quality Improvement

Re:	SUD Screening Tool
Form Reference	Behavioral Health Information Notice No.: 21-071: Medical Necessity Determination and Level of Care Determination Requirements for Drug Medi-Cal (DMC) Treatment Program Services Behavioral Health Information Notice No.: 21-075: Drug Medi- Cal Organized Delivery System (DMC-ODS) Requirements for the Period of 2022 – 2026 Behavioral Health Information Notice No.: 22-013: Code selection during assessment period for outpatient behavioral health (BH) services Behavioral Health Information Notice No.: 24-001: Drug Medi- Cal Organized Delivery System (DMC-ODS) Requirements for the Period of 2022 – 2026
Effective	September 1, 2022
Revised	March 26, 2024

TOPIC

In response to the changing medical necessity requirements for Drug Medical Organized Delivery System (DMC-ODS) Services, Monterey County Behavioral Health (MCBH) in partnership with local DMC- ODS Substance Use Disorder (SUD) Providers have developed a brief SUD Screening Tool to identify the most appropriate level of substance use disorder care.

The SUD Screening Tool is sufficient to determine a preliminary level of care placement for beneficiaries within the DMC-ODS System. Medical necessity is not required to be established prior to receiving treatment within the DMC-ODS system of care.

This brief SUD Screening Tool must be administered to all beneficiaries requesting substance use disorder services with a DMC ODS Provider. Requests for substance use disorder services may be made via phone call, walk-in, or referral, directly with a DMC ODS Provider.

PROCEDURE

For DMC- ODS Providers:

- 1. Effective: 4/1/2024
- 2. For new beneficiaries requesting substance use disorder services directly with the DMC-ODS provider:
 - a. The SUD Screening Tool must be conducted at the time of request.
 - b. The SUD Screening Tool will be recorded in the SUD ASAM Screening Only episode for beneficiaries not currently established in the DMC-ODS System.
 - c. The SUD Screening Tool may be conducted in the existing DMC- ODS episode as the beneficiary's level of care recommendations change.

DMC-ODS Provider Workflow:

- 2. A new beneficiary requests services directly from a DMC ODS provider via phone, walk-in, or referral.
- 3. SUD provider opens beneficiary to SUD ASAM Screening Only episode.
 - a. The SUD ASAM Screening Only episode shall be used to complete the SUD Screening tool.
 - b. Screening should happen **immediately** at the time of the phone call, walk-in, or referral.
 - c. The LPHA must enter a diagnosis in the diagnosis form in Avatar for claiming (may use Z55-Z65 or Z03.89).
 - d. Only Case Management shall be billed in this episode.
 - e. SUD Screening Tool is valid for 30 days.
- 4. After the beneficiary is screened for initial DMC- ODS placement:
 - a. The beneficiary may be immediately offered treatment in the following levels of care:
 - i. Outpatient (1)
 - ii. Intensive Outpatient (2.1)
 - iii. Non-Ambulatory Withdraw Management (3.2)
 - iv. Narcotic Treatment Program (1 NTP)
 - v. Recovery Services
 - vi. MAT
 - vii. Prevention (.5)
 - b. If the beneficiary is screened for Residential (3.1 / 3.5) or Inpatient (3.7 / 4.0) the DMC ODS provider must complete the following prior to treatment:
 - Submit the completed SUD Residential/Inpatient Authorization form, along with required documentation (1. SUD Screening Tool, 2.
 WITHIN Consent 3. Provider episodic Diagnosis) to the Monterey County Behavioral Health Authorization team.
 - MCBH Authorization team will review and provide authorization decision within 24 hours of request, including weekend and holidays.

- Authorization is valid for 30 days (from the date of approval from MCBH Authorization team).
- ii. Opening the beneficiary to a lower level of care will allow treatment to be provided to the beneficiary while they wait for county authorization, if placed on a waitlist, hard to engage, etc.

IMPORTANT: The SUD Assessment is no longer required for prior authorization to residential/inpatient LOC.

The SUD assessment must be finalized within 72 hours of admission to residential levels of care (by the residential/inpatient provider).

Completing the SUD Screening Tool

The SUD Screening Tool is a level of care recommendation tool and does not establish medical necessity for substance use disorder services.

Scope of Practice:

The SUD Screening Tool may be conducted by individuals who completed the ASAM Training and:

- DMC- ODS Provider:
 - A registered or certified drug and alcohol counselor or Licensed Practitioner of the Healing Arts (LPHA) to determine which level of care may best serve the needs.

Procedure:

- 1. Search Form "SUD Screening"
- 2. This screening tool should be completed on the same day the beneficiary requests services.
- 3. Complete First Section:
 - a. Date of Request
 - b. Time of Request
 - c. Perinatal client: Yes or No
 - d. Urgent: Yes or No
 - e. Referral Source
 - f. Type of Contact: Phone, Walk-in, or Referral

-Draft/Final Draft		Final	Perinatal Client?	_ No	
Date of Request		25	Urgent Yes		
Time of Request	Current H	м 🗄 ам/рм 📑	Referral Source	OF	
Type of contact	O Walk-in	Referral	_		

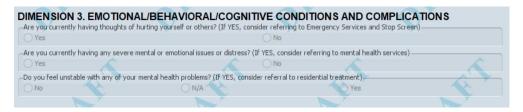
4. Complete Dimension 1



5. Complete Dimension 2

DIMENSION 2. BIO					ant and STOR SCREEN
Yes	ergency of need hospicalizatio	JIII (III YES, CONSIDE		arto hearest Energency D	spt. and STOP SCREEN
-Do you require any special a	ccomodations (e.g., wheelcha	air, sensory impairm	ent)? No	L.P.	25
If YES, specify:	N		0		2
-Do you have any current set	vere physical health problems	?			
() Yes		~	⊖ No		A
-Do you have any memory or	motor difficulties?	~		~~	
🔿 Yes 🛛 🔨			🔘 No		

6. Complete Dimension 3



7. Complete Dimension 4

DIMENSION 4. READIN -Do you feel coerced into substance Yes	IESS TO CHANGE te use treatment or object to receiving treatment?	P. C	<u>,</u>
-How ready are you to change sor	ne aspect of your alcohol or substance use?	r	
O Not Ready	Somewhat Ready	Considerable Ready	
Are you seeking treatment to avo	id a negative external consequence (i.e. probation, fai	mily demands, job requirements)?	<u> </u>
-Are you concerned about your al	ohol or substance use?		<u> </u>
O Yes	O No		

8. Complete Dimension 5

DIMEN SION 5. REPLASE/CONTINUED U: Have you used on most days (15 or more days) in the past 307 Yes		 9r
Are you likely to continue to use alcohol and/or substance with Yes	No	

9. Complete Dimension 6

Do any of your daily situations and/ Yes	or your current substance use pe			
Is your current living situation unsal	e or contributing to harmful alcol	hol and/or substance use?	v	
() Yes		ONO		
Do you struggle to obtain food, she	Iter, and clothing?	Y		Y
() Yes		O No		
Are you currently experiencing hom	elessness?	*		
() Yes		No No		

10. Complete Medications for Addiction Treatment (MAT)

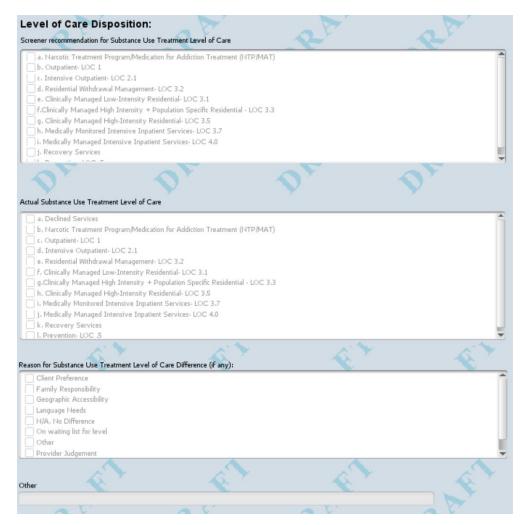
- N	R ADDICTION TREATMENT (MAT)		TAP'
In your life, have you ev	er taken medication for addiction treatment (MAT) for su	bstance use?	
If yes, who was the presc	iber, what did you take (include dose) and for how long?	?	. 54
Are you currently taking	nedication for addiction treatment (MAT) for substance u	ra2	
Yes			
0	tion for addiction treatment (MAT) prescriber?	Dr	
			1 7
What medications for addic	tion treatment are you currently prescribed (include dose		
27	27	A	01
If not currently taking me determine the best course	dication for addiction treatment (MAT), are you interester of treatment?	d in me connecting you directly to MAT	services to meet with a doctor to
⊖ Yes	⊂ No	Not Applical	ble
	A	<u></u>	£

11. Complete Level of Care Inquiry

Level of Care Inquiry: Type of substance use treatment you are interested in?	2	E.	2
a. Narcotic Treatment Program/Medication for Addiction Treatment	(NTP/MAT)		^
b. Outpatient- LOC 1 c. Intensive Outpatient- LOC 2,1			
d. Residential Withdrawal Management- LOC 3.2			
e. Clinically Managed Low-Intensity Residential- LOC 3.1			
F.Clinically Managed High Intensity + Population Specific Residentia	al - LOC 3.3		
g. Clinically Managed High-Intensity Residential- LOC 3.5			
h. Medically Monitored Intensive Inpatient Services- LOC 3.7			
i, Medically Managed Intensive Inpatient Services- LOC 4.0			
j, Recovery Services			
k. Prevention- LOC .5			 +
Are you interested in a referral to mental health services?			
() Yes	_ No		
Are you interested in a referral to primary care services?			- 6-
O Yes	No 🔿		

12. Complete Level of Care Disposition:

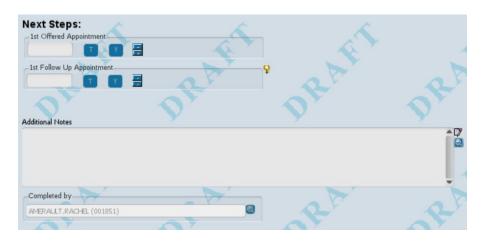
- a. Screener recommendation LOC: Determined by provider.
- b. Actual LOC: the accepted LOC accepted by beneficiary.



13. If applicable: Complete Additional Outcomes Program Referral(s)

12 Step Meetings		V.Y		
Emergency Shelter Referral				
Food Resources				
her				
Vere interim services offered?				
) Yes	No			
	0			
Were interim services accepted? —	0.01-			
Yes V	No			

- 14. Complete Next Steps for Timeliness:
 - a. Date of 1st offered appointment: in most cases, this is the date the SUD Screening Tool was administered with the beneficiary.
 - b. Date of 1st offered follow up appointment: this may be the next offered appointment including Case Management (with the beneficiary present), Assessment, or Group/Individual Counseling.
 - c. This date should follow all timeliness standards outlined in Policy 148 Network Adequacy and Timeliness Standards.
 - i. Beneficiary requesting Outpatient Services
 - Non-Urgent: 1st offer appointment within 10 business days from request.
 - Urgent: Offer appointment within 48 hours of request, 96 hours for service requests that require prior authorization (i.e., Residential).
 - ii. Beneficiary requesting Opioid Treatment Services (NTP/MAT)
 - Non-Urgent: Offer appointment within 3 business days from request.



• Urgent: Offer appointment within 48 hours of request.