



Monterey County Behavioral Health Quality Improvement

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

Brief Screener for Substance Use Treatment Services

Draft/Final
 Draft Final

Date of Request
 T Y

Time of Request
 Current H M AM/PM

Perinatal Client?
 Yes No

Urgent
 Yes No

Referral Source

Type of contact
 Phone Walk-in Referral

4. Complete Dimension 1

DIMENSION 1. WITHDRAWAL/DETOXIFICATION POTENTIAL

Are you experiencing any current severe withdrawal symptoms? (If YES, consider immediate referral to the nearest Emergency Dept. and STOP SCREEN)

Yes No

Are you under the influence of any substances right now? (If YES, consider Withdrawal Mgmt)

Yes No

If NO, what date did you last use?

Today Yesterday

If YES, have you continuously used for 5 or more days?

Yes No

5. Complete Dimension 2

DIMENSION 2. BIOMEDICAL CONDITIONS AND COMPLICATIONS

Are you having a medical emergency or need hospitalization? (If YES, consider immediate referral to nearest Emergency Dept. and STOP SCREEN)

Yes No

Do you require any special accommodations (e.g., wheelchair, sensory impairment)?

Yes No

If YES, specify:

Do you have any current severe physical health problems?

Yes No

Do you have any memory or motor difficulties?

Yes No

Do you have a primary care doctor?

Yes No

6. Complete Dimension 3

DIMENSION 3. EMOTIONAL/BEHAVIORAL/COGNITIVE CONDITIONS AND COMPLICATIONS

Are you currently having thoughts of hurting yourself or others? (If YES, consider referring to Emergency Services and Stop Screen)

Yes No

Are you currently having any severe mental or emotional issues or distress? (If YES, consider referring to mental health services)

Yes No

Do you feel unstable with any of your mental health problems? (If YES, consider referral to residential treatment)

No N/A Yes

7. Complete Dimension 4

DIMENSION 4. READINESS TO CHANGE

Do you feel coerced into substance use treatment or object to receiving treatment?

Yes No

How ready are you to change some aspect of your alcohol or substance use?

Not Ready Somewhat Ready Considerable Ready

Are you seeking treatment to avoid a negative external consequence (i.e. probation, family demands, job requirements)?

Yes No

Are you concerned about your alcohol or substance use?

Yes No

8. Complete Dimension 5

DIMENSION 5. REPLACEMENT/CONTINUED USE POTENTIAL

Have you used on most days (15 or more days) in the past 30? _____

Yes No

Are you likely to continue to use alcohol and/or substance without treatment? _____

Yes No

9. Complete Dimension 6

DIMENSION 6. RECOVERY ENVIRONMENT

Do any of your daily situations and/or your current substance use put you or others in danger? _____

Yes No

Is your current living situation unsafe or contributing to harmful alcohol and/or substance use? _____

Yes No

Do you struggle to obtain food, shelter, and clothing? _____

Yes No

Are you currently experiencing homelessness? _____

Yes No

10. Complete Medications for Addiction Treatment (MAT)

MEDICATION FOR ADDICTION TREATMENT (MAT)

In your life, have you ever taken medication for addiction treatment (MAT) for substance use? _____

Yes No

If yes, who was the prescriber, what did you take (include dose) and for how long?

Are you currently taking medication for addiction treatment (MAT) for substance use?

Yes No

If yes, who is your medication for addiction treatment (MAT) prescriber?

What medications for addiction treatment are you currently prescribed (include dose)?

If not currently taking medication for addiction treatment (MAT), are you interested in me connecting you directly to MAT services to meet with a doctor to determine the best course of treatment?

Yes No Not Applicable

11. Complete Level of Care Inquiry

Level of Care Inquiry:

Type of substance use treatment you are interested in?

- 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 Residential - 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?

Yes No

12. Complete Level of Care Disposition:

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

Level of Care Disposition:

Screener recommendation for Substance Use Treatment Level of Care

- 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 Residential - 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

Actual Substance Use Treatment Level of Care

- a. Declined Services
- b. Narcotic Treatment Program/Medication for Addiction Treatment (NTP/MAT)
- c. Outpatient- LOC 1
- d. Intensive Outpatient- LOC 2.1
- e. Residential Withdrawal Management- LOC 3.2
- f. Clinically Managed Low-Intensity Residential- LOC 3.1
- g. Clinically Managed High Intensity + Population Specific Residential - LOC 3.3
- h. Clinically Managed High-Intensity Residential- LOC 3.5
- i. Medically Monitored Intensive Inpatient Services- LOC 3.7
- j. Medically Managed Intensive Inpatient Services- LOC 4.0
- k. Recovery Services
- l. Prevention- LOC .5

Reason for Substance Use Treatment Level of Care Difference (if any):

- Client Preference
- Family Responsibility
- Geographic Accessibility
- Language Needs
- N/A, No Difference
- On waiting list for level
- Other
- Provider Judgement

Other

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

Additional Outcomes Program Referrals(s):

What Recovery Supports/Resources were provided?

12 Step Meetings
 Emergency Shelter Referral
 Food Resources

Other

Were interim services offered?
 Yes No

Were interim services accepted?
 Yes 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.

Next Steps:

1st Offered Appointment

1st Follow Up Appointment

Additional Notes

Completed by

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