



Monterey County Behavioral Health Quality Improvement

Re:	SUD Screening Tool – Monterey County Behavioral Health
Form Reference	<u>Behavioral Health Information Notice No.: 24-001</u> : Drug Medical Organized Delivery System (DMC-ODS) Requirements for the Period of 2022 – 2026
Effective	July 1, 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 from Monterey County Behavioral Health or directly with a DMC ODS Provider.

Requests for substance use disorder services may be made via phone call, walk-in, or referral as part of Monterey County Behavioral Health's 24/7 Access to Services Call Center, during the normal course of treatment or directly with a DMC ODS Provider.

IMPORTANT: The CalAIM assessment with integrated ASAM will no longer be used to refer, establish medical necessity, or authorize any SUD level of care treatment - effective 7/1/24.

Procedure:

1. Effective: 7/1/24 for all Systems of Care.
2. All MCBH staff (SWIII, PSWI, PSWII, Sr. PSW, BHUS, BHSM) shall complete and receive ASAM certification (American Society for Addiction Medicine) by 6/14/24 (prior to the effective date for all systems of care).
3. All MCBH staff (SWIII, PSWI, PSWII, Sr. PSW, BHUS, BHSM) shall participate in SUD Screening Tool Office Hours prior to the date for all systems of care.
4. The SUD Screening Tool must be conducted for new and/or existing beneficiaries requesting services directly from a MCBH program via phone, walk-in, or referral:
 - a. If the beneficiary indicates they are affirmative for substance use after the MCBH staff conducts the Medi-Cal Youth/Adult Screening Tool and/or
 - b. If the beneficiary requests substance use disorder treatment.
5. SUD Screening Tool will be recorded in the applicable MCBH treatment episode.

Training:

Completion of ASAM Training is **required** in order to conduct the SUD Screening Tool & refer individuals to a DMC- ODS Substance Use Disorder (SUD) Provider.

All MCBH staff (SWIII, PSWI, PSWII, Sr.PSW, BHUS, BHSM) will complete a 3-module ASAM Training & receive certificates by Friday 6/14/24. ASAM Training will be provided by The Change Companies and will consist of the following 3 modules: ASAM Module I – Multidimensional Assessment, ASAM Module II – From Assessment to Service Planning, and ASAM Module III – Introduction to the ASAM Criteria.

After completing each module, download the certificate and send all 3 in an email to the Training Department.

To access ASAM trainings, please fill out the following survey, [ASAM Training Request \(2024\) \(wufoo.com\)](https://montereyqi.wufoo.com/forms/w14ztm3y0lcstc3/) or (<https://montereyqi.wufoo.com/forms/w14ztm3y0lcstc3/>) and the Training Team will email you a link to access The Change Company's ASAM Criteria - Third Edition, which includes Modules I, II and III.

Scope of Practice:

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

- Monterey County Behavioral Health:
 - a Social Worker III or Licensed Practitioner of the Healing Arts (LPHA) to determine which level of care may best serve the needs.
- 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.

Process:

1. New beneficiaries requesting substance use disorder services directly from a MCBH program via phone, walk-in, or referral.
 - a. MCBH staff opens beneficiary to applicable episode
 - i. The applicable MCBH treatment episode shall be used to complete the SUD Screening tool.
 - ii. Screening should happen immediately at the time of the phone call, walk-in, or referral.
 - i. The LPHA/LPHA Intern must enter a diagnosis in the diagnosis form in Avatar for claiming (may use Z55-Z65 or Z03.89)
 - ii. Time conducting the SUD Screening may be billed as Assessment.
 - iii. The SUD Screening Tool is valid for 30 days.
2. Existing beneficiaries requiring/requesting substance use disorder services during the course of treatment:
 - a. MCBH staff conducts SUD Screening Tool in current MCBH episode.
 - b. Time conducting the SUD Screening may be billed as Assessment.
 - c. The SUD Screening Tool is valid for 30 days.
3. After the beneficiary is screened for initial DMC- ODS placement using the SUD Screening Tool:
 - a. The beneficiary may be **immediately** referred to a DMC- ODS provider for the following levels of care:
 - iii. Outpatient (1)
 - iv. Intensive Outpatient (2.1)
 - v. Non-Ambulatory Withdraw Management (3.2)
 - vi. Narcotic Treatment Program (1 NTP)
 - vii. Recovery Services
 - viii. MAT (Medication for Addiction Treatment)
 - ix. Prevention (.5)
 - b. If the beneficiary is screened for Residential (3.1/3.3/3.5) or Inpatient (3.7 or 4.0), this requires prior authorization and the MCBH staff must complete the following **prior to referral** to the SUD Provider:
 - i. Complete & submit the following in Avatar:
 - a. SUD Screening Tool
 - b. WITHIN Consent
 - c. Applicable MCBH episodic Diagnosis
 - ii. Complete the top portion (red/required fields) of the SUD Residential/Inpatient Authorization form and select SUBMIT in Avatar.
 - iii. Immediately follow completion of SUD Residential/Inpatient Auth form with an encrypted email to: 415-SUD@co.monterey.ca.us with the following information (this email alerts Authorization team to review request):

- a. Subject title: SUD Res/Inpatient Auth Request
- b. In the body of email, provide the chart number & requested SUD level of care.
- iv. MCBH Authorization team will review and provide authorization decision within 24 hours of request, including weekend and holidays. Auth team will send requester a To-Do in Avatar (connected to SUD Residential/Inpatient Authorization form) with decision and immediately follow up with an email from 415-SUD@co.monterey.ca.us to the requester about the decision.
- v. Authorization is valid for 30 days (from the date of approval from MCBH Authorization team).
- vi. After receiving approval from Authorization Team, MCBH staff will send an encrypted email to the SUD Provider(s) with the following:
 - a. Copy of the SUD Screening Tool (7030 – Client SUD Screening Report)
 - b. Copy of Within Consent
 - c. Approval evidence from the Authorization Team (7033 - SUD Res/IP Auth Decision Rpt)
- vii. MCBH staff shall ensure the client is linked and will continue to coordinate care with SUD services.

SUD Screening Tool - Avatar:

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: [Date Picker]

Time of Request: Current H M AM/PM

Type of contact: Phone Walk-in Referral

Perinatal Client?: Yes No

Urgent: Yes No

Referral Source: [Dropdown Menu]

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 staff conducting screening

tool.

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

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

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 (for **new beneficiaries only**):

- 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:
 - i. For DMC Providers: this may be the next offered appointment including Case Management (with the beneficiary present), Assessment, or Group/Individual Counseling.
 - ii. For MCBH: Any billable service (case management, mental health rehab, individual/group therapy, assessment, etc.) while the client is being linked to the DMC ODS provider OR this may be the next offered SUD appointment with the DMC ODS Provider.
- c. MCBH & its DMC ODS contracted Providers are required to follow the

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).
- Follow-up: offered within 10 business days from the 1st rendered service.

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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