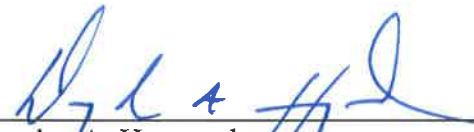





KERN HEALTH SYSTEMS

| KERN HEALTH SYSTEMS | | | | | |
|---|------------------------------------|------|---|-------------------|--|
| POLICY AND PROCEDURES | | | | | |
| SUBJECT: Alcohol and Substance Abuse Treatment Services | | | | POLICY #: 3.10-P | |
| DEPARTMENT: Health Services - Utilization Management | | | | | |
| Effective Date: 08/1997 | Review/Revised Date: 10/30/2018 | DMHC | X | PAC | |
| | | DHCS | X | QI/UM COMMITTEE | |
| | | BOD | | FINANCE COMMITTEE | |



 Douglas A. Hayward
 Chief Executive Officer

Date 10/30/18



 Chief Medical Officer

Date 10/19/18



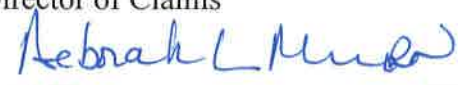
 Chief Operating Officer

Date 10/25/18



 Director of Claims

Date 10/22/18



 Administrative Director of Health Services

Date 10/16/18

POLICY:

Alcohol and substance abuse treatment services available under the Short-Doyle Medi-Cal (SDMC) program as defined in Title 22, Section 51341.1, outpatient heroin detoxification as defined in Title 22, Section 51328 are excluded from the Kern Health Systems (KHS) Medi-Cal contract,¹ and the implementation of covered tobacco cessation services.

KHS is contractually required to provide all preventive services consistent with the United States Preventive Services Task Force (USPSTF) Grade A and B recommendations. USPSTF assigned a Grade B recommendation for Alcohol Misuse Screening and Behavioral Counseling Interventions in Primary Care. The USPSTF recommends that clinicians screen adults ages 18 years or older for

alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.

Consistent with USPSTF recommendations and the Preventive Services Medi-Cal Provider Manual, KHS must annually screen adult members 18 years of age and older for alcohol misuse. Although KHS must provide one alcohol misuse screening per year, additional screenings must be provided when medically necessary. Medical necessity must be documented by the member's PCP or primary care team.

KHS providers will make best efforts to identify members requiring alcohol, tobacco cessation or substance abuse treatment services. Providers will arrange their referral to the Kern County Behavioral and Recovery Services (KCBRS) for appropriate services provided through the Alcohol and Other Drugs Program, including outpatient heroin detoxification providers.²

To design and define systematic methods to identify and refer KHS plan members requiring alcohol and drug treatment services to KCBRS, and to identify, treat and refer KHS plan members for covered tobacco cessation services.

DEFINITIONS:

| | |
|--|--|
| Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care | Means screening for alcohol misuse and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. |
| Alcohol Use Disorder | Means that a patient meets the criteria in the DSM for a substance use disorder resulting from alcohol use. |
| Behavioral Counseling Interventions for Alcohol Misuse | Means activities delivered by primary care clinicians and related health care staff to assist patients in adopting, changing, or maintaining behaviors proven to affect health outcomes and health status including appropriate alcohol use. |

PROCEDURE:

1.0 ACCESS

KHS, KHS Contracted Providers and KCBRS work collaboratively to coordinate referrals for chemical dependency and tobacco cessation services. Primary Care Providers (PCPs) identify members requiring chemical dependency and tobacco cessation services through evaluations during office visits or during the initial health assessment. PCPs refer members to KHS, KCBRS or to community and volunteer organizations within the community as appropriate.

KCBRS referrals should be made to the following address and/or phone number:

Kern County Behavioral and Recovery Services
2001, 28th Street
Bakersfield, California 93301
(661) 868-6600
24 hour crisis intervention (661) 868-8000

KHS assists members in locating available treatment service sites.³ To the extent that treatment slots are not available in the KCBRS Alcohol and other Drugs Program, KHS pursues placement outside of Kern County.⁴

2.0 PROVISION OF SERVICES

2.1 Chemical Dependency

KHS covers psychotherapeutic medications, on the KHS formulary or approved with a TAR, prescribed by PCPs or KCBRS psychiatrists. Psychotherapeutic medications listed in Bulletin #420 are excluded from KHS coverage and should be billed to Fee-For-Service Medi-Cal.

KHS covers the History and Physical examination by a contract PCP if indicated prior to outpatient detoxification services and any associated laboratory studies.

In addition to the SHA, the Primary Care Provider (PCP) must administer an Alcohol Use Disorder (AUD) questionnaire to determine if alcohol use requires additional treatment beyond the scope of the Primary Care Provider. The USPSTF considers the following three tools as the instruments of choice for screening for alcohol misuse in the primary care setting. Accordingly, KHS must use one of these validated screening tools when screening members for alcohol misuse:

1. The Alcohol Use Disorders Identification Test (AUDIT);
2. The abbreviated AUDIT-Consumption (AUDIT-C); and
3. A single-question screening, such as asking, “How many times in the past year have you had 4 (for women and all adults older than 65 years) or 5 (for men) or more drinks in a day?”

If answers to specific questions indicate the need for expanded treatment modalities beyond the brief interventions of three 15 minute sessions in person or by phone by the PCP, a second screening test will be performed and can be billed separately as a screening tool. Coordination of services will follow guidelines outlined in the Memorandum of Understanding (MOU).

KHS must include alcohol misuse and behavioral counseling intervention services in their member-informing materials. KHS must also maintain policies and procedures to ensure that providers in primary care settings offer and document alcohol misuse screening services required by this APL and the Preventative Services Medi-Cal Provider.

KHS shall cover and pay for behavioral counseling intervention(s) for members who screen positively for risky or hazardous alcohol use or a potential alcohol use disorder or responds affirmatively to the alcohol question in the IHEBA, provides responses on the expanded screening that indicate hazardous use, or when otherwise identified. Any member identified with possible alcohol use disorders should be referred to the alcohol and drug program in the

county where the member resides for evaluation and treatment. Treatment for alcohol use disorders is not a service covered under this health coverage.

KHS must offer members with brief behavioral counseling interventions, as specified by the Preventive Services Medi-Cal Provider Manual to reduce alcohol misuse when, during the screening process, a member is identified as being engaged in risky or hazardous drinking.

Behavioral counseling interventions for alcohol misuse vary in their specific components, administration, length, and number of interactions, but may include cognitive behavioral strategies, such as action plans, drinking 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. KHS must offer at least one, but may offer up to a maximum of three, behavioral counseling interventions for alcohol misuse per year. Providers may combine these sessions in one or two visits or administer the sessions as three separate visits. Additional behavioral counseling interventions must be authorized when medically necessary; however, medical necessity must be documented by the member's PCP.

Primary care providers (PCPs) may offer AUD interventions in the primary care setting as long as they meet the following requirements:

AUD services may be provided by a licensed health care provider or staff working under the supervision of a licensed health care provider, including but not limited to, the following:

- Licensed Physician
- Physician Assistant
- Nurse Practitioner
- Psychologist

• At least one supervising licensed provider per clinic or practice may take four hours of AUD training after initiating AUD services. The training is not required; however, it is recommended.

Chemical dependency services are provided by and are the responsibility of KCBRSKHS 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.

KHS must ensure that PCPs 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.

2.2 Tobacco Cessation

KHS covers comprehensive tobacco cessation services including Federal Drug Administration (FDA) approved medication and individual, group and telephone counseling.

2.2.1 FDA-Approved Tobacco Cessation Medication (for non-pregnant adults of any age)

KHS covers all FDA-approved tobacco cessation medications for adults who use tobacco products. This includes over-the-counter medications with a prescription from the provider per

the below table. At least one FDA-approved tobacco cessation medication is available without prior authorization.

| <u>Medication</u> | <u>Prescription Needed</u> |
|----------------------|----------------------------|
| Buproprian SR | Yes |
| Varenicline | Yes |
| nicotine gum | No |
| nicotine inhaler | Yes |
| nicotine lozenge | No |
| nicotine nasal spray | Yes |
| nicotine patch | No* |

*A prescription generic version is also available

- KHS will provide a 90-day treatment regimen of medications without other requirements, restrictions, or barriers.
- KHS will cover any additional medications once approved by the FDA to treat tobacco use.
- KHS will not require members to receive a particular form of tobacco cessation service as a condition of receiving any other form of tobacco cessation services.
- While counseling is encouraged, KHS will not require members to attend classes or counseling sessions prior to receiving a prescription for an FDA-approved tobacco cessation medication.

2.2.2 Individual, Group, and Telephone Counseling for Members of Any Age Who Use Tobacco Products

KHS collaborates with county tobacco control program(s) to identify other local group tobacco cessation counseling resources.

According to and as required by APL 16-014, KHS will:

- Ensure that individual, group, and telephone counseling is offered to members who wish to quit smoking, whether or not those members opt to use tobacco cessation medications;
- Ensure that providers review the SHA's questions on tobacco use with members which will constitute individual counseling when the conditions in Policy Letter (PL) 13-001 are met;
- Encourage that providers or other office staff use the "5 A's" (Ask, Advise, Assess, Assist, and Arrange), the "5 R's" (Relevance, Risks, Rewards, Roadblocks, and Repetition), or other validated behavior change models when counseling members;
- Ensure that a minimum of four (4) counseling sessions of at least ten (10) minutes in duration are covered for at least two separate quit attempts per year without prior authorization. MCPs must offer individual, group, and telephone counseling without cost to the members;
- Ensure that providers refer members to the California Smokers' Helpline (1-800-NO-BUTTS), a free statewide quit smoking service operated by the University of California San Diego (see below) or other comparable quit line services; and
- Encourage providers to use the Helpline's web referral, or if available, the e-referral

systems.

2.2.3 Services for Pregnant Women

Because of the serious risk of smoking to the pregnant smoker and fetus, whenever possible, pregnant members should be offered tailored, one-on-one counseling exceeding minimal advice to quit smoking.

KHS will require that providers will, at a minimum:

- Ask all pregnant women if they use tobacco or are exposed to tobacco smoke. Pregnant members who smoke should get assistance with quitting throughout their pregnancy.
- Offer all pregnant smokers at least one face-to-face counseling session per quit attempt. Face-to-face tobacco-cessation counseling services may be provided by or under supervision of a physician, legally authorized to furnish such services under state law.
- Refer pregnant members who use tobacco to a tobacco cessation quit line, such as the Helpline. These tobacco cessation counseling services are covered for 60 days after delivery, plus any additional days needed to end the respective month.
- Refer to the tobacco cessation guidelines provided by the American College of Obstetrics and Gynecology (ACOG) before prescribing tobacco cessation medications during pregnancy. KHS shall post ACOG guidelines on the KHS website for providers.

2.2.4 Prevention of Tobacco Use in Children and Adolescents

KHS will cover medically necessary tobacco cessation services to members, including counseling and pharmacotherapy, as required for children up to age 21 under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

Coverage includes the provision of anticipatory guidance and risk-reduction counseling regarding tobacco use.

KHS requires that primary care providers provide interventions, including education or counseling, in an attempt to prevent initiation of tobacco use in school-age children and adolescents. Services shall be provided in accordance with the American Academy of Pediatrics Bright Futures periodicity schedule and anticipatory guidance, as periodically updated.

3.0 CASE MANAGEMENT AND COORDINATION OF CARE

KHS continues to cover and provide primary care and other services unrelated to the alcohol and substance abuse treatment.⁵ KHS coordinates services between the PCP and the treatment programs.⁶

3.1 PCP and KCBRS Chemical Dependency Provider Responsibilities

KHS PCPs forward pertinent medical records/documentation to KCBRS. KCBRS providers are responsible for communicating with the member's PCP as needed and appropriate and for supplying the PCP with appropriate medical records/documentation.

KHS PCPs are responsible to monitor that the member is following up with chemical dependency appointments. KHS Case Managers assist PCPs who are encountering difficulty

referring members for services or who are having difficulty with non-compliant members, by contacting the member/KCBRS to determine the nature of the difficulty and intercede/facilitate as needed.

KHS Providers continue to provide care for the physical health of the member, and the PCP communicates with the member's chemical dependency provider as needed and appropriate.

After consultation with the member's PCP, the KCBRS chemical dependency provider refers the member back to the PCP for ongoing care at such time that it is determined that the member no longer requires care from the KCBRS provider. The PCP provides ongoing medical care and refers back to KCBRS for chemical dependency follow-up as needed.

3.1.2 Hospitalization of a Member

If a member is hospitalized for chemical dependency services and requires medical treatment, the admitting chemical dependency Provider will contact the PCP for consultation and development of treatment plan. Members who require transfer to a medical bed for treatment of a medical condition are transferred by the PCP to the appropriate level of acute care. The chemical dependency provider continues to consult with the PCP regarding treatment of the member. When medically stable, the member is either discharged by the PCP with appropriate follow-up by KCBRS chemical dependency provider and the PCP, or transferred back to the inpatient treatment facility by the chemical dependency provider. Upon discharge, the member is instructed to follow-up with the KCBRS chemical dependency provider and the PCP, as appropriate.

3.1.3 KHS and KCBRS Liaisons

There is a designated liaison for KHS who serves as the liaison for KCBRS. Issues which require resolution are directed to these individuals for discussion and problem resolution

3.2.1 Identifying Tobacco Users

PCP's are responsible for identifying and tracking tobacco users. KHS will monitor provider compliance for identifying tobacco users and will utilize track tobacco users for better coordination of tobacco cessation benefits as required through the review of:

- PM160's
- The SHA during chart reviews
- The NME program

All reviews resulting in identified tobacco users are forwarded to the Health Education Department.

3.2.2 Tracking Treatment Utilization of Tobacco Users

KHS will track treatment utilization of tobacco use through the review of utilization data from the *Tobacco Registry Report* (See Attachment A) that includes internal data from provider and pharmacy claims encounters.

4.0 PROVIDER AND MEMBER EDUCATION

4.1 Chemical Dependency Provider Education

KHS providers are educated regarding chemical dependency carve-outs, PCP responsibilities, and referral procedures through Provider Orientations and the *Provider Administrative Manual*.

4.2 Tobacco Cessation Member Education

KHS will provide information to members who use tobacco about the availability of tobacco cessation services and identify those that are provided at no cost. Members are given the option of choosing which services to use. Additionally, KHS coordinates with the agency providing the tobacco cessation services to pay for the cost of the member to receive those services.

4.3 Tobacco Cessation Provider Education

KHS will use the USPHS “Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008 Update,” for provider training on tobacco cessation treatments. This document informs and educates clinicians regarding effective strategies and approaches for providing tobacco cessation treatment for all populations, including specific recommendations for pregnant women. KHS will encourage providers to implement the USPHS’ comprehensive tobacco use treatment recommendations.

KHS will include tobacco cessation training with other provider trainings as required in DHCS contracts. These trainings must include:

- Requirements for comprehensive tobacco cessation member services included in this policy in accordance with APL 16-014;
- Overview of the “Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008”;
- How to use and adopt the “5 A’s”, the “5 R’s”, or other validated model for treating tobacco use and dependence in the provider’s clinic practice;
- Special requirements for providing services for pregnant tobacco users; and
- Advising providers about available online courses in tobacco cessation. These resources are posted on the KHS website.

5.0 CONFIDENTIALITY

KHS and KHS contracted providers will maintain and protect the confidentiality of members' medical information regarding inpatient and outpatient alcohol and drug services. Confidentiality of member information is described in *KHS Policy and Procedure #2.27 - Medical Records and Other Protected Health Information - Content, Maintenance, and Security* and *KHS Policy and Procedure #2.28-P: Medical Records and Other Protected Health Information – Privacy, Use, and Disclosure*.

6.0 DELEGATION OVERSIGHT

KHS is responsible for ensuring that their delegates and subcontractors comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

ATTACHMENTS

- ❖ Attachment A: Tobacco Registry Report

REFERENCE:

Revision 2018-10: Policy revised to comply with APL 18-014 by Administrative Director of Health Services. ¹ **Revision 2018-02:** DHCS Approved 2/28/2018. Policy revised to comply with MIT 19K for the provision of Alcohol Misuse Screening and Counseling (AMSC). **Revision 2017-04:** Policy revised to comply with ALP 16-014. Titles updated. **Revision 2014-08:** Policy submitted as part of DMHC Mental Health Carve-In(12-2013) Material Modification. DMHC approval pending as of 08/2014. **Revision 2009-03:** Routine revision. **2005-11:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004).

² DHS Contract A-11 (6)

³ DHS Contract A-11 (6)

⁴ DHS Contract A-11 (6)

⁵ DHS Contract A-11 (6)

⁶ DHS Contract A-11 (6)

Attachment A

Tobacco Registry Report

Report captures all members who meet criteria used to identify tobacco users on or after 1/1/16

| Member Source ID | Tobacco User | Pregnant Tobacco User | Prior Tobacco User | Cessation Product | Cessation Counseling | Tobacco Exposure | Newborn Tobacco Exposure | New Member Question | Number of Conditions Met |
|------------------|--------------|-----------------------|--------------------|-------------------|----------------------|------------------|--------------------------|---------------------|--------------------------|
| MEMBER# | Y | N | Y | N | N | N | N | N | 2 |
| MEMBER# | N | Y | N | Y | Y | Y | N | Y | 1 |
| MEMBER# | Y | N | Y | N | N | N | N | N | 3 |

Tobacco Registry Report

Report captures all members who meet criteria used to identify tobacco users on or after 1/1/15

| Member Source Id | Member Group Name | Enrolled Date | Language | Member Effective Date | Member Name | Date of Birth | Address | City | State | Zip | Current Age | Provider ID | Provider Name | Member Region | Home Phone | Number of Flays | Flay Date | Last Flay Updated | DC3 | Last Update Paid |
|------------------|-------------------|---------------|----------|-----------------------|-------------|---------------|----------------|-------------|-------|-------|-------------|-------------|---|---------------|------------|-----------------|-----------|-------------------|-----------|------------------|
| MEMBER | EXPANSION | 1/1/2015 | ENGLISH | 8/1/2014 | MEMBER NAME | 8/7/1977 | 111 BICAMPT ST | BAKERSFIELD | CA | 93307 | 29 | PNV00043 | THAWANAUPTAL | TIWANA AUPTAL | 833333333 | 1 | 1/8/2014 | 10/20/2014 | 11/1/2014 | 1/15/2016 |
| MEMBER# | SMOKING/STRESS | 1/1/2015 | SPANISH | 10/1/2015 | MEMBER NAME | 7/24/1975 | 111 WINDLEWIP | BAKERSFIELD | CA | 93306 | 41 | PNV00114 | BEHWILLIAM | WILLIAM BICAN | 833333333 | 10 | 1/7/2014 | 1/11/2015 | 1/11/2015 | 1/15/2016 |
| MEMBER# | SPN | 1/1/2014 | ENGLISH | 1/1/2014 | MEMBER NAME | 4/1/1964 | 113 HEATHWAY | BAKERSFIELD | CA | 93307 | 50 | PNV000314 | CS/NORTH OF THE RIVER COMMUNITY HEALTH CENTER | CLINDA SERRA | 833333333 | 0 | 1/2/2014 | 1/15/2014 | 1/15/2014 | 1/15/2016 |