

Alcohol and drug screening, assessment, brief interventions, and referral to treatment

There have been recent updates to the requirements for Medi-Cal Managed Care providers around alcohol and drug screening assessment, brief interventions and referral to treatment (SABIRT) for members ages 11 years and older, including pregnant women.

APL 17-016, formerly called *Screening, Brief Intervention and Referral to Treatment for Misuse of Alcohol (SBIRT)*, was replaced on September 14, 2018, by the updated all plan letter (APL), *APL 18-014* formerly called *Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care* by the State of California Department of Health Care Services (DHCS). The updated all plan letter (APL) 21-014, *Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment* supersedes *APL 18-014* and aligns with the November 2018 and June 2020 updates to the United States Preventive Services Task Force (USPSTF) recommendations.

As stated in the APL, providers are contractually required to provide services as recommended by the American Academy of Pediatrics (AAP) Bright Futures initiative for all members under 21 years of age and are a covered benefit as part of the Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) requirement. Additionally, providers are also contractually required to provide A and B recommendations for preventive services from the United States Preventive Services Task Force (USPSTF) for members who are 21 years of age or older.

The USPSTF recommends screening for unhealthy alcohol and drug use in adults 18 and older, including pregnant women. for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions.

The USPSTF uses the term *alcohol misuse* to define a spectrum of behaviors, including risky or hazardous alcohol use (in other words, harmful alcohol use and alcohol abuse or dependence). Risky or hazardous alcohol use means drinking more than the recommended daily, weekly, or per-occasion quantity of alcohol, resulting in increased risk for adverse health consequences. The National Institute on Alcohol Abuse and Alcoholism and the U.S. Department of Agriculture define *risky use* as consuming more than four drinks on any day or 14 drinks per week for men, or more than three drinks on any day or seven drinks per week for women (as well as any level of consumption under certain circumstances.)

Alcohol misuse plays a contributing role in a wide range of health conditions such as hypertension; gastritis; liver disease, including cirrhosis; pancreatitis; certain types of cancer such as breast and esophageal cancers; cognitive impairment; anxiety; and depression. Research findings implicate alcohol misuse as a major risk factor for trauma, including falls, drowning, fires, motor vehicle accidents, homicide, and suicide. Research findings also link alcohol use during pregnancy to fetal alcohol syndrome.

At least one supervising licensed provider per clinic or practice may take four hours of AMSC training after initiating AMSC services. The trainings are listed in the APL from DHCS. The link for providers to use the DHCS-suggested tools used to identify the orders are listed below.

<https://providers.anthem.com/ca>

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Alcohol Use Disorders Identification Test (AUDIT) and *AUDIT-Consumption (AUDIT-C)* tools are located at:

- <https://www.drugabuse.gov/sites/default/files/files/AUDIT.pdf>.
- https://www.integration.samhsa.gov/images/res/tool_auditc.pdf.

To review the updated *APL 18-014*, please visit:

<http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-014.pdf>.

Requirements for PCPs

PCPs must ensure that members who, upon screening and evaluation, meet the criteria for an alcohol use disorder as defined by the current *Diagnostic and Statistical Manual of Mental Disorders (DSM-5*, or as amended), or whose diagnosis is uncertain, are referred for further evaluation and treatment to the local county department for alcohol and substance use disorder treatment services, or a DHCS-certified treatment program.

PCPs may call their local health department for referrals for substance abuse. For questions, please call the Anthem Blue Cross behavioral health department at **888-831-2246**. Select option 1 and then option 2 to request care coordination.

PCPs must maintain documentation of the alcohol misuse screening in the medical records, as well as any referrals made with the documentation from that provider. 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.



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