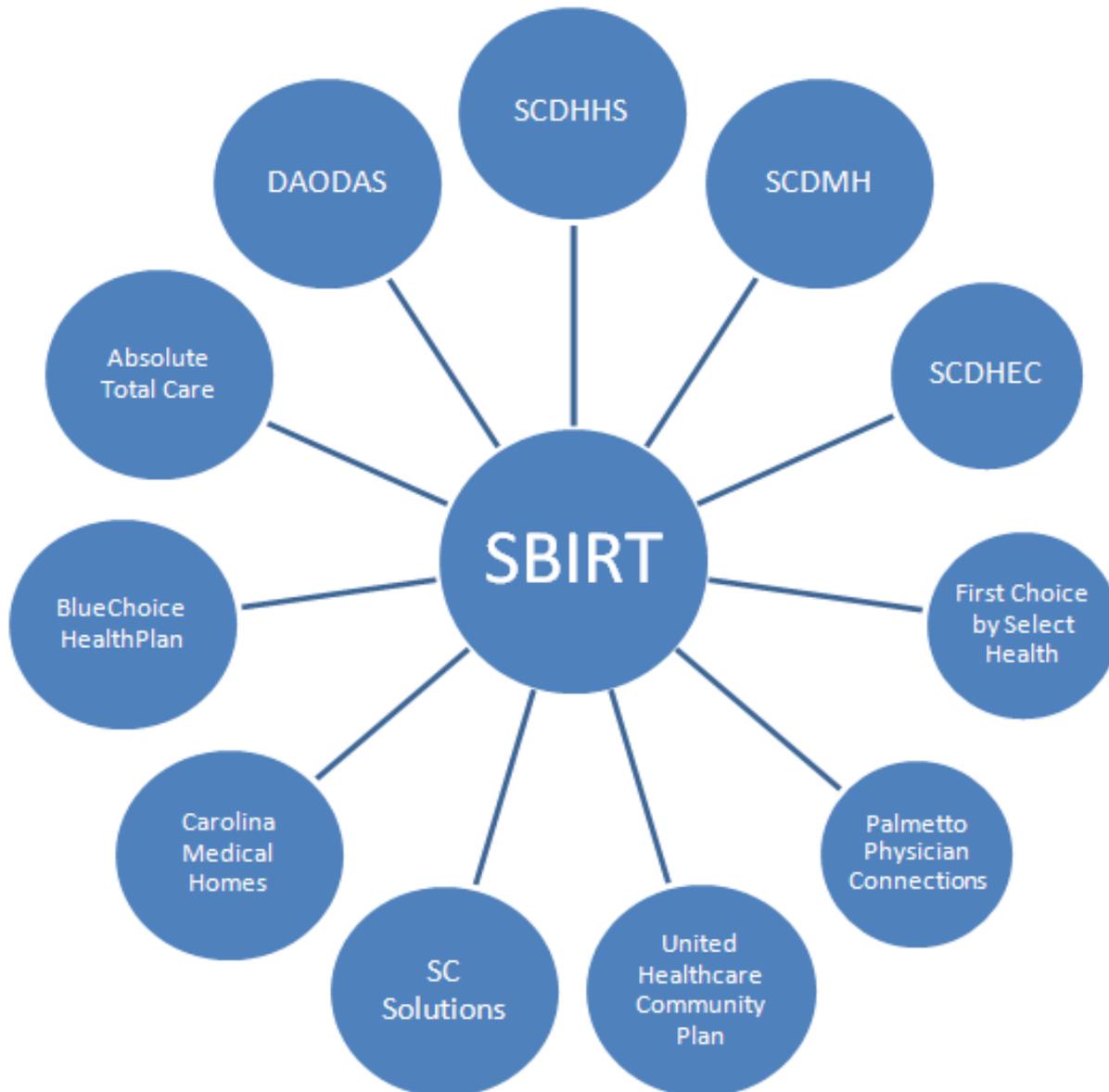


# South Carolina Department of Health and Human Services

## Screening Brief Intervention and Referral to Treatment

# SBIRT – A COLLABORATIVE EFFORT



# WHAT IS SBIRT?

## *Screening, Brief Intervention, and Referral to Treatment*

*An evidenced based, integrated and comprehensive approach to the Identification, Intervention and Treatment of Substance (Drug and Alcohol) Usage, Domestic Violence, Depression, and Tobacco Usage*

*\*SBIRT program in South Carolina is specific to pregnant women to include 12 months postpartum*

# WHY IS SBIRT IMPORTANT?

## SC STATISTICS

### Alcohol Use 2009/2010 Combined Data

Alcohol use <u>3 months before pregnancy</u>	54.8%
Alcohol use <u>during last 3 months of pregnancy</u>	8%

### Tobacco Cigarette Use 2009/2010 Combined Data

Cigarette use <u>3 months before pregnancy</u>	30.2%
Cigarette use <u>during last 3 months of pregnancy</u>	14.0%

\* SC PRAMS Data 2009/2010 collected by SCDHEC

# WHY IS SBIRT IMPORTANT?

## SC STATISTICS

### Physical Abuse 2009/2010 Combined Data

Physical Abuse <u>before</u> pregnancy	4.2%
Physical Abuse <u>during</u> pregnancy	3.2%

### Post-Partum Depression 2009/2010 Combined Data

Always or often Felt Down/ Depressed /Hopeless <u>after</u> pregnancy	14.0%
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\* SC PRAMS Data 2009/2010 collected by SCDHEC

- **Screening** – Brief process of identifying substance use, behavioral health issues, domestic violence, and tobacco use
- **Brief Intervention** – 5-10 minute session to raise awareness of risks and increase motivation to engage support in choices that support health
- **Referral** – When a risk has been identified and treatment is needed
- **Treatment** – Cognitive behavioral work for member to acknowledge risks and change behavior

# SBIRT SCREENING TOOL

## Positive Screen

### Quitline

1. Referral Form
2. Fax to QUITLINE

### Domestic Violence

1. Give call # to member
2. Help set up/assist (optional)

### DAODAS

1. Referral Form
2. Consent Form
3. Fax to DAODAS
4. Call/ assist appointment set up

### DMH

1. PHQ9
2. Referral Form
3. Consent form
4. Fax to DMH
5. Call/ assist appointment set up

### Private Provider

# PROCESS FLOW

- Pregnant member is identified by health plan, Primary Care provider, or OB/GYN
- Screening completed on every pregnant member:
  - Completed screening tool faxed to health plan and maintained in patient's medical record
  - Positive screen:
    - Brief Intervention is performed
    - Patient willing to seek treatment:
      - Patient referred to county agency or private provider and health plan notified of referral

# Screening

# INTEGRATED SCREENING TOOL



## INSTITUTE FOR HEALTH AND RECOVERY - INTEGRATED SCREENING TOOL

\*Fax the COMPLETED form to the patient's plan with the requested information

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Absolute Total Care<br>Fax: 877-285-3226            | <input type="checkbox"/> BlueChoice HealthPlan<br>Fax: 877-798-1028 | <input type="checkbox"/> Carolina Medical Homes<br>Fax: 803-509-5366          | <input type="checkbox"/> First Choice by Select Health<br>Fax: 866-533-5493 |
| <input type="checkbox"/> Palmetto Physician Connections<br>Fax: 888-781-4316 | <input type="checkbox"/> SC Solutions<br>Fax: 888-454-9152          | <input type="checkbox"/> UnitedHealthcare Community Plan<br>Fax: 866-456-6722 | <input type="checkbox"/> SCDHHS (Fee-for-Service)<br>Fax: 803-255-8342      |

Women's health can be affected by emotional problems, alcohol, tobacco, other drug use, and domestic violence. Women's health is also affected when those same problems are present in people close to us. By "alcohol," we mean beer, wine, wine coolers, or liquor.

<b>Parents</b> Did any of your parents have a problem with alcohol or other drug use?	YES				NO
<b>Peers</b> Do any of your friends have a problem with alcohol or other drug use?	YES				NO
<b>Partner</b> Does your partner have a problem with alcohol or other drug use?			YES		NO
<b>Violence</b> Are you feeling at all unsafe in any way in your relationship with your current partner?		YES			NO
<b>Emotional Health</b> Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with people, or take care of things at home?				YES	NO
<b>Past</b> In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?			YES		NO
<b>Present</b> In the past month, have you drunk any alcohol or used other drugs? 1. How many days per month do you drink? ____ 2. How many drinks on any given day? ____ 3. How often did you have 4 or more drinks per day in the last month? ____ 4. In the past month have you taken any prescription drugs?			YES		NO
<b>Smoking</b> Have you smoked any cigarettes in the past three months?			YES		NO

Refer Risk  
 Refer Domestic Violence Resources  
 Refer Substance Use, Self-Help, Goals  
 Consider Mental Evaluation

### Advice for Brief Intervention

	Y	N	N/A
Did you State your medical concern?			
Did you Advise to abstain or reduce use?			
Did you Check patient's reaction?			
Did you Refer for further assessment?			

At-Risk Drinking	
Non-Pregnant	Pregnant/ Planning Pregnancy
<input type="checkbox"/> 7 drinks/week <input type="checkbox"/> 3 drinks/day	<b>Any Use is Risky Drinking</b>

Patient Referred to:  DHEC Quit Line  DMH  DAODAS  Private Provider (Name & NPI)  Domestic Violence

Check applicable box(es):

Date Screened:  Patient Refused Referral:  Referral Not Warranted:

Medicaid Recipient #:

Practice Name:  Practice NPI:

Screening Provider's Name:

For the best health of mothers and babies, we strongly recommend that pregnant women, or those planning to become pregnant, do not use alcohol, illegal drugs or tobacco. Safe levels of usage have not been determined.

Language:

Race:

Ethnicity:

- The Integrated Screening Tool has eight (8) questions
- Questions require Yes/No answers
- Questions address:
  - Parents
  - Peers
  - Partner
  - Violence
  - Emotional Health
  - Past/Present
  - Smoking

Clinicians, not administrative staff, should administer the screening:

- Physicians
- Physician Assistants
- Nurses
- Social Workers
- Behavioral Therapists
- Nurse Practitioners
- Medical Assistants

# Brief Intervention

# BRIEF INTERVENTION

- Brief conversation - 5 to 10 minutes - between provider and member that involves:
  - Providing feedback and education regarding the screening results and associated risks to the baby
  - Listening to the member and eliciting her own internal motivation for change
  - Providing guidance, support, and a menu of options to the member that includes a referral to treatment
- Greatest success achieved using [Motivational Interviewing](#) approach

# MOTIVATIONAL INTERVIEWING (MI)

- MI is a way of being with members that is focused on the spirit of collaboration, autonomy, respect and compassion.
- MI is a client-centered, evidence-based method for enhancing the members own motivation to change behavior and aiding in resolving the member's ambivalence about making a behavior change.
- MI assumes that motivation can be influenced in the context of a supportive relationship with the provider with the goal of influencing change in the direction of health.

## Resources:

- DAODAS can facilitate free training for your health care site!
- “Motivational Interviewing in Health Care: Helping Patients Change Behavior” by Stephen Rollnick, William R. Miller and Christopher C. Butler
- [www.motivationalinterviewing.org](http://www.motivationalinterviewing.org)

# BRIEF INTERVENTION EXAMPLE

<u>Ask Permission</u> (Engage)	“I appreciate you answering the screening tool questions. Could we take a minute to discuss your results?”
<u>Provide Feedback</u> (Focus)	“Great. Thanks. The reason I want to talk more about your drinking is because it can affect your baby. Is it alright if we talk a little more about that?” (Provide information on effects of alcohol on baby)
<u>Enhance Motivation &amp; Elicit Change Talk</u> (Evoke)	“Have you ever considered cutting back or quitting?” If so, “Why?” If not, “What would need to happen for you to consider cutting back/quitting?”
<u>Provide Advice</u>	“As your health care provider, it is recommended that you quit drinking during pregnancy.”
<u>Discuss Next Steps</u> (Plan)	“If you were to make a change, what would be your first step? Is it alright if I share with you some options that others have found to be helpful in their efforts to quit drinking?” (Attempt to make referral to DAODAS site)
<u>Close on Good Terms</u>	Summarize, emphasize patient’s strengths, highlight change talk and decisions made and arrange for follow-up as appropriate.

# Referral to Treatment

- Most patients with substance related injuries or problems are not motivated to seek formal treatment
- Fill out all appropriate referral resources to completion and send to referral resource, health plan and keep in patient record
- Assist patient in making referral appointment prior to patient leaving the office
- Provide a list of referral resources to patients

# REFERRAL RESOURCES

- Quitline – tobacco cessation
  - 1) QUITLINE Fax referral Form
- Domestic Violence
  - 1) Domestic Violence Hot Line(800-799-SAFE)
  - 2) Provide assistance in contacting local DV center
- DAODAS
  - 1) Fax Referral Form
  - 2) Consent Form
  - 2) Local listing of DAODAS County agencies
  - 3) Call local DAODAS county agency contact and secure appointment before patient leaves the office
- DMH
  - 1) Fax Referral Form
  - 2) PHQ9 Form
  - 3) Consent Form
  - 4) Local listing of DMH County Agencies
  - 5) Call local DMH county agency contact and secure appointment before patient leaves the office
- Private Provider
  - 1) Set appointment with private provider before patient leaves the office

# Billing

# PAYMENT FOR SERVICES

- Primary diagnosis should be pregnancy related
  - Screening performed postpartum and visit is not pregnancy related, do not include pregnancy diagnosis
- Secondary diagnosis code V82.9 (Screening for Unspecified Condition) must be included on all claims for SBIRT services
- SBIRT codes are only payable to a physician:
  - Enter physician's NPI as rendering provider for SBIRT codes

# PAYMENT FOR SERVICES

- Two codes are billed in support of SBIRT services:
  - H0002 with a modifier of U1
  - H0004 with a modifier of U1
- H0002 / U1 = SBIRT behavioral health screening
  - May be performed once per fiscal year
  - Reimbursed at \$24.00
- H0004 / U1 = SBIRT behavioral health intervention
  - May be billed twice per fiscal year
  - Reimbursed at \$48.00
  - Defined as brief (5-10 minute) intervention or session in which a referral is made or attempted

- MHN and FFS beneficiaries:
  - Bill an encounter code (T1015) with a TH modifier
  - SBIRT services are included in the FQHC encounter code and are not separately reimbursable
  - For reporting purposes, list the SBIRT codes with modifiers on claims with a zero line charge
    - Ex. H0002 U1 charged amount = \$0.00
    - Ex. H0004 U1 charged amount = \$0.00
- Bill according to the terms of your contract for MCO enrolled beneficiaries

# SURVEY

- Please provide your SBIRT trainer with an email address so that DHHS can provide you with a follow up survey.

# Summary

# SUMMARY

- **Screen ALL pregnant or 12 month post-partum Medicaid beneficiaries using the approved intervention Screening Tool**
- Use Motivational Interviewing techniques for greatest success with referrals to treatment
- **Refer to treatment**
  - Smoking – DHEC’s QuitLine
  - Emotional Health – Refer to DMH
  - Alcohol/Substance Abuse – Refer to DAODAS
  - Refer to private provider if applicable
  - Seek assistance from plan for referrals if needed
  - Fax completed screening tool to the specified health plan, referral resources and keep in patient file

**Questions?**

**Thank you**