

Healthy Connections



# Screening Brief Intervention and Referral to Treatment

South Carolina Department of  
Health and Human Services

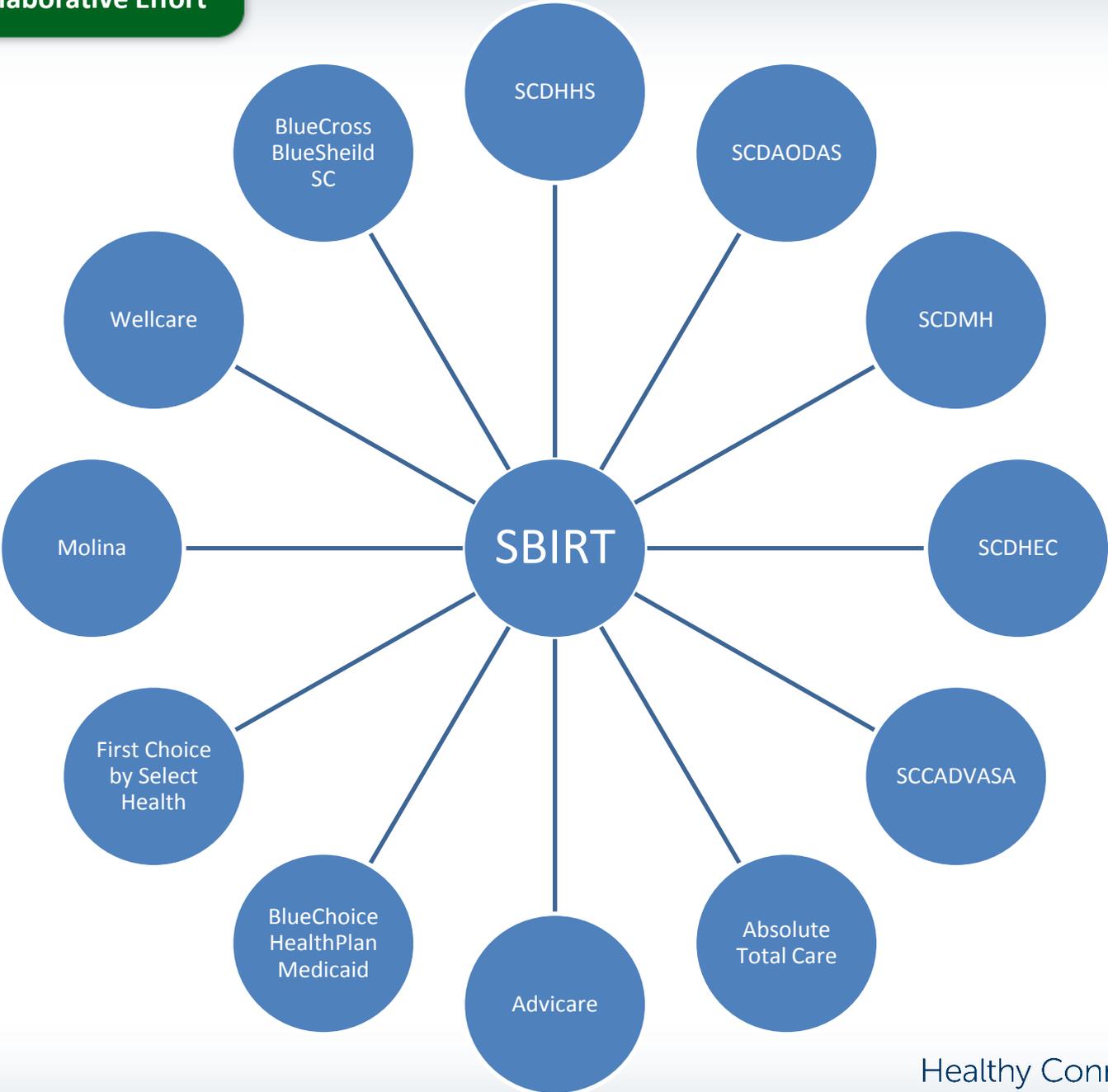
## *Screening, Brief Intervention, and Referral to Treatment*

*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*

- **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

**A Collaborative Effort**



## SC Alcohol Use Data

|  |        |
|--|--------|
| Alcohol use <u>3 months before</u> pregnancy             | 57.4 % |
| Alcohol use <u>during the last 3 months</u> of pregnancy | 9.3%   |

## SC Tobacco Cigarette Use Data

|  |       |
|--|-------|
| Cigarette use <u>3 months before</u> pregnancy         | 28.5% |
| Cigarette <u>use during last 3 months</u> of pregnancy | 13.9% |

\* SC PRAMS Data 2010/2011 collected by SCDHEC

## SC Physical Abuse Data

|  |      |
|--|------|
| Physical Abuse <u>Before</u> Pregnancy | 4.6% |
| Physical Abuse <u>After</u> Pregnancy  | 3.5% |

## SC Post-Partum Depression Data

|   |       |
|---|-------|
| Always or often felt Down/Depressed/Hopeless <u>After</u> Pregnancy | 13.0% |
|---|-------|

\* SC PRAMS Data 2009/2010 collected by SCDHEC

# Screening

INSTITUTE FOR HEALTH AND RECOVERY  
**SBIRT INTEGRATED SCREENING TOOL**

\* Fax the COMPLETED form to the patient's plan and referral site and keep a copy in patient file

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Absolute Total Care<br>Fax: 877-285-3226 | <input type="checkbox"/> BlueChoice HealthPlan Medicaid<br>Fax: 877-798-1028 | <input type="checkbox"/> Molina<br>Fax: 866-454-1028                   | <input type="checkbox"/> Wellcare<br>Fax: 866-455-6562 |
| <input type="checkbox"/> Advicare<br>Fax: 888-781-4316            | <input type="checkbox"/> First Choice by Select Health<br>Fax: 866-533-5493  | <input type="checkbox"/> SCDHHS (Fee-For-Service)<br>Fax: 803-255-8247 |  |

| PATIENT INFORMATION  |                 |         |                         |       |            |
|----------------------|-----------------|---------|-------------------------|-------|------------|
| Patient's last name: | First:          | Middle: | Language:               | Race: | Ethnicity: |
| Phone no:            | Street address: |         | Medicaid recipient no.: |       |            |

| PROVIDER INFORMATION |            |                 |                            |           |
|----------------------|------------|-----------------|----------------------------|-----------|
| Practice name:       | Group NPI: | Individual NPI: | Screening provider's name: | Phone no: |

| PATIENT SCREENING INFORMATION  |     |     |  |    |
|--|-----|-----|--|----|
| <b>Parents</b><br>Did any of your parents have a problem with alcohol or drug use?   | YES |     |  | NO |
| <b>Peers</b><br>Do any of your friends have a problem with alcohol or other drug use?  | YES |     |  | NO |
| <b>Partner</b><br>Does your partner have a problem with alcohol or other drug use?   |     | YES |  | NO |
| <b>Violence</b><br>Are you feeling at all unsafe in any way in your relationship with your current partner?  |     |     |  | NO |
| <b>Emotional Health</b><br>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><br>In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?  |     |     |  | NO |
| <b>Present</b><br>In the past month, have you drunk any alcohol or used other drugs?<br>1. How many days per month do you drink? _____<br>2. How many drinks on any given day? _____<br>3. How often did you have 4 or more drinks per day in the last month? _____<br>4. In the past month have you taken any prescription drugs? |     | YES |  | NO |
| <b>Smoking</b><br>Have you smoked any cigarettes in the past three months?   |     |     |  | NO |
| <b>Comments:</b>   |     |     |  |    |



| 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 future assessment?     |   |   |     |

| At Risk Drinking                |                             |
|---------------------------------|-----------------------------|
| Non-Pregnant                    | Pregnant/Planning Pregnancy |
| 7+ drinks/week<br>3+ drinks/day | Any Use is Risky Drinking   |

| CONFIDENTIAL SBIRT REFERRAL INFORMATION      |                              |   |   |  |  |
|--|------------------------------|---|---|--|--|
| Patient referred to:<br>Check all that apply | <input type="checkbox"/> DMH | <input type="checkbox"/> DAODAS                   | <input type="checkbox"/> DHEC QUIT LINE<br>Fax#: 1-800-483-3114 | <input type="checkbox"/> Private provider (Name & NPI) | <input type="checkbox"/> Domestic violence<br>803-256-2900 |
| Date of referral appointment (DDMMYY):       | Date screened:               | <input type="checkbox"/> Patient refused referral | <input type="checkbox"/> Referral not warranted                 | <input type="checkbox"/> Patient requested assistance  |  |

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 presented in people close to us. By "alcohol," we mean beer, wine, wine coolers or liquor.

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

Clinicians, not administrative staff, should administer the screening:

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

# **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

- 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.

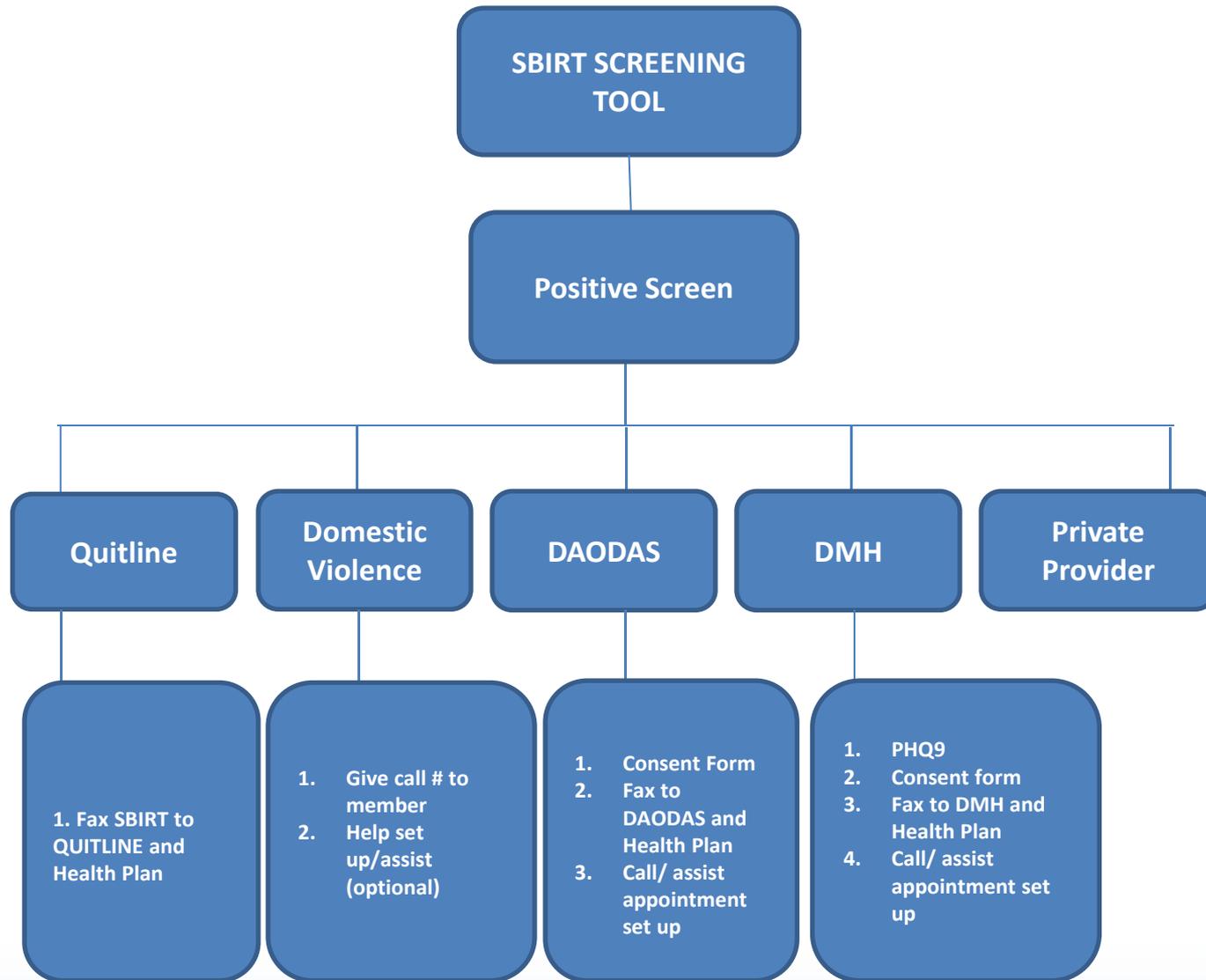
Resources:

- 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)

- Ask Permission  
(Engage) “I appreciate you answering the screening tool questions. Could we take a minute to discuss your results?”
- Provide Feedback  
(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)
- Enhance Motivation  
& Elicit Change Talk  
(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?”
- Provide Advice “As your health care provider, it is recommended that you quit drinking during pregnancy.”
- Discuss Next Steps  
(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)
- Close on Good Terms Summarize, emphasize patient’s strengths, highlight change talk and decisions made and arrange for follow-up as appropriate.

# Referral to Treatment

- Quitline – Tobacco Cessation
  - 1) 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



## Referral Reminders

- 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

# Billing

Two codes are billed in support of SBIRT services:

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



## HD modifier

| <b>Procedure</b>                                      | <b>Code</b>                  |
|---|------------------------------|
| Screening   | H0002                        |
| <b>Positive Screen</b>                                | <b>H0002 HD<br/>modifier</b> |
| Brief Intervention                                    | H0004                        |
| <b>Brief Intervention resulting in a<br/>Referral</b> | <b>H0004 HD<br/>modifier</b> |



## FQHC/RHC

- 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 on claims with a zero line charge
    - Ex. H0002 charged amount = \$0.00
    - Ex. H0004 charged amount = \$0.00
- MCO enrolled beneficiaries:
  - Bill according to the terms of your contract

- Bill individual provider NPI AND group NPI for the associated practice on the CMS 1500 form.
- The individual provider's NPI: line level 24J (loop 2310B)
- group NPI number: field 33A (loop 2010AA).

\*If the provider is the owner and only provider in the practice and only has an individual NPI number, than the provider should bill utilizing their individual NPI number on both the line level (24J or loop 2310B) and the field level (33A or loop 2010AA).

# 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
- Positive screens result in a Brief Intervention
- **Refer to treatment**
  - Smoking – DHEC’s QuitLine
  - Emotional Health – Refer to DMH
  - Alcohol/Substance Abuse – Refer to DAODAS
  - Domestic Violence – DV Hotline
  - Refer to private provider if applicable
  - Seek assistance from plan for referrals if needed
- Keep ALL completed screening tool sheets in patient records
- When making a referral: send completed tool sheet to patients health plan and referral site

Thank you

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