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

SBIRT

SCDHHS

SCDAODAS

SCDMH

SCDHEC

SCCADVASA

Absolute Total Care

Advicare

BlueChoice HealthPlan Medicaid

First Choice by Select Health

Molina

Wellcare

BlueCross BlueShield SC

BlueChoice

Healthy Connections
### SC Alcohol Use Data

<table>
<thead>
<tr>
<th>Alcohol use <strong>3 months before</strong> pregnancy</th>
<th>57.4%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol use <strong>during the last 3 months</strong> of pregnancy</td>
<td>9.3%</td>
</tr>
</tbody>
</table>

### SC Tobacco Cigarette Use Data

<table>
<thead>
<tr>
<th>Cigarette use <strong>3 months before</strong> pregnancy</th>
<th>28.5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarette use <strong>during last 3 months</strong> of pregnancy</td>
<td>13.9%</td>
</tr>
</tbody>
</table>

* SC PRAMS Data 2010/2011 collected by SCDHEC
### SC Physical Abuse Data

<table>
<thead>
<tr>
<th>Physical Abuse Before Pregnancy</th>
<th>4.6%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse After Pregnancy</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

### SC Post-Partum Depression Data

| Always or often felt Down/Depressed/Hopeless After 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.

- Absolute Total Care: Fax 877-759-1029
- BlueChoice HealthPlan Medicaid: Fax 866-454-1028
- Molina: Fax 866-455-5662
- Wellcare: Fax 803-756-3546
- Advocare: Fax 888-781-4316
- First Choice by Select Health: Fax 866-533-5493
- SCOHHS (Fee-For-Service): Fax 803-255-5247

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

Parents
Did any of your parents have a problem with alcohol or drug use? [ ] YES [ ] NO

Peers
Do any of your friends have a problem with alcohol or other drug use? [ ] YES [ ] NO

Partner
Does your partner have a problem with alcohol or other drug use? [ ] YES [ ] NO

Violence
Are you feeling at all unsafe in any way in your relationship with your current partner? [ ] YES [ ] NO

Emotional Health
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

Past
In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications? [ ] YES [ ] NO

Present
In the past month, have you drank any alcohol or used other drugs? [ ] YES [ ] NO

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

Smoking
Have you smoked any cigarettes in the past three months? [ ] YES [ ] NO

Comments:

ADVICE FOR BRIEF INTERVENTION

At Risk Drinking

<table>
<thead>
<tr>
<th>Non-Pregnant</th>
<th>Pregnant/Planning Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>7+ drinks/week</td>
<td>Any Use is Risky Drinking</td>
</tr>
<tr>
<td>3+ drinks/day</td>
<td></td>
</tr>
</tbody>
</table>

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

CONFIDENTIAL SBIRT REFERRAL INFORMATION

Patient referred to:
- DHMH
- DAODAS
- DHCE QUITE LINE
- Private provider (Name & NPI)
- Domestic violence
- Patient refused referral
- Referral not warranted
- Patient requested assistance

Date of referral appointment (MM/DD/YY):
Date screened:

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 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 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

Ask Permission  “I appreciate you answering the screening tool questions. Could we take a minute to discuss your results?”

Provide Feedback  “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  “Have you ever considered cutting back or quitting?” If so, “Why?” If not, “What would need to happen for you to consider cutting back/quit?”

Provide Advice  “As your health care provider, it is recommended that you quit drinking during pregnancy.”

Discuss Next Steps  “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.

Adapted from Southeastern Consortium for Substance Abuse Training (SECSAT) brief intervention card
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
SBIRT SCREENING TOOL

Positive Screen

Quitline
1. Fax SBIRT to QUITLINE and Health Plan

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

DAODAS
1. Consent Form
2. Fax to DAODAS and Health Plan
3. Call/ assist appointment set up

DMH
1. PHQ9
2. Consent form
3. Fax to DMH and Health Plan
4. Call/ assist appointment set up

Private Provider
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

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
<td>H0002</td>
</tr>
<tr>
<td>Positive Screen</td>
<td>H0002 HD</td>
</tr>
<tr>
<td>Brief Intervention</td>
<td>H0004</td>
</tr>
<tr>
<td>Brief Intervention resulting in a Referral</td>
<td>H0004 HD</td>
</tr>
</tbody>
</table>
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

Healthy Connections