



Policy and Procedure

Policy Name:	Drug Use Disorder Screening and Behavioral Counseling (Pediatric and Adult)		
Effective Date:		Revision Date:	
Department(s)/Site(s):			
Document Owners:			
Approved By:			
Relevant Law/Standard:	<p>California Department of Health Care Services under Title 22, California Code of Regulations, Section 53230. (Requires the review and certification of Primary Care Practitioner (PCP) sites.)</p> <p>Department of Health Care Services (DHCS) All Plan Letter 20-006, Site Reviews: Facility Site Review and Medical Record Review or superseding APL</p> <p>APL 21-014 or any superseding APL for details on Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment.</p>		

Purpose:

Provider shall screen individuals 11 years and older for drug use disorders. Provider shall offer and document appropriate follow-up interventions for patient whose screening reveals unhealthy drug use.

Definition:

Unhealthy drug use: the use of illegally obtained substances, excluding alcohol and tobacco, or the use of non-medical prescription medications that differ than the parameters for which they were prescribed such as duration, frequency, and amount.

Policy:

Per AAP recommendations, drug use screening and behavioral counseling should begin at 11 years of age.

Provider shall offer and document appropriate follow-up interventions for patient whose screening reveals unhealthy drug use.

Assess all adults at each well visit for drug misuse.

Procedure:

For Pediatric Members

1. Conduct risk assessment/screening for drug use for members beginning at age 11 using a validated drug assessment tool, such as CRAFFT.

1. CRAFFT is a validated substance screening tool for adolescents aged 12-21
2. If screening is positive
 1. Validated tools should be used to determine if unhealthy drug use is present
3. If brief assessments reveal unhealthy drug use, brief misuse, counseling with appropriate referral for additional evaluation and treatment options, referrals, or services must be offered.
4. Brief interventions must include the following:
 - Providing feedback to the patient regarding screening and assessment results;
 - Discussing negative consequences that have occurred and the overall severity of the problem;
 - Supporting the patient in making behavioral changes; and
 - Discussing and agreeing on plans for follow-up with the patient, including referral to other treatment if indicated.

For Adult Members

1. Conduct risk assessment/screening (i.e. IHEBA)
2. If screening is positive
 1. Refer any member identified with possible drug use disorders to the drug treatment program in the county where the member resides for evaluation and treatment.
 2. Complete at least one expanded screening, using a validated screening tool, every year and additional screenings can be provided in a calendar year if medical necessity is documented by the member's provider.
 1. Validated assessment tools include, but are not limited to:
 1. CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble)
 2. NIDA-modified Alcohol, Smoking, and Substance Involvement Screening Test (NM-ASSIST)
 3. Drug Abuse Screening Test (DAST-20)
 3. Offer behavioral counseling intervention(s) to those members that a provider identified as having as having risky or hazardous drug use.
 1. Behavioral counseling intervention(s) typically include one to three sessions, 15 minutes in duration per session, offered in-person, by telephone, or by telehealth modalities.
 2. Brief interventions must include the following:
 1. Providing feedback to the patient regarding screening and assessment of results.
 2. Discussing negative consequences that have occurred and the overall severity of the problem.
 3. Supporting the patient in making behavioral changes.
 4. Discussing and agreeing on plans for follow-up with the patient, including referral to other treatment if indicated.

4. Appropriate referral for additional evaluation and treatment, including medications for addiction treatment (MAT), should be offered to recipients whose brief assessment demonstrates probable substance use disorder.

3. Documentation Requirements

Member medical records must include the following:

1. The service provided, for example: screen and brief intervention.
2. The name of the screening instrument and the score on the screening instrument (unless the screening tool is embedded in the electronic health record).
3. The name of the assessment instrument (when indicated) and the score on the assessment (unless the screening tool is embedded in the electronic health record).
4. If and where a referral to an alcohol or substance use disorder program was made

Resources:

CRAFFT

<http://crafft.org/>

AAP guidance on Substance Use Screening, Brief Intervention, and Referral to Treatment

<https://pediatrics.aappublications.org/content/138/1/e20161211>

First Name Last Name – Title

Date

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