

**BEHAVIORAL HEALTH
POLICY AND BILLING MANUAL**
**For Providers Treating
Medicaid Beneficiaries**



2019

2.8 Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Effective 1/01/2019 subject to CC2.0 Waiver and State Plan Amendment approval.

A. Purpose

To better address behavioral health concerns, often otherwise not assessed through medical services, SBIRT affords the ability to treat patients in a more holistic manner aimed at increased patient awareness and minimizing behavioral health stigma and associated risks for the purpose of maximizing improved whole person health outcomes.

Medical facilities will be certified in accordance with an agreement, MOU or other instrument outlining requirements and responsibilities of the entity with respect to delivery of SBIRT services.

B. Screening

A comprehensive universal screen will be administered using the NM Healthy Lifestyle Questionnaire (HLQ) screen or another validated screening tool which has been psychometrically tested for reliability, validity, and sensitivity.

The State developed HLQ to assess for mild, moderate and risky alcohol/and other substance use/misuse, with the intended outcome of aiding toward reducing substance use and misuse. The HLQ also identifies co-occurring disorders as well as mental health disorders including anxiety, depression and trauma. The HLQ includes 3 questions from the AUDIT-10 as the alcohol screen, 2 questions from the DAST-10 as the drug screen, 2 questions from the PHQ-9 as the depression screen, 2 questions from the GAD-7 as the anxiety screen and 3 questions from the PCL-C as the trauma screen. Results from the HLQ or other selected screening instrument will be scored to determine the following next step which can include:

- 1) SBIRT positive score indicates need for one of the following treatment categories:
 - a. Brief Intervention (BI);
 - b. Brief Treatment (BT); or
 - c. Referral to Treatment (RT).
- 2) SBIRT negative prescreen
 - a. Screening only

Practitioners review screen scores to determine patients' risk categories and service eligibility by score. Screen scoring is included in the more in-depth certification training manual.

- 1) If, during the course of conducting a BI, the patient discloses more or different information than the initial screen indicated, a second screen inclusive of more accurate updated information should be completed.
- 2) BH providers may choose to also include additional instruments. For SBIRT purposes, the following are the most commonly used:
 - AUDIT-10: Alcohol Screen
 - DAST-10: Drug Abuse Screening Test
 - PHQ-9: Patient Health Questionnaire
 - GAD-7: Generalized Anxiety Disorder Screen

- PCL-C: Post-Traumatic Stress Disorder Checklist

C. Procedures

Screens should be given to established patients a minimum of every three months. On a case-by-case basis, more frequent screens may be necessary, particularly when there is an indication of changes in circumstances which may suggest increased mental health distress or increasing substance use.

Screens are to be given to patients at clinic or hospital check-in or in examination rooms. Assistance in completing the form may be offered by SBIRT trained practitioners. Once completed, the instrument is scored by the SBIRT practitioner and determined as a positive or negative score. Negative scores need no action but may include education. Positive scoring results in the SBIRT practitioner conducting a face-to-face score review and brief intervention (BI) with the patient. The SBIRT practitioner may also provide referrals to treatment when indicated. Practitioners may also only review scores and then provide a warm hand-off to another SBIRT trained practitioner.

Warm hand-offs may involve the initial read on the HLQ scoring followed up with the patient's consent for a face-to-face introduction to another SBIRT practitioner. This practitioner will then conduct a more thorough scoring review, conduct the BI, and, when appropriate, and with permission from the patient, assist with referrals to treatment. A warm hand-off may also be given to a Behavioral Health Counselor, either an in-house counselor, or to an outside Behavioral Health professional, in accordance with HIPAA.

D. Staff Training and/or Certification Requirements for Approved Practitioners

- 1) General requirements:
 - Attest to all agency/clinic mandatory trainings and clearances;
 - Evidence of current professional licensure;
 - Peer Support Workers - evidence of current CPSW or family support worker (CFPSW) certification or enrollment in classes to receive certification; and
 - Evidence of annual HIPAA training.
- 2) Specific training (all required):
 - Harm Reduction 101;
 - SBIRT 101 including reviews of Audit 10; GAD-7; PCL-C; PHQ-9 and DAST-10 and warm hand-off process;
 - Current 42 CFR part 2; and
 - Naloxone/Overdose prevention.
- 3) Suggested Trainings:
 - Seeking Safety
 - IMPACT
 - Motivational Interviewing by a MINT trainer
 - QPR (Suicide Prevention)
 - Community Reinforcement Approach (CRA)

E. Documentation

All services including Screens/Scores, Brief Interventions, Brief Treatment, Referrals to Treatment (inpatient or intensive outpatient) must be documented in accordance to clinic policy. Service eligibility must be documented in accordance with agency and State billing policies.

In addition to the standard client record documentation requirements for all services, the following is required for CPSW: case notes identifying client treatment category based on the screen; description of the services provided; all activities and location of services; duration of service span (e.g., 1:00-2:00 pm), behavior change plan; and referrals, including referral agency information, when appropriate.

F. Exhibits/Appendices/Forms

Appendix Y: Healthy Lifestyle Questionnaire

Appendix YY: Healthy Lifestyle Questionnaire (Spanish)
Cuestionario Respecto a la Salud y la Vida

Appendix Z: DAST - 10: Drug Abuse Screening Test

Appendix ZA: AUDIT - 10: Alcohol Screen

Appendix ZB: PHQ-9: Patient Health Questionnaire

Appendix ZC: PCL-C: Post Traumatic Stress Disorder

Appendix ZD: GAD-7: Generalized Anxiety Disorder

G. Billing Instructions

- 1) Screening - H0049
- 2) Brief Intervention - H0050
- 3) Practitioners: Must all be trained in SBIRT
301, 302, 305, 306, 317, 411, 430, 431, 435, 436, 438, 440, 443, 444, 445
- 4) FQHC: UB claim form; revenue code 0919 for encounter rate
- 5) IHS/638: UB claim form; revenue code 0919 for OMB rate



State of New Mexico
Medical Assistance Program Manual
Supplement



DATE: November 1, 2018 **NUMBER:**

TO: BEHAVIORAL HEALTH PROVIDERS and MANAGED CARE ORGANIZATIONS

FROM: NANCY SMITH-LESLIE, DIRECTOR, MEDICAL ASSISTANCE DIVISION
WAYNE LINDSTROM, DIRECTOR, BEHAVIORAL HEALTH SERVICES
DIVISION

SUBJECT: MEDICAID BEHAVIORAL HEALTH UPDATES

- I: Eligible Behavioral Health Agencies and Practitioners**
- II. Interdisciplinary Teaming**
- III. Treat First Clinical Model**
- IV. Accredited Residential Treatment Center (ARTC) for Adults with Substance Use Disorders**
- V. Accredited Residential Treatment Center (ARTC) for Youth**
- VI. Applied Behavior Analysis (ABA)**
- VII. Assertive Community Treatment Services (ACT)**
- VIII: Behavioral Health Screening, Assessment, and Therapy**
- IX: Behavioral Health Respite Care**
- X: Behavior Management Services (BMS)**
- XI: Cognitive Enhancement Therapy (CET)**
- XII: Comprehensive Community Support Services (CCSS)**
- XIII: Crisis Intervention Services**
- XIV: Crisis Triage Center (CTC)**
- XV: Day Treatment (DT)**
- XVI: Family Support Services (FSS)**
- X VII: Inpatient Psychiatric Services**
- XVIII: Institutions for Mental Diseases (IMD)**
- IXX: Intensive Outpatient Services for Substance Use (IOP)**
- XX: Intensive Outpatient Services for Mental Health (IOP)**
- XXI: Medication Assisted Treatment for Buprenorphine (MAT)**
- XXII: Opioid Treatment Program (OTP)**
- XXIII: Partial Hospitalization (PH)**
- XXIV: Psychosocial Rehabilitation (PSR)**
- XXV: Recovery Support Services**
- XXVI: Screening, Brief Intervention & Referral to Treatment (SBIRT)**
- XXVII: Treatment Foster Care I & II (TFC)**

EFFECTIVE DATE: JANUARY 1, 2019

- (2) Recovery services support specific recovery goals through:
 - (a) use of strategies for maintaining the eight dimensions of wellness;
 - (b) creation of relapse prevention plans;
 - (c) learning chronic disease management methods; and
 - (d) identification of linkages to ongoing community supports.
 - (3) Activities must support the individual's recovery goals. There must be documented evidence of the individual identifying desired recovery goals and outcomes and incorporating them into a recovery services treatment plan.
 - (4) Recovery services activities include, but are not limited to:
 - (a) screening, engaging, coaching, and educating.
 - (b) emotional support that demonstrates empathy, caring, or concern to bolster the person's self-esteem and confidence.
 - (c) sharing knowledge and information or providing life skills training.
 - (d) provision of concrete assistance to help others accomplish tasks.
 - (e) facilitation of contacts with other people to promote learning of social and recreational skills, create community and acquire a sense of belonging.
 - (5) Recovery services can be delivered in an individual or group setting.
- E. Non-covered services: This service may not be billed in conjunction with:
- (1) multi-systemic therapy (MST);
 - (2) assertive community treatment (ACT);
 - (3) partial hospitalization;
 - (4) transitional living services (TLS); or
 - (5) therapeutic foster care (TFC).
- F. Billing Instructions:
- (1) HCPCS code H2030 in 15 min units
 - (2) Rendering provider required
 - (3) H0038; (Peer Support) 15 min units

XXVI. SCREENING, BRIEF INTERVENTION & REFERRAL TO TREATMENT (SBIRT)

The effective date will be January 1, 2019, or as otherwise approved by the centers for Medicare and Medicaid services (CMS).

SBIRT is a community-based practice designed to identify, reduce and prevent problematic substance use or misuse and co-occurring mental health disorders as an early intervention. Through early identification in a medical setting, SBIRT services expand and enhance the continuum of care and reduce costly health care utilization. The primary objective is the integration of behavioral health with medical care. SBIRT is delivered through a process consisting of universal screening, scoring the screening tool and a warm hand-off to a SBIRT trained professional who conducts a face-to-face brief intervention for positive screening results. If the need is identified for additional treatment, the staff member will refer to behavioral health services.

- A. Eligible providers and practitioners.
- (1) Providers:
 - (a) primary care offices including FQHCs, IHS and 638 tribal facilities;
 - (b) patient centered medical homes;
 - (c) urgent care centers;
 - (d) hospital outpatient facilities;

- (e) emergency departments;
 - (f) rural health clinics;
 - (g) specialty physical health clinics; and
 - (h) school-based health centers.
 - (2) Practitioners must be trained in SBIRT and may include:
 - (a) licensed nurse;
 - (b) licensed nurse practitioner or licensed nurse clinician;
 - (c) behavioral health practitioner;
 - (d) certified peer support worker;
 - (e) certified community health worker;
 - (f) licensed physician assistant;
 - (g) physician;
 - (h) medical assistant; and
 - (i) community health representative in tribal clinics.
- B. Coverage Criteria:
- (1) screening shall be universal for recipients being seen in a medical setting;
 - (2) referral relationships with mental health agencies and practices are in place;
 - (3) utilization of approved screening tool specific to age described in the BH Policy and Billing Manual;
 - (4) all participating providers and practitioners are trained in SBIRT through state approved SBIRT training entities. See details in the BH Policy and Billing Manual.
- C. Identified population:
- (1) MAD recipient adolescents 11-13 years of age with parental consent
 - (2) MAD recipient adolescents 14-18 years of age
 - (3) MAD recipient adults 19 years and older
- D. Covered services:
- (1) SBIRT screening with negative results eligible for only screening component;
 - (2) SBIRT screening with positive results for alcohol, or other drugs, and co-occurring with depression, or anxiety, or trauma are eligible for:
 - (a) screening;
 - (b) brief intervention and referral to behavioral health treatment, if needed.
- E: Billing Instructions:
- (1) Screening - H0049; does not require a diagnosis
 - (2) Brief Intervention - H0050; use a provisional diagnosis
 - (3) Practitioners: Must all be trained in SBIRT
301, 302, 305, 306, 317, 411, 430, 431, 435, 436, 438, 440, 443, 444, 445

XXVII. TREATMENT FOSTER CARE I & II

MAD pays for medically necessary services furnished to an eligible recipient under 21 years of age who has an identified need for treatment foster care (TFC) and meets the TFC I or TFC II level of care (LOC) as part of the EPSDT program. MAD covers those services included in the eligible recipient's individualized treatment plan which is designed to help him or her develop skills necessary for successful reintegration into his or her family or transition back into the community. TFC I agency provides therapeutic services to an eligible recipient who is experiencing emotional or psychological trauma and who would optimally benefit from the services and supervision provided in a TFC I setting. The TFC II

SBIRT (SCREENING, BRIEF INTERVENTIONS, AND REFERRAL TO TREATMENT)												
SBIRT services will be effective January 1, 2019.												
RENDERING PROVIDER REQUIRED	CPT or HCPCS code	MODIFIER	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT								Allowed Rendering Provider Types
rendering required	H0049		SBIRT: Alcohol and/or Drug Screening utilizing State developed tool	\$27.00 per service								301, 302, 305, 306, 311, 312, 313, 314, 315, 316, 317, 321, 361, {411 spec 230,231} 430, 431, 435, 436, 437, 438, 440, 443, 444, 445
rendering required	H0050		SBIRT: Brief intervention	\$54.00 per 15 minute unit								301, 302, 305, 306, 311, 312, 313, 314, 315, 316, 317, 321, 361, {411 spec 230,231} 430, 431, 435, 436, 437, 438, 440, 443, 444, 445
INTERDISCIPLINARY TEAMING												
Interdisciplinary Teaming is a new service delivery that will become effective on January 1, 2019												
RENDERING PROVIDER REQUIRED	CPT or HCPCS code	MODIFIER	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT							Comments	Allowed Rendering Provider Types
rendering required	G0175	U1	Scheduled Inter-disciplinary team conference (minimum of 3, exclusive of nursing staff) With patient present Only lead agency may bill. Recipient must be SMI, SED, or SUD	\$200 - bill 1 unit for a session of 30 to 89 minutes Only 1 lead can bill for same patient for the same time period								221, 313, 342, 343, 432, 433, 446