HEALTH PLAN OF SAN JOAQUIN					
Subject: **Alcohol and Substance Abuse Treatment Services**					
Department: Medical Management				**Policy #: UM46**	
Effective Date: 02/01/1996	**Committee/Approval Date:** PRC 03/16	**Review/Revision Dates:** 03/04; 03/ 06; 10/08; 03/12; 06/15; 03/16			
Applies To:	Medi-Cal	Yes	**X**	No	
	AIM	Yes		No	**X**

POLICY

A. The Health Plan of San Joaquin (HPSJ) is not responsible under its contract with the Department of Health Services for detoxification and treatment of alcohol and drug dependency in members. HPSJ, however, will identify and assist those members requiring alcohol and or substance abuse treatment services to the San Joaquin or Stanislaus Alcohol and Drug Program

B. HPSJ is responsible for ensuring that providers in primary care settings offer and document Screening, Brief intervention and Referral to Treatment (SBIRT) for misuse of alcohol

C. HPSJ will assist members and/or providers in locating available treatment services. HPSJ will continue to cover and ensure the provision of primary care and other services unrelated to the alcohol and substance abuse treatment and coordinate services between the PCP and the treatment program.

PROCEDURE

A. Identification of Treatment Need

1. PCPs are to be alert to the possibility of chemical dependency during treatment for other medical conditions and in the course of the required preventive examinations. PCPs are to watch for criteria that would indicate the possibility of a need for placement in a treatment program

2. HPSJ will cover and pay for an expanded alcohol screening for members 18 years of age and older who answer "yes" to the alcohol screening question on the Staying Healthy Assessment tool or at any time that the PCP identifies alcohol misuse. Members may have at least one expanded screening per year which will be covered by HPSJ. The expanded screening will be done using a validated tool

3. .HPSJ will cover and pay for brief interventions for members who screen positive for risky or hazardous alcohol use disorders. Brief interventions include one to three sessions 15 minutes in duration. HPSJ will allow members to have up to three brief sessions in a calendar year.

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4. Referral for Treatment

a. PCPs (or obstetricians) should make every effort to convince members of the need for help. They shall work with the Health Plan Case Manager to facilitate early start of treatment –if possible.

b. The members' right to confidentiality and respect will be honored at all times.

c. PCP's should request members to sign a Release of Medical Records form to facilitate exchange of needed information between the treatment facility and HPSJ.

B. Coordination and Follow-up Care

1. When a member is referred and accepted for treatment by the county or detoxification provider, HPSJ and the member PCP will continue to be responsible for unrelated medical care.

2. The HPSJ Case Manager will maintain a listing of community and behavioral health services available to aid in the treatment of persons with alcohol and drug addictions.

3. The HPSJ Case Manager will assist the member by providing coordination of care between the two systems and will, while ensuring patient confidentiality as required by state law, track the member progress through detoxification, treatment, and follow-up. The Case Manager will also facilitate upon discharge from an acute or inpatient treatment facility the member being seen by his/her PCP.

4. If a member is pregnant, the obstetrician will closely collaborate with the provider working to enhance the health status of the member through referral to such programs as Women, Infants, and Children (WIC), health education, and psycho-social counseling available from CPSP. The obstetrician will also coordinate efforts to keep the member drug/alcohol free through the term of the pregnancy.

REFERENCE

A. DHCS Contract Exhibit A, Attachment 11, section 6

B. APL 15-008 Professional Fees for Office with visits with ASUD Treatment Services

C. Exhibit A, Attachment 18

Health Plan of San Joaquin
Approval: Signatures on File

DHCS Contract Deliverables

Contract Reference	***Date of Approval***	***DHCS Unit***		***Contract Reference***	***Date of Approval***	***DHCS Unit***
11.j	4/30/12	*Medical Monitoring Unit*		*11.j*	*MMCD*	*5/20/16*