

Welcome! The Webinar will begin promptly at 12:00pm

Due to the number of participants, you will be automatically placed on mute as you join to ensure good quality sound. If you would like to comment or ask a question, please use the “chat feature”

Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

Follow-up questions?

Contact



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SCREENING, ASSESSMENT AND LEVEL OF CARE DETERMINATION: AN OVERVIEW

PRESENTED BY:

Kima Taylor, MD, MPH

Shannon Robinson, MD

**Wednesday,
March 10, 2021
12:00 – 1:00 PM EST**

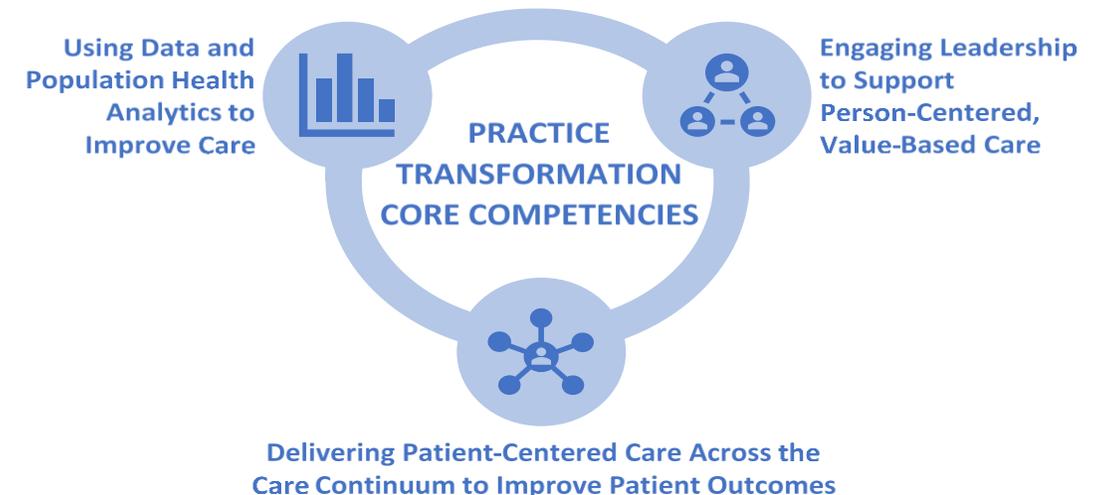
The Integrated Care Technical Assistance Program (ICTA) is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS, or the U.S. Government.

WHAT IS THE ICTA PROGRAM?

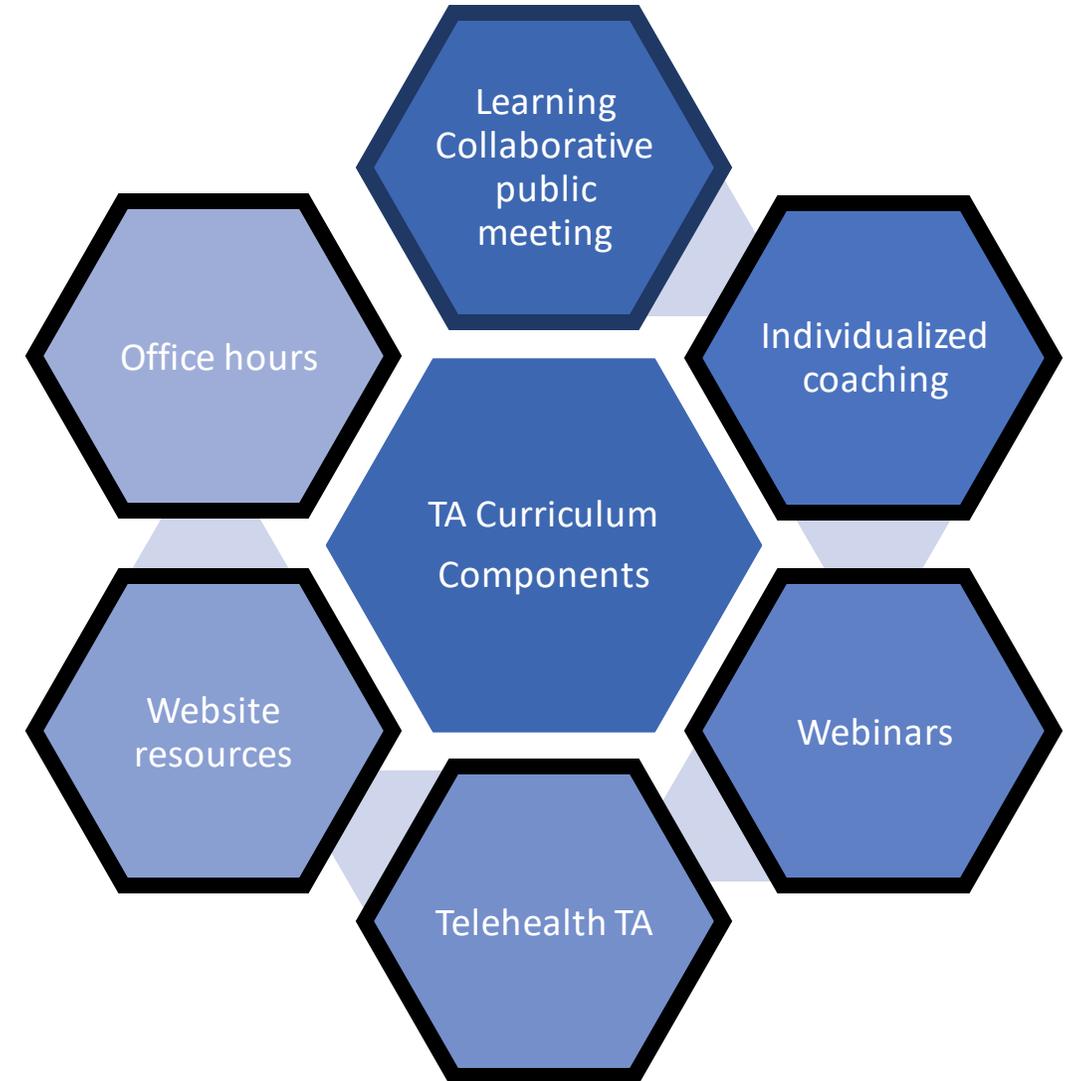


- >> The Integrated Care Technical Assistance Program (ICTA) is a five-year program aimed to enhance Medicaid providers' capacity and core competencies to deliver whole person care for physical, behavioral health, SUD and social needs of beneficiaries.
- >> The ICTA Program is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). Health Management Associates will provide the training and technical assistance.

The goal is to improve care and Medicaid beneficiary outcomes within three practice transformation core competencies:



- » The program offers several components of coaching and training. Material is presented in various formats. The content is created and delivered by HMA subject matter experts with provider spotlights.
- » All material is available on the project website: [Integratedcaredc.com](https://integratedcaredc.com)
- » Educational credit is offered at no cost to attendees for select elements.



PRESENTERS



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Faculty	Nature of Commercial Interest
Kima Taylor, MD, MPH	Dr. Taylor discloses that she is an employee of Anka Consulting Firm, LLC. She discloses that she is a subcontractor for the Foundation for Opioid Response Efforts.
Shannon Robinson, MD	Dr. Robinson discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Elizabeth Wolff, MD, MPA CME Reviewer	Dr. Wolff discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.

Screening, Assessment and Level of Care Determination: An Overview

- » Welcome and Program Announcements
- » Discuss Screening
- » Review SBIRT
- » Discuss Assessment
- » Discuss Level of Care Determination
- » Closing Remarks/Questions & Answers

OBJECTIVES

- » The learner will be able to describe the difference between Screening, Assessment and Level of Care Determination
- » The learner will be able to explain the importance of universal screening
- » The learner will identify validated screening and assessment tools
- » The learner will be able to list 4 of 6 dimensions of the ASAM Criteria



Image permitted by DC Department of Health Care Finance

- ❑ **Screening:** A rapid evaluation to identify harmful substance use
- ❑ **Assessment:** A deep evaluation meant to solidify the presence and severity of a disease (lower sensitivity, high specificity)
- ❑ **Level of Care Determination:** Use of an assessment and other factors to decide the most appropriate level of care for the severity of the condition identified (outpatient vs inpatient).

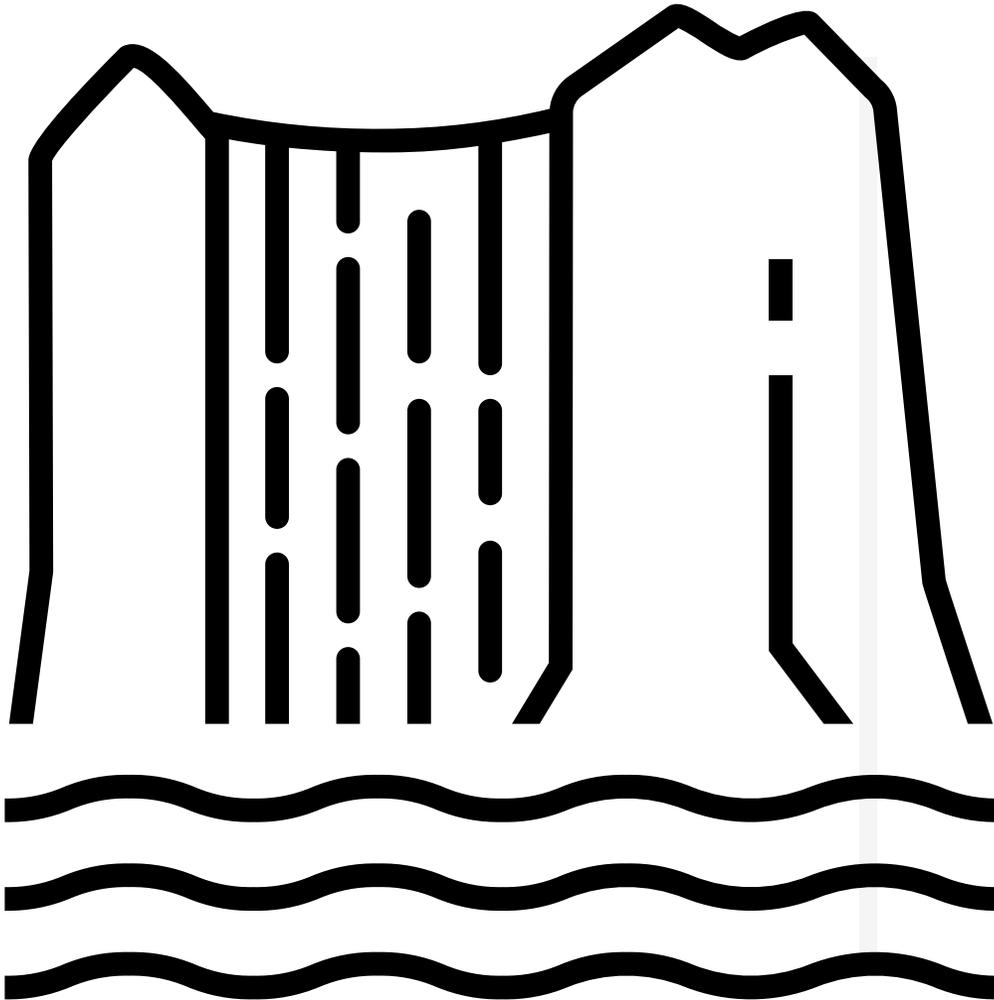
- » AMA defines screening as: Health care services or products provided to an individual without apparent signs or symptoms of an illness, injury, or disease for the purpose of identifying or excluding an undiagnosed illness, disease, or condition.
 - » Screening is commonplace across the practice of medicine for all types of clients
 - » Screening is not commonplace for substance use for myriad historical reasons
 - » SBIRT-is more than just screening

- »» What does universal screening mean to you?
 - »» New patients, existing/returning patients
- »» Are you conducting universal screening for other chronic conditions? Ex. Diabetes, Hypertension etc.
- »» How often do you screen for other chronic diseases?
- »» If you feel comfortable, type responses into the chat box

- » Universal Screening
 - » Well visits, Emergency Department, Mental Health Services, Specialty visits (esp. those that serve as patients primary care)

- » Criminal Justice Intervention/Intake
 - » Diversion, Intake and Reentry-multiple possible touchpoints

- » When to not screen and move to assessment
 - » Recent screen → Set interval for repeat screening
 - » Diagnosis of SUD – move to assessment
 - » Presumptive positive- move to assessment
 - » Legal involvement (substance related arrest, DUI)
 - » Toxicology results
 - » Patient report



- » Does your site have universal screening?
- » Wait to press enter

» Challenges

- » Lack of culturally and linguistically appropriate screening
- » Fear of punitive consequences; War on Drugs inequities
- » Data privacy
- » Need to build trust

» As noted by the demographic chart to the right, DC is far too diverse to not think about culturally responsive care

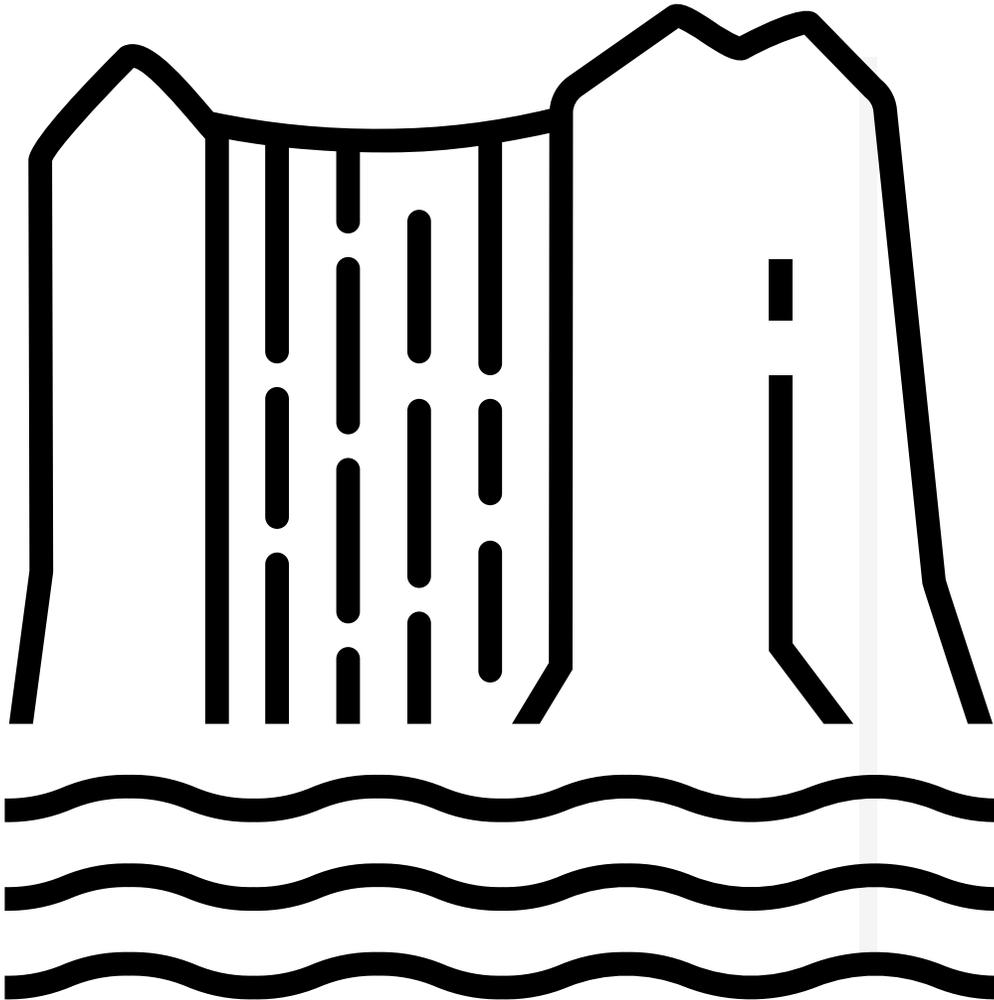
Race & Hispanic Origin	Percent
White alone	46.0%
Black or African American alone	46.0%
American Indian and Alaska Native alone,	0.6%
Asian alone	4.5%
Native Hawaiian and Other Pacific Islander alone	0.1%
Two or More Races	2.9%
Hispanic or Latino	11.3%
White alone, not Hispanic or Latino	37.5%

DC LANGUAGE DEMOGRAPHICS



Language	Number (total 539,658)	Percent (total 100%)
Speaks only English	449,241	83.2
Speaks language other than English	90,417	16.8
Spanish	49,461	9.2
French	9,085	1.7
African languages	5,181	1.0
Chinese	2,913	.5
German	2,695	.5
Arabic	2,097	.4
Italian	1,723	.3
Vietnamese	1,610	.3
Tagalog	1,356	.3
Russian	1,110	.2
Portuguese	1,013	.2

Statistics from the 2000 census for language spoken at home by persons five years old and over. The category "African languages" includes Amharic, Ibo, Twi, Yoruba, Bantu, Swahili, and Somali."



» How many of you use a substance use screening tool and/or conduct substance use screening in languages other than English?

» Wait to press enter

» Opportunities

- » Develop culturally and linguistically appropriate services for your client populations
- » Reduce illness burden; improve health and access to holistic patient centered services
- » Decrease risk of harmful sequela of substance use (trauma, STI etc.)
- » Learn tools that not only benefit SU treatment but build relationship for other health and social service
- » Decrease health care costs

- » NIDA Quick Screen
- » Companion Assessment tool – NIDA modified ASSIST (Alcohol, Smoking, Substance Involvement Screening Test)

<https://archives.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings/nida-quick-screen>

Quick Screen Question:	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
<u>In the past year</u> , how often have you used the following?					
Alcohol <ul style="list-style-type: none"> • For men, 5 or more drinks a day • For women, 4 or more drinks a day 					
Tobacco Products					
Prescription Drugs for Non-Medical Reasons					
Illegal Drugs					

CRAFFT – Substance Abuse Screen for Adolescents & Young Adults

- C** Have you ever ridden in a **CAR** driven by someone (including self) who was high or had been using alcohol or drugs?
- R** Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?
- A** Do you ever use alcohol or drugs while you are by yourself or **ALONE**?
- F** Do you ever **FORGET** things you did while using alcohol or drugs?
- F** Do your **FAMILY** or friends ever tell you that you should cut down on your drinking or drug use?
- T** Have you ever gotten in **TROUBLE** while you were using alcohol or drugs?

Scoring: Two or more positive items indicates need for assessment

Source: <https://crafft.org/>

- »» Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change
 - »» Ranges from brief advice to brief counseling
 - »» 5-30 minutes
 - »» Build relationship by having honest non-judgmental conversation about person's use; pros and cons
 - »» Work in partnership to identify where and how substance use may be causing harm and seek to work to decrease harms-health, justice, child welfare-discuss all harms
 - »» Ask permission to give feedback
 - »» Create action plan for change; May end in someone deciding to enter treatment, but it may not
 - »» Not one and done
 - »» Is reimbursable

<https://store.samhsa.gov/product/TAP-33-Systems-Level-Implementation-of-Screening-Brief-Intervention-and-Referral-to-Treatment-SBIRT/SMA13-4741>

Procedure Code: 99408 - Price by Modifier for Date of Service 02/01/2021											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Fee	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
AUDIT/DAST 15-30 MIN											
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG,AUDIT, DAST), AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30 MINUTES											
01/01/2020	12/31/999					NO	\$32.82	1	30.35		YES

<https://www.dc-medicaid.com/dcwebportal/nonsecure/getFeeScheduleInquiry>

Procedure Code: 99409 - Price by Modifier for Date of Service 02/01/2021

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Fee	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
AUDIT/DAST OVER 30 MIN											
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG,AUDIT, DAST), AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES											
01/01/2020	12/31/999					NO	\$63.54	1	61.06		YES

<https://www.dc-medicaid.com/dcwebportal/nonsecure/getFeeScheduleInquiry>

- » If a patient screens positive, then they need to be assessed for the presence of the disorder
- » Many validated tools exist
 - » Alcohol Use Disorders Identification Test (AUDIT)
 - » Drug Abuse Screening Test (DAST)
 - » Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)
- » If the disorder is present, determine the severity
- » Determine level of care should the patient wish to enter treatment

The Alcohol, Smoking, Substance Involvement Screening Test (ASSIST)

- Consists of 8 questions
 - Lifetime Use
 - Recent Use
 - Urges to Use
 - Health, social, legal and financial problems
 - Failure to fulfill major role responsibilities
 - External concern
 - Failed attempts to control use
 - Injection drug use
- Evaluates individual drugs
- Is the most comprehensive
- Has been validated in many cultures and languages

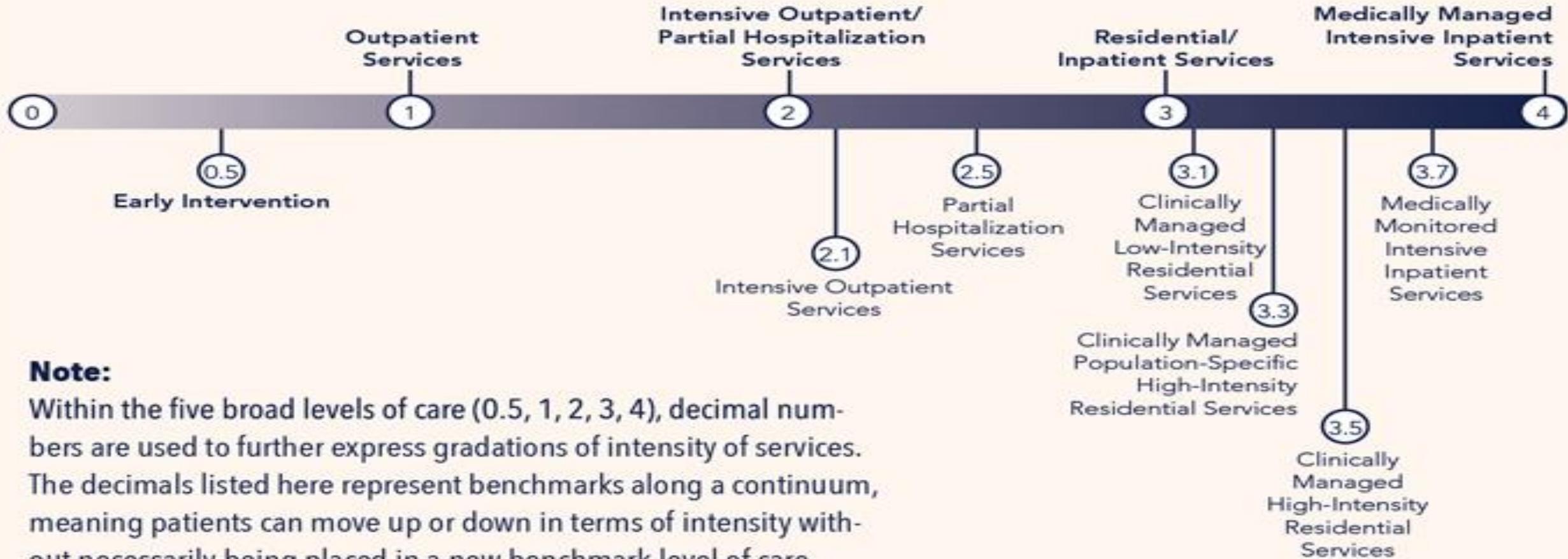
Source: <https://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf>

- » Diagnostic criteria for the disease (DSM-V)
- » Presence of intoxication
- » Withdrawal potential
- » Medical co-morbidities
- » Psychiatric co-morbidities
- » Readiness of change
- » Complete addiction history

- » *The ASAM Criteria* text describes treatment as a continuum marked by four broad levels of service and an early intervention level. Within the five broad levels of care, decimal numbers are used to further express gradations of intensity of services. These levels of care provide a standard nomenclature for describing the continuum of recovery-oriented addiction services.
- » These levels of care refer to substance use treatment, they are not the full continuum of substance use services, i.e., prevention services

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical conditions and complications
3. Emotional/Behavioral/Cognitive conditions and complications
4. Readiness to change
5. Relapse/Continued Use/Continued Problem potential
6. Recovery Environment

REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

Source: <https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care>

- » Structured interview
 - » High variability; Write-up's vary in sophistication
 - » Not always accepted by payors
- » On-line Continuum
 - » Improves interrater reliability
 - » Has a dashboard
 - » Information is transmittable
- » Co-triage
 - » 20 questions (about 10-15 min)
 - » Provisional level of care

- »» Addiction is no different than any other chronic disease
- »» Universal Screening is the first step
 - »» Sometimes all that is needed is a brief intervention to help prevent the development of a disease
- »» Validated screening and assessment tools are needed
- »» Culturally and linguistically effective patient centered care is important!!

**PROVIDER TESTIMONIAL – GAUDENZIA:
REGIONAL ADDICTION PREVENTION
(RAP), INC.**



REGIONAL ADDICTION PREVENTION, INC.

Substance Abuse Treatment • HIV • Mental Health • Housing Services



Robin Parks, LPC

Gaudenzia: Regional Addiction Prevention, Inc. (RAP)

Title: Assessment and Referral (A/R), Qualified Practitioner (QP) – Behavioral Health

Q&A



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Kima Taylor, MD, MPH
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As a result of
this webinar, I
understand:

- » The difference between Screening, Assessment and Level of Care Determination
- » The importance of universal screening
- » The importance of using validated screening and assessment tools
- » The dimensions utilized in the ASAM Criteria

- >> Please complete the online evaluation! **If you would like to receive CME credit, the evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.

- >> The webinar recording will be available within two days at:
<https://www.integratedcaredc.com/learning/>

- >> **TA Office Hour:**
 - >> Tuesday, March 16, 2021, 12:00 -1:00pm EST with Kima Taylor, MD, MPH, and Shannon Robinson, MD
***The Zoom link for this webinar will provide you access to the TA Office Hour**

- >> **Upcoming Webinar/TA Office Hour:**
 - >> *Treatment of Patients with Opioid Use Disorder (regardless of location): Understanding the Brain Changes of the Disorder*, March 24, 2021, 11:00am -12:00pm EST
 - >> TA Office Hour: March 29, 2021, 11:00am - 12:00pm EST

- >> For more information about the DC Integrated Care Technical Assistance Program, please visit:
<https://www.integratedcaredc.com/>