Assessment of Substance Use in the Primary Care Setting

2023

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Overview

Patients with substance use disorder problems are common in general medical practice and include people of all ages and socioeconomic groups. The primary care physician may be the first health care professional to be aware of the disorder, or of a relapse, and refer the patient to treatment.

Physicians must be familiar with the signs and symptoms of abuse to make the diagnosis and provide therapies for acute intoxication and withdrawal along with resources for long-term treatment. Although many of the signs and symptoms of substance use disorder can be caused by other diseases, the differential diagnosis should include drug abuse.

Provider Responsibilities

PCPs are required to screen members for signs of substance use disorder as part of preventative evaluation at the following times:

- Initial contact with a new enrollee;
- Routine physical examinations;
- Initial prenatal contact;
- When the Member evidences serious over-utilization of medical, surgical, trauma or emergency services; and when documentation of emergency room visits suggests the need.

How to Discuss Suspected Substance Use Disorder with Patients

- Express to the patient in a non-accusatory tone the concern that drug abuse is occurring and offer help
- Give concrete examples of reasons for considering the substance use disorder diagnosis
- Express empathy, understanding the patient's feelings and perspectives without judging, criticizing, or blaming
- Increase the patient's awareness of adverse consequences of addictive behavior, both current and potential. This can include going over abnormal laboratory results, pointing out evidence of physical tolerance, connecting legal problems or frequent job changes with current drug use, or helping the patient realize that current family problems are a direct result of continued drinking or drug use.

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Key Interventions for Providers

- **Support** member in locating local 12-Step or self-support recovery meetings, such as <u>Narcotics Anonymous</u>, <u>Alcoholics Anonymous</u>, <u>SMART Recovery</u>, or <u>Celebrate Recovery</u>.
- **Connect** eligible members to the Molina Medication Therapy Management (MTM) Program for support with medication reconciliation and prescription safety. Reach out to the Molina Case Management Team to determine eligibility for this program.
- **Educate** members about local Controlled Substance Public Disposal locations. Collection sites can be located by contacting local law enforcement or by searching by zip code on the <u>US Drug Enforcement Agency's Locator Tool.</u>
- **Refer** members to the Molina Case Management Program for integrated care coordination

Assessing Substance Use Disorder

Molina Healthcare's preference is for providers to use the following assessments:

- CAGE-AID for Substance Use Disorder
- AUDIT (Alcohol Use Disorders Identification Test)
- DAST-10 (Drug Abuse Screen Test)

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Treatment Options

Providers are responsible for coordinating care and providing or referring members to appropriate treatment. Treatment benefits vary for each member, so providers are encouraged to check member's benefit structure prior to referring.

- Medication-Assisted Therapy (MAT)
- Outpatient/Intermediate Services
- Residential Treatment Centers (RTC)
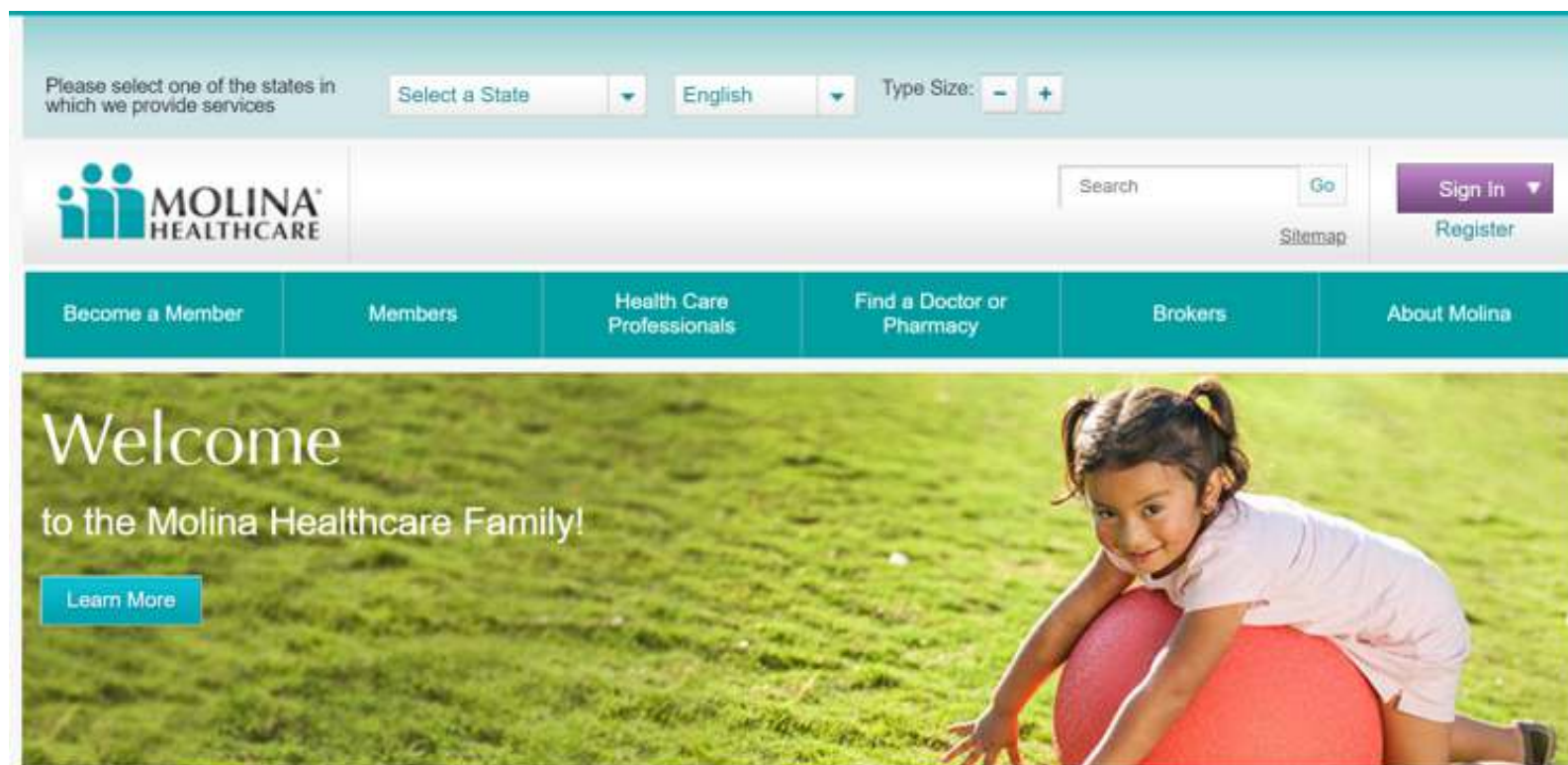
Additional Resources

Molina FL Provider Services

The Provider Services Call Center is available Monday through Friday 8am – 5pm EST
1-855-322-4076

The Availity Essentials Provider Portal can be found at:
www.availity.com/molinahealthcare

Provider Handbook

Molina Healthcare of Florida's Provider Handbooks are written specifically to address the requirements of delivering healthcare services to Molina Healthcare members, including your responsibilities as a participating provider. Providers may request printed copies of the Provider Handbook, at no cost, by contacting Provider Services at (855) 322-4076, or view the handbook on our website, at:

MMA/LTC/Specialty Provider Manual
https://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/fl/medicaid/2023-FL-MCD-Provider-Manual-FINAL-012623.pdf

Medicare Provider Manual
https://www.molinahealthcare.com/~/media/Molina/PublicWebsite/PDF/providers/common/medicare/provider-manual-fl.pdf

Marketplace Provider Manual
https://www.molinamarketplace.com/marketplace/fl/en-us/Providers/-/media/Molina/PublicWebsite/PDF/Providers/fl/medicaid/2023%20FL%20MP%20Provider%20Manual%20FINAL%20Dec%202022

Behavioral Health Services

Members in need of Behavioral Services can be referred by their PCP for services or members can self-refer by calling Molina's Behavioral Health Department at (855) 322-4076. Molina's Nurse Advice Line is also available 24 hours a day, 7 days a week for mental health or substance use disorder needs. The services members receive will be confidential. Additional detail regarding Covered Services and any limitations can be obtained at www.molinahealthcare.com.

Members having a behavioral health emergency who cannot get to a Molina approved provider are directed to do the following:
- Go to the nearest emergency room.
- Call the number on ID card.
- Call Member's PCP and follow-up within 24 to 48 hours.

For out-of-area Emergency Services, plans will be made to transfer Members to an in-network facility when Member is stable.

Providers may also view Molina's online Behavioral Health Toolkit at https://www.molinahealthcare.com/providers/fl/medicaid/resource/bh_toolkit.aspx

Emergency Services

Emergency services are covered twenty-four (24) hours a day, seven (7) days a week, three-hundred sixty-five (365) days a year, for all Members experiencing an emergency medical situation. **No authorization is required**.

When a Member presents at a hospital seeking emergency services and care, the determination that an emergency medical condition exists shall be made, for the purposes of treatment, by a physician of the hospital or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a hospital physician.

Case Management Services

Molina Healthcare provides a comprehensive Case Management (CM) program to all Members who meet the criteria for services. The CM program focuses on procuring and coordinating the care, services, and resources needed by Members with complex issues through a continuum of care.

The Molina Healthcare case managers are licensed Registered Nurses (RNs) and are educated, trained and experienced in the case management process.

The Molina Healthcare case manager will arrange individual services for Members whose needs include ongoing medical care, home health care, rehabilitation services, and preventive services. The Molina Healthcare case manager is responsible for assessing the Member's appropriateness for the CM program and for notifying the PCP of the evaluation results, as well as making a recommendation for a treatment plan.

Case Management Services (Continued)

Members with the following conditions may qualify for case management and should be referred to the Molina Healthcare CM Program for evaluation:

- High-risk pregnancy, including Members with a history of a previous preterm delivery Catastrophic medical conditions (e.g. neoplasm, organ/tissue transplants)
- Chronic illness (e.g. asthma, diabetes, End Stage Renal Disease)
- Preterm births High-technology home care requiring more than two weeks of treatment Member accessing ER services inappropriately
- Children with Special Health Care Needs

Referrals to the Case Management program may be made by contacting Molina Healthcare at:

Phone: (855) 322-4076
Fax: (866) 440-9791

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Provider Directory

Molina Healthcare providers may request a copy of our Provider Directory from their Provider Services Representative or may use the Online Directory on our website.

To find a provider, visit us at www.molinahealthcare.com, and click Find a Doctor or Pharmacy.

Questions

For a copy of this presentation please email:
MFLProviderServicesManagement@MolinaHealthcare.com