



Policy and Procedure No: UM 34.6		Revision No: 6
Division: Care Management		
Department: Utilization Management		
Title: PHC-CA Substance Use Disorder Treatment Services		
Effective Date: 8/1/2011		
Supersedes Policy No: 93039, UM 34.0, UM 34.1, UM 34.2, UM 34.3, UM 34.4, UM 34.5		
Reviewed/Revised by: Tiffany Jarrett		Review/Revision Date: 12/15/2025
Approving Committee: Utilization Management Committee		Date: 12/15/2025
Executive Oversight Committee Date: 12/16/2025		

Purpose:

To define the process by which enrollees may obtain Medically Necessary Outpatient and Inpatient substance use treatment services through the Health Plan or under the Medi-Cal Fee for Service Program.

Policy:

1. The Health Plan is contractually required to provide all preventive services for enrollees who are twenty-one (21) years of age or older consistent with USPSTF Grade A and B recommendations. The USPSTF assigned a Grade B recommendation for Screening and Behavioral Counseling Interventions to Reduce Unhealthy Alcohol Use in Adolescents and Adults, as of November 2018, and for Screening for Unhealthy Drug Use, as of June 2020. The United States Preventive Services Task Force (USPSTF) recommends screening for unhealthy alcohol use in primary care settings in adults eighteen (18) years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.
2. Additionally, the USPSTF recommends screening by asking questions about unhealthy drug use in adults aged eighteen (18) years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred.
3. USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults eighteen (18) years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.
4. The Health Plan follows the USPSTF recommendation of SUD screening by asking questions about unhealthy substance use in adults aged eighteen (18) years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred.
5. Consistent with USPSTF Grade A or B recommendations, AAP/Bright Futures, and the Medi-Cal Provider Manual, The Plan must provide Screening, Brief Intervention, and Referral to Treatment (SABIRT) services for enrollees eleven (11) years of age and older, including pregnant women. It is noted that the Plan is contracted to enrollees 21 years of age or older. This includes Enrollees who were previously in the Foster System. These services may be provided by providers within their scope of practice, including, but not limited to, physicians, physician assistants, nurse practitioners, certified nurse midwives, licensed midwives, licensed clinical social workers, licensed professional

clinical counselors, psychologists and licensed marriage and family therapists. For additional details regarding the policy, please refer to the Medi-Cal Provider Manual.

6. In providing SABIRT services, the Plan must comply with all applicable laws and regulations relating to the privacy of SUD records, as well as state law concerning the right of minors over twelve (12) years of age to consent to treatment, including, without limitation, Title 42 Code of Federal Regulations (CFR) Section 2.1 et seq., 42 CFR Section 2.14, and Family Code Section 6929.
7. The Health Plan shall comply with the Centers for Medicare & Medicaid Services (CMS) Medicaid Mental Health Parity Final Rule (Parity Rule) to strengthen access to mental health and substance use disorder services for enrollees. Specifically, the Health Plan shall not apply restrictions or limits that are more substantively applied on mental health and substance use disorder services as compared to medical surgical services.
8. Screening Unhealthy alcohol and drug use screening must be conducted using validated screening tools. Validated screening tools include, but are not limited to:
 - Cut Down-Annoyed-Guilty-Eye-Opener Adapted to Include Drugs (CAGE-AID)
 - Tobacco Alcohol, Prescription medication and other Substances (TAPS)
 - National Institute on Drug Abuse (NIDA) Quick Screen for adults
 - A single NIDA Quick Screen alcohol-related question can be used for alcohol use screening
 - Drug Abuse Screening Test (DAST-10)
 - Alcohol Use Disorders Identification Test (AUDIT-C)
 - Parents, Partner, Past and Present (4Ps) for pregnant women and adolescents
 - Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) for non-pregnant adolescents
 - Michigan Alcoholism Screening Test Geriatric (MAST-G) alcohol screening for geriatric population.
9. Of the aforementioned screening methods, the Health Plan uses the CAGE-AID.
10. When a screening is positive, validated assessment tools should be used to determine if unhealthy alcohol use or SUD is present. Validated alcohol and drug assessment tools may be used without first using validated screening tools. Validated assessment tools include, but are not limited to:
 - NIDA-Modified Alcohol, Smoking and Substance Involvement Screening Test (NM-ASSIST)
 - Drug Abuse Screening Test (DAST-20)
 - Alcohol Use Disorders Identification Test (AUDIT)
 - Tobacco Alcohol, Prescription medication and other Substances-2 (TAPS-2)

11. Of the aforementioned screening methods, the Health Plan uses the TAPS-2.
12. The Health Plan provides appropriate referrals for additional evaluation and treatment including Medication Assisted Treatment (MAT), listed in the Health Plan formulary or that are approved as an exception when required during the treatment of the Enrollee.
13. PCPs are required to use approved validated substance use screening tools to receive reimbursement. Please reference [Case Management Policy and Procedure PHC-CA AMCS Provision and Training](#). Validated Screening Tools for Alcohol and Drug Abuse screenings tools include but are not limited to:
- Cut Down-Annoyed-Guilty-Eye-Opener Adapted to Include Drugs (CAGE-AID)
 - Tobacco Alcohol, Prescription medication and other Substances (TAPS)
 - National Institute on Drug Abuse (NIDA) Quick Screen for adults
 - The single NIDA Quick Screen alcohol-related question can be used for alcohol use screening
 - Drug Abuse Screening Test (DAST-10)
 - Alcohol Use Disorders Identification Test (AUDIT-C)
 - Parents, Partner, Past and Present (4Ps) for pregnant women and adolescents
 - Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) for non-pregnant adolescents
 - Michigan Alcoholism Screening Test Geriatric (MAST-G) alcohol screening for geriatric population. (Citation: APL 21-014, pg. 4)
14. When a screening is positive, a validated assessment tool is used to determine if unhealthy alcohol use or SUD is present. Validated assessment tools include, but are not limited to:
- Drug Abuse Screening Test (DAST-20)
 - Alcohol Use Disorders Identification Test (AUDIT)
 - NIDA- Modified Alcohol, Smoking, and Substance Involvement Screening Test (NM-ASSIST). (Citation: APL 21-014, pg. 4).
15. The Health Plan provides appropriate referrals for additional evaluation and treatment including m Medication Assisted Treatment (MAT), listed in the Health Plan formulary or that are approved as an exception when required during the treatment of the Enrollee.
16. The Health Plan also provides brief interventions which include:
- Providing feedback to the enrollee regarding screening and assessment results;
 - Discuss consequences which may have occurred as a result of substance use and the overall severity of the problem;

- Assess enrollee for readiness to change, change speak and/or motivation to engage in treatment services, if appropriate;
17. Assess, link and coordinate services to assist the enrollee in making positive behavioral changes to reduce substance use; and Discuss treatment options and follow-up steps, including referral to additional treatment services and aftercare, if needed.
 18. The Health Plan also reimburses network providers for fees associated with visits during which SUD treatment services are provided, when such treatments are within the scope of practice for the provider. For example, the Health Plan reimburses network providers for visits in which an Enrollee actively using opioids is prescribed naloxone, or visits in which an Enrollee's friend or family enrollee is prescribed naloxone. Visits in which providers prescribe MAT to reduce symptoms of withdrawal, to support addiction recovery such as disulfiram, naltrexone, acamprosate or buprenorphine are covered by the Health Plan.
 19. The Health Plan does not cover SUD treatment services available under Medi-Cal drug treatment, as defined in Title 22 California Code of Regulations (CCR) Section 51341.1, and outpatient opioid detoxification services defined in Title 22 CCR Section 51328. These excluded services include all medications used for the treatment of SUD is covered by Department of Health Care Services (DHCS), as well as specific medications not currently covered by DHCS but reimbursed through Medi-Cal FFS (Fee for Service).
 20. The Health Plan refers enrollees to DHCS designated and approved SUD outpatient treatment facilities and coordinates care for Enrollees admitted to these facilities. Treatment by a network provider is not contingent on the individual complying with referral to county treatment programs.
 21. The Health Plan, upon identifying an individual meeting criterion for SUD, treatment services, will arrange for referral to the Los Angeles County department responsible for such treatment or to other community resources when services are not available through the county, such as outpatient opioid detoxification providers available through the Fee for Service (FFS) program:
 - The Health Plan will assist enrollees in locating available services within the contract service area to the extent that treatment slots are available;
 - The Health Plan will pursue treatment placement outside the contract area when there are no available slots.
 22. Under the Medi-Cal FFS Program, Health Plan Enrollees that meet medical necessity for SUD treatment, as defined in Medi-Cal Provider Bulletin 473 and Department of Health Care Services (DHCS) All Plan Letter (APL) 18-001, Voluntary Inpatient Detoxification (Supersedes APL 14-005), may also receive Inpatient Substance Use Services related to Voluntary Detoxification. The criteria include, but are not limited to:
 - Delirium Tremens (DT), with any combination of the following clinical manifestations with cessation or reduction of substances ingested:
 - Hallucinations
 - Disorientation



- Tachycardia
 - Hypertension
 - Fever
 - Agitation
 - Diaphoresis
- Clinical Institute Withdrawal Assessment Scale for Alcohol (CIWA-Ar) form score greater than fifteen (15).
 - Substance withdrawal with CIWA-Ar score greater than eight (8) and one or more of the following high-risk factors
 - Polysubstance Use
 - History of DT's
 - Unable to receive the necessary medical assessment, monitoring, and treatment in a setting with a lower level of care
 - Medical co-morbidities that make detoxification in an outpatient setting unsafe
 - History of failed outpatient treatment
 - Psychiatric co-morbidities
 - Pregnancy
 - History of seizure disorder or withdrawal seizures
 - Complications of opioid withdrawal that cannot be adequately managed in the outpatient setting due to the following factors:
 - Persistent vomiting and diarrhea from opioid withdrawal
 - Dehydration and electrolyte imbalance that cannot be managed in a setting with a lower level of care.
 - Detoxification of cannabinoids, stimulants, or hallucinogens alone does not meet inpatient criteria; however, polysubstance use as described above with components of alcohol, opiates or sedatives may be considered for inpatient admission.
 - The Health Plan shall make good faith efforts to confirm whether enrollees receive referred treatments and document when, where, and any steps following treatment:
 - If an enrollee does not receive referred treatments, the Health Plan shall follow-up with the enrollee to understand barriers and adjust referrals, if warranted;

- The Health Plan shall also attempt to connect with the provider to whom the enrollee was referred to facilitate a warm hand off to necessary treatment.
- When providing SBIRT services, the Health Plan shall comply with all applicable laws and regulations relating to the privacy of SUD services. (Citation: APL 21-014, pg. 3)

Procedure:

Health Plan:

- a. The Health Plan's Care Management staff confirms active enrollment & member demographic information.
- b. The Health Plan's RNCTM completes HRA. If CAGE-AID questions on the HRA are positive, the TAPS-2 tool is completed.
- c. The Health Plan's RNCTM refers member to LA County for SUDS services.
- d. The Health Plan's RNCTM confirms that member is receiving services and is engaged in care.
- e. The Health Plan's RNCTM conducts ICTs with SUDS provider and PCP, as needed, to facilitate coordination of care.
- f. The Health Plan's RNCTM reassesses the member as needed to evaluate the efficacy of the current treatment plan and identify any additional member needs.

PCP:

- a. Primary Care Providers (PCPs) screen Health Plan enrollees for Substance Use Disorders (SUD), including alcohol use, as part of routine care, including the Initial Health Assessment (IHA) given within one-hundred and twenty (120) days of enrollment. Screening is performed at a minimum of every (3) three years after the IHA, with annual reviews of the enrollee's answers. The Health Plan covers brief interventions for Enrollees who screen positively for risky or hazardous substance use, including alcohol. Additionally, the Utilization and Care Coordination (UMCM) Department screens for substance use in the Initial and annual health assessment.
- b. If an enrollee meets inpatient criteria, the Health Plan will work to coordinate care upon admission to the acute care facility for Voluntary Inpatient Detoxification.
- c. The acute facility must submit a Treatment Authorization Request (TAR) to the local Medi-Cal Field offices for authorizations. The Health Plan Utilization Department is available to assist acute facilities when notified of inpatient admission.
- d. The inpatient admission notification must include the criteria for medical necessity supporting the inpatient admissions as described above.
- e. If the enrollee does not meet criteria, the Health Plan will work to refer and coordinate care for an approved outpatient SUD treatment service through the Los Angeles County's



Behavioral Health Department.

- f. If there are no slots within the county network, the Health Plan will work to refer to treatment services outside the contract area.
- g. Approved treatment services are listed at: <https://www.dhcs.ca.gov/provgovpart/Pages/SUD-Treatment-Services.aspx>
- h. The PCP along with RNCTM will ensure appropriate medical monitoring during the SUD treatment.
- i. The enrollee's medical record must include the following:
 - i. The service provided (e.g., screening, and brief intervention);
 - ii. The name of the screening instrument and the score on the screening instrument (unless the screening tool is embedded in the electronic health record);
 - iii. 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); and
 - iv. If and where a referral to an AUD or SUD program was made. (Citation: APL 21-014, pg. 5)
- j. The Plan will ensure that PCPs maintain documentation of SBIRT services provided to enrollees. When a enrollee transfers from one PCP to another, the receiving PCP must attempt to obtain the enrollee's prior medical records, including those pertaining to the provision of preventive services.
- k. The Plan will include information about SBIRT services in enrollee-informing materials.

Definitions:

- 1. Enrollee: A Medi-Cal eligible beneficiary who is enrolled in the Health Plan.
- 2. Primary Care Physician (PCP): A physician who focuses his, her or their practice of medicine to general practice or who is a board certified or board eligible internist, pediatrician, obstetrician, gynecologist, or family practitioner. The PCP is responsible for supervising, coordinating, and providing initial and primary care to Enrollees, initiating referrals, and maintaining the continuity of Enrollee care under the Positive Healthcare program.
- 3. Provider: A physician, pharmacist, nurse, nurse mid-wife, nurse practitioner, medical technician, physician assistant, hospital, laboratory, health care service plan, or other person or institution who furnishes Covered Services.
- 4. Medically Necessary: Reasonable and necessary to protect life, to prevent significant illness, or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness, or injury.
- 5. Unhealthy Alcohol Use: The USPSTF uses the term "unhealthy alcohol use" to define a spectrum of behaviors, from risky drinking to alcohol use disorder (AUD) (e.g., harmful alcohol use, abuse, or



dependence). Risky or hazardous alcohol use means drinking more than the recommended daily, weekly, or per-occasion amounts, resulting in increased risk for health consequences, but not meeting AUD criteria.

6. Heavy Use: The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines “heavy use” as exceeding the recommended limits of four (4) drinks per day or fourteen (14) drinks per week for adult men or three (3) drinks per day or seven (7) drinks per week for adult women.
7. Unhealthy Drug Use: The term “unhealthy drug use” is defined as the use of illegally obtained substances, excluding alcohol and tobacco products, or the nonmedical use of prescription psychoactive medications; that is, use of medications for reasons, for duration, in amounts, or with frequency other than prescribed or by persons other than the prescribed individual.
8. Substance Use Disorder (SUD): According to the DSM-5, a diagnosis of SUD is given based on evidence of impairment in four (4) categories:
 - Impaired Control:
 - i. Using more of a substance or more often than intended.
 - Social Problems:
 - i. Neglecting responsibilities and relationships.
 - ii. Giving up activities which enrollee used to care about, because of substance use.
 - iii. Inability to complete tasks at school or work.
 - Risky Use:
 - i. Using in risky settings;
 - ii. Continued use despite known problems.
 - Physical Dependence:
 - i. Needing more of the substance to get the same effect (tolerance);
 - ii. Having withdrawal symptoms when a substance is not used.

Severity is determined based on the number of symptoms present:

- Mild: 2-3 symptoms
- Moderate: 4-5 symptoms
- Severe: ≥ 6 symptoms

According to the USPSTF and the DSM-5, a maladaptive pattern of alcohol use leading to clinically significant impairment or distress, as manifested by two (2) (or more) of the following, occurring within a twelve (12) month period:

- Having times when the patient drank more, or longer, than intended
- More than once wanted to cut down or stop, tried it, but could not
- Spending a lot of time drinking or being sick/getting over the aftereffects of drinking
- Wanting to drink so badly that they could not think of anything else
- Found that drinking (or being sick from drinking) often interfered with taking care of home or family responsibilities, caused problems at work, or caused problems at school
- Continuing to drink even though it was causing trouble with family and friends
- Given up or cut back on activities that were important or interesting in order to drink
- More than once gotten into situations while or after drinking that increased the chances of getting hurt (e.g., driving, swimming, unsafe sexual behavior)
- Continued to drink even though it was causing depression or anxiety, other health problems, or causing memory blackouts
- Having to drink much more than previously in order to get the desired effect, or finding that the usual number of drinks had much less effect than previously
- Experiencing the symptoms of withdrawal after the effects of alcohol were wearing off, such as trouble sleeping, shakiness, restlessness, nausea, sweating, racing heart, or seizure.

Monitoring:

This policy is reviewed, updated, and approved annually Utilization Management Committee (UMC).

Reference(s):

1. Title 22, CCR, Section 5134.1 and 51328
2. Department of Health Care Services (DHCS) All Plan Letter (APL) 21-014, Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (Supersedes APL 18-014) October 11, 2021.
3. Department of Health Care Services (DHCS) All Plan Letter (APL) 15-008, Professional Fees for Office Visits Associated with Alcohol and Substances Use Disorder Treatment Services, April 16, 2015
4. [Department of Health Care Services \(DHCS\) All Plan Letter \(APL\) 18-001, Voluntary Inpatient](#)



[Detoxification \(Supersedes APL 14-005\), January 11, 2018.](#)

5. Medi-Cal Provider Bulletin 473
6. [Case Management Policy and Procedure PHC-CA AMCS Provision and Training](#)
7. DHCS Full Scope Contract Exhibit A, Attachment 11 (7) Alcohol and Substance Use Disorder Treatment
8. U.S. Preventive Services Task Force: <https://www.uspreventiveservicestaskforce.org/>

Regulatory Approval(s):

Date	Version	Agency	Purpose	Response
8/18/2023	34.5	Dept. of Health Care Services (DHCS)	2024 Operational Readiness (O/R) R.0062	Approved
10/24/2023	34.6	DHCS	2024 O/R R.0223	Approved
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