MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

November 30, 2021

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: JESSICA KEMMERER, HIPAA PRIVACY AND CIVIL RIGHTS OFFICER

SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 400 – MENTAL HEALTH AND ALCOHOL/SUBSTANCE ABUSE SERVICES

BACKGROUND AND EXPLANATION

Revisions to Medicaid Services Manual (MSM) Chapter 400 – Mental Health and Alcohol and Substance Abuse Services are being proposed to remove the language "for pregnant women only" from any association with tobacco cessation.

Throughout the chapter, grammar, punctuation and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities Financially Affected: This proposed change affects all Medicaid-enrolled providers delivering Tobacco Cessation Counseling type of services. Those provider types include but are not limited to: Special Clinics (PT 17), Behavioral Health Outpatient Treatment (PT 14), Physician M.D. Osteopath D.O. (PT 20), Physician Assistant (PT 77), and Advanced Practice Registered Nurses (PT 24).

Financial Impact on Local Government: There is no anticipated fiscal impact known at this time.

These changes are effective December 1, 2021.

MATERIAL TRANSMITTED	MATERIAL SUPERSEDED
MTL OL MSM 400 - Mental Health and Alcohol/Substance Abuse Services	MTL NA MSM 400 - Mental Health and Alcohol/Substance Abuse Services

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
Attachment C	**Substance Abuse Agency Model Level of Care Grid**	Removed all language in Attach C – Substance Abuse Agency Model Level of Care Grid that indicated "for pregnant women only" when coincided with Tobacco Cessation coverage and prevention.

SUBSTANCE ABUSE AGENCY MODEL LEVEL OF CARE GRID

Level of Care	Covered Services	Description of Treatment Level	Utilization Management
Prevention			
Level 0.5 Early Intervention/ Prevention	1. Screening services recommended by the U.S. Preventive Services Task Force: a. Depression screening in adults and adolescents. b. Alcohol screening in adults, including pregnant women. c. Tobacco use, counseling and interventions ~~for pregnant women~~. 2. Must be direct visualization. Self-screens and over the phone are non-covered.	A. DEPRESSION SCREENING Adults: Many formal screening tools are available, including instruments designed specifically for older adults. (See Policy, Page 4) Asking two simple questions about mood and anhedonia ("Over the past two weeks, have you felt down, depressed or hopeless?" and "Over the past two weeks, have you felt little interest or pleasure in doing things?") may be as effective as using more formal instruments (2). There is little evidence to recommend one screening method over another; therefore, clinicians may choose the method most consistent with their personal preference, the patient population being served and the practice setting. All positive screening tests should trigger full diagnostic interviews that use standard diagnostic criteria (that is, those from the updated *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*) to determine the presence or absence of specific depressive disorders, such as MDD or dysthymia. The severity of depression and comorbid psychological problems (for example, anxiety, panic attacks or substance abuse) should be addressed.	No prior authorization required. Limited to one screen per 90 days per disorder.

SUBSTANCE ABUSE AGENCY MODEL LEVEL OF CARE GRID

Level of Care	Covered Services	Description of Treatment Level	Utilization Management
Level 0.5 Early Intervention/ Prevention (Continued)		Adolescents: Instruments developed for primary care (Patient Health Questionnaire for Adolescents [PHQ-A] and the Beck Depression Inventory-Primary Care Version [BDI-PC]) have been used successfully in adolescents. There are limited data describing the accuracy of using MDD screening instruments in younger children (7-11 years of age). B. ALCOHOL SCREENING Adults/Pregnant Women: The USPSTF considers three tools as the instruments of choice for screening for alcohol misuse in the primary care setting: the Alcohol Use Disorders Identification Test (AUDIT), the abbreviated AUDIT-consumption (AUDIT-C) and single question screening (for example, the NIAAA recommends asking, "How many times in the past year have you had five [for men] or four [for women and all adults older than 65 years] or more drinks in a day?"). Of available screening tools, AUDIT is the most widely studied for detecting alcohol misuse in primary care settings; both AUDIT and the abbreviated AUDIT-C have good sensitivity and specificity for detecting the full spectrum of alcohol misuse across multiple populations.	

SUBSTANCE ABUSE AGENCY MODEL LEVEL OF CARE GRID

Level of Care	Covered Services	Description of Treatment Level	Utilization Management
Level 0.5 Early Intervention/ Prevention (Continued)		AUDIT comprises 10 questions and requires approximately two to five minutes to administer. AUDIT-C comprises three questions and takes one to two minutes to complete. Single-question screening also has adequate sensitivity and specificity across the alcohol-misuse spectrum and requires less than one minute to administer. C. TOBACCO ~~Pregnant Women~~ Various primary care clinicians may deliver effective interventions. There is a dose-response relationship between quit rates and the intensity of counseling (that is, more or longer sessions improve quit rates). Quit rates seem to plateau after 90 minutes of total counseling contact time. Helpful components of counseling include problem-solving guidance for smokers (to help them develop a plan to quit and overcome common barriers to quitting) and the provision of social support as part of treatment. Complementary practices that improve cessation rates include motivational interviewing, assessing readiness to change, offering more intensive counseling or referrals, and using telephone "quit lines."	