Opioid Toolkit for Providers

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www.selecthealthofsc.com

Select Health of South Carolina

Healthy Connections

Speaking with patients about opioids

The CDC has recommended that physicians ensure that all options for pain control are discussed with each patient and that nonopioid pain medications or treatments are exhausted prior to introducing opioids for pain management.[1]

Research suggests there is more healthy opioid use behaviors (such as less pill saving) and a lower chance of opioid misuse or abuse among patients whose physicians discussed the risks and benefits of using opioids, as well as the addictive nature of opioid medications, with them.[2]

Motivational interviewing can be utilized to assist with opening communication with patients. Providers may find that by focusing on the "OARS of communication," patients may find it easier to discuss their pain, expectations of treatment, and understanding of the risks and benefits of using opioid medications.

OARS of communication:

- Open-ended questions.
- Affirming.
- Reflective listening.
- Summarizing.

Motivational interviewing can be especially helpful when working with patients to encourage healthy behaviors, which may include avoiding the use of opioids. Resources are available for providers who would like to learn more about the skills involved with motivational interviewing. Please see the **Provider Resources** section of this toolkit for more information.

In short, motivational interviewing involves:

1. **Engaging:** building rapport through nonjudgmental conversation and expressing a desire to learn more about the patient.

   Example: "I appreciate you being so open regarding the pain you are experiencing. Before we discuss options for treatment, I'd like to know a little more about your daily life and your goals with treatment."

2. **Focusing:** asking open-ended questions to learn from the patient what their concerns are, affirming the positive, actively listening, and summarizing.

   Example: "Can you tell me what types of activities you have found to be difficult because of your pain…? What I am hearing is that you would like to be able to work in your garden again if your pain can be controlled."

3. **Eliciting permission to provide information:** The motivational interviewing framework suggests that patients are more likely to be open to information when they are asked if they are ready to receive it.

   Example: "If it is okay, I would like to discuss some of the other options for pain control that we may be able to utilize as well."

4. **Planning:** By involving the patient in their treatment planning, patients are more likely to commit to changes. This process may help identify any barriers to change the patient or provider may not have anticipated.

    Example: "So, what kind of support do you think you will need while we are finding the best form of treatment for you? If you were to make these changes, how do you think your life would change?"[3]

For additional information regarding utilizing motivational interviewing in working with pain patients, view: Helen J. Makins, "Communication Skills in Pain Medicine" *Anesthesia & Intensive Care Medicine,* Vol. 23, No. 7, July, 2022, pp. 370 – 373, ISSN 1472-0299, https://doi.org/10.1016/j.mpaic.2022.03.014.

Select Health benefits and alternatives to opioids

Given the addictive nature of opioid pain medications, the CDC has urged providers to utilize nonopioid medications and therapies for the treatment of patients' pain.[4]

Some of the nonopioid medications and therapies that are covered and available to Select Health members include:

- Over-the-counter (OTC) oral medications: Acetaminophen, Ibuprofen. The Select Health pharmacy benefit allows for OTC medications if the member has a prescription from their doctor.
- Cognitive behavioral therapy. (See below for more information on covered behavioral health services.)
- Exercise therapy, weight loss, or physical therapy.
- Interventional therapies (injections).
- Topical agents: Lidocaine topical gel 3% or cream 4% and Lidocaine-Prilocaine topical cream 2.5% are preferred medications. Diclofenac cream is preferred with step therapy (trial of oral NSAID and Acetaminophen product or trial of two oral NSAIDs). Lidocaine patches require prior authorization.
- Chiropractic manipulative treatment (CMT). (Prior authorization is required for Select Health members; services are limited to radiological examinations and treatment by means of manual manipulation of the spine for correcting a subluxation.)
- Aquatic therapy. (Members may contact Member Services for information.)
- Pain management services. (Prior authorization is required for Select Health members.)
- Infusion pumps. (Prior authorization and clinical review is required for Select Health members.)
- Spinal cord neurostimulators. (Prior authorization and clinical review is required for Select Health members.)
- Radiofrequency ablation. (Prior authorization and clinical review is required for Select Health members.)
- Nerve blocks. (Prior authorization and clinical review is required for Select Health members.)
- Epidural catheters. (Prior authorization and clinical review is required for Select Health members.)

Please note the above benefits are current as of the publishing of this toolkit. For any benefit-related inquiries, including confirmation of covered medications or therapies, please contact Select Health Member Services at **1-888-276-2020** or visit the **Member Benefits page** on our website.

In order to assist members who may be struggling with chronic pain and would benefit from behavioral health services, the following outpatient behavioral health services are covered and may be offered to members, with no copayment required:

- Psychiatric diagnostic evaluations.
- Psychotherapy (including individual and family therapy).
- Psychological testing and interpretation.
- Injectable medications.
- Community integration services (CIS)/ clubhouse services for members 18+.

The following services are covered for members with prior authorization:

- Psychological testing.
- Residential behavioral health services.
- Self-help/peer services.
- Skills training and development.
- Psychosocial rehabilitative services.
- Family stabilization services.
- Neuropsychological testing.
- Behavioral health family support services for members 21 and over.

More information on member **Behavioral Health benefits**, including treatment request forms, is also available on the Select Health website at **https://www.selecthealthofsc.com/provider/member-care/behavioral-health/behavioral-health.aspx**.

For information related to state benefits, including benefit limits that may apply to specific types of therapy, please refer to the **South Carolina Department of Health and Human Services (SCDHHS) provider manuals**.

The CDC has recommended that opioids only be prescribed if alternatives are not effective for the patient. Other Select Health-covered pain management alternatives to opioids include:

- **Analgesics:**
  Acetaminophen.
  Selective Cyclooxygenase-2 (COX-2), Selective Inhibitors, and NSAIDs.
- **Select anticonvulsants** such as Pregabalin (not preferred), Gabapentin, and Carbamazepine. (*Note: Some anticonvulsants may have abuse potential.)*
- **Select antidepressants** such as tricyclic antidepressants and serotonin/norephinephrine reuptake inhibitor. (*Note: TCAs have anticholinergic and cardiac toxicities; SNRIs are safer and better tolerated.)*
- **Topical agents** such as Lidocaine patches (require prior authorization) and Diclofenac ointment (requires step therapy).
- **Exercise therapy** in order to reduce pain, address effects of pain on a patient's life, and improve overall well-being.

More information and resources:

- "Module 2: Treating Chronic Pain without Opioids," *Centers for Disease Control and Prevention*, **https://www.cdc.gov/drugoverdose/training/nonopioid/508c/index.html**.
- Preferred medications, including opioid alternatives, can be found by using the **Select Health Online Preferred Drug list**.

- Visit the Pharmacy Prior Authorization page on the Select Health website for medication prior authorization request information and forms.
- Raymond A. Dionne et al., "Given the Current Epidemic of Opioid Abuse, What Is Your Prescribing Regimen When Managing Patient Pain?" *Inside Dentistry,* Vol. 14, No. 5, May 2018, https://www.aegisdentalnetwork.com/id/2018/05/given-the-current-epidemic-of-opioid-abuse-what-is-your-prescribing-regimen-when-managing-patient-pain.

Initializing opioids

Select Health will consider any member who has not had an opioid prescription filled within the past 60 days as opioid-naïve. For those members, the following limits apply to prescriptions:

- No more than 90 MME per day or a five-day supply.
- A short-acting opioid must be prescribed prior to a long-acting opioid being approved (within 60 days of prescribing long-acting medication).
- Additionally, for members who are not considered opioid-naïve, the following prescription limits will apply within a one-month prescribing period:
  - No more than two long-acting prescriptions. (*Authorization is required for all long-acting opioids.)*
  - No more than three short-acting prescriptions.

If prescribing over these limits, a prior authorization will be required. For information on how to file a prior authorization request or submit an online pharmacy prior authorization, visit the Pharmacy Services section of the Select Health website.

The initial approval for short-acting opioids will be for one month. For subsequent short-acting opioids, authorization is required every 3 months.

Authorizations for long-acting opioids, will be for one month at a time for up to three months, then every three months thereafter.

Please note that prescriptions from oncologists, hematologists, and hospice providers are exempt from these prescription limitations. If nonpreferred opioids are requested, there will be a requirement of documentation to show trials of three formulary alternatives.

Tips for safe prescribing

The Centers for Disease Control and Prevention (CDC) has developed a quick reference guide for best practices for prescribing opioids for chronic pain: CDC Guideline for Prescribing Opioids for Chronic Pain.

South Carolina providers are required to review the South Carolina Reporting & Identification Prescription Tracking System (SCRIPTS) as set forth in SC Code §44-53-1645. For additional information on the SCRIPTS program, please visit the South Carolina Department of Health and Environmental Control (SCDHEC) prescription monitoring website.

Another valuable provider resource is Timely Information for Providers in South Carolina (TipSC). This "is an educational outreach service for Medicaid providers that offers timely information to help identify

and prevent potential gaps in evidence-based care . . . TipSC is directed by a clinical team in the Division of General Internal Medicine at the Medical University of South Carolina. The service fulfills one component of the Medicaid drug utilization review program (DUR) to help ensure that prescriptions for outpatient drugs are appropriate, medically necessary and not likely to result in adverse medical consequences." For more information, visit TipSC.

TipSC also offers educational activities in which providers can earn American Medical Association (AMA) Physician's Recognition Award (PRA) Category I Credit(s) continuing medical education (CME) credits. For more information, see the Earn CME Credit webpage.

Additionally, the American Dental Association presented a webinar to providers regarding, Integrating Controlled Substance Risk Assessment and Management into Dental Practice.

Population-specific information

1. Pregnant patients

In general, opioids are more likely to be prescribed to women in comparison to men, and women are more likely to be prescribed higher doses of opioids than men.[5]

According to the CDC, additional concern when prescribing opioids for people of childbearing age is the risks to the pregnant person and the baby, including maternal death, poor fetal growth, preterm birth, stillbirth, and specific birth defects, as well as a group of symptoms known as Neonatal Abstinence Syndrome (NAS).

NAS is a group of symptoms that occur when an infant is exposed to and becomes dependent on opioids or other drugs used by the pregnant person during pregnancy.[6]

Signs of withdrawal usually begin within 72 hours after birth and may include the following:

- Tremors (trembling)
- Irritability, including excessive or high-pitched crying
- Sleep problems
- Hyperactive reflexes
- Seizures
- Yawning, stuffy nose, or sneezing
- Poor feeding and sucking
- Vomiting
- Loose stools and dehydration
- Increased sweating

The Substance Abuse and Mental Health Services Administration (SAMHSA) recommends the following screenings for pregnant people[7]:

- A urine toxicology screen for opioids and illicit drugs used in the community that includes confirmatory testing.
- A urine screen for alcohol that includes confirmatory testing.
- A screen for HIV, hepatitis B and C, and sexually transmitted infections.
- Liver enzymes and serum bilirubin test to detect liver disease.
- Serum creatinine levels test to detect silent renal disease.

For providers seeing pregnant patients, it is recommended that screening for opioid use is utilized throughout pregnancy. Specifically recommended is the Screening, Brief Intervention, and Referral to Treatment (SBIRT) tool. For information on strategies for implementing SBIRT in clinic practices, refer to: **Screening, Brief Intervention, Referral to Treatment: Strategies for Implementing SBIRT in Clinical Practices**.

In recognition of the special concerns regarding opioid misuse or abuse during pregnancy, the World Health Organization has developed **Guidelines for the Identification and Management of Substance Use and Substance Use Disorders in Pregnancy** to provide education on identifying and managing opioid use disorder in pregnant patients.

Of note, the World Health Organization (WHO) recommends screening for opioid, alcohol, and other drug use early in pregnancy and throughout

Various treatment options are available for pregnant patients experiencing an opioid use disorder, including medication-assisted treatment. According to the CDC, methadone and buprenorphine are approved for use during pregnancy. For more information on opioid use during pregnancy and opioid use disorder treatment options during pregnancy, visit: **About Opioid Use During Pregnancy**.

Additional information specifically regarding working with pregnant patients experiencing an opioid use disorder can be found though the SAMHSA resource **A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders**.

When working with patients of childbearing age who are using opioids, it may be helpful for providers to note that family planning services and prescriptions are available to Select Health members with no copayment required.

Covered options include:

- Oral contraception.
- Intrauterine devices (Mirena, ParaGard, Skyla).
- Implants (Implanon, Nexplanon).
- Injections (Depo-Provera).
- Patch (Ortho Evra).
- Vaginal ring (NuvaRing).

A note on intimate partner violence

"Intimate Partner Violence (IPV) is defined as actual or threatened physical, sexual, psychological, emotional, or stalking abuse by an intimate partner. An intimate partner can be a current or former spouse or non-marital partner."[8]

Screening for and responding to IPV is especially relevant when working with pregnant patients, as the Agency for Healthcare Research and Quality (AHRQ) reports that nearly 1 in 6 pregnant women have been victims of IPV.[9]

The assessment for IPV is also relevant for working with patients who are not pregnant. IPV can result in psychological symptoms, including trauma responses, that may increase the chances of patient's developing a substance use disorder and developing trauma symptoms. These symptoms may also increase the patient's chance of developing a substance use disorder. This may result in a higher chance of experiencing chronic pain symptoms.

Various screening tools have been developed to determine where IPV may be occurring, and a list of these resources are available through the AHRQ at **Intimate Partner Violence Screening - Fact Sheet and Resources** or in the **Screening Tools** section of this toolkit.

For more information on intimate partner violence and tools for providers, see **Preventing Intimate Partner Violence Across the Lifespan**.

2. Adolescent patients

Substance use can have a detrimental effect as adolescent brains continue to develop. Additionally, impulse control and decision making are late to mature, making adolescents more likely to engage in drug use in general. Opioids are of special concern for adolescents, as the most common introduction of opioid use occurs following dental procedures, such as wisdom tooth removal, or sports injuries.[10,11]

Given the addictive nature of opioid medications and the additional concerns for adolescent use, the CDC recommends that nonopioid pain medications should be used as the first treatment. Over-the counter-alternatives have been shown to be as effective in reducing pain as prescription opioids, including alternating the use of acetaminophen and NSAIDs.[12]

Please see covered opioid alternatives included in the **Select Health Benefits and Alternatives to Opioids** section of this toolkit for additional options available to Select Health members.

Effective parenting is considered a protective factor, making youth less likely to engage in drug use (**SAMHSA Risk and Protective Factors**). Parents can find information on how to talk with their children about drugs and alcohol at **Talk. They Hear You** and SAMHSA's **Tips for Teens: The Truth About Opioids**.

The American Academy of Pediatrics Committee on Substance Use and Prevention emphasizes the role pediatricians play in identifying opioid use early for adolescents and young adults[13]:

In addition to established screening tools (see the **Screening Tools** section for specific screening resources), providers should be aware of common symptoms of drug use including[14]:

- "Drop in attendance and performance" in school.
- "Frequently getting in to trouble."
- Changes in sleeping or eating patterns.
- "Unexplained changes in personality or attitude."
- "Deterioration of physical appearance."
- "Social changes such as sudden change in friends, favorite hang outs "or interests.

83% of adolescents have contact with some type of physician annually, and each appointment is an important opportunity to discuss drug use.

Additional Resources:

Partnership to End Addiction
1-855-DRUG-FREE
https://drugfree.org
Emotional support, guidance, and resources provided by bilingual master's level parent support specialists. Five one-hour calls for 5 – 6 weeks with a trained parent coach at no cost.

Text: CONNECT to 55753 to contact a specialist. A specialist will reply directly to your message within 24 hours.

Email: Complete a **contact form** to connect with a specialist over email. A specialist will follow-up within 24 hours.

Schedule a call: **Make an appointment** to speak with one of our specialists to ask questions and receive guidance on the best ways to support your child or loved one. To allow us to provide you with support specific to your needs, you will receive a link to a brief, confidential survey once your appointment has been scheduled.

Specialists are available:

- Monday – Friday, 10 a.m. – 8 p.m. ET
- Saturday & Sunday, 12 p.m. – 5 p.m. ET

3. Dental considerations

Given the frequency with which adolescents receive their first exposure to opioids in relation to dental procedures, it is imperative that dental providers be aware of potential concerns in prescribing these medications.[15]

Guidance for safe prescribing and managing pain without opioid use is available through the American Dental Association at the ADA Center for Professional Success, which offers free continuing education webinars related to safe prescribing of opioids available to stream at **www.ada.org/resources/practice/health-and-wellness/opioid-education-for-dentists**.

4. Patients with co-occurring disorders

In the course of practice, providers may discover patients impacted by other behavioral health conditions that may impact opioid use and potential misuse. Providers may wish to determine if other behavioral health conditions exist when considering whether opioid medications would be an appropriate course of treatment, or when screening for opioid misuse in patients. Substance use and mental illness may present as comorbid conditions, as a person experiencing a mental health condition may engage in drug use as a way of coping or self-medication. It is also important to note that mental illness and substance abuse have some common predictive factors, such as exposure to trauma and genetic predisposition.[16]

"Research indicates that 43 percent of people in SUD treatment for nonmedical use of prescription painkillers have a diagnosis or symptoms of mental health disorders, particularly depression and anxiety."[17]

SAMHSA estimates that 30 – 50% of people diagnosed with Bipolar Disorder (Bipolar I or II) will develop a substance use disorder at some point during their lifetime.[18]

According to **mentalhealth.gov**, the rate of comorbid conditions of serious mental illness and substance use disorders is more than one in four cases.

Research suggests that mental illness and substance abuse may occur more frequently together due to changes in the brain, genetic vulnerabilities, and early exposure to stress or trauma. "Substance use problems occur more frequently with certain mental health problems, including[19]:

- Depression
- Anxiety disorders
- Schizophrenia
- Personality disorders

According to the National Institute on Drug Abuse, treatment for patients experiencing both a mental health condition and a substance use condition should be focused on both issues concurrently. Treatment

options that address both concerns include cognitive behavioral therapy (CBT), dialectical behavioral therapy (DBT), assertive community treatment (ACT), acceptance and commitment therapy (also ACT), therapeutic communities (TC), and contingency management (CM).[20]

"Cognitive Behavioral Therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders and severe mental illness."

"CBT places an emphasis on helping individuals learn to be their own therapists. Through exercises in the session as well as 'homework' exercises outside of sessions, patients/clients are helped to develop coping skills, whereby they can learn to change their own thinking, problematic emotions, and behavior."[21]

"Dialectical behavioral therapy (DBT) — a flexible, stage-based therapy that combines principles of behavior therapy, cognitive behavior therapy, and mindfulness. It establishes a 'dialectic' between helping individuals to accept the reality of their lives and their own behaviors on the one hand and helping them learn to change their lives, including dysfunctional behaviors, on the other. DBT is designed for especially difficult-to-treat patients, such as those with borderline personality disorder."[22]

"Assertive community treatment (ACT) — a service delivery system for individuals with severe mental illness that includes a range of treatment, rehabilitation, and support services provided by a mobile multidisciplinary team comprised of, for example, a psychologist, a psychiatrist, a social worker, a case manager, and a nurse. The team establishes a close, consistent relationship with each individual and delivers services and supports to him or her at home and work."[23]

"Acceptance and commitment therapy (ACT) — a form of cognitive behavior therapy based on the premise that ineffective verbal strategies to control one's thoughts and feelings actually lead to problem behaviors. It helps clients to abandon these restrictive strategies and instead experience and accept their difficult thoughts (conceived as just words put together in a certain way) and feelings as a necessary part of a worthy life . . . It can be applied to a wide variety of problems, including depression, anxiety, stress, and substance abuse."[24]

"Therapeutic community (TC) — a setting for individuals requiring therapy for a range of psychosocial problems and disorders that is based on an interpersonal, socially interactive approach to treatment, both among residents and among residents and staff (i.e., community as method or therapy). The term covers a variety of short- and long-term residential programs as well as day treatment and ambulatory programs. The staff is typically multidisciplinary and may consist of human services professionals and clinicians providing mental health, medical, vocational, educational, fiscal, and legal services, among others."[25]

"Contingency management (CM) — in behavior therapy, a technique in which a reinforcement, or reward, is given each time the desired behavior is performed. This technique is particularly common in substance abuse treatment."[26]

An important safety consideration when prescribing opioids is the potential for suicidal thoughts or actions that may be more likely to occur in patients prescribed opioids. A recent study has indicated that the rates of suicidal ideation may be 40 – 60% higher in patients prescribed opioids, and patients diagnosed with opioid use disorder were more than twice as likely as patients without opioid use disorder to attempt suicide.[27]

Please see the **Screening Tools** section of this toolkit for additional tools for screening for potential mental health conditions.

Indicators of misuse

Following the prescribing of opioid medications, providers should be mindful of red flags that may indicate a member may be misusing or abusing medications including:[28]

- The patient may report lost or stolen medications.
- The patient may run out of medications before the expected date.
- The patient may make recurrent requests for higher doses.
- The patient may report higher pain despite a lack of progression of the disease.
- The patient may experience over sedation.
- The patient may experience a decrease in activity, functioning, (e.g., falling asleep or extreme drowsiness) or relationships (e.g., no longer wanting to engage in activities that they once did with family or friends).

Additionally, the following warning signs may indicate that a patient may be pursuing medications for nonmedical purposes:[29]

- The patient may have little interest in diagnosis; they may miss appointments for further testing or refuse consultation with a specialist.
- Patients coming from far away
- Doctor-shopping (seeing many doctors in a short period of time)
- Patients with records from several years ago
- Using multiple pharmacies
- Claiming an allergy to all pain medications except the ones they're looking for
- Dictating quantity and dosage
- Unwillingness to listen to doctors or consider other treatments
- Calling right before closing seeking a prescription
- Implausible or nonsensical explanations for their visits

Opioid use disorder treatment

In addition to utilizing behavioral health services, such as individual and family counseling, specific medications can be used to treat opioid use disorder. This is referred to as medication-assisted treatment (MAT). Medications used to treat opioid use disorder include buprenorphine products, methadone, and Suboxone.

The amendment to the South Carolina Overdose Prevention Act has given authority to pharmacists licensed in South Carolina permission to dispense Naloxone to persons meeting the criteria in the Joint Protocol. There are no particular steps that the pharmacy needs to take in order to activate its ability to dispense Naloxone other than follow the requirements in the Joint Protocol. Pharmacies are asked to notify the South Carolina Board of Pharmacy through the **Naloxone Dispensing Form** if the pharmacy decides to dispense Naloxone without a written prescription or standing order by a prescriber.

Find a copy of the Joint Protocol here: **Joint Protocol to Initiate Dispensing of Naloxone HCl Without a Prescription**

Letting the SC Board of Pharmacy know of plans to dispense Naloxone pursuant to the Joint Protocol will enable the Board to keep track of locations distributing Naloxone without a written prescription or standing order by a prescriber. Using this information, a list of pharmacies will be generated and posted on **naloxonesavessc.org** to enable those seeking Naloxone to obtain it more easily. This also allows the board to contact the pharmacy in the case of changes to the Joint Protocol.

For frequently asked questions and additional resources, visit: http://naloxonesavessc.org/dispensers.

SCDHHS has engaged in an aggressive provider education campaign to promote opioid risk reduction strategies and expand access to MAT, named tipSC. For more information visit: https://schealthviz.sc.edu/tipsc-topics.

Referring for treatment

Select Health members seeking treatment for opioid misuse or abuse can be seen through any Department of Alcohol and Other Drug Abuse Services (DAODAS) facility for an assessment to determine what level of care may be indicated. A complete listing of facilities can be found at: www.daodas.sc.gov/treatment/local-providers/.

The following are covered services for Select Health members:

Level I/Discreet services, which may include diagnostic evaluation, psychological testing, alcohol and drug assessment, medication management for a new patient, service plan creation, crisis intervention, family support, etc.

- Services may not exceed 8 hours per week.

Intensive outpatient (IOP) services, which may be appropriate for members requiring more supervision than discreet outpatient services can provide, or as an alternative to inpatient treatment.

- Services may include psychotherapy (individual and family), drug use counseling, peer support services, psychological rehabilitative services, family support, and/or medication management.
- Based on the individual plan of care, members may be approved for between 9 and 19 hours per week. This maximum may be exceeded if the member transitions to another level of service if the services provided at this level have not been sufficient to address the member's needs and the member meets the ASAM criteria for another level of service.

Day treatment/partial hospitalization program, a structured and supervised intense treatment program that provides frequent monitoring/management of the member's medical and emotional concerns in order to avoid hospitalization. The program has access to psychiatric, medical, and laboratory services. Intensive services at this level of care provide additional clinical support in a community setting.

- Services may include psychotherapy (individual, family, and/or group), drug use counseling, peer support services, psychological rehabilitative services, family support, and/or medication management.
- Program should provide a minimum of 20 hours per week (based on the Individual Plan of Care [IPOC]).

For patients seeking treatment through MAT providers, SAMHSA maintains a directory of providers licensed to prescribe these products. This can found at: Buprenorphine Practitioner Locator.

Note: Some providers may not be in network with Select Health. Members may also contact Member Services for assistance in locating participating MAT providers.

The following services require prior authorization:

- Alcohol and/or other drug treatment programs.
- Detoxification for alcohol and/or drug services (medical or social).
- Intensive outpatient alcohol or drug services (treatment program that operates 3+ hours/day and 3+ days/week).

For complete information on requesting authorization for treatment services and required documentation, please see the Select Health DAODAS Provider Guide.

For all treatment requests, providers must include current ASAM dimension ratings.

Note: Providers may request additional hours for members under 21 with prior authorization request.

ASAM dimension rating worksheet

The ASAM dimension rating worksheet below can be found in the Select Health DAODAS Provider Guide guide on page 5.

DIMENSION RATING	CURRENT ASAM DIMENSIONS ARE REQUIRED			
Dimension 1: acute intoxication and/or withdrawal potential **Rating:** *Insert the rating 0 – 4.*	**Substances used (pattern, route, last used):** *Insert the substances used by member, including pattern, route, and last use.*	**Tox. screen completed?** ☐ Yes ☐ No **If Yes, Results:** *Check yes or no; insert results if yes.*	**History of withdrawal symptoms:** *Insert the member's history of withdrawal symptoms.*	**Current withdrawal symptoms:** *Insert the member's current withdrawal symptoms, if applicable.*
Dimension 2: biomedical conditions and complications **Rating:** *Insert the rating 0 – 4.*	**Vital signs:** *Insert the member's current vital signs (medically managed treatment types).*	**Is member under doctor care?** ☐ Yes ☐ No *Check yes or no* **Current medical conditions:** *Insert the member's current medical conditions, if applicable.*		**History of seizures?** ☐ Yes ☐ No *Check yes or no*
Dimension 3: emotional, behavioral, or cognitive conditions and complications **Rating:** *Insert the rating 0 – 4.*	**MH diagnosis:** *Insert the member's mental health diagnosis (if applicable).*	**Cognitive limits?** ☐ Yes ☐ No *Check yes or no if the member has cognitive limits.*	**Psych. medications and dosages:** *Insert the member's psychiatric medications and dosages (if applicable).*	**Current risk factors (SI, HI, psychotic symptoms, etc.):** *Insert if the member is currently having suicidal/homicidal ideations or psychotic symptoms.*
Dimension 4: Readiness to Change **Rating:** *Insert the rating 0 – 4.*	**Awareness/ commitment to change:** *Insert the member's current awareness for the need for change.*	**Internal or external motivation:** *Insert the internal and external motivations for the member to be in treatment.*	**Stage of change, if known:** *Insert the member's stage of change.*	**Legal problems/ probation officer:** *Insert if the member has current legal problems or is on probation/parole.*
Dimension 5: relapse, continued use or continued problem potential **Rating:** *Insert the rating 0 – 4.*	**Relapse prevention skills:** *Insert the member's current relapse prevention skills.*	**Current assessed relapse risk level:** ☐ High ☐ Moderate ☐ Low *Check the member's current relapse risk level.*		**Longest period of sobriety:** *Insert the member's longest period of sobriety.*
Dimension 6: recovery/ living environment **Rating:** *Insert the rating 0 – 4.*	**Living situation:** *Insert the member's current living situation (prior to admission).*	**Sober support system:** *Insert the member's sober support system.*	**Attendance at support group:** *Insert if the member was attending support groups prior to admission.*	**Issues that impede recovery:** *Insert any issues/barriers that would impede the member's recovery.*

For providers who wish to request prior authorization for bundled treatment services, a checklist is also available in the Select Health DAODAS Provider Guide on page 18.

For additional information regarding requesting general services, including behavioral health outpatient or inpatient services, please see Select Health's Health Care Professional and Provider Manual, **Behavioral Health Under First Choice** section.

Providers may use NaviNet, our no-cost provider portal, to verify patient eligibility, review claims or benefits information, to obtain admission and discharge reports, and to submit prior authorization requests. For more information or to sign up for NaviNet, visit: www.selecthealthofsc.com/provider/self-service/navinet.aspx.

Required office closures

During times of natural disaster, required closures in relation to public health emergencies, or any other event where a patient cannot be seen in person, providers may practice via telemedicine. This resource may extend to practitioners who provide MAT services. The DEA has allowed for the use of telemedicine under the Ryan Haight Act of 2008. More information can be found on the SAMHSA website at Use of Telemedicine While Providing Medication Assisted Treatment (MAT).

The U.S. Department of Justice, Drug Enforcement Administration (DEA), has authorized additional flexibility in prescribing MAT medications for patients during the COVID-19 public health emergency. For more information, visit: How to Prescribe Controlled Substances to Patients During the COVID-19 Public Health Emergency.

In response to these national guidelines, the South Carolina Department of Health and Human Services has also made revisions to coverage for telehealth care of opioid use disorder. These changes expand coverage options to MAT providers practicing via telehealth. More information on these changes can be found in the Medicaid bulletin dated April 29, 2022, Update on Telehealth Flexibilities Issued During the COVID-19 Public Health.

Providers should check the SCDHHS COVID-19 web-page, https://msp.scdhhs.gov/covid19/ to stay abreast of policy changes. For the latest public health information, resources, and guidance, also visit the South Carolina Department of Health and Environmental Control (DHEC) COVID-19 website at https://scdhec.gov/covid19.

For additional information related to the COVID-19 emergency declaration in relation to treating patients for opioid use disorder, please refer to SAMHSA's frequently asked questions and answer guide: www.samhsa.gov/sites/default/files/faqs-for-oud-prescribing-and-dispensing.pdf. For more guidance and resources, visit: www.samhsa.gov/coronavirus.

Support services

For patients seeking treatment for opioid misuse or abuse, support is critical. Several community agencies are available. Please note resources that are available virtually are marked with an asterisk. In recognition of the frequency of co-occurring substance use disorders, resources for multiple substance use resources included here:

Alcoholics Anonymous: Helpline **843-554-2998**

> "Alcoholics Anonymous is a fellowship of people who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism."[30]

Tri-county Intergroup Office – TCIO is the Central office for Berkeley, Dorchester, and Charleston counties. Visit: http://tcio.org/ for more information.

Narcotics Anonymous: https://www.crna.org/new-to-na/

"The miracle of Recovery happens when addicts meet together to share their experience strength and hope of recovery through the 12 step program of Narcotics Anonymous."[31]

To locate a meeting in a specific area, visit: https://www.crna.org/area-service-committees.

Heroin Anonymous: https://heroinanonymous.org

"A fellowship of men and women who have found a better way of life, free from heroin addiction. Our fellowship is based on a twelve-step program of recovery."[32]

Crystal Meth Anonymous: https://www.crystalmeth.org

"Crystal Meth Anonymous is a fellowship of people who share their experience, strength, and hope with each other, so they may solve their common problem and help others to recover from addiction to crystal meth."[33]

Celebrate Recovery (to find a location in South Carolina, visit https://www.celebraterecovery.com/groups-and-state-reps): https://www.celebraterecovery.com

Celebrate Recovery is a substance abuse program started by Saddleback Church in Lake Forest, California.

In The Rooms: https://www.intherooms.com/home

In The Rooms offers virtual support during recovery by providing recovering people a place to meet and socialize when they're not in face-to-face meetings.

LifeRing Secular Recovery: https://lifering.org/lifering-recovery-menu

"LifeRing Secular Recovery is an organization of people who share practical experiences and sobriety support."[34]

Medication-Assisted Recovery Anonymous (MARA): https://www.mara-international.org/

"Medication-Assisted Recovery Anonymous is a support group of people who believe in the value of medication as a means to recovery."[35]

Discovery Place: https://discoveryplace.info

"Discovery Place is for men who seriously want to stop drinking and using drugs."[36]

Reddit Recovery: https://discoveryplace.info/reddit-helps-people-get-sober-and-stay-sober

Reddit Recovery is a social media platform that provides a platform for sharing news, content, or comments.

There are subreddits that focus on recovery:

- /r/stopdrinking: "Community and support for redditors trying to quit drinking alcohol."
- /r/leaves: "Community and support for redditors trying to quit marijuana."
- /r/RedditorsInRecovery: "A place for redditors in recovery to hang out, share experiences and support each other."
- /r/alcoholism: "Information and support for those affected by alcoholism."
- /r/OpiatesRecovery: "Community and support for redditors addicted to opiates."

» /r/secularsobriety: "A place to discuss addiction openly and honestly, outside of the context of religious implications and a focus on how to deal with and manage your use."[37]

Refuge Recovery: https://refugerecovery.org/
"A peer-led community using Buddhist-inspired practices and principles . . . to overcome addiction."[38]

Self-Management and Recovery Training (SMART) Recovery: https://www.smartrecovery.org/community/
A worldwide community of virtual support groups.

SoberCity: https://www.soberocity.com
Offers a virtual support forum dedicated to recovery.

Sober Grid: https://www.sobergrid.com/
"Sober Grid was founded . . . to provide a sober community that could be accessed anytime, anywhere."[39] Offers virtual support during recovery with 24/7 live peer coaching available.

Soberistas: https://soberistas.com
International online virtual support for women only.

SoberRecovery: https://soberrecovery.com/forums
"SoberRecovery is an unbiased resource not owned or operated by any treatment facility,"[40] which offers virtual support during recovery to patients and their loved ones.

WEconnect Recovery: https://www.weconnectrecovery.com
WEconnect is a social purpose corporation with a focus on supporting recovery from substance use disorder. It provides daily meeting groups for those experiencing substance use and mental illness.

Family support services

Nar-Anon Family Groups: www.nar-anon.org
1-800-477-6291
"The Nar-Anon Family Groups is primarily for those who know or have known a feeling of desperation concerning the addiction problem of someone very near to you. We have traveled that unhappy road too and found the answer with serenity and peace of mind."[41]

Al-Anon Family Groups: www.al-anon-sc.org
1-843-762-6999
"The Al-Anon Family Groups are a fellowship of relatives and friends of alcoholics who share their experience, strength, and hope in order to solve their common problems. We believe alcoholism is a family illness and that changed attitudes can aid recovery."[42]

Alateen: www.al-anon-sc.org
"Alateen is an Al-Anon group specifically designed just for young people aged 19 or younger … Alateen works in exactly the same way and follows exactly the same principals designed by Al-anon, except that you are surrounded by a group of people your own age; people who are experiencing the same difficulties at home with an alcoholic parent, sibling, grandparent, or anyone else who has a problem with drinking behaviors."[43]

Provider resources

SC MAT ACCESS: https://sctelehealth.org/services/training-and-education/telementoring-and-echo
"SC MAT ACCESS is leveraging the ECHO model to provide telementoring support to current and future MAT providers across the state of South Carolina. Our ECHO clinics feature brief, user-driven didactic content relevant to opioid use disorders and office-based MAT, delivered by national experts in the treatment of opioid use disorders."[44]

Providers Clinical Support System (PCSS): https://pcssnow.org/about/
PCSS was "created in response to the opioid overdose epidemic to train primary care providers in the evidence-based prevention and treatment of opioid use disorders (OUD) and treatment of chronic pain." It provides training and clinical mentoring.[45]

CDC Opioid Guide App: https://www.cdc.gov/opioids/healthcare-professionals/prescribing/app.html
"CDC's Opioid Guideline App can help providers apply the recommendations of CDC's Guideline for Prescribing Opioids for Pain in clinical practice by putting the entire guideline, tools, and resources in the palm of their hand."[46]

TipSC: https://msp.scdhhs.gov/tipsc/site-page/tipsc-issues
TipSC is an online portal available via SC Healthy Connections Medicaid, offering brief education resources for providers, caregivers, and patients.

Addiction Technology Transfer Center Network (ATTC): https://attcnetwork.org/
ATTC is offered through SAMHSA. Providers may sign up for a monthly newsletter detailing new information and news related to treating addiction, as well as information for signing up for ongoing training opportunities.

Visit the following website for a full list of behavioral health benefits available to Select Health members. http://www.selecthealthofsc.com/provider/member-care/behavioral-health/behavioral-health.aspx.

Select Health pharmacy prior authorization request: https://www.selecthealthofsc.com/provider/member-care/pharmacy-prior-auth.aspx.

Select Health online preferred drugs list https://www.selecthealthofsc.com/apps/formulary-online/index.aspx.

Screening tools

Abbreviated PCL-C: shortened version of **PTSD Checklist — Civilian Version.**
https://www.mirecc.va.gov/docs/visn6/3_ptsd_checklist_and_scoring.pdf

PTSD Life Event Checklist (LEC): screening for potentially traumatic events in patient's lifetime.
https://www.thenationalcouncil.org/resources/ptsd-life-events-checklist-lec/

Adverse Childhood Experience (ACE) Questionnaire: screening for potentially traumatic experiences in a patient's past that may impact substance use later in life.
https://www.theannainstitute.org/Finding%20Your%20ACE%20Score.pdf

Alcohol Screening and Brief Intervention for People Who Consume Alcohol and Use Opioids: for use before prescribing opioids to reduce opioid overdose deaths involving alcohol. https://www.cdc.gov/drugoverdose/pdf/prescribing/AlcoholToolFactSheet-508.pdf

Drug Abuse Screen Test (DAST-10): used to assess for drug use in the past 12 months not including alcohol or tobacco use. https://cde.drugabuse.gov/sites/nida_cde/files/DrugAbuseScreeningTest_2014Mar24.pdf

Alcohol Use Disorders Identification Test (AUDIT): The Alcohol Use Disorders Identification Test (AUDIT) is a 10-item screening tool developed by the World Health Organization (WHO) to assess alcohol consumption, drinking behaviors, and alcohol-related problems. https://www.drugabuse.gov/sites/default/files/audit.pdf

Alcohol Screening Tool: AUDIT-C: another screening for hazardous or harmful alcohol consumption. https://www.gmmh.nhs.uk/download.cfm?doc=docm93jijm4n639.pdf&ver=1017

CAGE-AID Questionnaire: can be used to screen for drug and alcohol use. http://www.agencymeddirectors.wa.gov/Files/cageform.pdf

Tobacco, Alcohol, Prescription Medication and other Substance use Tool (TAPS): consists of a combined screening component (TAPS-1) followed by a brief assessment (TAPS-2) for those who screen positive. https://nida.nih.gov/taps2

SC Screening, Brief Intervention, and Referral to Treatment (SBIRT): https://www.scdhhs.gov/organizations/screening-brief-intervention-and-referral-treatment-sbirt

Intimate Partner Violence (IPV) Screening Tools:

- Abuse Test: Woman Abuse Screening Tool (WAST) https://www.healthyplace.com/psychological-tests/woman-abuse-screening-tool
- Intimate Partner Violence Screening https://www.ahrq.gov/ncepcr/tools/healthier-pregnancy/fact-sheets/partner-violence.html

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