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**Substance Use Disorder Evaluation – Checklist**

The following is a quick reference to assist hospitals with conducting substance use disorder evaluations (SUDE) as part of a hospital’s clinical practices once a patient has been stabilized and medically cleared, in accordance with Section 51 ½ of Chapter 111 of the Massachusetts General Laws.

1. **The treating physician or clinician must order a SUDE for the following patients based on the patient’s clinical presentation within a hospital (including any satellite emergency facility)**:

* Individuals administered naloxone to reverse the effects associated with an opioid overdose prior to arrival at an acute care hospital.
* Individuals presenting at an acute care hospital or a satellite ED who the treating clinician reasonably believes experienced an opioid-related overdose. Regardless of length of time after the last SUDE occurrence, if known, it is recommended that providers order a SUDE after each overdose treatment.

1. **The SUDE should occur regardless of treatment and follow up care location, including:**

* Outpatient/ED: Coordinate with appropriate staff or ESP to have a SUDE completed within 24 hours of presentation to the hospital.
* Inpatient: The treating clinician should communicate with appropriate admitting staff when the patient is admitted or transferred from the ED to ensure completion of a SUDE prior to discharge and within 24 hours of presentation to the hospital.

1. **Treating physician or clinician should monitor timing of SUDE.**

* A SUDE, if clinically appropriate, must be completed within 24 hours of presentation to the hospital.
* The treating clinician must document in the patient record the reason the SUDE did not occur within 24 hours of the patient presenting. Reasons may include patient refusal of a SUDE or treatment, inability to find staff to do a SUDE within 24 hours, or staff providing emergency medical care during that time.
* Medication for Addiction Treatment (MAT) induction may occur during a SUDE or after a SUDE is conducted.

1. **Licensed Mental Health Professional or ESP conducting a SUDE.**

* Provide evaluation that includes at a minimum the following five criteria:
  + History of patient’s substance use (alcohol, tobacco and other drugs);
  + Family history of substance use (alcohol, tobacco and other drugs);
  + Assessment of the patient’s psychological treatment history;
  + Assessment of the patient’s psychological status; and
  + Assessment of risk status for HIV, Hepatitis C, and Tuberculosis.
  + Diagnose status and nature of the patient’s substance use disorder.
  + Deliver findings of SUDE to patient verbally and in writing, and document in the hospital record.

1. **Mandatory follow up steps with patients receiving a SUDE.**

* Findings were provided in writing and verbally discussed with patient, with a copy in the hospital record.
* Discuss treatment recommendations with patient, including MAT, and obtain consent for additional treatment if necessary. If clinically appropriate, consider initiating buprenorphine.
* Discharge patient out of the ED based on existing policy/procedures of ED and provide patients with information on local and statewide treatment options and providers as well as other information as deemed appropriate. If the patient is in need of and agrees to further treatment, including MAT, following discharge pursuant to the SUDE, then the acute care hospital or satellite emergency facility must directly connect the patient with a community-based program prior to discharge or within a reasonable time following discharge when the community-based program is available.
* Document the patient’s overdose in the hospital record and notify their primary care provider (PCP), if known, of the overdose and any treatment recommendations. Providers may use the attached form as a template PCP notification.

If a patient refuses further treatment after the evaluation is complete, and is otherwise medically stable, the acute-care hospital or satellite emergency facility may initiate discharge proceedings.

**Interpretive Guidance: Substance Use Disorder Evaluations (SUDE)  
Within Hospital Settings**

**February 2019**

Massachusetts law (M.G.L. Chapter 111, Section 51½ requires acute care hospitals to conduct a Substance Use Disorder Evaluation for certain patients that present to a hospital related to opioid-related overdoses. Considerations for intervention and conducting an evaluation are determined by the treating clinician and should not be based solely on the patient’s primary condition or initial/presenting signs and symptoms. To assist hospitals with implementing these requirements within their operational and clinical practices, MACEP and MHA jointly developed the following parameters and guidance. Providers should also note that the terms opioids and opiates should be used interchangeably with regard to this guidance.

***Definitions:*** For purposes of this document we use the following definitions for the terms

* ***Opioid:*** any opioid or opiate substance derivative within a schedule I through VI drug.
* ***Licensed Mental Health Professional:*** The law generally defines a licensed mental health professional to include: a psychiatrist, psychologist, addiction medicine physician, licensed independent clinical social worker, licensed certified social worker, licensed mental health counselor, licensed psychiatric clinical nurse specialist, certified addictions registered nurse, licensed alcohol and drug counselor I, psychiatric clinical nurse specialist, or a healthcare provider qualified within the scope of the individual’s license to perform SUDEs, including an intern, resident or fellow pursuant to medical staff policies and practice.
* Please note that many hospitals may have designated staff who is already conducting a full psychiatric or other clinical assessments within the ED. These assessments may include the elements required for a SUDE. In such cases, those assessments should continue and the hospital should work with these staff to ensure the elements of the SUDE are incorporated as part of that assessment. Hospitals are still required to ensure its staff or contractors are providing SUDE follow-up information to the patient following the full assessment, that specifically include the SUDE elements as suggested on the last page of this guidance.
* ***Treating Clinician:*** ED treating clinician refers to all ED clinical staff involved/responsible for the treatment and discharge of the presenting patient within the hospital.

1. **The treating clinician must order a SUDE for the following patients based on the patient’s clinical presentation within a hospital location:** Determine whether a SUDE is appropriate based on patient evaluation, prior treatment history, and other information available to the treating clinician at the time the patient is evaluated.

*Groups of patients requiring SUDE:* The law applies to two patient groups who present in an acute-care hospital or a satellite emergency facility:

* *Category 1:* Individuals administered naloxone to reverse the effects associated with an opioid overdose prior to arrival at an acute care hospital.
* *Category 2:* Individuals presenting at an acute care hospital or a satellite ED who the treating clinician reasonably believes to be experiencing an opioid-related overdose.

*Discretion of treating clinician:*

* The treating clinician has discretion to determine if a SUDE is appropriate for patients who are administered naloxone for clinical reasons other than opioid overdose.
* Although the law does not require a SUDE if one occurred within the last three months, the treating clinician should consider a subsequent/repeated evaluation.
* While the law specifically applies to the two patient categories listed above, the treating clinician also has discretion to determine, based on the patient’s evaluation, whether a SUDE is warranted for 1) patients who present due to an overdose or misuse of other non-opioid related drugs that pose a high risk of misuse (e.g., benzodiazepines) or 2) for patients with a suspected substance use problem and a foreseeable risk for imminent overdose (e.g., uncontrolled use of alcohol, tobacco, and other drugs) with no established outpatient treatment team to provide safety monitoring and interventions.

1. **The SUDE should occur regardless of treatment and follow up care location, including:** Treating clinicians should order a SUDE through internal approved/authorized personnel or through an emergency services program. Please note that a separate written consent form for a SUDE is not needed.

* The SUDE is part of the evaluation of a patient who presents having an overdose or after having received naloxone.
* If a patient refuses a SUDE, clinicians should use their judgment when disclosing the risks for proposed treatment plans, the risk of a failure to obtain treatment, and the consequences of refusing a SUDE when indicated, as they would for any other proposed diagnostic or treatment plan.
* Nothing in the law should circumvent the rights to seek an involuntary commitment or other hold pursuant to medical standards of care prior to receiving a SUDE. Clinicians/hospitals are not required to hold patients for 24 hours against their will after their initial presentation to the hospital or satellite emergency facility in order to have a SUDE if the patient is medically stable and the patient refuses any treatment or evaluations, including the SUDE.

*For patients admitted/transferred to an inpatient setting:* A hospital or the treating clinician should not delay or prevent any medically necessary emergent or urgent care (e.g., respond to a trauma or other critical care outside of the immediate area that the patient presented) to wait for a SUDE per the treating clinician’s medical determination. If the patient is admitted or transferred out of the ED, the treating clinician should document why the SUDE did not occur prior to the admission/transfer (e.g., patient was intubated or needed immediate inpatient level of care) and communicate with appropriate staff at the receiving site that a SUDE was recommended. As an SUDE is required within 24 hours, hospitals should have systems in place to ensure that a SUDE is conducted for all patients that are admitted from an ED. These systems should include the ED treating clinician communicating that a SUDE should occur but was not able to prior to admissions/transfer to the receiving facility.

1. **Treating clinician should monitor timing of SUDE**

* **If within 24 hours of patient presenting:** Alicensed mental health professional or ESP must conduct a SUDE when deemed clinically appropriate by the treating clinician. Hospitals should have systems in place to coordinate with ED staff to assist with conducting a timely SUDE. In certain situations, hospitals should also have systems in place to coordinate with admitting staff for cases when patient has medical issues leading to admission and SUDE is not appropriate until after stabilization of the medical condition and admission.
* **If a SUDE has not occurred within 24 hours of patient presenting:** 
  + The treating clinician must document in the patient record the reason the SUDE did not occur within 24 hours of the patient presenting; reasons may include patient refusal of a SUDE or treatment, inability to find staff to do a SUDE within 24 hours, staff providing emergency medical care during that time, or other medically necessary reasons.
  + Determine if a SUDE can still be done within a reasonable amount of time or whether to prepare a patient for discharge or transfer (as clinically appropriate).
  + If the patient is being transferred, the clinician should also coordinate/communicate with the receiving site whether a SUDE should be provided at the receiving site if deemed appropriate by either the treating clinician and/or the receiving site based on the type of setting and treatment being provided at that location. This determination should be documented in the medical record.
  + Provide local and state resources on addiction, providers, and other information as appropriate, and notify the patient’s PCP of overdose and recommendations. See the attached template form that provides a common and uniform method for providing this information.
* As patients in acute withdrawal may be extremely uncomfortable, find it difficult to engage in extended discussions about treatment options until their withdrawal is treated, and are at high risk of leaving against medical advice if their withdrawal is not adequately treated, practitioners should use their clinical judgment to determine when to initiate medication for addiction treatment (MAT). MAT induction may occur during a SUDE or after a SUDE is conducted.

1. **Conducting the SUDE (Licensed Mental Health Professional or ESP)**

*Location of the SUDE:* The SUDE can occur in a location other than where the patient presented, provided that the patient is not discharged prior to the evaluation.

*Who may perform:*The law provides that a SUDE should be conducted by either a licensed mental health professional or through an emergency services program (ESP). However, following DPH licensure requirements and the federal Medicare Conditions of Participation (CoP), providers should also consider the following provisions prior to determining who may perform the SUDE within your facility:

* The law generally defines a licensed mental health professional to include: a psychiatrist, psychologist, addiction medicine physician, licensed independent clinical social worker, licensed certified social worker, licensed mental health counselor, licensed psychiatric clinical nurse specialist, certified addictions registered nurse, licensed alcohol and drug counselor I, psychiatric clinical nurse specialist, or a healthcare provider qualified within the scope of the individual’s license to perform SUDEs, including an intern, resident or fellow pursuant to medical staff policies and practice.
* While the law provides that an Emergency Service Program (ESP) may conduct the SUDE, the law specifically places the requirement for ensuring that a SUDE occurs on the acute care hospital. Therefore if the hospital chooses to contract with an ESP to do the evaluations, please be aware that the federal CoP (42 CFR 482.55(b)(2) or the interpretive guidance at TAG A-1112) provides that, “*There must be adequate medical and nursing personnel qualified in emergency care to meet the written emergency procedures and needs anticipated by the facility.”* CMS has interpreted this regulation within its CoP interpretive guidelines to mean, *“The hospital must staff the emergency department with the appropriate numbers and types of professionals and other staff who possess the skills, education, certifications, specialized training and experience in emergency care to meet the written emergency procedures and needs anticipated by the facility. The hospital must determine the categories and numbers of MD/DOs, specialists, RNs, EMTs, and emergency department support staff the hospital needs to meet its anticipated emergency needs. The medical staff must establish criteria, in accordance with State law and regulations and acceptable standards of practice delineating the qualifications required for each category of emergency services staff (e.g., emergency physicians, specialist MD/DO, RNs, EMTs, mid-level practitioners, etc.).”* Therefore, if the hospital chooses to hire an ESP to conduct the SUDE, it is recommended that the hospital work with the ESP contracting entity to ensure that the ESP staff who are conducting the evaluation have the applicable skills and qualifications to provide services within the ED for the SUDE, including that the ESP contracting entity shares appropriate documentation for its staff that is updated in a timely manner.

*SUDE Criteria:* The law sets forth five criteria, as outlined below, which must be part of the evaluation and incorporated into the hospital medical record. While providers are able to develop their own form or process for obtaining this information, attached to this guidance are two forms developed by the Massachusetts Behavioral Health Partnership (MBHP) that are used by all ESPs. These forms are comprehensive assessments for both mental health and substance use disorder evaluations; there is one form for adult populations and one for youth. Nothing precludes a provider from developing a format or process within their own EMR or other system to obtain the five criteria listed below. Required SUDE criteria:

* ***History of Patient’s Substance Use:***Including use of alcohol, tobacco and other drugs, including age of onset, duration, patterns and consequences of use.
* ***Family History of Substance Use:*** Including use of alcohol, tobacco and other drugs by family members.
* ***Assessment of the Patient’s Treatment History:*** Including types of and responses to previous treatment for substance use disorders, other psychological disorders, and history of prior self-harm or suicide attempt.
* ***Assessment of the Patient’s Psychological Status:*** Including co-occurring disorders, trauma history and history of compulsive behaviors.
* ***Assessment of Risk Status for Communicable Diseases:*** Including the patient’s human immunodeficiency virus, hepatitis C, and tuberculosis risk status.

*SUDE Results****:*** The SUDE should conclude with a diagnosis of the status and nature of the patient’s substance use disorder. Findings of the SUDE must be shared with the patient in person and in writing and must be documented in the patient’s medical record. Please note that if the ESP is conducting the evaluation, the findings must be incorporated as part of the hospital’s medical record system for that patient. Attached to this document is a suggested template communication form for providing the findings to the patient in a manner required by the law. Providers have discretion as to what format or process they would like to use and are not required to follow the template communication form. Providers can develop their own format or process, provided that the key elements that must be included are:

* 1. Diagnosis of status and nature of the SUD,
  2. Recommendations for further treatment, and
  3. Assessment of level of care needed.

1. **Mandatory follow up steps with patients receiving a SUDE.**

* Ensure findings are provided in writing, verbally discussed with patient, and a copy is in the hospital record.
* Discuss treatment recommendations with patient, including MAT, and obtain consent for additional treatment if necessary. If clinically appropriate, consider initiating buprenorphine. For guidelines developed by MHA on initiating patients on MAT in EDs, please see, *Guidelines for Medication for Addiction Treatment for Opioid Use Disorder within the Emergency Department*, located here: http://patientcarelink.org/improving-patient-care/substance-use-disorder-prevention-treatment-2/
  + If the patient agrees to MAT treatment, the patient must be directly connected to continuing treatment.
  + If the patient consents to treatment other than MAT, and the acute care hospital or satellite emergency facility is unable to provide such services, the acute care hospital or satellite emergency facility must refer the patient to an appropriate and available hospital or treatment provider.
  + The treating clinician should also determine if it is clinically appropriate to provide the patient with a prescription for and education on the use of naloxone in case of an accidental overdose.
* Discharge patient out of the ED based on existing care coordination policy/procedures of ED and provide patients with information on local and statewide treatment options, providers and other relevant information as deemed appropriate. If the patient is in need of and agrees to further treatment, including MAT, following discharge pursuant to the SUDE, then the acute care hospital or satellite emergency facility must directly connect the patient with a community-based program prior to discharge or within a reasonable time following discharge when the community-based program is available.
* Document the patient’s overdose in the hospital record and notify patient’s primary care physician (if known) about opioid overdose and recommendations. Providers may use the attached form as a template PCP notification. This evaluation must be directly accessible by other healthcare providers consistent with federal and state privacy requirements through a secure electronic medical record, health information exchange or similar software or information systems.
* If a patient refuses further treatment after the evaluation is complete, and is otherwise medically stable, the acute-care hospital or satellite emergency facility may initiate discharge proceedings; provided, however, that if the patient is in need of and agrees to further treatment, including MAT, following discharge pursuant to the substance use disorder evaluation, then the acute care hospital or satellite emergency facility must directly connect the patient with a community-based program prior to discharge or within a reasonable time following discharge when the community-based program is available.
* If a patient refuses further treatment as well as the SUDE, and is otherwise medically stable pursuant to the treating clinician determination, the treating clinician may initiate discharge planning. The treating clinician should document in patient’s medical record detailed reasons for refusal of SUDE.

*Patient Resources:*At time of discharge, the treating clinician should provide the patient with information on local and statewide treatment options, providers, and other relevant information deemed necessary by the treating clinician. See the attached template form that provides a common and uniform method for providing this information.

*Primary Care Notification****:*** Treating clinician or other hospital staff should notify the patient’s primary care provider (if known) of the opioid-related overdose and recommendations for treatment or follow up. The notification should be documented in the medical record. If the SUDE was performed in the hospital emergency department, then hospitals should be aware that under the applicable federal regulations (42 CFR Part 2), an emergency department does not constitute a “treatment program” under the federal alcohol and substance use confidentiality regulations, therefore the state law mandating notification of the patient’s primary care physician is not preempted by federal law and may be communicated without the patient’s specific consent.

1. **Applicable Rights under the law*:***

* *Provider Rights:*Nothing in the law should circumvent the rights to seek an involuntary commitment or other hold pursuant to medical standards of care prior to receiving a SUDE. Clinicians are not required to hold patients against their will to have a SUDE if the patient is medically stable and the patient further refuses any treatment or evaluations, including the SUDE. No clinician shall be held liable in a civil suit for releasing a patient who refuses treatment or decides to leave prior to the SUDE taking place. Please note that this does not include any protections from administrative review of the treating clinician’s services by a regulatory agency. Further, this liability protection should cover the additional medical staff members providing clinical services as outlined on the first page under the definition of a “treating clinician.”
* *Patient Rights:*Consistent with current statutory rights, the law does not preclude or interfere with an individual’s right to refuse medical care, which includes the SUDE.
* *Minor Rights:*if a person under the age of 18 is ordered to undergo a SUDE:
  + The parent or guardian shall be notified that the minor has suffered from an opioid-related overdose and that an evaluation has been ordered. A parent or guardian may be present when the findings of the evaluation are presented to the minor.
  + Exceptions
    - Emancipated minors have the right to consent to or refuse a diagnosis and treatment and may also override the parental right to be notified.
    - A minor also has the right to consent to or refuse the SUDE with or without a parental approval under Chapter 112 §12F, which permits emergency treatment in absence of parental consent “when delay in treatment will endanger the life, limb, or mental well-being of the patient.” Additionally, Chapter 112§12E permits a minor who is 12 or older to consent to or refuse a diagnosis (evaluation) and/or treatment for drug dependency when drug dependency is identified by two physicians. As a result of these two laws, the treating clinician should be aware of these circumstances in which the SUDE may be communicated if the parent is not available, not able to be present in a reasonable time, or following other rights available to the minor. If the provision of care to the consenting minor is dependent on the statute requiring that drug dependency is determined by two physicians and there is no record of a physician previously identifying the patient’s drug dependency, hospitals should consider developing a protocol whereby a second physician evaluates the patient for drug dependency in addition to the treating physician.
    - If either or both the parent and minor decline a SUDE (following the provisions outlined above) the hospital may discharge the minor patient after documenting the refusal.

1. **Coverage for the SUDE:**

Under the law, the following payers are required to provide coverage for the substance use disorder evaluation without preauthorization. This includes: MassHealth (MCO, PCC, ACO, and other programs), GIC contracted plans, HMOs, and PPOs.

Hospitals should be aware that most payer contracts provide for an all-inclusive or bundled rate for outpatient/emergency department services, therefore there may not be a separate and identifiable payment for this evaluation if the service was provided by the hospital staff. The ESP, however, may be able to separately bill and be paid for this service.

While the hospital should discuss an applicable method to account for the internal costs of the services with your finance and medical record staff, we are recommending the approach below for identifying the costs for this evaluation.

* For individuals receiving a SUDE, we strongly recommend that hospitals include one or more of the billing codes for Screening, Brief Intervention, and Referral to Treatment to identify that an SUDE occurred at your facility. Please note that while many payers may not provide additional coverage for such services when included on the ED claim, they should not deny any claims that are submitted with these codes. We urge members to consult with your managed care or reimbursement staff to determine which codes may be appropriate for specific payers under contract to your facility.
* **SUD Screening Codes that should be included on the ED level claims:**
  + CPT 99401-99404 - Alcohol and/or substance abuse preventive screening and brief intervention (individual)
  + CPT 99408/99409 - Alcohol and/or substance abuse structured screening and brief intervention (individual)
  + CPT 99411/99412 - Alcohol and/or substance abuse preventative screening and brief intervention (group setting)
  + HCPCS G0396/G0397 - Alcohol and/or substance (other than tobacco) abuse structured assessment and brief intervention services
  + HCPCS G0442 - Annual alcohol misuse screening
  + HCPCS H0001 - Alcohol and/or drug assessment (buprenorphine and naltrexone medication evaluation, at initiation of treatment)
  + HCPCS H0049/H0050 - Alcohol and/or drug screening

**Patient/PCP Communication: Suggested Form**

Based on the substance use disorder evaluation:

1. Diagnosis of status and nature of the SUD:

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1. Recommendation for treatment:

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1. Level of care recommended:

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1. Community-based provider where patient should consider seeking continuing care, if applicable:

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**Please sign and date here to show you received this notice.**

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Signature of Patient or Representative Date/Time

Statewide and Local Treatment Options:

**Statewide Resources:**

If you suspect or are concerned about addiction, the following resources should help:

* **For Youth and Young Adults (up to age 24)**: Youth Central Intake Coordination Line: 1-866-705-2807 (TTY: 617-661-9051)
* **For all Massachusetts residents:** Information and Referrals for Substance Use Services: 1-800-327-5050 (TTY: (888) 448-8321) or online at [**helplinema.org**](http://helpline-online.com/)

**Local Resources:**

Each hospital should include, if applicable and available, a general list of local resources that may be available to the patient upon discharge.