




United Behavioral Health

Drug Screens and Urinalysis Testing			Policy Identifier/Number: CM-23
Annual Review Completed Date: February 2018			
Policy Category: Government – Pierce Regional Support Network	Applicable Lines of Business: Medicaid	Entity/Plan: Optum Pierce Behavioral Health Organization	State: Pierce County, Washington
Approved by: Bea Dixon, Executive Director			Signature: 

Policy Statement and Purpose

All Optum Pierce Behavioral Health Organization (BHO) network agencies that provide substance use disorder (SUD) services and conduct substance use screens and urinalysis (UA) testing must comply with the BHO guidelines stated below.

The purpose of this policy is to describe how Optum Pierce BHO complies with the requirements of the SABG and WACs relating to substance use screens and urinalysis (UA) testing.

Policy Audience and Applicability

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP).

Policy Definitions

N/A

Policy Provisions

1. Drug testing is used as a primary prevention, diagnostic, and monitoring tool to identify the presence or absence of drugs of abuse or therapeutic agents related to substance use disorder treatment.
2. Substance use screens, blood alcohol levels (BALs) and urinalysis (UA) testing is an allowable cost only within the context of an Individual Service Plan.
3. Any SUD provider being reimbursed for screens and UAs must use the testing standards identified on the BHO Minimum Urinalysis Testing Requirements document found by accessing the Provider page of the DSHS website at https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/Providers/Drug%20Screen_UA_Guidance.pdf

Optum is responsible for adhering to all applicable state and/or federal laws governing activities within the scope of this policy, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, as well as the applicable requirements, standards and regulations as set forth by the Employee Retirement Income Security Act (ERISA), the Center for Medicare and Medicaid Services (CMS), the Department of Labor (DoL), and any applicable accrediting organizations.

4. Drug tests are valuable tools for professionals to use as part of a comprehensive evaluation of patients in order to reach the correct diagnosis, and to develop appropriate service and monitoring plans.
 - 4.1. Knowledgeable clinicians can use drug testing to verify self-reports, confirm diagnoses, identify denial and minimization of drug and alcohol use, enhance motivation for treatment, measure biological adaptation, assist in the development of service planning, monitor treatment response, document treatment effectiveness and outcomes, support patient advocacy by validating abstinence from alcohol and drug use, and validate adherence in taking prescribed controlled substances.
 - 4.2. Drug testing is currently used and can be employed in ways to markedly improve care during the phases of SUD treatment.
 - 4.2.1. In the screening and diagnostic evaluation phase, a drug screen can be used to assist the evaluating counselor to determine the risk the individual manifests for acute withdrawal and the indication for withdrawal management. It also provides an objective source of information to compare to the individual's self-report.
 - 4.2.2. In the formal treatment phase, drug screens can be used to gauge an individual's progress in obtaining abstinence.
5. SUD providers conducting drug screens should use random testing schedules, not fixed testing schedules. Random testing involves notifying the individual of an immediate testing time.
 - 5.1 Random testing is intended to deter substance use and when drug use is detected to provide an opportunity for appropriate intervention. It is also an opportunity for the individual to demonstrate sustained abstinence when abstinence is the goal.
 - 5.2 More frequent testing may be used at the onset of treatment until stable abstinence is achieved, followed by less frequent testing as abstinence is maintained.
6. Urine specimen collection must take place in a private room at the SUD provider. If an observed urine collection is administered, the staff observing should be the same self-selected gender as the individual providing the sample, whenever possible, or medical staff, unless requested otherwise by the individual.
 - 6.1 Urine specimen collection shall be performed by medical personnel, a Chemical Dependency Professional (CDP), or a Chemical Dependency Professional Trainee (CDPT).
 - 6.2 Individuals unwilling to provide a specimen will have their refusal recorded as a "positive screen".
 - 6.3 Individuals unable to give a specimen for medical or other reasons will be determined on a case by case basis and documentation shall be recorded in the individual's records.
7. Individuals with positive drug test results for unauthorized substances must be engaged in person-centered interventions.
 - 7.1. The SUD provider will meet with the individual privately and discuss positive results immediately following the testing or at the next scheduled visit. The CDP/CDPT shall document this encounter in the individual's records.
 - 7.2. The response to a positive drug screen must be an immediate and comprehensive reassessment of the individual's motivation to participate in SUD treatment and should promote both prevention of, and recovery from, substance use disorders.
 - 7.3. An unexpected positive drug test may result in intensification of treatment, at least initially. A positive test signifies the need to intensify or alter the current level of care.

- 7.4. A positive screen may not be used as the sole determinant of treatment needs or be the sole cause for discharge from services.
- 7.5 Where there is a pattern of positive drug testing results after the intensification of treatment, the agency must review the value of treatment and the client's motivation to successfully participate in treatment. The agency may justify discharging the individual from treatment services and/or refer them to a different, more appropriate level of care.
- 7.6 Individuals may dispute the drug screen results by notifying the SUD provider at the time the results are provided to the individual and a re-test will be offered.
8. When an agency suspects or proves that a drug screen has been subverted, the agency should perform an immediate re-collection under monitored conditions.
9. Inpatient and residential substance use disorder (SUD) agencies may use drug testing to ensure that the integrity of the drug-free environment has not been compromised.
10. Only substance use disorder (SUD) providers will be reimbursed for screens and UAs.

Related Policies, Procedures & Materials

Attachments

N/A

Approval History

- Policy created and effective: April 2016
- Optum Pierce BHO reviewed and accepted: February 2018