The purpose of this program is to provide a substance abuse assessment and follow up services for those members who are newly diagnosed with an alcohol or substance dependence diagnosis within two hours of the member’s arrival at the following: Hospital Emergency Rooms, Urgent Care Centers, and Primary Care Physician/Providers offices.

What will HCA Do?

An assessment that will be used to help the provider/and or clinician determine the most effective and appropriate level of care/treatment needed for the member, to facilitate a referral for the member, and coordinate these services in an effort to close the IET HEDIS gap.

Why HCA?

With a comprehensive list of MOU’s and long standing relationships with treatment providers both medically and behaviorally the member will benefit from a thorough and detailed referral that includes all treatment needs as born out in the assessment and is in line with medical necessity criteria. Whenever there are treatment indicators that include the potential recommendation for detox and/or in-patient treatment the clinician will consult with the member’s Care Manager to finalize recommendations.

Follow-up Care:

The provider will pro-actively ensure that follow-up care with the member occurs to secure the highest likelihood of treatment compliance. This process will include notifying the member at the time of the assessment that they will be contacted within the next 48 hours by the clinician and verify member’s contact information.

Follow up contact will include offering the member an appointment that allows the member to secure an Intensive Out-Patient evaluation/in-take or standard out-patient assessment within the next 2 business days should they elect to receive services with HCA. Within 48 hours of the initial contact a summary of the assessment including treatment recommendations and verification of follow up contact will be sent to the member’s Care Manager.

Additional Benefits:

The provider will maintain documentation (this will include a referral tracking log that reports information such as date of referral, date assessment was completed, date of follow up contact and should the
member pursue services with HCA the date member began treatment) and measure outcome data associated with the HEDIS baseline measures of the 14 day initiation and 34 day engagement windows.

Along with the HEDIS Measures HCA will track data that includes:

- success of meeting 2-hour time frame
- success of contact within 48 hours of initial assessment
- whether the member availed themselves of any referrals made by HCA

Finally, if the member elects to receive services from HCA, data will include the outcome of member’s treatment. Success will be measured on two criteria;

- did the member engage/attend initial follow up appointment?
- If member elected to receive HCA treatment services, did the member successfully complete those services?

Furthermore, the member’s assessment will be entered in our EHR. This will ensure that the member receives an aftercare survey at 90 days, 6 mos. and 1 year from the date of the initial assessment.

**Addressing High Risk Indicators:**

The provider recognizes that unintended pregnancy persists as a public health challenge with significant adverse health and economic consequences. Furthermore, that recent data supports the fact that women in TN who are not trying to get pregnant only use contraceptives about 50% of the time. Therefore, educating women about the value of the VLARC program will remove all barriers to the successful implementation of this initiative for these clients.

To that end, the provider will:

- assess for Women of Childbearing Years and
- provide the VLARC Education Curriculum
- brochures
- access to online resources (when appropriate) within the treatment setting
- scheduled media presentations

Additionally, this program approach addresses many of the other adverse health risks associated with alcohol and other drug dependence and will include education and materials on the prevention and risks of HIV and Hepatitis C.