

	DEPARTMENT:	Case Management
	SUBJECT:	Substance Abuse Management Program (SAMP)
	PRODUCT LINE:	All
	POLICY NUMBER:	HM91
	ORIGINAL POLICY EFFECTIVE DATE:	03/20/2020
	LAST REVISED DATE:	2/13/2024
	LAST REVIEWED DATE:	2/10/2026

Policy: To ensure Group Health Cooperative of Eau Claire (GHC) consistently identifies and manages members with substance abuse disorders.

Scope: The SAMP is a collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality, cost-effective outcomes.

Our staff has experience in behavioral change and motivational interviewing principles and works with members dealing with substance abuse to accomplish the following:

1. Establishing with substance abuse and behavioral health providers as well as a PCP
2. Supporting the member through transitions of care
3. Educating on self-management of health conditions
4. Reinforcing appropriate coping skills
5. Addressing any barriers to care
6. Procuring needed services and support systems
7. Meeting the member's needs and goals
8. Addressing gaps in care
9. Improving well being

Eligibility Criteria:

Member must have an active substance abuse disorder and will include any of the following:

1. Members with an AODA diagnosis per HEDIS measure FUA-30 technical specifications and a diagnosis of depression over the last year (report is generated monthly)
2. Members who have a substance abuse diagnosis on the WISHIN DPAR
3. Members can also be referred to the program when identified through health plan processes

Determination of Needs and Risk Stratification:

Identification of the member's health needs is the first step toward planning, developing, and implementing a personalized and comprehensive care plan with the member/member's support system and the case management team. Multiple sources are used in the needs determination and may include health assessments, claims diagnosis, medical and pharmacy utilization patterns, member input, and the prospective risk score.

Substance Abuse Management Program Process:

1. Eligible members are referred to SAMP.
2. Member outreach is attempted as follows:
 - a. 3 call attempts using the call script are made within the first week after program eligibility is determined.
 - b. Targeted letter (unable to reach letter) is mailed if not reached after the third call attempt to notify member they are eligible and if interested in enrolling to call.

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- c. If unable to reach after 3 calls and an unable to reach letter, do not enroll in the program.
3. Upon contacting the member using the call script, if member agrees to participation, complete the Substance-Related Disorders-Self Care Assessment and the Enrollment section in the electronic care management system. The Enrollment section documents member's agreement to participation.
4. Enroll member in the Substance Abuse Program
5. Open a case if one is not already open and link the program to the case.
6. A member centric care plan is generated from the assessment and information gathering as described above. The care plan will consist of the member's problems, goals, and interventions, which are reviewed and updated with each member interaction.
7. Member outreach frequency is determined based on the member's needs but need to occur at a minimum monthly.
8. The program will be closed in the following situations:
 - a. Member is no longer on plan.
 - b. Member refuses participation in the program.
 - c. Members whose goals are met and are managing well.
 - d. Member does not answer call attempts after enrolling in the program. GHC staff should attempt to call for 2 months by attempting 3 call attempts per month for 2 months and if no answer, disenroll from program.

Educational Components of the Program

1. Substance Use Medical Risks
 - a. Discuss health complications associated with the respective substance being used.
2. Educate on normal or safe levels of use
 - a. Alcohol: Men no more than 2 drinks per day; Women no more than 1 drink per day
 - b. Illicit drugs: No levels are safe or recommended
 - c. Tobacco: No levels are safe or recommended
 - d. Pregnancy: no substances are safe
3. Assess for and educate on user-related risk behaviors
 - a. Operating under the influence
 - b. Use during pregnancy
 - c. Shared syringes/needles
 - d. Unprotected intercourse
 - e. Use related injuries
4. Evaluate for barriers to treatment such as lack of medical resources, transportation, chronic pain
5. Reinforce the importance of treatment
 - a. Counseling
 - b. Community recovery groups (AA, NA etc.)
 - c. Reinforce the physician's treatment plan
 - d. Discuss the importance of completing treatment to prevent relapse
6. Preventing relapse

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- a. Recognize and manage cravings
- b. Identify common triggers of relapse
- c. Develop a social support system
- d. Work on self-care including adequate sleep, physical activity, well balanced diet
- e. Develop new coping strategies to deal with stress such as:
 - i. Grounding technique
 - ii. Mindfulness
 - iii. Breathing exercises

APPROVED: *Michele Bauer MD.* DATE: 2/10/2026

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
04/05/2021	Michele Bauer, MD, CMO	Added educational components of the program
08/25/2021	Michele Bauer, MD, CMO	Updated eligibility criteria and contact strategy and removed risk level stratification
05/13/2022	Michele Bauer, MD, CMO	Updated program name, staffing, processes of the program.
05/10/2023	Michele Bauer, MD, CMO	Updated eligibility criteria with change in Medicaid assessment process.
2/13/2024	Michele Bauer, MD, CMO	Updated Medicaid process, updated process for disenrolling.
2/13/2025	Michele Bauer, MD, CMO	Reviewed. No changes.
2/10/2026	Michele Bauer, MD, CMO	Reviewed. No changes.