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Brief Negotiated Interview Provider Checklist

Raise the subject		
Ask the patient for permission to discuss a questionnaire, including alcohol and drug		□Yes □No
Provide feedback		
2. Review patient's AOD patterns & risk leve	l.	□Yes □No
3. Express concern about patient's use patte	erns & risk level.	□Yes □No
4. Ask about pros and cons of AOD use.		□Yes □No
5. Summarize and restate in patient's own w	vords.	□Yes □No
6. Provide medical facts and information the between AOD and negative consequence		□Yes □No
7. Compare screening responses to NIAAA lo	ow risk AOD guidelines.	□Yes □No
Enhance motivation		
8. Ask patient to identify readiness to chang		
tool and ask why they chose that number	rand not a lower one.	□Yes □No
9. Elicit other reasons for changing.		□Yes □No
10. Identify strengths and supports.		□Yes □No
Negotiate a plan		
11. Negotiate the goal ("What would you like t	to do?").	□Yes □No
12. Summarize ("This is what I've heard you say").		□Yes □No
13. Have patient write out the change plan, if appropriate.		□Yes □No
14. Provide Health Information handout.		□Yes □No
15. Suggest Primary Care or other follow-up a	as needed.	□Yes □No

Miller, Rollnick, D'Onofrio, Bernstein Boston University School of Public Health Yale School of Medicine

Medicaid Billing Codes

99408 - AOD screening/BI (15–29 min.) 99409 - AOD screening/BI (30+ min.)