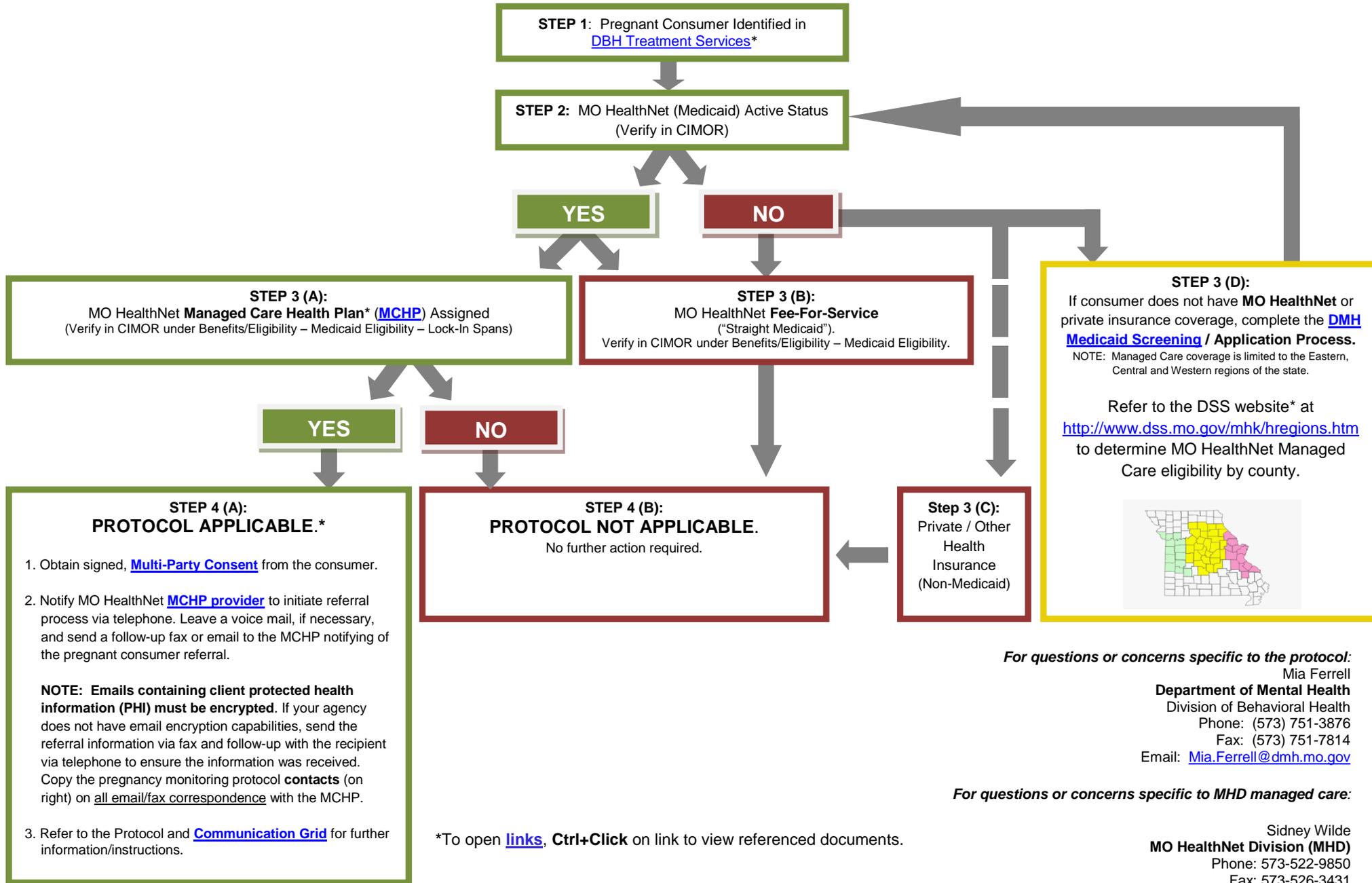


“PREGNANCY MONITORING PROTOCOL”



STEP 4 (A): PROTOCOL APPLICABLE.*

1. Obtain signed, [Multi-Party Consent](#) from the consumer.
2. Notify MO HealthNet [MCHP provider](#) to initiate referral process via telephone. Leave a voice mail, if necessary, and send a follow-up fax or email to the MCHP notifying of the pregnant consumer referral.

NOTE: Emails containing client protected health information (PHI) must be encrypted. If your agency does not have email encryption capabilities, send the referral information via fax and follow-up with the recipient via telephone to ensure the information was received. Copy the pregnancy monitoring protocol **contacts** (on right) on all email/fax correspondence with the MCHP.

3. Refer to the Protocol and [Communication Grid](#) for further information/instructions.

*To open [links](#), **Ctrl+Click** on link to view referenced documents.

For questions or concerns specific to the protocol:
 Mia Ferrell
 Department of Mental Health
 Division of Behavioral Health
 Phone: (573) 751-3876
 Fax: (573) 751-7814
 Email: Mia.Ferrell@dmh.mo.gov

For questions or concerns specific to MHD managed care:
 Sidney Wilde
 MO HealthNet Division (MHD)
 Phone: 573-522-9850
 Fax: 573-526-3431
 Email Sidney.Wilde@dss.mo.gov

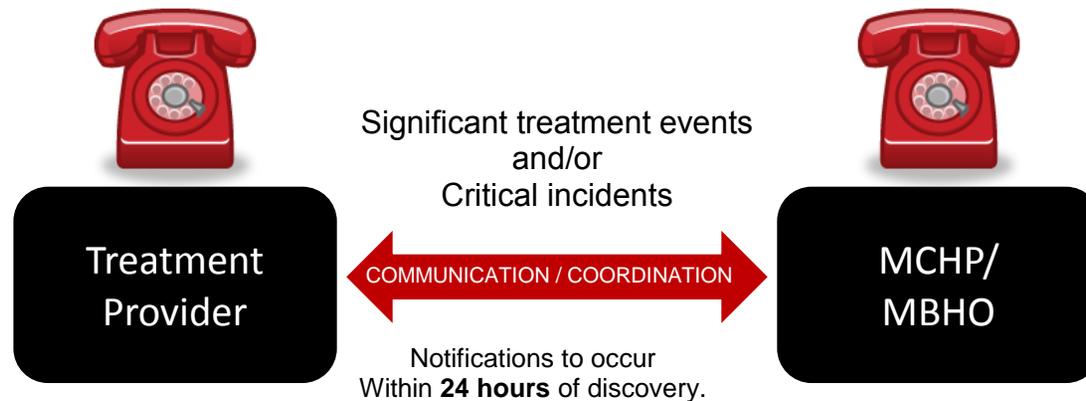


Protocol Purpose

COMMUNICATION, COLLABORATION, CARE COORDINATION



UNTIL YOU MAKE DIRECT CONTACT!!!



Pregnancy Monitoring Protocol

COMMUNICATION GRID

EVENT	RESPONSIBILITY	DBH Treatment Provider	MCHP	MBHO	PCP
Referral to DBH treatment provider by PCP	PCP notifies:	●	●		
Referral to DBH treatment provider by or coordinated through MCHP	MCHP notifies:	●			●
Member self-referral or referral by other party	After consent to release info is signed, DBH treatment provider notifies:		●		●
	After consent to release info is signed, MCHP notifies:			●	
Admission to DBH treatment services	After consent to release info is signed, DBH treatment provider notifies:			●	●
	After consent to release info is signed, MCHP notifies:			●	
Significant treatment events can include, but are not limited to: <ul style="list-style-type: none"> • referral, • admission, • barriers to treatment progress, • critical issues or incidents, and • Continuing care and discharge planning. Critical issues or incidents include, but are not limited to: <ul style="list-style-type: none"> • deferred admission for medical reasons, • relapse, • unplanned discharges, • need for detoxification, • consultation regarding medication-assisted protocols, and • Transfer from residential to outpatient level. 	DBH treatment provider notifies:		●		●
	MCHP notifies:			●	
MO HealthNet Eligibility is determined at admission. <ul style="list-style-type: none"> • If consumer is not a MO HealthNet member at admission, but obtains it prior to transfer to outpatient and/or discharge from services, the protocol should be implemented for the remainder of the treatment episode. • The CSTAR provider may contact DBH CR at any time for assistance in verifying MO HealthNet eligibility. However, eligibility status MUST be rechecked 3 days prior to discharge/transfer and then daily until discharge/transfer. 	DBH treatment provider notifies:		●		
Pregnancy after admission	DBH treatment provider notifies:		●	●	●
Aftercare and discharge planning	DBH treatment provider and MCHP coordinate to involve:		●	●	●
Discharge date	DBH treatment provider notifies:		●		●
Continuing care plan (and Discharge Summary when completed)	CSTAR Provider sends to:		●		●
	MCHP will share appropriate information with:				●
Quarterly statistical reports	DMH designee to:		●		

KEY

DBH – Division of Behavioral Health **DBH CR** – DBH Clinical Review Unit; **MCHP** – MO HealthNet Managed Care Health Plan;
MBHO – Behavioral Health Organization; **PCP** – Primary Care Provider

MO HealthNet MCHP & MBHO Contacts

Health Plan	Region			MCHP Contact*	MBHO Contact
	East	Central	West		
Aetna Better Health MO	●	●	●	<p>Brenda Johnson, RN Clinical Care Manager 1-866-814-3036 ext 9592996735 Bljohnson1@aetna.com</p> <p>Kristine Kobel Manager, Clinical Health Services 314-444-7925 KobelK@aetna.com</p>	Same as MCHP Contact
Home State				<p>Megan Barton Director Medical Management Tel: 636-534-4612 mbarton@homestatehealth.com</p> <p>Tawania Jackson Mgr. Case Management Tel: 636-534-4657 TAWJACKSON@homestatehealth.com</p>	<p>Cenpatico:</p> <p>Susan Nay Clinical Manager Tel: 636-534-4677 snay@cenpatico.com</p> <p>Alison Brown Behavioral Health Case Manager Tel: 636-534-4647 ALIBROWN@cenpatico.com</p>
Missouri Care	●	●	●	<p>Behavioral Health</p> <p>Melody Dowling, LCSW Sr. Manager Field Health Services Tel: 573-441-2111 Fax: 813-675-3019 Melody.Dowling@wellcare.com</p> <p>Case Management</p> <p>Donna Meyer Director, Field Health Services Tel: 573-441-2198 Donna.meyer@wellcare.com</p>	Same as MCHP Contact

MCHP – Managed Care Health Plan; MBHO – Managed Behavioral Health Organization; * – initial referral contact

MO HealthNet MCHP & MBHO Contacts

- 1.) The **MCHP will serve as the point of initial contact upon admission and/or discovery of a managed care eligible pregnant consumer** by the DBH treatment provider. The DBH treatment provider will obtain a signed, **Multi-Party Consent** from the consumer to initiate the referral process. Referrals to the MCHP should occur within 24-hours of discovery. Once the referral to the MCHP has been completed by the DBH treatment provider, the MCHP and/or MBHO case manager will be responsible for following up with the DBH treatment provider on referrals received for the purpose of care coordination. The MCHP and MBHO will determine who will take the lead on MO HealthNet case management activities and will communicate this to the DBH treatment provider.

NOTE: If you are unsuccessful in receiving a response from the identified MCHP contacts, attempt to notify the MBHO contacts. Continue to make attempts to notify the MCHP/MBHO contact person(s) indicated until you receive a response.

- 2.) The DBH treatment provider will be responsible for notifying the MCHP/MBHO case manager within **24-hours** of **significant treatment events** for managed care eligible pregnant consumers, including:
 - *referral;*
 - *admission;*
 - *eligibility notification;*
 - *pregnancy after admission;*
 - *barriers to treatment progress;*
 - *critical issues or incidents;*
 - *continuing care and discharge planning; and*
 - *discharge date*

Examples of **critical incidents** include, but may not be limited to:

- *deferred admission for medical reasons;*
- *relapse;*
- *discharge against staff advice;*
- *need for detoxification services;*
- *consultation regarding medication-assisted protocols;*
- *transitions from inpatient to outpatient levels of care; etc.*

MCHP – Managed Care Health Plan; **MBHO** – Managed Behavioral Health Organization; * – initial referral contact

Department of Mental Health • Division of Behavioral Health

CSTAR Women's & Children's Programs

Region	Provider Agency	Address	Contact Person	Telephone	Email
Eastern	BASIC	3026 Locust Street St. Louis, MO 63103	Keturah Imbrium Michael Batchman	(314) 621-9009 (314) 621-9009	Keturahi@basicinc.org michaelb@basicinc.org
	Preferred- formerly Bridgeway	1601 Old South River Road St. Charles, MO 63303	Stacy Glenn Chrissy Rupp	(636) 224-1036 (636) 224-1037	sglenn@bridgewaybh.com Crupp@bridgewaybh.com
	New Beginnings	1027 S. Vanderverter St. Louis, MO 63110	Freda Theus	(314) 367-8989 x 243	fredatheusnb@gmail.com .
	Queen of Peace Center	325 North Newstead St. Louis, MO 63108	Patricia Heiser	(314) 531-0511 x 197	pheiser@ccstl.org
Central	Hannibal Council on Alcohol and Drug Abuse (HCADA)	146 Communications Dr. Hannibal, MO 63401	Virginia Frese	(573) 248-1196 ext. 203	vfrese@hcada.org
	Compass Behavioral health (Mc Cambridge)	117 North Garth Columbia, MO 65203	Donna Wood	(573) 449-3953	dwood@pbhc.org
Western	ReDiscover	901 N.E. Independence Ave. Lee's Summit, MO 64086	Cynthia Taylor Lori Glenski	(816) 554-4279 (816) 554-4248	Cltaylor@rediscovermh.org Lglenski@rediscovermh.org
	Comprehensive Mental Health Services	4231 South Hocker St. Independence, MO 64055	Jenny Duncan	(816) 254-3652 x 4000	Jduncan@thecmhs.com
South East	Family Counseling Center, Inc. DBA FCC Behavioral Health	925 Hwy VV Kennett, MO 63857	Raymond Reeves	(573) 651-4177	raymondrr@fccinc.org
South West	Preferred Family Healthcare	2626 West Catalpa Springfield, MO 65802	Rhonda Ferguson Darlene Harrell	417-844-4377 417-773-2104	rferguson@pfh.org dharrell@pfh.org
	Family Self-Help Center (Lafayette House)	1809 Connor Ave. Joplin, MO 64804	Alison Malinowski Sunday Teddy Brown	(417) 782-1772 (417) 782-1772	AlisonMSunday@lafayettehouse.org TeddyBrown@lafayettehouse.org

Department of Mental Health • Division of Behavioral Health

Treatment Providers

Facility Name	Program Type	Location/Service Area	Primary/Back-Up Contacts	Contact Number	Email Address
BASIC	WC CSTAR	St. Louis	Keturah Imbrium Michael Batchman	(314) 621-9009 (314) 621-9009	keturahi@basicinc.org michaelb@basicinc.org
Burrell Behavioral Health	Adolescent CSTAR	Springfield	Sally Gibson Wes Starlin	(417) 761-5405 (417)761-5397	Sally.gibson@burrellcenter.com Wesley.starlin@burrellcenter.com
Center for Life Solutions	Opioid CSTAR	St. Louis Region	Cheryl Gardine	(314) 731-0100 x 6340	cheryl@centerforlifesolutions.org
Clark Community MHC	PR+	Monett/Aurora	Kerry Sponseller	(417) 476-1000	sponsellerk@clarkmentalhealth.com
Community Mental Health Consultants	Gen. Adult CSTAR	Nevada	Terri Morris	(417) 667-8352	terrikmorris@sbcglobal.net
Community Treatment, Inc. (COMTREA)	Adult CSTAR Adolescent CSTAR	Festus/St. Louis Region Festus/St Louis Region	Sophie Decollo Anne Marie Striebel	(636) 296-6206 x 1066 (636) 296-6206x 4336	sdecollo@comtrea.org astriebel@comtrea.org
Comprehensive Mental Health Services	WC CSTAR / PR+	Kansas City Region	Jenny Duncan	(816) 254-3652 x 4000	JDuncan@thecmhs.com
Family Counseling Center, Inc DBA FCC Behavioral Health	WC CSTAR / PR+	Hayti	Anna Patterson Carla Welch	(573) 359-2600 x 2605 (573) 359-2600 x 2607	annap@fccinc.org carlaw@fccinc.org
Turning Leaf New Beginnings	PR+ Adolescent CSTAR	West Plains West Plains	Cynthia Melton Kelley Wilbanks Tara Billings	(417) 256-2570 x 3066 (417) 257-9152 x. 2802 (417) 257-9152 x 2806	cynthiam@fccinc.org kwilbanks@fccinc.org tarab@fccinc.org
	Adolescent CSTAR	Kennett	Stephanie Mobley	(573) 888-5925 x 1310	mobleys@fccinc.org
	WC CSTAR	Cape Girardeau	Raymond Reeves	(573) 651-4177 x 2202	raymondr@fccinc.org
Family Guidance Center	PR+	St. Joseph	Robin Reynozo Kristina Hannon	(816) 364-1862 (816) 364-1862	rreynozo@FGCnow.org khannon@FGCnow.org
Family Self Help (Lafayette House)	WC CSTAR	Joplin	Allison Malinowski Sunday Teddy Brown	(417) 782-1772 (417)782-1772	AlisonMSunday@lafayettehouse.org TeddyBrown@lafayettehouse.org
Gateway Foundation		St. Louis	Kim Feaman	(314) 421-6188 ext. 3107	kifeaman@gatewayfoundation.org
Gibson Recovery Center	PR+	Cape Girardeau	Ryan Essex Janice Bunch	(573) 332-0416 (573) 332-0416	essexr@gibsonrecovery.org bunchj@gibsonrecovery.org

Facility Name	Program Type	Location/Service Area	Primary/Back-up Contact	Contact Number	Email Address
Hannibal Council on Alcohol and Drug Abuse	WC CSTAR PR+	Hannibal, Mexico Moberly, Macon, Canton	Virginia Frese	(573) 248-1196 ext. 203	vfrese@hcada.org
Heartland	PR+	1534 Campbell (Jackson Co.)	Kyle Mead	(816) 421-6670 x 1296	kmead@heartlandcbc.org
New Beginnings	Adolescent CSTAR Gen. Adult CSTAR WC CSTAR Alt. Care CSTAR	St. Louis	Freda Theus	(314) 367-8989 x 243	fredatheusnb@gmail.com
Ozark Center	CSTAR Gen. Adult PR+	Joplin	Kelly BoKay James Childers	(417) 347-7730 (417)-347-7730	kabokay@freemanhealth.com jmchilders@freemanhealth.com
Compass Cedar Ridge McCambridge	PR+/CSTAR WC CSTAR	Linn Creek Columbia	Ria Newcomb Donna Woods	(573) 216-2645 (573)449-3953	rnewcomb@pbhc.org dwood@pbhc.org
	Adolescent CSTAR	Eastern Region	Darren Facen Tia Webb	(573) 364-7551 (573) 364-7551	dfacen@pbhc.org twebb@pbhc.org
	Adolescent CSTAR	Southwest Region – Clinton, Nevada, Butler , El Dorado Springs, Warsaw	Tony Boyd Tonja Martin	(660) 890-8182 (660) 351-0866	tboyd@pbhc.org tmartin@pbhc.org
	Adolescent CSTAR/PR+ Residential	Central Region –Columbia, McCambridge Center, Jefferson City, Fulton ,	Vinita Khanna Patrick Tetrick	(573) 443-2204 (573)449-4770	vkhanna@pbhc.org ptetrick@pbhc.org
	CSTAR Gen.	Fayette, Booneville, Eldon, West Region Clinton/Warrensburg/ Sedalia	Sylvan Ward Dave Lentz	(660) 885-8131 (660) 525-0183	sward@pbhc.org dlentz@pbhc.org
	Adult/PR+ PR+	NW Region Harrisonville, Raymore, Lexington, Carrolton, Marshall, Warrensburg	Kathleen Grose Christina Thomas	(816) 380-5167 (660)747-1355	kgrose@pbhc.org cthomas@pbhc.org
Crider	CSTAR	Wentzville	Guess Who	(636) 111-2222	abcdev@lllmnop.com
Phoenix Programs	PR+	Columbia	Laura Cameron	(573) 442-1324	lcameron@phoenixprogramsinc.org

Facility Name	Program Type	Location/Service Area	Primary/Back-up Contact	Contact Number	Email Address
Preferred Family Healthcare (PFH)	Various Adult CSTAR	Kansas City, St. Joseph	Margo Kent	(816) 474-7677	mkent@pfh.org
	Adolescent CSTAR	Jefferson City	Dedra Jones	(573)-632-4321	Dedjones@pfh.org
	CSTAR / DOC	Jeff City - Central Region	Ashley Cass	(573) 556-6589	abrawner@pfh.org
	Adolescent CSTAR	Moberly	Tyler Seifert	(660) 385-7111	tseifert@pfh.org
	Adolescent CSTAR	St. Charles, Wentzville, Troy, Union,	Lori Dixon, Insurance Care Manager	(636)946-6376	lodixon@pfh.org
	Adolescent/Adult CSTAR	Northrup, St Louis Broadway, ADVANCE, Delmar	Iris Foster	(314) 833-6155	ifoster@pfh.org
Bridgeway Behavioral Health	Adolescent CSTAR	Kirksville	Jamie Kethe	(660) 665-1962	jkethe@pfh.org
	Gen. Adult CSTAR	Kirksville	Jessica Guyton	(660) 665-1962	jwellman@pfh.org
	Adolescent CSTAR W/C CSTAR	Hannibal St Charles	Christy Power	(573) 248-3811	cpower@pfh.org
Queen of Peace	WC CSTAR	St. Louis	Patricia Heiser	(314)531-0511 x 197	Pheiser@ccstl.org
ReDiscover	WC CSTAR	Kansas City	Marsha Page-White	(816) 554-4278	mjpage@rediscovermh.org
	WC Alt Care CSTAR		Cynthia Taylor	(816)554-4279	CITaylor@rediscovermh.org
			Lori Glenski	(816)554-4248	lglenski@rediscovermh.org
Southeast Missouri Treatment Center (SEMO)	Gen. Adult CSTAR PR+	Southeast Region	Clif Johnson	(573) 431-0554	cjohnson@semobh.org
			Angela Toman	(573)729-4723	atoman@semobh.org
Swope Health Services	PR+	Kansas City	Marilyn Young	(816) 599-5858	mjyoung@swopehealth.org
Tri-County Mental Health Services	Gen. Adult CSTAR	Kansas City	Jan Pool	(816) 877-0495	janp@tri-countymhs.org
			JoAnn Werner	(816)-877-0444	joannw@tri-countymhs.org
Westend Clinic	Opioid CSTAR	St. Louis	Pamela Bytes	(314) 381-0560	sugarbaby53@msn.com

Key

Alt Care – Alternative Care; CSTAR – Comprehensive Substance Use Treatment and Rehabilitation; Gen. Adult CSTAR – General Adult; PR + – Primary Recovery Plus; WC CSTAR – Women & Children's CSTAR;

DMH Medicaid Screening Tool

1. Is the client under age 19?

Yes, submit application No, continue screening

2. Is the client pregnant?

Yes, submit application No, continue screening

3. Is the client the parent of a child under age 19 who lives in the client's home?

Yes, submit application No, continue screening

4. Is the client age 65 or over?

Yes, submit application No, continue screening

5. Is the client receiving 551 or Social Security Disability benefits?

Yes, submit application No, continue screening

6. Does the client have a medical condition, other than substance Use that prevents him or her from maintaining on-going employment at this time?

Yes, submit application No, continue screening

7. Is the client blind?

Yes, submit application No, the client is not eligible

If the answer to **questions 1, 2, or 3 is yes**, assist the client in submitting a MO HealthNet for Kids, Pregnant Women, and Parents application form (IM-1UA or on-line application at <http://www.dss.mo.gov/mhk/appl.htm>) to the Family Support Division.

If the answer to **questions 4, 5, 6, or 7 is yes**, have the client sign an Authorized Representative form (IM-AR6) and assist the client in submitting a MO HealthNet for Elderly, Blind, and Persons with Disabilities application form (IM-1MA) to the Family Support Division.

Multi-Party Consent for Release of Information

Complies with HIPAA and 42 CFR Part 2
Source: Legal Action Center

CONSENT FOR THE RELEASE OF CONFIDENTIAL ALCOHOL/ DRUG AND MENTAL HEALTH INFORMATION

I, _____, authorize the following agents:
(Name of patient)

- 1) _____ 2) _____
(Name of Primary Care Physician or OB/GYN and staff) (Name of CSTAR Treatment Program)
- 3) _____ 4) _____
(Name of MO HealthNet Managed Care health plan) (Name of Managed Care Behavioral Health Organization)
- 5) Missouri Division of Behavioral Health 6) MO HealthNet Division

to communicate with and disclose to one another the following information [initial each category that applies]:

- ___ my name and other personal identifying information;
- ___ my status as a patient in substance use treatment;
- ___ initial and subsequent evaluations of my service needs;
- ___ summaries of substance use and mental health assessment results and history;
- ___ summary of substance use treatment and mental health services plan(s), progress and compliance;
- ___ attendance in substance use treatment and mental health services;
- ___ discharge plan(s) for substance use treatment and mental health services;
- ___ date of discharge from substance use treatment and mental health services, and discharge status;
- ___ other: _____

The purpose of the disclosures authorized in this consent is to enable the above parties to evaluate my need for services and to provide and coordinate those services.

I understand that my substance use treatment records are protected under the federal regulations governing Confidentiality of Substance Use Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that records concerning mental health services I receive are protected by federal law under HIPAA.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

- (1) One month following the date I stop receiving services from the substance use treatment program.
- OR
- (2) _____
[Specify date if desired]

I understand that generally the alcohol and drug treatment may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form.

Dated: _____ Signature of member

Dated: _____ Signature of witness

CIMOR PRIORITY ALERT

Referral Sources

In an effort to ensure accuracy in data collection and reporting requirements to other governmental entities, it is important that providers remain diligent in their efforts to input accurate information in CIMOR. To assist providers in this process, two additional **referral source** categories have been added in CIMOR to include the following **MO HealthNet** entities:

- **Managed Care Health Plans (MCHP)***

Examples: *HealthCare USA*
 Home State
 Missouri Care

- **Managed Behavioral Health Organization (MBHO)***

Examples: *Cenpatico*
 MHNet Behavioral Health

Referrals received from these entities should be denoted accordingly in CIMOR under “Referral Source.”

Exceptions:

- **Department of Corrections (DOC) Referrals** - If DOC and one of the MO HealthNet plans referred a consumer, then the DOC referral should “trump” the MO HealthNet plan.
- **Disease Management Referrals** – If a consumer is enrolled in the Disease Management Program, the referral source will automatically update to Disease Management, regardless of whether the provider selected another referral source category.

If you have questions, please email the DBH Program Information Center by clicking on the blue “Help” link found in the upper right corner of the portal page, <https://portal.dmh.mo.gov>.