

## Missouri Division of Alcohol and Drug Abuse

<b>Bulletin Number: FY11–Clinical-17</b>	<b>CLINICAL SERVICES BULLETIN</b>	<b>Effective Date: July 1, 2010</b>
<i>New</i>	<b>Subject: Extended Day Treatment (Nursing Services)</b>	<b>Number of Pages: 3</b>

### 1. Programs Affected

- 1.1 Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs: Adolescent, Women and Children, Women and Children Enhanced, General Population, General Population Enhanced, and Opioid. Primary Recovery Plus (PR+) programs: PR+ and Enhanced PR+. Serious and Repeat Offender Program (SROP).

### 2. Purpose

- 2.1 To clarify the appropriate provision and billing of Extended Day Treatment services.

### 3. Definition and Service Functions

- 3.1 Extended Day Treatment consists of medical and other consultative services provided by a Registered Nurse (RN) for the purpose of monitoring and managing a consumer's health.
- 3.2 Key service functions shall include:
  - 3.2.1 Evaluation of the consumer's physical condition and the need for detoxification services;
  - 3.2.2 Obtaining initial patient medical histories and taking vital signs;
  - 3.2.3 Monitoring health status during social setting detoxification;
  - 3.2.4 Monitoring general health needs and meeting with consumers about medical concerns;
  - 3.2.5 Disease prevention, risk reduction and reproductive health education;
  - 3.2.6 Triaging medical conditions that occur during treatment and managing medical emergencies;
  - 3.2.7 Conferring with a physician as necessary or advocating for medical services through managed care organizations;
  - 3.2.8 Arranging or monitoring special dietary needs for medical conditions;
  - 3.2.9 Reviewing medication requirements with consumer, educating the consumer about the benefits of taking medications as prescribed, and monitoring medication compliance;
  - 3.2.10 Educating consumers about the medication(s) prescribed to them;
  - 3.2.11 Consulting with the physician or pharmacy to confirm medications prescribed;

- 3.2.12 Consulting with consumers on use of over-the-counter medications and monitoring their use;
- 3.2.13 Therapeutic injection of medication (subcutaneous or intramuscular);
- 3.2.14 Monitoring lab levels including consultation with physicians, consumers, and clinical staff;
- 3.2.15 Coordination of medication needs with pharmacies, clients, and families, including the use of indigent drug programs;
- 3.2.16 Monitoring medication side-effects including the use of standardized evaluations; and,
- 3.2.17 Monitoring physician orders for treatment modifications requiring patient education.

#### **4. Qualified Provider**

- 4.1 The qualified provider of Extended Day Treatment is a Registered Nurse (RN) licensed under Missouri state law to practice nursing.
  - 4.1.1 Nursing services delivered by RNs employed with the ADA-contracted treatment provider are eligible for reimbursement.
  - 4.1.2 Nursing services delivered by RNs that work within health clinics or physician offices, with which treatment providers sub-contract specifically for the provision of Medication-Assisted Treatment (MAT) services, are eligible for reimbursement.
    - 4.1.2.1 Sub-contracted nurses providing MAT-related services must be entered in the appropriate Human Resources sections in CIMOR as rendering practitioners. Credentialing information, to include MO license number, must be entered.
    - 4.1.2.2 ADA-contracted providers subcontracting with health clinics for the provision of MAT services must retain the following information on health professionals providing direct services to ADA consumers:
      - Copies of background checks required under 9 CSR 10-5.190 (for clinics not certified by the Division of ADA, background checks should be initiated by the provider and original copies of results retained); and,
      - Credentialing information that is primary source verified.

#### **5. Limitations**

- 5.1 Unit Restrictions
  - 5.1.1 Providers may bill a maximum of 40 hours per week, per Registered Nurse
  - 5.1.2 The Extended Day Treatment service is limited to 12 units per day, per consumer. Additional units must be prior authorized through Clinical Utilization Review.
- 5.2 Billable vs. Non-Billable Activities
  - 5.2.1 Documentation of services rendered must clearly identify the intervention and should be consistent with the key service functions identified above.

Documentation must meet all other certification and Medicaid (as applicable) documentation requirements.

5.2.2 The following are examples of activities not considered reimbursable under the Extended Day Treatment service:

- Time spent traveling to or waiting for prescriptions to be filled.
- Medication administration and/or observation, or conducting medication counts as is usual practice in residential support settings.
- Activities that do not require the specific involvement of an RN and could be appropriately delivered by another staff member.
- General education that could be effectively addressed in a group setting.