



DIVISION OF BEHAVIORAL HEALTH

ADA Disease Management

POLICIES AND PROCEDURES

OVERVIEW

The ADA Disease Management project (ADA DM) is a collaborative effort among the Department of Mental Health, the MO HealthNet Division (MHD), the Coalition of Community Mental Health Centers, and contracted DBH providers. It is an **expansion** of the DM 3700 project and will target Medicaid-eligible adults with high medical costs, chronic medical conditions, and substance use disorders.

Many individuals with substance use disorders have other chronic diseases, yet behavioral and physical health services have historically been delivered through separate systems with little cross-system coordination. This results in poor client outcomes and excessive costs to the healthcare system.

The DM 3700 project has saved the state's Medicaid program millions of dollars, and more importantly, improved the health and well-being of thousands of people in Missouri. This expansion allows the Department of Mental Health and its network of contracted behavioral health providers to reach out to another group of individuals with complex medical problems and provide interventions that will improve their overall health and save valuable state resources.

ASSIGNMENT OF CLIENTS

Lists assigning clients to specific providers will be placed on the DMH FTP site in Reports/ADA folders and will be titled **ADA Disease Management Client List 20140117 SA##.xls**. Clients are identified by county and assigned to the agency that is contracted to provide services in that particular service area. In service areas where there is more than one certified Adult CSTAR program, individuals are assigned based on the percentage of CSTAR clients served by provider, by county in the prior fiscal year. If a client has a history with DMH, they are assigned to the provider with whom he/she had the most recent episode of care.

As the project is implemented, providers in joint service areas will need to communicate and coordinate regularly regarding their respective client lists. Providers may mutually agree to outreach with a client on another provider's list based on a stronger prior service history, for example. In addition, a client initially assigned to one provider may come into contact with another provider due to urgent service needs and not through a planned outreach strategy. In these cases, it is appropriate for the provider to serve the individual and inform the other provider that the client is in services with them.

NOTE: In cases where there is overlap among providers in a particular service area, each provider will have access to a service area-wide list to assist with coordination and communication.

OUTREACH AND ENGAGEMENT

Providers are expected to find and enroll as many individuals as possible in their assigned cohort, as quickly as possible. The average admission rate for DM 3700 clients has been 40 percent per cohort. Budget projections and cost savings to the state's Medicaid program have been based on similar estimates for the ADA DM project.

It is understood that some agencies may need to focus on restructuring staff to create the increased capacity to serve this population.

- Individuals included in the ADA DM cohort *will not be active DMH clients* at the time of outreach and engagement.
- Consumers in the ADA DM cohort are *presumptively eligible for CSTAR*. They are **not** considered to be presumptively eligible for the Community Psychiatric Rehabilitation (CPR) program and may only be enrolled in CPR if they meet eligibility criteria (i.e., serious and persistent mental illness).

Billing for Outreach

- All activities during the outreach period, up until the individual is enrolled in CSTAR, must be billed to DMH as outreach using the following code:

15010-HF Clinical Outreach (non-client specific)
¼ hr. unit – \$11.53

- A modifier (HF) has been added to accurately track outreach services for clients in the ADA DM project.

Qualified Staff

- The following staff may provide outreach services:
 - Qualified Substance Abuse Professional
 - Qualified Mental Health Professional
 - Community Support Specialist
 - Missouri Recovery Support Specialist
 - Missouri Recovery Support Specialist/Peer
 - Certified Missouri Peer Specialist
 - Registered Nurse
 - Licensed Practical Nurse

Billable Outreach Activities

The following activities **are** appropriate for billing code 15010-HF:

- Looking up information on CyberAccess to identify diagnoses, medications, and treatment history involving other MHD providers (doctors, pharmacies, etc.)
- Calling an individual to discuss available services and arranging to meet with them.
- Meeting an individual at the agency to discuss available services.
- Meeting an individual in the home or other community location to discuss available services, including the time it takes to get to and from the location. This could include meeting the individual at a neutral location such as a restaurant.
- Calling or meeting with another MHD provider (pharmacy, doctor) to discuss a specific individual to facilitate contact with him/her for outreach purposes.
- Contacting other DMH community providers to coordinate referral/outreach information.
- There will be **NO daily or weekly limits** placed on outreach activities for this population. It is anticipated there will be wide variation in the number of units utilized per individual. Ongoing contact will be essential in order to engage this population. The Division will closely monitor outreach expenditures to ensure there is adequate funding available. Providers will be expected to provide appropriate oversight for their outreach workers to avoid over-utilization of this service.

- Direct contact with the targeted individual **will not** be required in order to bill for outreach. Understanding the complexity in engaging this population, it is anticipated that numerous attempts to locate and engage individuals may be necessary.
- Safety for outreach workers is essential. Outreach team members may choose to go in pairs on home/community visits in unsafe neighborhoods and areas relatively unknown. In these cases, it **is acceptable** for both individuals to bill for outreach services.
- Documentation that meets DMH requirements must support outreach billings describing the time, activity, and location of the service(s). These notes should be filed in the client's chart or kept in a separate "non-client specific" file. In either case, the notes must be available for review by DMH staff upon request.
- To assist providers in the outreach and engagement process, a joint letter from Dr. Joseph Parks, Director, MO HealthNet Division, and Mark Stringer will be sent to all individuals in the cohort. The letter will provide an overview of the project and services available and will indicate that a staff person from the local behavioral health program will be contacting them to provide more information.
- It is helpful for providers to develop agency-specific information and distribute it to individuals in their respective cohort prior to attempting telephone contact or in-home visits.

The following activities are not appropriate for billing to code 15010-HF:

- Time spent participating in DMH conference calls/meetings related to the ADA DM project.
- Time spent preparing for the project, including discussion of implementation details.
- Time spent reviewing the agency's cohort list to develop outreach plans.
- Time spent preparing and mailing letters or other information to individuals in the agency's cohort.
- Time spent with community agencies to develop incentives for individuals to participate.
- Time spent receiving training related to the project, including use of CyberAccess or CIMOR.
- Time spent entering client information into data systems.

Provider Reimbursement for Outreach Services

- **Clinical outreach** services for individuals in the ADA DM cohort will be paid from a separate fund pool and **will not** impact provider allocations.
- All billings to service code 15010-HF will be back-filled by the DBH Fiscal Unit on a quarterly basis. Providers must be sure to select the correct outreach billing code for their ADA DM cohort.
- Code 15010-HF is billed from the Serv-Non-Cons page in CIMOR.

MEDICAL SCREENING

- It is *recommended* that DM consumers receive the following health screenings, in addition to any other lab work that may be necessary (prior to utilization of MAT, for example):
 - Hepatitis B Profile
 - Hepatitis B Series, if warranted
 - Liver Profile
 - SGOT
 - SGPT
 - Alkaline phosphatase
 - Total bilirubin

- These procedures are **Medicaid-reimbursable**.
- It has been reported that the introduction of laboratory procedures may not be received favorably by some consumers. It may be necessary to delay these tests until the consumer has been engaged for a period of time and is comfortable with the service environment.

CSTAR ADMISSION AND ENROLLMENT

- After contact is established and the individual agrees to receive services, he/she should be enrolled in the appropriate CSTAR Episode of Care (EOC) in CIMOR.
- Financial and other data will be tracked from the point in time the individual is assigned to a CSTAR program.
- A table is set up in CIMOR with the DCN of the individuals in the ADA DM cohort. When those individuals are enrolled, a referral source code for ADA DM *will automatically be assigned*.
- A SSN is not required for enrollment; however, providers are encouraged to enter the SSN as it assists in validating the DCN and reducing the number of duplicate clients entered into CIMOR.
- The SSN **is required** before services can be *billed* for the client.
- Individuals in the ADA DM cohort are considered presumptively eligible for CSTAR. The provider **is not** required to complete a bundled Intake Evaluation to establish eligibility.
- After enrollment in CSTAR, providers have **30 days to complete the assessment and treatment plan**. All other established DMH standards related to completion of the assessment and treatment plan in terms of staff qualifications, diagnosis, and updates must be followed.
- The CIMOR work-around should be followed in order to bill for services during the time period the assessment is being completed:
<http://dmh.mo.gov/ada/provider/ClinicalAssessmentPolicyforADADMPopulation.htm>.

BILLING FOR SERVICES AFTER ADMISSION

- After enrollment, all services provided for ADA DM clients will be billed to the assigned CSTAR program through CIMOR.
- Claims for ADA DM clients will be identified using the table referenced previously (CSTAR Admission and Enrollment). When invoices are generated in CIMOR, a separate Medicaid invoice will be created and sent to MHD for processing. CSTAR services for DM clients are reimbursed *100 percent* from MHD appropriations and will not deplete provider allocations for serving other populations.