

Bulletin Number: FY13–Clinical-23	CLINICAL SERVICES BULLETIN	Effective Date: July 1, 2012
<i>Revised – Supercedes Clinical Bulletin 017</i>	Subject: Extended Day Treatment (Nursing Services)	Number of Pages: 4

Missouri Division of Alcohol and Drug Abuse

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.
- 5.2.2 The following examples are examples of activities not considered reimbursable under 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 that could be appropriately delivered by another staff member; and
- General education that could be effectively addressed in a group setting.

5.3 Services to children

- 5.3.1 The Extended Day Treatment services for children is limited to children enrolled in a CSTAR Women and Children program whose mothers are also enrolled in a CSTAR Women and Children's program.
- 5.3.2 The Extended Day Treatment Services for children are to be billed under the child's mother in CIMOR.
- 5.3.3 The Extended Day Treatment services for children should be delivered in the mother's presence.

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