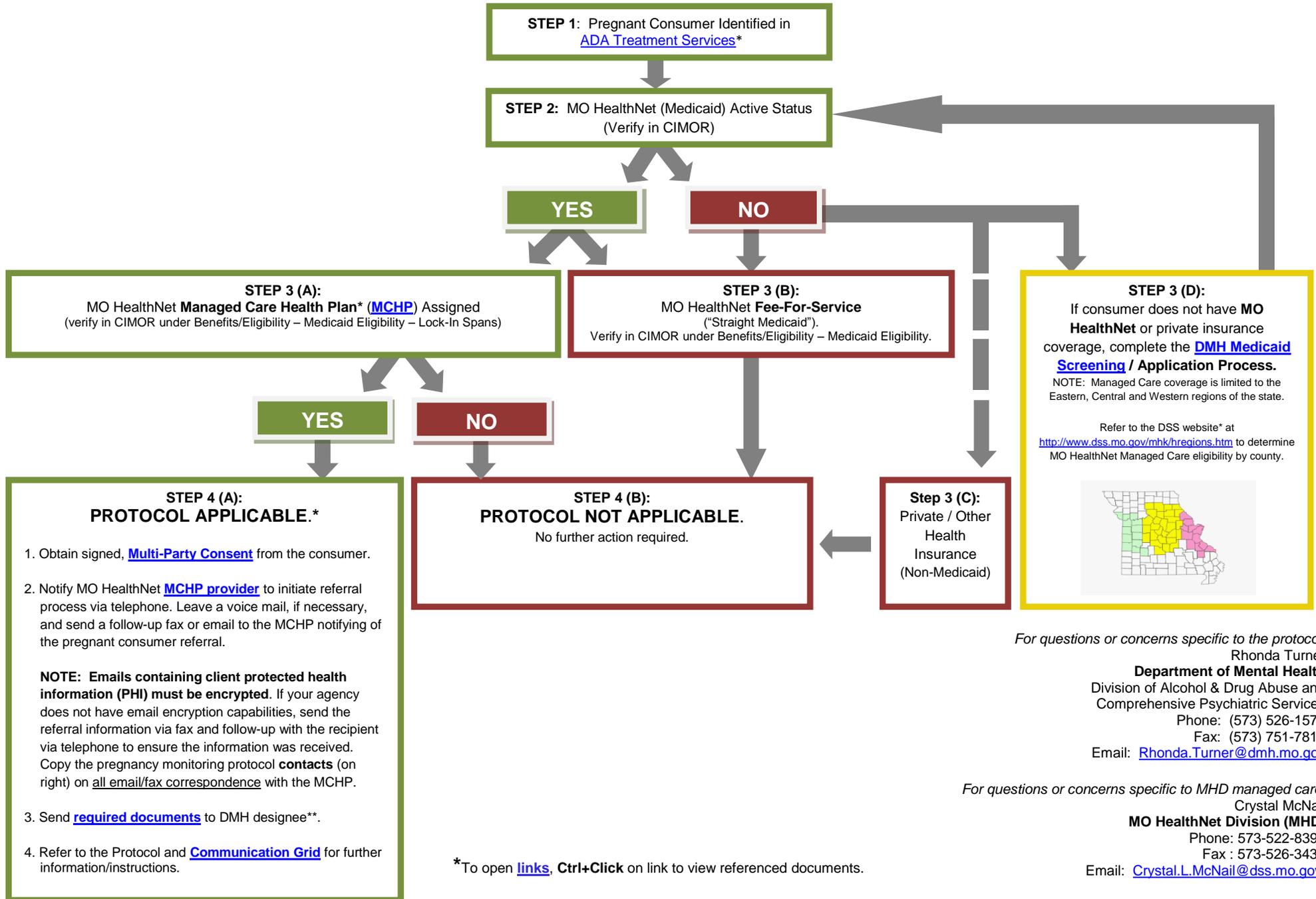


**Substance Abuse Treatment Referral Protocol for Pregnant Women Under MO HealthNet Managed Care**

# “PREGNANCY MONITORING PROTOCOL”



*For questions or concerns specific to the protocol:*  
Rhonda Turner  
**Department of Mental Health**  
Division of Alcohol & Drug Abuse and  
Comprehensive Psychiatric Services  
Phone: (573) 526-1572  
Fax: (573) 751-7814  
Email: [Rhonda.Turner@dmh.mo.gov](mailto:Rhonda.Turner@dmh.mo.gov)

*For questions or concerns specific to MHD managed care:*  
Crystal McNail  
**MO HealthNet Division (MHD)**  
Phone: 573-522-8391  
Fax: 573-526-3431  
Email: [Crystal.L.McNail@dss.mo.gov](mailto:Crystal.L.McNail@dss.mo.gov)

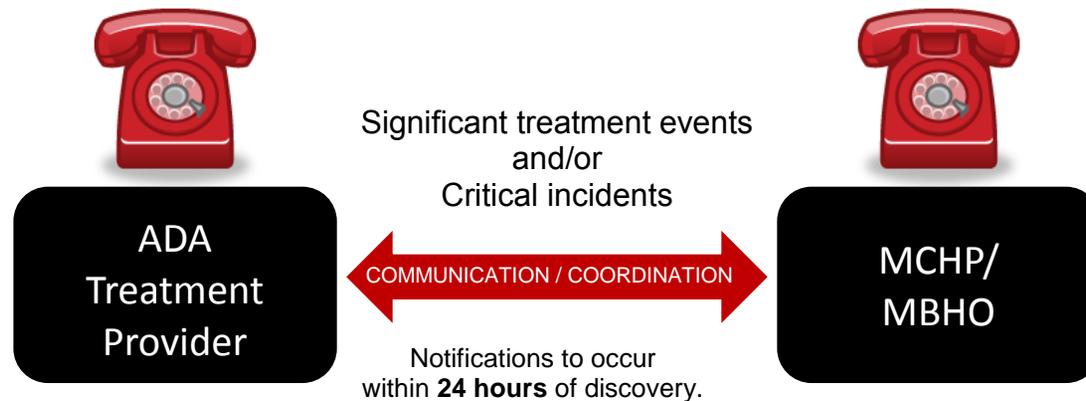
\*To open [links](#), **Ctrl+Click** on link to view referenced documents.

# Protocol Purpose

COMMUNICATION, COLLABORATION, CARE COORDINATION



UNTIL YOU MAKE DIRECT CONTACT!!!



# Pregnancy Monitoring Protocol

## COMMUNICATION GRID

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

**ADA** – Alcohol and Drug Abuse; **ADA CR** – ADA 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		
<b>HealthCare USA</b>	●	●	●	<p>Nancy Gray Tel: 314-444-7268 <a href="mailto:Gravn2@aetna.com">Gravn2@aetna.com</a></p> <p>Nanane McDermott Tel: 314-444-7296 <a href="mailto:mcdermottn@aetna.com">mcdermottn@aetna.com</a></p> <p>Patrick Sartain Tel: 314-444-7995 <a href="mailto:pwsartain@aetna.com">pwsartain@aetna.com</a></p>	<p><b>MHNet Behavioral Health:</b></p> <p>Scott Frederick Tel: 314-543-5402 Fax: 314-543-5470 <a href="mailto:sfrederick@mhnet.com">sfrederick@mhnet.com</a></p> <p>Joy Winder Tel: 314-444-7971 Fax: 866-341-1338 <a href="mailto:sjwinder@cvty.com">sjwinder@cvty.com</a></p>
<b>Home State</b>				<p>Megan Barton Director Medical Management Tel: 636-534-4612 <a href="mailto:mbarton@homestatehealth.com">mbarton@homestatehealth.com</a></p> <p>Ellen McCabe Senior Clinical Trainer Tel: 636-534-4628 <a href="mailto:emccabe@homestatehealth.com">emccabe@homestatehealth.com</a></p>	<p><b>Cenpatico:</b></p> <p>Susan Nay Clinical Manager Tel: 636-534-4677 <a href="mailto:snay@cenpatico.com">snay@cenpatico.com</a></p> <p>Katy Meador Cenpatico Care Coordinator, CM Tel: 636-534-4643 <a href="mailto:kmeador@centene.com">kmeador@centene.com</a></p>
<b>Missouri Care</b>	●	●	●	<p>Archie Hamilton, LPC Continuum of Care Manager Tel: 573-441-2121 Fax: 866-946-1104 <a href="mailto:Edward.hamilton@wellcare.com">Edward.hamilton@wellcare.com</a></p> <p>Janette Hagan, RN Manager of Case Management Tel: 573-441-2117 Fax: 860-262-9768 <a href="mailto:janette.hagan@wellcare.com">janette.hagan@wellcare.com</a></p>	<p><b>Same as MCHP Contact</b></p>

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 ADA treatment provider. The ADA 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 ADA treatment provider, the MCHP and/or MBHO case manager will be responsible for following up with the ADA 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 ADA 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.) Once the referral has been completed, the ADA treatment provider will complete the **Verification of Consumer Consent to Information Release** and **Communication with Managed Care Health Plan** form and fax it to the identified DMH designee.
- 3.) The ADA 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

**Please direct any pregnancy monitoring protocol related questions and/or concerns to:**

**Rhonda Turner**

**Department of Mental Health**

**Phone: 573-526-1572 Fax: 573-751-7814**

**Email: Rhonda.Turner@dmh.mo.gov**

# CSTAR Women's & Children's Programs

Region	Provider Agency	Address	Contact Person	Telephone	Email
Eastern	<b>BASIC</b>	3026 Locust Street St. Louis, MO 63103	Nina Miller Robin Smith	(314) 621-9009 ext. 3019 (314) 621-9009	ninam@basicinc.org robins@basicinc.org
	<b>Bridgeway Behavior Health, Inc.</b>	1570 South Main St. Charles, MO 63303	David Chernof, Director of Operations Stacy Glenn, Site Director Linda Dow, Access Specialist Christine Rupp Amy Molitor Amy Ring, CSS Montzie Whitman, Nurse	(314) 395-8160 (636) 757-2336 (636) 757-2300 ext. 148 (636) 757-2300 ext. 137 (636) 757-2300 ext. 112 (636) 757-2300 ext. 101 (636) 757-2300 ext. 132	lchernof@bridgewaybh.com sglenn@bridgewaybh.com ldow@bridgewaybh.com crupp@bridgewaybh.com amolitor@bridgewaybh.com aring@bridgewaybh.com mwhitman@bridgewaybh.com
	<b>New Beginnings</b>	3901 North Union Blvd, Ste. 101 St. Louis, MO 63115	Clarissa Cobb-Fritz	(314) 367-8989	cccobbfritz2@sbcglobal.net
	<b>Queen of Peace</b>	325 North Newstead St. Louis, MO 63116	Dorothy Crawford	(314) 531-0511 ext. 126	dcrawford@ccstl.org
Central	<b>Hannibal Counsel on ADA (HCADA)</b>	146 Communications Dr. Hannibal, MO 63401	Heather Monroe	(573) 248-1196 ext. 226	hmonroe@hcada.org
	<b>Family Counseling Center of MO, Inc. (McCambridge)</b>	117 North Garth Columbia, MO 65203	Jennifer Winslow	(573) 449-3953	<a href="mailto:jwinslow@fccmo.org">jwinslow@fccmo.org</a>
Western	<b>ReDiscover</b>	901 N.E. Independence Ave. Lee's Summit, MO 64086	Marsha Page-White	(816) 554-4278	mjpage@rediscovermh.org
	<b>Comprehensive Mental Health Services (Renaissance West)</b>	10901 Winner Road Independence, MO 64052	Dyani Kallauner Kay Murphy-Collins	(816) 333-2990 (816) 254-3652 ext. 268	dkall@thecmhs.com kcoll@thecmhs.com
South East	<b>Family Counseling Center, Inc.</b>	925 Hwy VV Kennett, MO 63857	Nancy Blackshire	(573) 888-5925	nancy@fccinc.org
South West	<b>Alternative Opportunities, Inc. (Carol Jones Recovery Center)</b>	2626 W. College St. Road Springfield, MO 65802	Sarah Schacher Mary Turner Keith Noble	(417) 862-3544 or (417) 869-8911 (417) 862-3544 (417) 869-8911	sschacher@aoinc.org mturner@aoinc.org knoble@aoinc.org
	<b>Family Self-Help Center (Lafayette House)</b>	1809 Cornor Ave. Joplin, MO 64804	Rebekah Oehring Sheryl Hall	(417) 782-1772 (417) 782-1772	roehring05@yahoo.com

Department of Mental Health • Division of Alcohol & Drug Abuse

# Treatment Providers

Provider/Facility Name	Program Type	Primary Location / Service Area	Primary & Back-Up Contacts	Contact Number	Email Address
<b>Alternative Opportunities</b> (Carol Jones Recovery Center)	WC CSTAR	Springfield	Sarah Schacher Mary Turner Keith Noble	(417) 862-3455 (417) 862-3455 (417) 869-8911	sschacher@aoinc.org mturner@aoinc.org knoble@aoinc.org
<b>BASIC</b>	WC CSTAR	St. Louis	Nina Miller Robin Smith	(314) 621-9009 ext. 3019 (314) 621-9009	ninam@basicinc.org robins@basicinc.org
<b>Bridgeway Behavioral Health</b>	WC CSTAR	St. Louis Region	David Chernof, Operations Director Stacy Glenn, Site Director Linda Dow, Access Specialist Christine Rupp Amy Molitor, CSS Amy Ring, CSS Montzie Whitman, Nurse	(314) 395-8160  (636) 757-2336 (636) 757-2300 ext. 148 (636) 757-2300 ext. 137 (636) 757-2300 ext. 112 (636) 757-2300 ext. 102 (636) 757-2300 ext. 132	lcherfnof@bridgewaybh.com  sglenn@bridgewaybh.com ldow@bridgewaybh.com crupp@bridgewaybh.com amolitor@bridgewaybh.com aring@bridgewaybh.com mwhitman@bridgewaybh.com
<b>Burrell Behavioral Health</b>	Adolescent CSTAR	Springfield	Todd Schaible	(417) 269-7336	
<b>Center for Life Solutions</b>	Opioid CSTAR	St. Louis Region	Eydie Caughron	(314) 731-4136	eydie@centerforlifesolutions.org
<b>Clark Community MHC</b>	PR+	Monett/Aurora		(417) 476-1000	
<b>Community Mental Health Consultants</b>	Gen. Adult CSTAR	Nevada	Teri Morris	(417) 667-8352	
<b>Community Treatment, Inc.</b> (COMTREA)	Adolescent CSTAR PR+	Festus/St. Louis Region Festus/St. Louis Region	Nina Graham Kolleen Simons Rhonda Piazza	(636) 931-2700 ext. 228 (636) 296-6206 ext. 357 (636) 931-2700 ext. 118	ngraham@comtrea.org ksimons@comtrea.org rpiazza@comtrea.org
<b>Comprehensive Mental Health Services</b> (Renaissance West)	WC CSTAR / PR+	Kansas City Region	Dyani Kallauner Kay Murphy-Collins	(816) 333-2990 (816) 254-3652 ext. 268	dkall@thecmhs.com kcoll@thecmhs.com
<b>Family Counseling Center, Inc.</b>					
Stapleton Center	WC CSTAR / PR+	Hayti	Noble Shaver	(573) 359-2600	nobles@fccinc.org
Turning Leaf Adult Tx Center	PR+	West Plains	Kelley Wilbanks	(417) 256-2570	kwilbanks@fccinc.org
New Beginnings	Adolescent CSTAR	West Plains	Kelley Wilbanks	(417) 257-9152 ext. 201	kwilbanks@fccinc.org
	Adolescent CSTAR	Kennett	Nancy Blackshire	(573) 888-5925	melissaw@fccinc.org
	WC CSTAR	Cape Girardeau	Dana Branson	(573) 651-4177 ext. 210	danab@fccinc.org
			Sheila Cowell	(573) 651-4177 ext. 200	

Department of Mental Health • Division of Alcohol & Drug Abuse

# Treatment Providers

(Continued, pg. 2)

	Program Type	Primary Location/ Service Area	Primary & Back-Up Contacts	Contact Number	Email Address
<b>Family Counseling Center of MO -</b>	Gen. Adult CSTAR Gen. Adult CSTAR	Jefferson City Columbia, Fulton, Boonville, Fayette	Don Smith Ted Solomon	(573) 634-4591 (573) 449-2583	dsmith@fccmo.org tsolomon@fccmo.org
Cedar Ridge Daybreak McCambridge	PR+ / CSTAR Gen. Adult CSTAR WC CSTAR	Lake Ozark Region Columbia Columbia	David Veanes Clarisse Shum / Courtney Horn Jennifer Winslow	(573) 346-6758 (573) 875-8088 (573) 449-3953	dveanes@fccmo.org <a href="mailto:winslow@fccmo.org">winslow@fccmo.org</a>
<b>Family Guidance Center</b>	PR+	St. Joseph	Beth Sprung	(816) 236-2355	esprung@familyguidance.org
<b>Family Self Help</b> (Lafayette House)	WC CSTAR WC CSTAR	Joplin Joplin	Rebekah Oehring Sheryl Hall	(417) 782-1772 (417) 782-1772	roehring05@yahoo.com
<b>Gateway Foundation</b>		St. Louis	Stephen Doherty	(314) 421-6188 ext. 3103	sdoeherty@gatewayfoundation.org
<b>Gibson Recovery Center</b>	PR+	Cape Girardeau	John Simpson	(573) 472-2253	
<b>Hannibal Council on ADA</b>	WC CSTAR PR+	Hannibal, Mexico Moberly, Macon, Canton	Heather Monroe	(573) 248-1196 ext. 226	hmonroe@hcada.org
<b>Kansas City Community Center</b> (KCCC)	PR+ PR+  PR+ PR+ PR+ PR+ PR+ PR+ PR+ Free & Clean	1534 Campbell (Jackson Co.) 1534 Campbell (Jackson Co.)  Jackson County - East Clay, Platte, Ray Counties  Christian, Greene, Webster Counties Dallas and Lawrence Counties Polk County Taney County Stone and Barry Counties Clay County	Callie Grantham Kathy Funk  Vicki Boyd Janet Poole  Kim Lowrey Darrell Williams Bruce Wood Bruce Wood Karah Young Janet Poole Jerry Peters	(816) 842-1805 ext. 102 (816) 842-1805 ext. 107  (816) 836-3677 (816) 630-8986 ext. 109 (816) 630-0073 (417) 866-3293 (417) 894-5446 (417) 880-0870 (417) 239-0759 (417) 880-7310 (417) 988-9926 (816) 333-9999 ext. 11	callie.grantham@kcccommunityctr.org kathy.funk@kcccommunityctr.org  vicki.boyd@kcccommunityctr.org jkp@kcccommunityctr.org  kim.lowrey@kcccommunityctr.org bruce@correctionservices.com bruce@correctionservices.com jkp@kcccommunityctr.org Jerry.peters@kcccommunityctr.org
<b>Larry Simmering Recovery Center</b> (Sigma House)	PR+	Branson	Karen Kramer Lois Maddux	(417) 335-5946 ext. 202 (417) 335-5946 ext. 214	karen.kramer@sigmahouse.org lois.maddux@sigmahouse.org
<b>New Beginnings</b>	Adolescent CSTAR Gen. Adult CSTAR WC CSTAR Alt. Care CSTAR	St. Louis	Clarissa Cobb-Fritz	(314) 367-8989	cccobbfritz2@sbcglobal.net

**Department of Mental Health • Division of Alcohol & Drug Abuse**  
**Treatment Providers**

(Continued, pg. 3)

Provider/Facility Name	Program Type	Primary Location / Service Area	Primary & Back-Up Contacts	Contact Number	Email Address
<b>Ozark Center</b>	CSTAR Gen. Adult PR+	Joplin	Rick Davis	(417) 347-7730	
<b>Paseo Clinic</b>	Opioid CSTAR	Kansas City	Theresa Mueller	(816) 512-7152	Theresa.Mueller@dmh.mo.gov
<b>Pathways</b>	Adolescent CSTAR	Rolla - Eastern Region	Heather Derix	(573) 364-7551	
	Adolescent CSTAR	Columbia - Central Region	Yvonda Rhoades	(417) 667-2262	yrhoades@pbhc.org
	Adolescent CSTAR	Clinton - Southwest Region	Tony Boyd	(660) 890-8182	pstewart@pbhc.org
	CSTAR / PR+ (Residential)	Clinton / Warrensburg	Sylvan "Lucky" Ward	(660) 890-8167	sward@pbhc.org
	CSTAR Gen. Adult /PR+ PR+	Sedalia - SW Region	Sylvan "Lucky" Ward	(660) 667-2262	jchappelle@pbhc.org
	PR+	Harrisonville - NW Region	Kathi Grose	(816) 416-9448	kgrose@pbhc.org
	PR+	Nevada – SW Region	John Braucher	(417) 667-2262	jbraucher@pbhc.org
	PR+	Jeff City - Central Region	Yvonda Rhoades	(417) 667-2262	yrhoades@pbhc.org
	PR+	Rolla - South Central Reg.	Heather Derix	(573) 634-7551	
<b>Phoenix Programs</b>	PR+	Columbia	Laura Cameron	(573) 442-1324	lcameron@phoenixprogramsinc.org
<b>Preferred Family Healthcare (PFH)</b>	<b>Various</b>	Kansas City, Lee's Summit, St. Joseph	Becky Steiner, Insurance Care Manager	(816) 474-7677	rsteiner@pfh.org
	<b>*See Below</b>	Jefferson City (adult & adolescent programs), Macon, Moberly	Beckie Stobel, Insurance Care Manager	(573) 632-4321	rstrobel@pfh.org
	Adolescent CSTAR	Jeff City - Central Region	Danielle Russell	(573) 556-6589	datkins@pfh.org
	CSTAR / DOC	Macon / Moberly	Kelly VanVleck	(660) 385-7111	kvanvleck@pfh.org
	<b>*See Below</b>	St. Charles, Wentzville, Troy, Union, St. Louis (Miami St.), St. Louis (Broadway), Brentwood, St. Louis (adolescent program)	Lori Fernandez, Insurance Care Manager	(314) 584-1010 ext. 34	lfernandez@pfh.org
	Adolescent CSTAR	St. Charles	Matt Haverstick	(636) 946-6376 (314) 599-4356	mahaverstick@pfh.org
	Adolescent CSTAR	St. Charles	Linda Williams	(636) 946-6376 (636) 352-7029	linwilliams@pfh.org
	Adolescent CSTAR	Franklin County	Megan Smith	(636) 584-8724 (314) 518-7487	mesmith@pfh.org
	Adolescent CSTAR	St. Louis County	Charles Conway	(314) 773-3670 (314) 732-3185	econway@pfh.org
	<b>*See Below</b>	Kirkville (adult & adolescent programs), Chillicothe, Brookfield, Hannibal, Trenton, Kahoka	Mary Anne Comstock, Insurance Care Manager	(660) 665-1962	mcomstock@pfh.org
	Adolescent CSTAR	Kirkville	Andrea Kincannon	(660) 665-1962	ahuffman@pfh.org
	Gen. Adult CSTAR	Kirkville	Kristle Havens	(660) 665-1962	khavens@pfh.org
	Adolescent CSTAR	Hannibal	Heather Lair	(573) 248-3811	hlair@pfh.org

Department of Mental Health • Division of Alcohol & Drug Abuse

# Treatment Providers

(Continued, pg. 4)

Provider/Facility Name	Program Type	Primary Location / Service Area	Primary & Back-Up Contacts	Contact Number	Email Address
Queen of Peace	WC CSTAR	St. Louis	Dorothy Crawford	(314) 531-0511 ext. 126	dcrawford@ccstl.org
ReDiscover	WC CSTAR WC Alt Care CSTAR	Kansas City Kansas City	Marsha Page-White	(816) 554-4278	mjpage@rediscovermh.org
Salvation Army	PR+	Kansas City	Levearn Hicks	(816) 483-2281	Lavearn_hicks@usc.salvationarmy.org
Samuel Rodgers Health Center	Opioid CSTAR	Kansas City	Dov Shapiro	(816) 861-7070	
Scott Greening (PFH)	Adolescent CSTAR	Joplin	Debra Allman	(417) 623-1990	
Sigma House	PR+	Springfield	Patrick Pennell Cathy Kriste	(417) 862-3339 ext. 227 (417) 862-3339 ext. 240	pgpennell@sigmahouse.org
Southeast Missouri Treatment Center (SEMO)	Gen. Adult CSTAR PR+	Southeast Region	Nancy Medlock	(573) 729-4723	nmedlock@semoctc.org
Swope Health Services	PR+	Kansas City	Jeanette Baltimore	(816) 627-2087	Jbaltimore@swopecommunity.org
Tri-County Mental Health Services	Gen. Adult CSTAR	Kansas City	Jan Pool	(816) 877-0495	janp@tri-countymhs.org
Westend Clinic	Opioid CSTAR	St. Louis	Pamela Bytes	(314) 381-0560	

## Key

**Alt Care** – Alternative Care; **CSTAR** – Comprehensive Substance Abuse 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 abuse, 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**, have the client (or parent, if the client is a child) sign an Authorized Representative form (IM-AR6, at <http://dmh.mo.gov/ada/RapidMedicaidEligibility.htm>) and 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 OR 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 Department of Alcohol and Drug Abuse 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 alcohol or drug treatment;  
\_\_\_ initial and subsequent evaluations of my service needs;  
\_\_\_ summaries of alcohol/drug and mental health assessment results and history;  
\_\_\_ summary of alcohol/drug treatment and mental health services plan(s), progress and compliance;  
\_\_\_ attendance in alcohol/drug treatment and mental health services;  
\_\_\_ discharge plan(s) for alcohol/drug treatment and mental health services;  
\_\_\_ date of discharge from alcohol/drug 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 alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse 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 alcohol and drug 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



Substance Abuse Treatment Referral Protocol for Pregnant Women under MO HealthNet Managed Care

Verification of Consumer Consent to Information Release and Communication with Managed Care Health Plan

CLIENT INFORMATION

Table with columns: FIRST, LAST, ADMIT DATE, DCN, DMH, DISCOVERY DATE

ADA TREATMENT PROVIDER

Table with columns: FACILITY, CONTACT, PHONE

MO HEALTHNET MANAGED CARE HEALTH PLAN

HealthCare USA, Home State, Missouri Care checkboxes

PERSON(S) NOTIFIED, PHONE

Refer to the MO HealthNet MCHP & MBHO Contacts list

The Multi-Party Consent for Release of Information has been explained and the client has signed the release authorizing the sharing of the specific information designated on the release. A copy of the release is attached.

After the Multi-Party Consent for Release of Information was obtained, the ADA treatment provider contact person communicated with the Managed Care Health Plan (MCHP) case manager regarding care coordination and continuing care planning by the following means:

Telephone, Voicemail\*, Email\*, Fax\* checkboxes with date fields

- Notifications to the managed care provider should occur within 24-hours of discovery. Direct telephone contact is recommended. If communication occurs by indirect means (e.g., voicemail, email, fax), please document the reason in section below.\* Emails containing consumer protected health information (PHI) must be encrypted. Confirmation of receipt is advised for all faxed information containing PHI.\* All attempts to communicate with the MCHP for coordination of care should be documented in the clinical record.

Direct communication (i.e., telephone) and/or care coordination with the managed care organization did not occur at the time of initial referral.\* Specify the reason in the space provided below. Use additional paper, if necessary.

Upon completion of the above, please fax this form and the consumer's Multi-Party Consent for Release of Information to Rhonda Turner at (573) 751-7814 and the MCHP case manager. Be sure the fax cover sheet includes your agency's confidentiality notice.

# 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 ADA 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>.