

MISSOURI DEPARTMENT OF MENTAL HEALTH
Division of Comprehensive Psychiatric Services
OFFICIAL MEMORANDUM

March 2, 2012

TO: Agencies Operating Healthcare Homes and ACT Teams

FROM: Tom Rehak, Coordinator of Policy and Programs
Division of Comprehensive Psychiatric Services

SUBJECT: HCH Nurse Care Manager Responsibilities

We have had questions from CMHC's who operate both Healthcare Homes (HCH) and Assertive Community Treatment (ACT) teams regarding the roles and responsibilities of the HCH Nurse Care Manager (NCM) in relation to the nurse on the ACT team. This is to clarify and provide direction as these provider organizations develop procedures and protocols to coordinate care for HCH enrolled clients who are also enrolled on an ACT team.

1. A number of persons who are being served on ACT teams were among the persons originally auto-enrolled in the CMHC Healthcare Homes back in November 2011. It is perfectly appropriate for persons on an ACT team to also be enrolled in a HCH.
2. The nurse on the ACT team may be utilized to assist in providing HCH services and interventions related to physical health needs. However, these services should be coordinated with the HCH NCM, and there are certain activities that must be done by the HCH NCM.
3. An ACT nurse may provide metabolic syndrome screenings.
4. An ACT nurse may collect information for the annual health screening required by HCH policy. However, the HCH NCM must review the health screening information in a face to face meeting with the client, and assist in developing health related goals by participating in the treatment planning process for the ACT client.
5. The HCH NCM must perform an initial review of the client chart and CyberAccess to become familiar with the clients healthcare needs and prioritize which HCH clients need more attention. This review should occur as soon as possible and no later than the time the client is due for an annual treatment plan review. It would be expected that the HCH NCM will communicate with and coordinate any health related concerns with the ACT team nurse and any other appropriate ACT team members.

6. The HCH NCM should ensure that HCH clients flagged on a HCH HIT report receive appropriate follow-up for the issue they were flagged on. The HCH NCM may perform those follow-up activities themselves, or may delegate the follow-up to the ACT nurse or other qualified ACT team staff as appropriate.
7. All HCH clients who are hospitalized must have a medication reconciliation within 72 hours of discharge from the hospital and documented in the clinical record. This function may be delegated to the ACT team nurse, with appropriate coordination with the HCH NCM.

Within these parameters we encourage organizations who operate Healthcare Homes and ACT teams to determine how to best coordinate treatment activities to provide appropriate interventions, meet the requirements of Healthcare Homes, and also avoid duplication of services.

If you have any questions please contact me. Thank you.