# Missouri Division of Behavioral Health

| Bulletin Number: FY16–Clinical-35 | CLINICAL SERVICES BULLETIN | Effective Date: August 1, 2016 |
|---|---|---|
| ***New*** | **Subject: ADA DM Metabolic Syndrome Screening** | **Number of Pages:** 5 |

## 1 Programs Affected

1.1.1 Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs who are ADA Disease Management program providers: Women and Children, Women and Children Enhanced, General Adult, and General Adult Enhanced. Community Psychiatric Rehabilitation Programs (CPRP): Adult

## 2 Purpose

2.1.1 DMH and the MO HealthNet Division have collaborated on the Disease Management (ADA DM) initiative to improve the health of persons with high medical costs, chronic medical conditions, and substance use disorders. For this initiative, agencies were required to employ nurses. The most recent addition is to screen for metabolic syndrome, which is a combination of medical disorders that greatly increase the risk of developing cardiovascular disease and diabetes, specifically: obesity, hypertension, abnormal lipid levels, and high blood sugar (blood glucose and/or HgbA1c.)

2.1.2 All individuals identified and enrolled through the ADA DM program are required to be screened for metabolic syndrome at least annually, regardless of the type of medication they are prescribed for their behavioral health conditions, and regardless of whether they are enrolled in either a CPRP or CSTAR.

2.1.3 The required components of a complete metabolic syndrome screening for adults include:

- height
- weight
- blood pressure
- BMI and/or waist circumference
- blood glucose and/or HgbA1c
- lipid levels
- status of antipsychotic medication use
- tobacco use
- pregnancy status

## 3 Metabolic Syndrome Screening (MBS) Guidelines

3.1.1 Completing the screen may involve direct time spent by the nurse with the individual, phone calls and referral to physicians and labs, and indirect time completing the form.

3.1.2 The nurse may conduct the lab test to assess lipid level and blood glucose levels and/or HgbA1c by using the Cholestech LDX analyzer or other machine approved by the Department. The Department will purchase at least one (1) Cholestec LDX analyzer per ADA DM provider.

3.1.3 The values may be collected by the agency or the data may be collected from other primary care providers and recorded.

3.1.4 Components of the MBS may be performed/collected by any trained and qualified staff. In most cases this will be an RN or LPN. *At this time in CSTAR, only RN level nursing services may be*

*billed to Medicaid. DMH is in the process of requesting to add LPNs as a qualified provider of CSTAR nursing services. Until that policy is in place, MBS activities completed by a CSTAR LPN will be billed to non-Medicaid funding.*

3.1.5 Regardless of how the components are collected/verified, a nurse must review and sign off on the form and put a progress note in the consumer chart. **All** components*, including documentation of any opt-outs*, of the MBS must be completed in order to bill for the screening.

3.1.6 When the individual is already being followed regularly by a health care provider, the nurse may obtain results of the most recently completed lipid panel and blood glucose levels and/or HgbA1c from that provider in order to complete the metabolic syndrome screening process for department consumers.

3.1.7 We estimate that the activities involved in this screening will average about 30 minutes per consumer.

3.1.8 There are circumstances in which a consumer may opt-out of certain procedures due to the consumer's concern of the invasiveness of the procedure. A consumer may opt-out of blood glucose, HgbA1c, and lipid level collection. <u>It is required that all other values are obtained</u>.

3.1.9 Opt-outs should be used on a limited basis and should only occur if a consumer *clearly refuses* to complete the labs requested. Programs should carefully present the expectation that labs be completed for care coordination and treatment. Programs should not present opting-out as a general option. Opt-outs will be monitored on a regular basis.

3.1.10 If a consumer chooses to opt-out, this information should be communicated to internal and external providers who may use MBS results as part of their treatment plan (primary care providers, psychiatrists).

3.1.11 The MBS must be completed within 30 days of program enrollment and annually thereafter.

## 4. Billing and Documentation

4.1.1 A form has been developed, the *Metabolic Syndrome Screening and Monitoring Tool*, which must be completed by a nurse to verify that the metabolic syndrome screening is completed. The form is in Attachment A. Providers may use this form, or develop their own form, if the content is consistent. If a provider chooses to develop their own recording form this must be approved by the Department.

4.1.2 Required documentation includes completion of the *Metabolic Syndrome Screening and Monitoring Tool* and a summary progress note verifying the completion of the screening along with plans for ongoing monitoring of the individual based on the results of the screening. Both must be filed in the consumer record and available for review and verification by the Department and other authorized staff. Exact clock time is required.

4.1.3 At this time up to two (2) units of Extended Day Treatment (EDT) may be billed for completion of the MBS in CSTAR programs. *DMH is proposing a Metabolic Screening code to add to the CSTAR service menu. Policy will be updated once the code is available. See 3.1.3 for current CSTAR policy on staff level billing of EDT. Current billing limits of EDT apply.* CPRPs continue to bill the Metabolic Screening codes.

4.1.4 MBS results are reported to Care Management Technologies (CMT) and are recorded in either the Pro-Act database or on a provided spreadsheet.

4.1.5 If the provider determines a clinical need to do another **complete** MBS because of adverse findings/issues, they may do so and still get paid by DMH/Medicaid as long as 90 days has elapsed from the prior MBS service date.

4.1.6 If portions of the MBS need to be performed to follow up on specific issues or if another MBS must be completed less than 90 days from the completion of a previous screening; up to two units may be billed by the nurse to Extended Day Treatment (CSTAR) or Medication Administration (CPRP).

STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

# METABOLIC SYNDROME SCREENING AND MONITORING TOOL

| NAME | DOB |
|---|---|
| AGENCY | DCN # (IF AVAILABLE) |

## VITAL HISTORY

| | Baseline | Subsequent Values | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Date | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ |
| Height (in) _____ | | | | | | | | |
| Weight (lbs) | | | | | | | | |
| BMI (kg/m2) | | | | | | | | |
| Waist Circumference | | | | | | | | |

**BMI Monitoring**
BMI ↑ 25 - overweight BMI ↑ 30 - obese

**Waist Circumference Monitoring**
Females ↓ 35" or Men ↓ 40" within normal limits
Females ↑ 35" or Men ↑ 40" - prediabetic risk factor

| | Baseline | Subsequent Values | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Date | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ |
| Blood Pressure (mmHg) | | | | | | | | |
| Manual/Automated | M/A | M/A | M/A | M/A | M/A | M/A | M/A | M/A |

**Blood Pressure Monitoring**
Normal - BP 120/80 and below, Prehypertension - BP 120/80 - 139/89, Hypertension - 140/90 and above

## BLOOD GLUCOSE

| | Baseline | Subsequent Values | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Date | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ |
| Plasma Glucose (mg/dl) | | | | | | | | |
| Fasting - Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| and/or Hgb A1c | | | | | | | | |

**Fasting Plasma Glucose &/or Hgb A1c**
FPG ↓ 100 mg/dl or Hgb A1c ↓ 6.0 within normal limits
FPG 100 - 125 mg/dl is indicative of prediabetes
*Observe the patient for s/s of diabetes i.e.: wt gain (increase or decrease), polyuria or polydipsia.*
FPG ↑ 126 mg/dl or Hgb A1c ↑ 6.1 indicates diabetic state

## LIPID PANEL

| | Baseline | Subsequent Values | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Date | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ |
| Total Cholesterol (mg/dl) | | | | | | | | |
| LDL (mg/dl) | | | | | | | | |
| HDL (mg/dl) | | | | | | | | |
| Triglycerides (mg/dl) | | | | | | | | |

**Lipid Panel Monitoring**
LDL ↓ 130 mg/dl, HDL ↑ 40 mg/dl &/or Triglycerides ↓ 150 mg/dl within normal limits
LDL ↑ 130 mg/dl, HDL ↓ 40 mg/dl &/or Triglycerides ↑ 150 mg/dl at risk for hyperlipidemia

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Taking antipsychotic? | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| Pregnant? | Y/N/U | Y/N/U | Y/N/U | Y/N/U | Y/N/U | Y/N/U | Y/N/U | Y/N/U |
| Use Tobacco Products? | Y/N/U | Y/N/U | Y/N/U | Y/N/U | Y/N/U | Y/N/U | Y/N/U | Y/N/U |

Patient refused Date ____/____/____ Requested order from outside provider Date ____/____/____

| ***Screeners Initials*** | | | | | |
|---|---|---|---|---|---|

**Pre-diabetes Screening and Monitoring Guidelines for Children and Adolescents**

| Age Range | Under Age 10 | 10-17 Years | |
|---|---|---|---|
| **Over Weight** | > 90th Percentile in Weight unless puberty has occurred. If either is present follow 10-17 guidelines. | BMI is:<br>• 85th percentile for age & gender<br>• Or 85th percentile for height<br>• Or Weight is > 120% of ideal for height<br>AND Two risk factors | |
| **Other Risk Factors** | | Two of the following:<br>• Family history of type 2 diabetes (1st/2nd degree)<br>• Race ethnicity (Native American, African American, Hispanic American, Asian/South Pacific Islander)<br>• Signs of insulin resistance (acanthosis nigricans, hypertension, dyslipidemia, polycystic ovary syndrome) | |
| **Screening** | | **Screening Tests** | **Requires additional testing if:** |
| | | Fasting Plasma Glucose (FPG) | 100-125 mg/dL (may indicate pre-diabetes) |
| | | Fasting Plasma Glucose (FPG) | 126 mg/dL (may indicate diabetes) |
| | | Impaired Glucose tolerance (IGT) | 2 hrs after 75g glucose, value is > 140-199 (pre-diabetes); > 200 diabetes) |
| **Frequency** | | Every two years | |
| **Action** | Notify physician and dietician of need for consult. | **Results Abnormal**<br>1. Repeat tests on subsequent day to diagnose<br>2. Implement treatment plan including lifestyle modification<br>3. Screen for Cardiovascular Disease Risk Factors:<br>• HDL < 40 mg/dL<br>• Fasting Triglycerides > 150 mg/dL<br>• Blood Pressure > 130/85 mm/Hg | **Results Normal**<br>Screen as in 1-3 |
| **Rationale** | Metabolic Syndrome cannot be diagnosed but further measurements should be made if there is a family history of metabolic syndrome, type 2 Diabetes, dyslipidemia, cardiovascular disease, hypertension and/or obesity. | | |