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DATE: May 5, 2014
TO: ADA Providers
FROM: Laurie D. Epple, Deputy Director of Administration
Division of Behavioral Health
SUBJECT: Extended Day Treatment – Licensed Practical Nurse

A handwritten signature in cursive script, appearing to read "Lde", positioned to the right of the "FROM:" field.

Contracts for the following programs/service categories were amended effective May 1, 2014, to add Licensed Practical Nurse (LPN) as a qualified provider of Extended Day Treatment:

Comprehensive Substance Treatment and Rehabilitation (Adolescent, General Adult, Women & Children, Opioid, Detox)
Primary Recovery Plus
Serious and Repeat Offender Program (SROP)
DOC Free & Clean Plus
DOC Partnership for Community Restoration (PCR)

The Division recognizes that providers may have difficulty recruiting and retaining Registered Nurses (RN). In keeping with the provisions of the DM 3700 and Health Care Home projects, LPNs have been approved to provide health- and medical-related functions that fall within their scope of practice for the ADA Disease Management project. The Division is making this option available to other programs as well. Providers must ensure that all functions performed by an LPN are supervised by an RN or licensed physician.

Extended Day Treatment consists of medical and other consultative services provided by an RN or LPN for the purpose of monitoring and managing a consumer's health. **Services performed by an LPN must fall within their scope of practice and within the Extended Day Treatment service definition, and shall be supervised by an RN or licensed physician.** A separate billing code has been established for services provided by an LPN – T1003. The rate will be the same for RN and LPN (\$19.23 per 15 minute unit) since RN or physician supervision is required. The same limits are also in place:

1. Individual service limits are 12 units per participant, per day (combined LPN/RN services).
2. The Licensed or Registered Nurse cannot bill more than 160 units of Extended Day Treatment per program, per calendar week.
3. Extended Day Treatment may not be billed separately for services provided during Medically Monitored Inpatient Detoxification.
4. The maximum billing of 40 hours per week, per nurse, shall not be exceeded.
5. Extended Day Treatment may be provided to collateral dependents also enrolled in the CSTAR program. Such units shall be billed to the mother's episode of care and are counted in the limits defined above.

A State Plan Amendment will be submitted to the Centers for Medicare and Medicaid (CMS) to request that LPNs be added as qualified providers of Extended Day Treatment in Missouri's CSTAR program. This process may take several months.

Until the State Plan Amendment is approved, all billings to code T1003 for Extended Day Treatment will be paid from providers' *non-Medicaid allocations*. CSTAR claims will be processed as normal after the amendment has been approved by CMS, with the usual Medicaid cost sharing. Extended Day Treatment billed by *non-CSTAR programs* (PR+, DOC Free & Clean, DOC PCR, and SROP) will be paid from providers' non-Medicaid allocations.

NOTE: After the State Plan Amendment is approved, Extended Day Treatment billings to code T1003 for Medicaid eligible individuals in the ADA Disease Management program will be *reimbursed 100 percent* from MO HealthNet (Medicaid) appropriations and will not impact provider allocations.

The Division's Billing and Services Review Unit will monitor Extended Day Treatment billings on a regular basis to ensure that functions are being performed by appropriate staff and the supervision requirements are being met.

Please feel free to contact me if you have questions.

LDE/dsm