

## Screening

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- 1. Is this screening required to take place at the same time as the annual and initial assessment?**  
No. This was just a suggestion, but it needs to be completed yearly.
- 2. Does the screening include both intensive, rehab and maintenance clients in CPR on an antipsychotic?**  
The level of care does not matter. All adults and children enrolled in CPR who are receiving an antipsychotic should have the screening.
- 3. What should an agency do if a client refuses to have the screening?**  
Document on the *Metabolic Syndrome Screening and Monitoring Tool* or in the electronic medical record that he/she opted out of the screening and report the opt out in the Metabolic Screening database.
- 4. How do agencies send the client out for labs if the client doesn't see one of its providers?**  
Contact the client's PCP and request that he/she orders these labs for the client. If the provider refuses to order the labs, then document that on the *Metabolic Syndrome Screening and Monitoring Tool*. However, if an agency is using the Cholestech LDX machine, it does not need a doctor's order to do the labs in house.
- 5. What do agencies do with clients who are non-compliant and will not see their PCP to have their labs done?**  
If a clients are non-compliant, and the agency tried following up with them to see their PCP and then document that they opted out of the screening (see screening question #3) and make a note in the chart.
- 6. Can a nursing student help administer the screening under the supervision of an RN and have them co-sign?**  
Nursing students can help administer the screening. Supervision should follow the agency's policy.
- 7. What should satellite sites, without a nurse, do to complete this screening?**  
Send out for labs and/or collect recent labs already done by the consumer's physician.
- 8. Do agencies need to screen clients we already know are diabetic?**  
The agency can either screen the clients or request the lab data from the treating provider, but the *Metabolic Syndrome Screening and Monitoring Tool* must be completed, and the results must be recorded in the Metabolic Screening database.
- 9. Can the CSS help collect the vitals for the screening?**  
Yes, but the individual must be appropriately trained and competency documented.
- 10. Can the glucose and lipid panel be completed after the nurse does the screening for height, weight, etc.? Agencies may run into labs being scheduled by an outside provider after the nurse does the other half of the screening.**  
Yes. Agencies will bill for the screening after all the data is collected and the *Metabolic Syndrome Screening and Monitoring Tool* is completed.
- 11. Is this screening required for uninsured and Medicare clients?**  
Yes. If clients are enrolled in the CPR program and taking an antipsychotic medication, then they are required to have this screening.

### Documentation

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- 1. Who should the agency contact to approve their version of the screening form?**  
Send modified forms to the DMH Healthcare Home Director Liaison for approval.
- 2. Can the screening form be entered into the agency's electronic medical record, or is the paper form required?**  
The *Metabolic Syndrome Screening and Monitoring Tool* can be entered into an agency's EMR, in which case the paper form would not be required. If the information in an agency's EMR is different from what is on the screening form, then the screening tool will first need to be approved by the DMH Healthcare Home Director Liaison (see documentation question).
- 3. Does the agency need to get consent for kids to have this screening done?**  
Yes. Parents/Guardian consent is necessary.
- 4. Does the agency need to get guardian consent for adults to have this screening done?**  
No. The guardian has already authorized treatment at admission.

### Cholestech LDX Machines

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- 1. Is there any new funding to pay for additional testing supplies for the machine?**  
There are no additional funds available to reimburse for supplies. Supplies will be reimbursed out of the agency's existing DMH allocation. Agencies need to purchase additional supplies as necessary. The cost of these supplies may be billed to DMH and reimbursed on a CIMOR invoice. The agency should bill these costs using the Medical Supplies procedure code and the appropriate CIMOR service category.
- 2. Does the agency need to complete a CLIA waiver in order to use these machines?**  
No. A mobile CLIA waiver has been submitted for the Department of Mental Health in which all CMHCs and their satellite sites are covered to operate this machine. It is necessary to keep a copy of the waiver with the machine at all times.

### Billing

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- 1. Can an agency screen CPRC clients who are not on an antipsychotic and still bill for the service?**  
Yes. Agencies can use the same CIMOR codes that are in the policy.
- 2. Can a CSS who brings clients in for the screening bill for the time the nurse checks the vitals?**  
Helping a client access needed health care services can be billed. So the time a CSS spends getting a client there can be billed, if the client needs that assistance and may not be able to access the screening without their help. The CSS may not bill community support intervention during the time the nurse performs any part of the metabolic syndrome screening unless the CSS is also providing a medically necessary community support intervention during the same time period. The need for this intervention should be documented in the individual's assessment and treatment plan.

**3. Is there funding to pay for labs for uninsured clients? If a client has no insurance, what procedure code do agencies bill the screening to?**

There are no new additional funds available to reimburse for lab tests. DMH encourages providers to do the required tests with the machines provided, to the extent possible. When lab tests must be scheduled with outside lab services, the cost will be reimbursed out of the agencies existing DMH allocation. The agency should bill these costs using the appropriate CIMOR lab test procedure code. The CIMOR procedure codes for metabolic screening are the same regardless if the individual has Medicaid eligibility or not.