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DATE: February 21, 2017  
TO: ADA DM and DM3700 Providers  
FROM: Natalie Fornelli, Manager of Integrated Care   
RE: Policy for DM Outreach Timelines

Because of the chronic disease prevalence within the DM populations, the DBH feels it is vital for agencies to have outreached all of the consumers on their cohort list by the end of the second month of that cohort. This is policy expectation for the DM programs.

Providers are expected to find and enroll as many individuals as possible in their assigned cohort, as quickly as possible. Providers should prioritize individual outreach based on known clinical factors. Nurses or other medical staff should assist in this prioritization.

Outreach and engagement strategies by providers should include but not be limited to: letters, phone calls and correspondence, home visits, and contact/coordination with other known MHD healthcare providers (hospitals, physicians, pharmacists, etc.). Understanding the complexity in engaging this population, it is anticipated that numerous attempts to locate and engage individuals may be necessary. An initial outreach attempt by letter should be followed by more intensive outreach efforts. Outreach strategies are addressed in PowerPoint on the DMH website: <http://dmh.mo.gov/mentalillness/provider/docs/dmstrategiesforsuccess.pdf>.

Attached you will find data showing the chronic disease prevalence for the ADA DM and the DM3700 populations. The data clearly shows the need to quickly outreach and engage these individuals.

Remember, CPRP and CSTAR services provided to DM individuals does not bill against your allocation. The Medicaid match is paid by DSS.

Please contact Brin Ballard at [Brin.Ballard@dmh.mo.gov](mailto:Brin.Ballard@dmh.mo.gov) if you have any questions.

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BB:nf