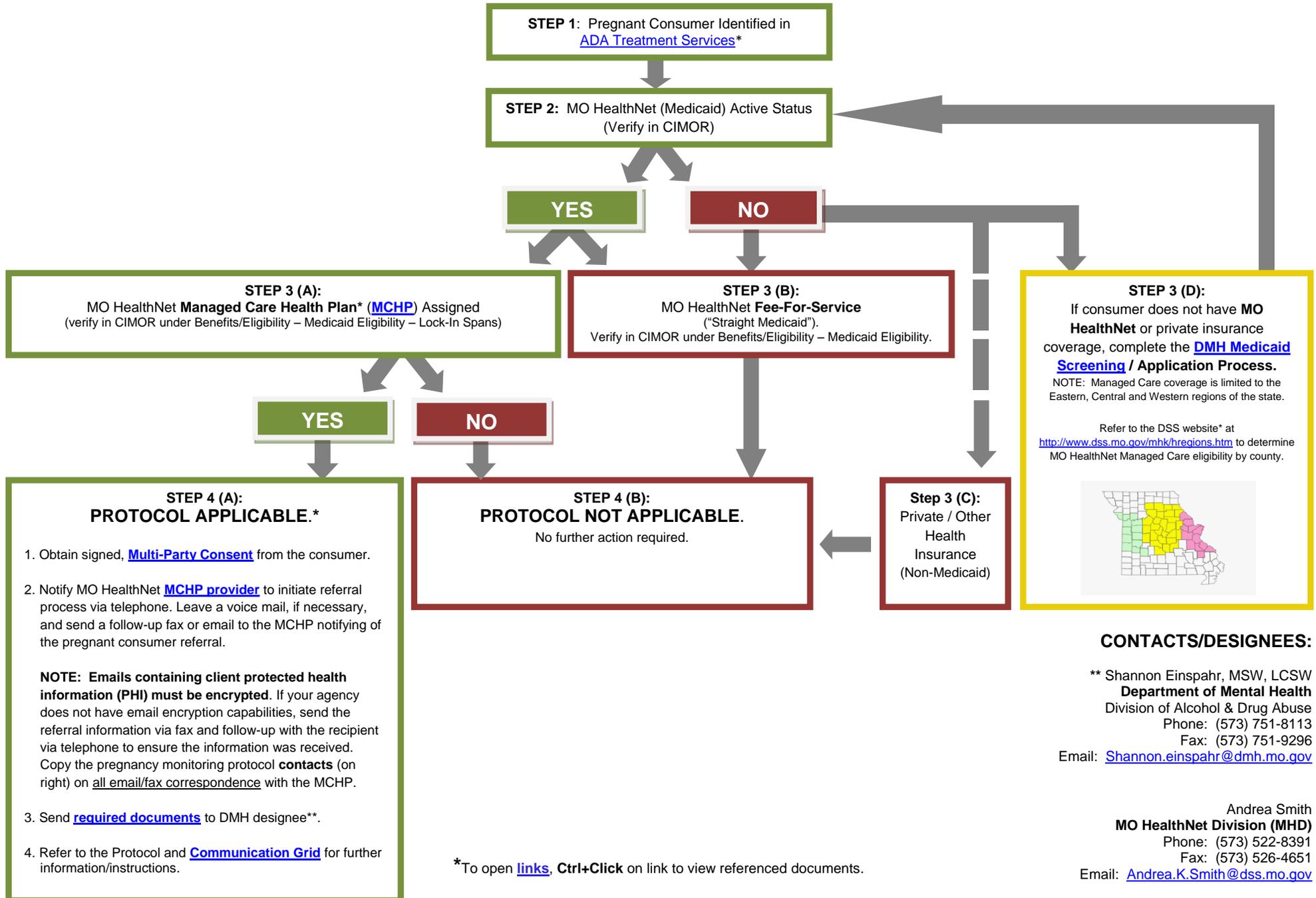


Substance Abuse Treatment Referral Protocol for Pregnant Women Under MO HealthNet Managed Care

“PREGNANCY MONITORING PROTOCOL”



CONTACTS/DESIGNEES:

** Shannon Einspahr, MSW, LCSW
Department of Mental Health
 Division of Alcohol & Drug Abuse
 Phone: (573) 751-8113
 Fax: (573) 751-9296
 Email: Shannon.einspahr@dmh.mo.gov

Andrea Smith
MO HealthNet Division (MHD)
 Phone: (573) 522-8391
 Fax: (573) 526-4651
 Email: Andrea.K.Smith@dss.mo.gov

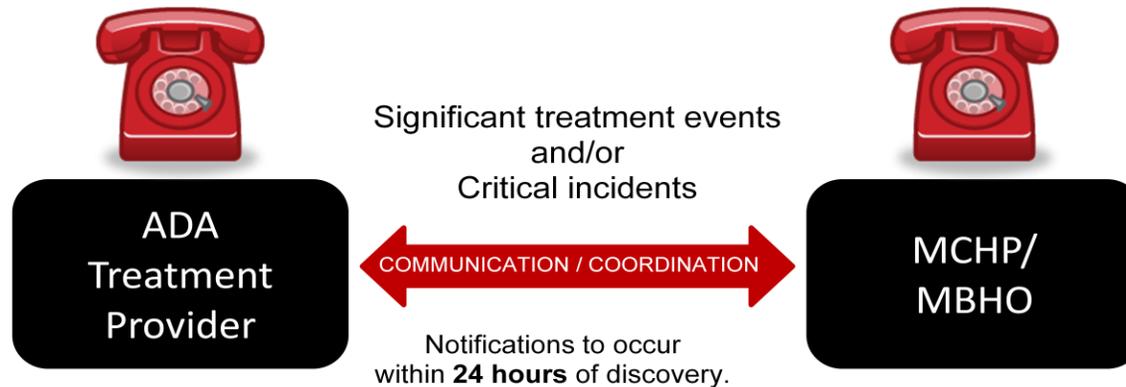
*To open [links](#), **Ctrl+Click** on link to view referenced documents.

Protocol Purpose

COMMUNICATION, COLLABORATION, CARE COORDINATION



UNTIL YOU MAKE DIRECT CONTACT!!!



Pregnancy Monitoring Protocol

COMMUNICATION GRID

EVENT	RESPONSIBILITY	DMH Designee	ADA Provider	MCHP	MBHO	PCP
Referral to ADA provider by PCP	PCP notifies:		●	●		
Referral to ADA provider by or coordinated through MCHP	MCHP notifies:	●	●			●
Member self-referral or referral by other party	After consent to release info is signed, ADA provider notifies:	●		●		●
	After consent to release info is signed, MCHP notifies:				●	
Admission to ADA treatment services	After consent to release info is signed, ADA provider notifies:	●			●	●
	After consent to release info is signed, MCHP notifies:				●	
Significant treatment events can include, but are not limited to: <ul style="list-style-type: none"> • referral, • admission, • barriers to treatment progress, • critical issues or incidents, and • continuing care and discharge planning. Critical issues or incidents include, but are not limited to: <ul style="list-style-type: none"> • deferred admission for medical reasons, • relapse, • unplanned discharges, • need for detoxification, • consultation regarding medication-assisted protocols, and • transfer from residential to outpatient level. 	ADA provider notifies:	●		●		●
	MCHP notifies:				●	
MO HealthNet Eligibility is determined at admission. <ul style="list-style-type: none"> • If consumer is not a MO HealthNet member at admission, but obtains it prior to transfer to outpatient and/or discharge from services, the protocol should be implemented for the remainder of the treatment episode. • The CSTAR provider may contact ADA CR at any time for assistance in verifying MO HealthNet eligibility. However, eligibility status MUST be rechecked 3 days prior to discharge/transfer and then daily until discharge/transfer. 	ADA provider notifies:	●		●		
Pregnancy after admission	ADA provider notifies:	●		●	●	●
Aftercare and discharge planning	ADA provider and MCHP coordinate to involve:	●		●	●	●
Discharge date	ADA provider notifies:	●		●		●
Continuing care plan (and Discharge Summary when completed)	CSTAR Provider sends to:	●		●		●
	MCHP will share appropriate information with:					●
Quarterly statistical reports	DMH designee to:			●		

KEY

ADA – Alcohol and Drug Abuse; **ADA CR** – ADA Clinical Review Unit; **MCHP** – MO HealthNet Managed Care Health Plan;
MBHO –Behavioral Health Organization; **PCP** – Primary Care Provider

MO HealthNet MCHP & MBHO Contacts

Health Plan	Region			MCHP Contact*	MBHO Contact	
	East	Central	West			
Blue Advantage Plus			●	Shelby Jacobs Medicaid Analyst, State Programs Tel: 816-395-2081 shelby.jacobs@bluekc.com	New Directions Behavioral Health: Lori C Myers RN, BSN Manager Tel: 913-982-8360 Fax: 913-982-8401 Lmyers@ndbh.com Melissa Lawson Office: (913) 982-8359 Fax: (913) 982-8401	
Children's Mercy Family Health Partners			●	Lisa Gabel, RN, BSN Manager of Clinical Services Tel: 816-559-9301 Fax: 816-277-0282 lgabel@fhp.org	New Directions Behavioral Health: Lori C Myers RN, BSN Manager Tel: 913-982-8360 Fax: 913-982-8401 Lmyers@ndbh.com Misty Schaefer Tel: 913-982-8362 Fax: 913-982-8401 MSchaefer@ndbh.com	
Harmony Health Plan	●			Anne Keeven, RN Field Case Manager Tel: 314-444-7516 Fax: 314-444-7575 Anne.Keeven@wellcare.com	Ramona Kaplenk Manager, Accreditation and HEDIS Tel: 314-444-7502 Fax: 314-444-7575 Ramona.Kaplenk@wellcare.com	Same as MCHP Contact
HealthCare USA	●	●	●	Tasha Smith Tel: 314-444-7215 tmsharp@cvty.com	Cynthia James Tel: 314-444-7219 Fax: 866-341-1338 cdjames@cvty.com	MHNet Behavioral Health: Linda Williams Tel: 314-543-5426 Fax: 314-543-5470 lwilliams@mhnet.com Joy Winder Tel: 314-444-7971 Fax: 866-341-1338 sjwinder@cvty.com
Missouri Care	●	●	●	Archie Hamilton, LPC Continuum of Care Manager phone 573 441 2121 fax 866-946-1104 HamiltonE@Aetna.com	Janette Hagan, RN Manager of Case Management Tel: 573-441-2117 Fax: 860-262-9768 janette.hagan@aetna.com	Same as MCHP Contact
Molina HealthCare of Missouri	●	●	●	Cherie Brown, BS, RN Director, Utilization Management Tel: 314-819-5292 Fax: 314-819-5293 Cherie.Brown@molinahealthcare.com	Martha Stauder, OB Case Manager Tel: 314-819-5309 Fax: 866- 774-1504 Martha.stauder@molinahealthcare.com	CompCare: Michelle Brochu VP, Project Management Tel: 813-367-4348 Fax: 813-367-4648 mbrochu@compcare.com Sue Rindt, OB Case Manager Tel: 813-367-4570 Fax: 813-367-9096 srindt@compcare.com Diane Walker, OB Case Manager Tel: 813-751-5743 Fax: 813-367-9096 dwalker@compcare.com

MCHP – Managed Care Health Plan; MBHO – Managed Behavioral Health Organization; * – initial referral contact

MO HealthNet MCHP & MBHO Contacts

- 1.) The **MCHP will serve as the point of initial contact upon admission and/or discovery of a managed care eligible pregnant consumer** by the ADA treatment provider. The ADA treatment provider will obtain a signed, **Multi-Party Consent** from the consumer to initiate the referral process. Referrals to the MCHP should occur within 24-hours of discovery. Once the referral to the MCHP has been completed by the ADA treatment provider, the MCHP and/or MBHO case manager will be responsible for following up with the ADA treatment provider on referrals received for the purpose of care coordination. The MCHP and MBHO will determine who will take the lead on MO HealthNet case management activities and will communicate this to the ADA treatment provider.

NOTE: If you are unsuccessful in receiving a response from the identified MCHP contacts, attempt to notify the MBHO contacts. Continue to make attempts to notify the MCHP/MBHO contact person(s) indicated until you receive a response.

- 2.) Once the referral has been completed, the ADA treatment provider will complete the **Verification of Consumer Consent to Information Release** and **Communication with Managed Care Health Plan** form and fax it to the identified DMH designee.
- 3.) The ADA treatment provider will be responsible for notifying the MCHP/MBHO case manager within **24-hours** of **significant treatment events** for managed care eligible pregnant consumers, including:

- *referral;*
- *admission;*
- *eligibility notification;*
- *pregnancy after admission;*
- *barriers to treatment progress;*
- *critical issues or incidents;*
- *continuing care and discharge planning; and*
- *discharge date*

Examples of **critical incidents** include, but may not be limited to:

- *deferred admission for medical reasons;*
- *relapse;*
- *discharge against staff advice;*
- *need for detoxification services;*
- *consultation regarding medication-assisted protocols;*
- *transitions from inpatient to outpatient levels of care; etc.*

MCHP – Managed Care Health Plan; MBHO – Managed Behavioral Health Organization; * – initial referral contact

Please direct any pregnancy monitoring protocol related questions and/or concerns to:

Shannon Einspahr, MSW, LCSW, MATS
Department of Mental Health
Division of Alcohol and Drug Abuse
PH: (573) 751-8113 / Fax: (573) 751-9296
Email: Shannon.Einspahr@dmh.mo.gov

CSTAR Women's & Children's Programs

Region	Provider Agency	Address	Contact Person	Telephone	Email
Eastern	BASIC	3026 Locust Street St. Louis, MO 63103	Nina Miller Robin Smith	(314) 621-9009 ext. 3019 (314) 621-9009	ninam@basicinc.org robins@basicinc.org
	Bridgeway Behavior Health, Inc.	1570 South Main St. Charles, MO 63303	David Chernof, Director of Operations Stacy Glenn, Site Director Linda Dow, Access Specialist Christine Rupp Amy Molitor Amy Ring, CSS Montzie Whitman, Nurse	(314) 395-8160 (636) 757-2336 (636) 757-2300 ext. 148 (636) 757-2300 ext. 137 (636) 757-2300 ext. 112 (636) 757-2300 ext. 101 (636) 757-2300 ext. 132	lchernof@bridgewaybh.com sglenn@bridgewaybh.com ldow@bridgewaybh.com crupp@bridgewaybh.com amolitor@bridgewaybh.com aring@bridgewaybh.com mwhitman@bridgewaybh.com
	New Beginnings	3901 North Union Blvd, Ste. 101 St. Louis, MO 63115	Clarissa Cobb-Fritz Cynthia Ellis	(314) 367-8989 (314) 367-8989	cccobbfritz2@sbcglobal.net nbellisc@sbcglobal.net
	Queen of Peace	325 North Newstead St. Louis, MO 63116	Lee Burnett Dorothy Crawford	(314) 531-0511 (314) 531-0511 ext. 126	lburnett@ccstl.org dcrawford@ccstl.org
Central	Hannibal Counsel on ADA (HCADA)	146 Communications Dr. Hannibal, MO 63401	Heather Monroe	(573) 248-1196 ext. 226	hmonroe@hcada.org
	Family Counseling Center of MO, Inc. (McCambridge)	117 North Garth Columbia, MO 65203	Beth Berhorst Sarah Gonzalez	(573) 449-3953 (573) 449-3953	bberhorst@fccmo.org sgonzalez@fccmo.org
Western	ReDiscover	901 N.E. Independence Ave. Lee's Summit, MO 64086	Lori Glenski Marsha Page-White	(816) 554-4257 (816) 554-4278	lbglski@resdiscovermh.org mjpage@resdiscovermh.org
	Comprehensive Mental Health Services (Renaissance West)	10901 Winner Road Independence, MO 64052	Dyani Kallauner Kay Murphy-Collins	(816) 333-2990 (816) 254-3652 ext. 268	dkall@thecmhs.com kcoll@thecmhs.com
South East	Family Counseling Center, Inc.	925 Hwy VV Kennett, MO 63857	Nancy Blackshire	(573) 888-5925	nancy@fccinc.org
South West	Alternative Opportunities, Inc. (Carol Jones Recovery Center)	2626 W. College St. Road Springfield, MO 65802	Sarah Schacher Mary Turner Keith Noble	(417) 862-3544 or (417) 869-8911 (417) 862-3544 (417) 869-8911	sschacher@aoinc.org mturner@aoinc.org knoble@aoinc.org
	Family Self-Help Center (Lafayette House)	1809 Comnor Ave. Joplin, MO 64804	Rebekah Oehring Sheryl Hall	(417) 782-1772 (417) 782-1772	roehring05@yahoo.com

Department of Mental Health • Division of Alcohol & Drug Abuse

Treatment Providers

Provider/Facility Name	Program Type	Primary Location / Service Area	Primary & Back-Up Contacts	Contact Number	Email Address
Alternative Opportunities (Carol Jones Recovery Center)	WC CSTAR	Springfield	Sarah Schacher Mary Turner Keith Noble	(417) 862-3455 (417) 862-3455 (417) 869-8911	sschacher@aoinc.org mturner@aoinc.org knoble@aoinc.org
BASIC	WC CSTAR	St. Louis	Nina Miller Robin Smith	(314) 621-9009 ext. 3019 (314) 621-9009	ninam@basicinc.org robins@basicinc.org
Bridgeway Behavioral Health	WC CSTAR	St. Louis Region	David Chernof, Operations Director Stacy Glenn, Site Director Linda Dow, Access Specialist Christine Rupp Amy Molitor, CSS Amy Ring, CSS Montzie Whitman, Nurse	(314) 395-8160 (636) 757-2336 (636) 757-2300 ext. 148 (636) 757-2300 ext. 137 (636) 757-2300 ext. 112 (636) 757-2300 ext. 102 (636) 757-2300 ext. 132	lcherfnof@bridgewaybh.com sglenn@bridgewaybh.com ldow@bridgewaybh.com crupp@bridgewaybh.com amolitor@bridgewaybh.com aring@bridgewaybh.com mwhitman@bridgewaybh.com
Burrell Behavioral Health	Adolescent CSTAR	Springfield	Allyson Ashley	(417) 269-7336	allyson.ashley@burrellcenter.com
Center for Life Solutions	Opioid CSTAR	St. Louis Region	Eydie Caughron	(314) 731-4136	eydie@centerforlifesolutions.org
Clark Community MHC	PR+	Monett/Aurora	Earl Best	(417) 235-6610 (M/T/F) (417) 847-1935 (W/TR) (417) 294-0570	ebest11@yahoo.com
Community Mental Health Consultants	Gen. Adult CSTAR	Nevada	Teri Morris	(417) 667-8352	
Community Treatment, Inc. (COMTREA)	Adolescent CSTAR PR+	Festus/St. Louis Region Festus/St. Louis Region	Nina Graham Kolleen Simons Rhonda Piazza	(636) 931-2700 ext. 228 (636) 296-6206 ext. 357 (636) 931-2700 ext. 118	ngraham@comtrea.org ksimons@comtrea.org rpiazza@comtrea.org
Comprehensive Mental Health Services (Renaissance West)	WC CSTAR / PR+	Kansas City Region	Dyani Kallauner Kay Murphy-Collins	(816) 333-2990 (816) 254-3652 ext. 268	dkall@thecmhs.com kcoll@thecmhs.com
Family Counseling Center, Inc.					
Stapleton Center	WC CSTAR / PR+	Hayti	Noble Shaver	(573) 359-2600	nobles@fccinc.org
Turning Leaf Adult Tx Center	PR+	West Plains	Kelley Wilbanks	(417) 256-2570	kwilbanks@fccinc.org
New Beginnings	Adolescent CSTAR	West Plains	Kelley Wilbanks	(417) 257-9152 ext. 201	kwilbanks@fccinc.org
	Adolescent CSTAR	Kennett	Nancy Blackshire	(573) 888-5925	melissaw@fccinc.org
	WC CSTAR	Cape Girardeau	Dana Branson Sheila Cowell	(573) 651-4177 ext. 210 (573) 651-4177 ext. 200	danab@fccinc.org

Department of Mental Health • Division of Alcohol & Drug Abuse

Treatment Providers

(Continued, pg. 2)

	Program Type	Primary Location/ Service Area	Primary & Back-Up Contacts	Contact Number	Email Address
Family Counseling Center of MO -	Gen. Adult CSTAR Gen. Adult CSTAR	Jefferson City Columbia, Fulton, Boonville, Fayette	Don Smith Ted Solomon	(573) 634-4591 (573) 449-2583	dsmith@fccmo.org tsolomon@fccmo.org
Cedar Ridge	PR+ / CSTAR	Lake Ozark Region	David Veanes	(573) 346-6758	dveanes@fccmo.org
Daybreak	Gen. Adult CSTAR	Columbia	Clarisse Shum / Courtney Horn	(573) 875-8088	
McCambridge	WC CSTAR	Columbia	Beth Berhorst	(573) 449-3953	bberhorst@fccmo.org
McCambridge	WC CSTAR	Columbia	Sarah Gonzalez	(573) 449-3953	sgonzalez@fccmo.org
McCambridge	WC CSTAR	Columbia	Robin McCartney	(573) 449-3953	rmcartney@fccmo.org
Family Guidance Center	PR+	St. Joseph	Beth Sprung	(816) 236-2355	esprung@familyguidance.org
Family Self Help (Lafayette House)	WC CSTAR WC CSTAR	Joplin Joplin	Rebekah Oehring Sheryl Hall	(417) 782-1772 (417) 782-1772	roehring05@yahoo.com
Gateway Foundation		St. Louis	Stephen Doherty	(314) 421-6188 ext. 3103	sdoeherty@gatewayfoundation.org
Gibson Recovery Center	PR+	Cape Girardeau	John Simpson	(573) 472-2253	
Hannibal Council on ADA	WC CSTAR PR+	Hannibal, Mexico Moberly, Macon, Canton	Heather Monroe	(573) 248-1196 ext. 226	hmonroe@hcada.org
Kansas City Community Center (KCCC)	PR+	1800 Wyandotte, KC (Jackson Co.)	Callie Grantham	(816) 842-1805 ext. 102	callie.grantham@kcccommunityctr.org
	PR+	1800 Wyandotte, KC (Jackson Co.)	Kathy Funk	(816) 842-1805 ext. 107	kathy.funk@kcccommunityctr.org
	TREND Program	Jackson County	Merry Jones	(816) 421-6670 ext. 1247	merry.jones@kcccommunityctr.org
	PR+	Jackson County - East	Vicki Boyd	(816) 836-3677	vicki.boyd@kcccommunityctr.org
	PR+	Clay, Platte, Ray Counties	Jack Mushrush	(816) 630-8986 ext. 109 (816) 630-0073	jack.mushrush@kcccommunityctr.org
	PR+	Christian, Greene, Webster Counties	Randy Owen	(417) 866-3293	antidrugman1997@yahoo.com
	PR+	Dallas and Lawrence Counties	Darrell Williams	(417) 894-5446	
	PR+	Polk County	Bruce Wood	(417) 880-0870	bruce@correctionservices.com
	PR+	Taney County	Christine Saxton	(417) 239-0759	
	PR+	Stone and Barry Counties	Karah Young	(417) 880-7310	
	PR+	Clay County	Mary Young / Judy Chase	(417) 988-9926	
	Free & Clean		Jerry Peters	(816) 333-9999 ext. 11	
Larry Simmering Recovery Center (Sigma House)	PR+	Branson	Karen Kramer Lois Maddux	(417) 335-5946 ext. 202 (417) 335-5946 ext. 214	karen.kramer@sigmahouse.org lois.maddux@sigmahouse.org
New Beginnings	Adolescent CSTAR Gen. Adult CSTAR WC CSTAR Alt. Care CSTAR	St. Louis	Clarissa Cobb-Fritz Cynthia Ellis	(314) 367-8989 (314) 367-8989	cccobbfritz2@sbcglobal.net nbellisc@sbcglobal.net

Department of Mental Health • Division of Alcohol & Drug Abuse

Treatment Providers

(Continued, pg. 3)

Provider/Facility Name	Program Type	Primary Location / Service Area	Primary & Back-Up Contacts	Contact Number	Email Address
Ozark Center	CSTAR Gen. Adult PR+	Joplin	Rick Davis	(417) 347-7730	
Paseo Clinic	Opioid CSTAR	Kansas City	Rebecca Andrews Theresa Mueller	(816) 512-7143 (816) 512-7148	
Pathways	Adolescent CSTAR Adolescent CSTAR Adolescent CSTAR CSTAR / PR+ (Residential) CSTAR Gen. Adult /PR+ PR+ PR+ PR+ PR+	Rolla - Eastern Region Columbia - Central Region Clinton - Southwest Region Clinton / Warrensburg Sedalia - SW Region Warrensburg - NW Region Nevada – SW Region Jeff City - Central Region Rolla - South Central Reg.	Heather Derix Libby Brockman-Knight Tony Boyd Sylvan "Lucky" Ward John Biaveher Sylvan "Lucky" Ward John Braucher Libby Brockman-Knight Heather Derix	(573) 364-7551 (573) 449-4770 (660) 890-8182 (660) 890-8167 (660) 747-1355 (660) 667-2262 (660) 890-8167 (417) 667-2262 (573) 632-2777 (573) 634-7551	akarnes@pbhc.org eknight@pbhc.org pstewart@pbhc.org sward@pbhc.org jchappelle@pbhc.org jorourke@pbhc.org jbraucher@pbhc.org dmiddleton@pbhc.org dmckee@pbhc.org
Phoenix Programs	PR+	Columbia	Laura Cameron	(573) 442-1324	lcameron@phoenixprogramsinc.org
Preferred Family Healthcare (PFH)	Various	Kansas City, Lee's Summit, St. Joseph	Becky Steiner, Insurance Care Manager	(816) 474-7677	rsteiner@pfh.org
	*See Below	Jefferson City (adult & adolescent programs), Macon, Moberly	Beckie Stobel, Insurance Care Manager	(573) 632-4321	rstrobel@pfh.org
	Adolescent CSTAR CSTAR / DOC	Jeff City - Central Region Macon / Moberly	Danielle Russell Kelly VanVleck	(573) 556-6589 (660) 385-7111	datkins@pfh.org kvanvleck@pfh.org
	*See Below	St. Charles, Wentzville, Troy, Union, St. Louis (Miami St.), St. Louis (Broadway), Brentwood, St. Louis (adolescent program)	Lori Fernandez, Insurance Care Manager	(314) 584-1010 ext. 34	lfernandez@pfh.org
	Adolescent CSTAR	St. Charles	Matt Haverstick	(636) 946-6376 (314) 599-4356	mahaverstick@pfh.org
	Adolescent CSTAR	St. Charles	Linda Williams	(636) 946-6376 (636) 352-7029	linwilliams@pfh.org
	Adolescent CSTAR	Franklin County	Megan Smith	(636) 584-8724 (314) 518-7487	mesmith@pfh.org
	Adolescent CSTAR	St. Louis County	Charles Conway	(314) 773-3670 (314) 732-3185	econway@pfh.org
	*See Below	Kirkville (adult & adolescent programs), Chillicothe, Brookfield, Hannibal, Trenton, Kahoka	Mary Anne Comstock, Insurance Care Manager	(660) 665-1962	mcomstock@pfh.org
	Adolescent CSTAR Gen. Adult CSTAR Adolescent CSTAR	Kirkville Kirkville Hannibal	Andrea Kincannon Kristle Havens Heather Lair	(660) 665-1962 (660) 665-1962 (573) 248-3811	ahuffman@pfh.org khavens@pfh.org hlair@pfh.org

Department of Mental Health • Division of Alcohol & Drug Abuse

Treatment Providers

(Continued, pg. 4)

Provider/Facility Name	Program Type	Primary Location / Service Area	Primary & Back-Up Contacts	Contact Number	Email Address
Queen of Peace	WC CSTAR	St. Louis	Lee Burnett Dorothy Crawford	(314) 531-0511 ext. 126 (314) 531-0511 ext. 126	lburnett@ccstl.org dcrawford@ccstl.org
ReDiscover	WC CSTAR WC Alt Care CSTAR	Kansas City Kansas City	Lori Glenski Marsha Page-White	(816) 554-4257 (816) 554-4278	lbglenki@rediscovermh.org mjpage@rediscovermh.org
Salvation Army	PR+	Kansas City	Laverne Hicks	(816) 483-2281	
Samuel Rodgers Health Center	Opioid CSTAR	Kansas City	Dov Shapiro	(816) 861-7070	
Scott Greening (PFH)	Adolescent CSTAR	Joplin	Debra Allman	(417) 623-1990	
Sigma House	PR+	Springfield	Patrick Pennell Cathy Kriste	(417) 862-3339 ext. 227 (417) 862-3339 ext. 240	pgpennell@sigmahouse.org
Southeast Missouri Treatment Center (SEMO)	Gen. Adult CSTAR PR+	Southeast Region	Nancy Medlock	(573) 729-4723	nmedlock@semoctc.org
Swope Parkway Health Center	PR+	Kansas City	Qiana Thomason	(816) 627-2118	QThomason@swopecommunity.org
Tri-County Mental Health Services	Gen. Adult CSTAR	Kansas City	Jan Pool	(816) 877-0495	janp@tri-countymhs.org
Westend Clinic	Opioid CSTAR	St. Louis	Pamela Bytes	(314) 381-0560	

Key

Alt Care – Alternative Care; **CSTAR** – Comprehensive Substance Abuse Treatment and Rehabilitation; **Gen. Adult CSTAR** – General Adult; **PR +** – Primary Recovery Plus; **WC CSTAR** – Women & Children's CSTAR;

DMH Medicaid Screening Tool

1. Is the client under age 19?

Yes, submit application No, continue screening

2. Is the client pregnant?

Yes, submit application No, continue screening

3. Is the client the parent of a child under age 19 who lives in the client's home?

Yes, submit application No, continue screening

4. Is the client age 65 or over?

Yes, submit application No, continue screening

5. Is the client receiving 551 or Social Security Disability benefits?

Yes, submit application No, continue screening

6. Does the client have a medical condition, other than substance abuse, that prevents him or her from maintaining on-going employment at this time?

Yes, submit application No, continue screening

7. Is the client blind?

Yes, submit application No, the client is not eligible

If the answer to **questions 1,2, or 3 is yes**, have the client (or parent, if the client is a child) sign an Authorized Representative form (IM-AR6, at <http://dmh.mo.gov/ada/RapidMedicaidEligibility.htm>) and assist the client in submitting a MO HealthNet for Kids, Pregnant Women, and Parents application form (IM-1UA or on-line application at <http://www.dss.mo.gov/mhk/appl.htm>) to the Family Support Division.

If the answer to **questions 4, 5, 6, or 7 is yes**, have the client sign an Authorized Representative form (IM-AR6) and assist the client in submitting a MO HealthNet for Elderly, Blind, and Persons with Disabilities application form (IM-1MA) to the Family Support Division.

Multi-Party Consent for Release of Information

Complies with HIPAA and 42 CFR Part 2
Source: Legal Action Center

CONSENT FOR THE RELEASE OF CONFIDENTIAL ALCOHOL OR DRUG AND MENTAL HEALTH INFORMATION

I, _____, authorize the following agents:
(Name of patient)

- 1) _____ 2) _____
(Name of Primary Care Physician or OB/GYN and staff) (Name of CSTAR Treatment Program)
- 3) _____ 4) _____
(Name of MO HealthNet Managed Care health plan) (Name of Managed Care Behavioral Health Organization)
- 5) Missouri Department of Alcohol and Drug Abuse 6) MO HealthNet Division

to communicate with and disclose to one another the following information [initial each category that applies]:

- ___ my name and other personal identifying information;
___ my status as a patient in alcohol or drug treatment;
___ initial and subsequent evaluations of my service needs;
___ summaries of alcohol/drug and mental health assessment results and history;
___ summary of alcohol/drug treatment and mental health services plan(s), progress and compliance;
___ attendance in alcohol/drug treatment and mental health services;
___ discharge plan(s) for alcohol/drug treatment and mental health services;
___ date of discharge from alcohol/drug treatment and mental health services, and discharge status;
___ other: _____

The purpose of the disclosures authorized in this consent is to enable the above parties to evaluate my need for services and to provide and coordinate those services.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that records concerning mental health services I receive are protected by federal law under HIPAA.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

- (1) One month following the date I stop receiving services from the alcohol and drug treatment program.
- OR
- (2) _____
[Specify date if desired]

I understand that generally the alcohol and drug treatment may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form.

Dated: _____

Signature of member

Dated: _____

Signature of witness



Missouri Department of Mental Health
 DIVISION OF ALCOHOL AND DRUG ABUSE

Substance Abuse Treatment Referral Protocol for Pregnant Women under MO HealthNet Managed Care

Verification of Consumer Consent to Information Release and Communication with Managed Care Health Plan

CLIENT INFORMATION										
NAME	DCN	ADMIT DATE								
ADA TREATMENT PROVIDER										
FACILITY	CONTACT PERSON	PHONE								
MO HEALTHNET MANAGED CARE HEALTH PLAN										
<input type="checkbox"/> Blue Advantage Plus	<input type="checkbox"/> Harmony Health Plan	<input type="checkbox"/> Missouri Care								
<input type="checkbox"/> Children's Mercy Family Health Partners	<input type="checkbox"/> HealthCare USA	<input type="checkbox"/> Molina HealthCare of Missouri								
PERSON(S) NOTIFIED	PHONE									
<i>Refer to the MO HealthNet MCHP & MBHO Contacts</i>										
<input type="checkbox"/> The Multi-Party Consent for Release of Information has been explained and the client has signed the release authorizing the sharing of the specific information designated on the release. A copy of the release is attached.										
<input type="checkbox"/> After the Multi-Party Consent for Release of Information was obtained, the ADA treatment provider contact person communicated with the Managed Care Health Plan (MCHP) case manager regarding care coordination and continuing care planning by the following means of communication: <table style="width:100%; margin-top: 10px;"> <tr> <td style="text-align: center;"><input type="checkbox"/> Telephone*</td> <td style="text-align: center;"><input type="checkbox"/> Voicemail</td> <td style="text-align: center;"><input type="checkbox"/> Email*</td> <td style="text-align: center;"><input type="checkbox"/> Fax*</td> </tr> <tr> <td style="text-align: center;">_____ (Date)</td> <td style="text-align: center;">_____ (Date)</td> <td style="text-align: center;">_____ (Date)</td> <td style="text-align: center;">_____ (Date)</td> </tr> </table>			<input type="checkbox"/> Telephone*	<input type="checkbox"/> Voicemail	<input type="checkbox"/> Email*	<input type="checkbox"/> Fax*	_____ (Date)	_____ (Date)	_____ (Date)	_____ (Date)
<input type="checkbox"/> Telephone*	<input type="checkbox"/> Voicemail	<input type="checkbox"/> Email*	<input type="checkbox"/> Fax*							
_____ (Date)	_____ (Date)	_____ (Date)	_____ (Date)							
<ul style="list-style-type: none"> Notifications to the managed care case manager should occur within 24-hours of consumer admission. Telephone contact is recommended. Emails containing consumer protected health information (PHI) must be encrypted. Confirmation of receipt is advised for all faxed information containing PHI.* Copy the pregnancy monitoring protocol contacts on all email/fax correspondence with the MCHP. Be sure to include your name and contact information for follow-up by the managed care case manager. Any and all attempts to communicate with the MCHP for coordination of care should be documented in the clinical record. 										
<p>Upon completion of the above, please fax this form and the consumer's Multi-Party Consent for Release of Information to Shannon Einspahr at (573) 751-9296 and the MCHP case manager. Please be sure to use a fax cover page that includes your agency's Confidentiality Notice.</p>										

CIMOR PRIORITY ALERT

Referral Sources

In an effort to ensure accuracy in data collection and reporting requirements to other governmental entities, it is important that providers remain diligent in their efforts to input accurate information in CIMOR. To assist providers in this process, two additional **referral source** categories have been added in CIMOR to include the following **MO HealthNet** entities:

- **Managed Care Health Plans (MCHP)***

Examples: *Blue Advantage Plus*
 Children’s Mercy Family Health Partners
 Harmony Health Plan
 HealthCare USA
 Missouri Care
 Molina HealthCare

- **Managed Behavioral Health Organization (MBHO)***

Examples: *New Directions Behavioral Health*
 MHNet Behavioral Health
 CompCare

Referrals received from these entities should be denoted accordingly in CIMOR under “Referral Source.”

Exceptions:

- **Department of Corrections (DOC) Referrals** - If DOC and one of the MO HealthNet plans referred a consumer, then the DOC referral should “trump” the MO HealthNet plan.
- **Disease Management Referrals** – If a consumer is enrolled in the Disease Management Program, the referral source will automatically update to Disease Management, regardless of whether the provider selected another referral source category.

If you have questions, please email the ADA Program Information Center by clicking on the blue “Help” link found in the upper right corner of the portal page, <https://portal.dmh.mo.gov>.