SCREENING FOR CO-OCCURRING MENTAL ILLNESS AND SUBSTANCE ABUSE DISORDERS (MISA): THE NEXT STEP

Assuring that Members with Co-occurring Disorders are Referred for Appropriate Services

As you know, Community Care has been working with providers over the past two years to insure the completion of MISA screenings on all members age 14 and older, which are receiving mental health or substance abuse treatment. Community Care followed the screening guidelines set forth by the statewide MISA Consortium report issued in 1999 to develop trainings for providers. Beginning in 2003, Community Care conducted a number of MISA screening trainings with our network providers. Community Care has been gathering MISA screening information from providers during regular utilization reviews and, for outpatient services, on the Outpatient Registration forms. Up until now, Community Care has been monitoring provider adherence to the MISA screening requirement by asking whether a MISA assessment was completed, the date of the screening and whether or not a co-occurring disorder was identified during the MISA assessment. Overall, providers have done an outstanding job of screening members for the presence of co-occurring disorders. As a next step, Community Care is committed to assessing the extent to which members with a co-occurring disorder receive referrals for services and supports that fully address their needs.

Beginning April 1\textsuperscript{st}, 2005, Community Care Care Managers will begin asking an additional question during regular utilization reviews to determine whether providers are offering appropriate referrals to members when a co-occurring disorder is identified. In addition, providers that utilize the Outpatient Registration Process will be required to complete information to track where referrals have been made when co-occurring disorders are identified. Below are the categories of referral sources that Community Care has identified for data collection purposes. We hope that the categories and definitions are self-explanatory, but please feel free to ask any questions of the Care Manager during your regular utilization reviews.

Please note that \textbf{MISA Referral information will be added as a required field on the Outpatient Registration forms beginning on July 1, 2005.} (Revised OPR forms will be sent to providers in advance of this change). The web-based Outpatient Registration process will also be updated on July 1 to capture this data, as will the specifications for the flat file submission. Providers may select \textbf{up to two referral categories} from the list below. When no co-occurring disorder has been identified during the MISA screening, providers will indicate this by leaving the MISA referral categories section blank.
**MISA Referral Categories**

**MH IP** = Inpatient Psychiatric Hospitalization

**MH OP** = Partial; Intensive Outpatient Program; Individual, Family or Group Therapy, Medication Checks

**MH Res** = Mental Health Residential services – including Diversion Acute Stabilization, CRR, LTSR, Supported Housing services, Enhanced Personal Care Boarding Home, etc.

**DA OP** = Outpatient Drug & Alcohol treatment services including Partial and IOP

**DA IP** = Inpatient Detoxification, Inpatient Rehabilitation and Non-Hospital Detoxification

**DA Res** – Non-Hospital Residential Rehabilitation, Halfway House, Three Quarter Way House, etc.

**MISA program** – Licensed MH or licensed D&A program that offers treatment and supportive services for both Mental Illness and Substance Abuse problems. Such programs clearly identify themselves as MISA or Dual programs.

**Community Service** – non-clinical supportive services including self-help groups, support groups, religious activities, case management, recovery supports, advocacy groups, education groups, etc.

When conducting routine medical chart audits, Community Care will determine provider compliance with the expectation that appropriate referrals are given to members with co-occurring disorders and documented. We appreciate your assistance in tracking this information as we endeavor to ensure that members are receiving appropriate treatment.

**Please note:** Current OPR forms will be used through June 30, 2005. Community Care will be unable to print the current version of these forms beginning May 1, 2005. If you have a need for additional OPR forms, please contact your Provider Relations Representative before April 30, 2005.

Community Care also recommends that providers consider converting to the Web-Based Outpatient Registration process. This process eliminates the need to order and complete paper based OPR forms and also provides an instant response regarding your registration request, along with a registration number for your records. If you would like additional information pertaining to the Web-Based Outpatient Registration, please contact your Provider Relations Representative.