



**Countywide Services Agency**

**Department of  
Behavioral Health Services**

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## **County of Sacramento**

**CATS/AVATAR TRANSITION PRINCIPLES**  
Mental Health Division & Contract Providers Business Adjustments  
November 10, 2009

**TOPIC AREA: Limited Exceptions to Billing First Non-Face to Face Contact**

**Document 3**

CATS/AVATAR **Transition Principles Document 2** requires providers to establish a START DATE based on the first face-to-face contact with a new client. The first face-to-face contact is the first billable service. This is the community standard for an assessment to initiate care. This document (**Transition Principles, Document 3**) provides some additional information for providers relating to limited applicable exceptions.

The following limited exceptions to a first face-to-face contact are granted for all providers. These exceptions are *client specific* and require complete documentation to demonstrate *urgency or exceptional* circumstances. *Only one* service may be provided and billed as a case management service and delivered on behalf of a client without an initial face-to-face contact. *This service is delivered with the expectation that a face-to-face contact is scheduled and will occur shortly thereafter based on the urgency requiring the exception.* (See separate attachment for examples).

List of exceptions granted for non face to face billable service contact:

1. One Targeted Case Management (TCM) service allowed when needed for urgent linkage/brokerage services. Examples include:
  - a. Client discharged from psychiatric hospital and requiring urgent follow-up care. (Child or Adult Service Provider) – See Attachment - Example 1
  - b. Urgent medication linkage following crisis intervention or special barriers to treatment (Child or Adult Service Provider) – See Attachment - Example 2
  - c. Dependent child/youth requiring expediting of JV220 court consent for medication. (Children's Service Provider) – See Attachment - Example 3
  - d. Psychological testing may be started without first face to face contact if client is already open in Mental Health Plan (MHP) and psychological services are adjunctive to primary mental health service. (Children's Service Provider) – See Attachment - Example 4
  - e. Wraparound services where appropriate consents and special arrangements are required to assure access to care (Children's Wraparound Providers) – See Attachment - Example 5
  - f. Lanterman/Petris/Short (LPS) Conservatee requiring contact with conservator, and coordination with other caregivers to assure access to care. (Adult Service Provider) – See Attachment - Example 6
2. Quality Management Policy and Procedures (QM P&P 10-22 and 10-24) remain in place for Targeted Case Management services in acute psychiatric hospital settings.