

## **Examples for Non Face-to-Face Billing Exceptions**

### Post Hospitalization Care - Example 1:

Phone call from client who was discharged from Heritage Oaks hospital yesterday. Client had been seen at MERT prior to inpatient psychiatric hospitalization. Collateral records were requested and received. Records were quickly reviewed for key information relating to first appointment to see if there are any special needs or language or other access/accessibility issues. Called family to see if there are any barriers to attending appointment scheduled tomorrow. Parent needs late appointment to arrange transport and daycare for other children. Reassured her that this can be arranged and provided her with a time and directions to the clinic. 5pm on 03-21-09.

Plan: Writer to meet client tomorrow prior to doctor's appointment; arrangements made for coworker to assist if writer is unavailable

### Urgent Medication Linkage – Example 2:

Spoke with family to check on urgency of medication linkage. Client has one week of medication supply; mother reports that client has increased symptoms of depression and anxiety; is not sleeping at night; denies suicidal ideation. Reviewed prior treatment records from hospital and/or previous outpatient provider for any risk factors pertaining to current problems. Checked on barriers to attending appointment with school or other activities.

Plan: Will expedite medication appointment/linkage; appointment scheduled 01/22/09.

### JV220 Dependent Psychotropic Medication – Example 3:

Client is a 300 dependent of Court; Urgent action is needed to broker JV220 consent to ensure medications are available to client. Phone calls made to County social worker to facilitate process. Information submitted in urgent manner to CPS liaison for approval.

Plan: Appointment will be scheduled with mother and any barriers to attending appointment will be addressed.

### Psychological Assessment—primary versus adjunctive – Example 4:

Psychological assessment has been requested. Client is already open at an outpatient provider. The assessment is being made based on specific referral request, and the service is considered adjunctive.

1. Adjunctive: CAPS psychologist assessment may be started without a face to face as that has already occurred at the outpatient provider. However it is important to get family to understand what CAPS will be doing so CAPS psychologist should move forward and make phone contact with family to initiate work on psychological assessment.

2. Primary: If there is no outpatient provider and this is the primary service referral that is being addressed, CAPS psychologist must abide by the same rules as the rest of the system and make face to face contact with family to get appropriate agreements and consents in place to open a case. This means that there is no compelling reasons as established in Scenario 1 or 2 (hospital discharge or urgent medications for dependent children.) to prevent a first face to face appointment.

#### Wraparound Providers (Based on CFT) - Example 5:

Wraparound provider has received referral and must contact group home, CPS social worker or other parties to get appropriate consents to provide services. Only one billing is approved prior to face to face appointment.

Progress Note must be billed as Case Management and state: "Referral received and reviewed for services. This worker has contacted CPS worker to explain services that will be made available and group home to arrange access to client and family. Appropriate consent forms have been completed by CPS and other parties and returned to this worker. Barriers to service include group home is far from school and medication clinic. This worker has made linkages with clinic to arrange for first available appointment and made arrangements with client and family to make this appointment. Significant risk factors exist in referral which has led to expedited effort to get client in to see MD. Date of first face to face: 01-01-09 and MD appt 01-04-09.

*Wraparound is a partnership with other systems for children with intensive service needs. Focus programs and TBS are also intensive but there should not be any difficulty in ensuring that services start with a face-to-face appointment.*

#### Adult Programs - Example 6:

- a. LPS conservatee has been linked for services with an outpatient provider. As in Example 1 for children's, provider must make special effort to ensure that Conservator has been contacted and informed about program, services and provides necessary approvals.

First note will be billed to Case Management and will state: "Received and reviewed referral from Adult Access Team. Client has been hospitalized 3 times in past year and is currently in a Board and Care. Reviewed for initial urgent needs/goals including medication, community functioning in B&C. Has LPS conservator. This worker has made contact with LPS conservator, explained services and program and received necessary consents, release of information for family members and other authorizations. Arranged first appoint with MD on 01-01-09 and contacted B&C to ensure that no barriers exist to keeping this appointment. Will see client on same day before medication appointment.

- b. Received call from hospital support team/clinic indicating that client has been seen in ER at UCD. Client has been seen for three years at this outpatient clinic. Medications were adjusted three weeks ago by psychiatrist and client's spouse died 2 months ago.  
Plan: Arranged for appointment with psychiatrist for tomorrow morning and will make field visit to client based on aftercare clinic information. Other services or referrals will be arranged after visit.