

**COUNTY OF HUMBOLDT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH**

POLICY NO. :	POLICY TITLE:	EFFECTIVE DATE:
0100.599	Pre-Assessment Support to Access Outpatient Services	10/5/20
PROGRAM:	BEHAVIORAL HEALTH ADMINISTRATION	REVISION DATES:
AFFECTS:	ALL BEHAVIORAL HEALTH	REVIEW DATES:
Approved by Behavioral Health Director		

PURPOSE The purpose of this policy is to ensure timely and effective access to outpatient services, including providing linkage and brokerage as necessary to ensure fewer barriers to appropriate care.

DEFINITION(S) Pre-Admit: An episode type in Avatar that requires minimal identifying information to open. Used when opening someone to behavioral health services that is not currently open to behavioral health services. The Pre-Admit is a non-billable episode, meaning all services, including any services using a billable service code (e.g. 3303) will not be billed. However, once changed to an Epi-Only, which is a billable episode, all billable services that were documented in the Pre-Admit become billable. Therefore, we recommend using billable service codes whenever applicable, as these services will become billable upon intake.

Epi-Only: An episode type in Avatar that requires the full data set to open. Used when someone is currently open to DHHS-BH for behavioral health services. This is a billable episode, meaning all billable services documented in this episode will be billed for.

Request for Access to Services (RAS): A request to initiate behavioral health services for someone who is not currently receiving behavioral health services. A RAS can be received via telephone (most frequent), in-person, or in writing.

RAS Log: A record of all RAS, including those still in process and those that have been completed. Each RAS entry is a separate Request for Access to Services. (see policy Request for Access to Services)

Telephone Screening: The start of the assessment process, usually done over the phone. Documented on form 1073 Telephone Screening.

Access Clinician: A Mental Health Clinician who responds to RAS entries and initiates the assessment process.

Client: A person for whom a RAS is made. This is the person who will be receiving the services (e.g. an independent adult, a minor child of a parent or legal guardian)

Requester: The person making a request for services. This is often the client but is sometimes a legal guardian.

Responder: A DHHS-BH staff member who receives the RAS from the initial Requester. A Responder may be a clinician, front office staff, or crisis staff.

Targeted Case Management (TCM): Also known as Linkage and Brokerage, this is a type of Specialty Mental Health Service (SMHS). Per CCR Title 9 Division 1, 1810.249, "Targeted Case Management" means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities

COUNTY OF HUMBOLDT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH

may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development.” At Humboldt County, this is coded as **3303 MH Brokerage**, or **3309 CM Lockout (No Bill)** when in certain lockout situations. (See [Outpatient Documentation Manual](#) for more information.)

POLICY

To ensure timeliness and effectiveness of access to outpatient services, people who are not currently receiving outpatient specialty mental health services start their assessment with a telephone screening. This screening is considered the start of the clinical assessment for all timelines and reporting.

Targeted Case Management (TCM) may be provided prior to the completion of an outpatient assessment if done for assessment, plan development, and referral/linkage to help a beneficiary obtain needed services, including medical, alcohol and drug treatment, social, and educational services. This may include helping link the client to outpatient services; helping the client navigate the intake process, informing materials, and forms; helping a client access Medi-Cal coverage; and helping a client access transportation resources.

This kind of TCM can be done with clients who are trying to access outpatient services for the first time, returning clients who are trying to access outpatient services and are not currently being seen, clients for whom their annual assessment has lapsed, and clients who are being discharged from a crisis unit, inpatient facility, detention facility (e.g. jail or juvenile hall), or other locked placement.

PROCEDURE

1. Initial RAS [Opens Pre-Admit Episode]:

- 1.1. When a Requester makes a request for behavioral health services (RAS), the staff member receiving that request (Responder) opens the client in Avatar using a Pre-Admit episode and the Responder logs the request into the RAS Log. (See policy [0100.600 Request for Access to Mental Health Services](#))
 - 1.1.1. The Responder should enter as much identifying information about the client as available into Avatar, including name, date of birth (DOB), contact information, and social security number (SSN).
 - 1.1.2. If a client makes a RAS in person and DHHS-BH staff complete a screening and all necessary intake paperwork on the same day, the client can be opened to Avatar using an Epi-Only episode, rather than a Pre-Admit.

2. RAS Clinical Follow-Up [Completed in Pre-Admit Episode]:

- 2.1. When an Access Clinician follows up on a RAS entry, all attempts to contact the Requester should be documented in the Pre-Admit episode using a Progress Note.
 - 2.1.1. If contact is not made with the Requester after 3 attempted contacts, the Access Clinician will close the RAS entry in the RAS Log and will close the Pre-Admit episode. This closure will also be documented on a Progress Note in the Pre-Admit episode.
 - 2.2. When an Access Clinician makes contact with the Requester, they will first check to ensure the Requester is available to do the telephone screen. The date/time of this first contact is documented on the RAS Log as the first offered appointment. This contact should be documented in the Pre-Admit episode using a Progress Note.
 - 2.2.1. If the Requester agrees that they are available, the date/time is noted in the RAS Log as the first accepted and first kept appointment.
 - 2.2.2. If the Requester indicates they're not available, the Access Clinician should schedule a time to call the Requester back. The date/time agreed upon is noted in the RAS Log as the first accepted appointment.
 - 2.2.2.1. If the rescheduled phone call occurs as planned, the date/time of this contact is noted in the RAS Log as the first kept appointment.
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COUNTY OF HUMBOLDT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH

- 2.2.2.2. If the rescheduled phone call is rescheduled again, document this, and any further reschedules, in a Progress Note.
 - 2.2.2.3. If Requester doesn't answer the phone at the accepted appointment time and no further contact is made with the Requester after 3 attempted contacts, the Access Clinician will close the RAS entry in the RAS Log and will close the Pre-Admit episode.
 - 2.3. Once the Access Clinician gets acknowledgement that the Requester is available for the telephone screening, the Access Clinician will review limits of confidentiality and gain verbal consent for assessment.
 - 2.3.1. Once verbal informed consent is gained, the Access Clinician will complete the Telephone Screening with the Requester over the phone using Avatar form [1073 Telephone Screening](#). The Access Clinician will also write a brief progress note for the contact, including that limits to confidentiality were discussed, verbal informed consent was received, and the Telephone Screening was completed.
 - 2.3.2. The time spent completing the Telephone Screening is considered the start of the Clinical Assessment and therefore uses service code 3331 Assessment.
 - 2.4. Upon completion of the Telephone Screening, the Access Clinician will make a determination about the Client's level of need. The Access Clinician will make a referral to the appropriate program/agency, complete any NOABD required for the situation (see policy [0704.500 Notice of Adverse Benefit Determination](#)), and close the RAS entry in the RAS Log.
 - 2.4.1. Level 1 (Severe): Generally seen by DHHS-BH but may be referred to an organizational provider at times (e.g. has a previous relationship with said provider, client request).
 - 2.4.2. Level 2 (Moderate): Children of this level are generally seen by organizational providers. Adults of this level are seen by the Managed Care Plan, Partnership Health via Beacon, or their Primary Care Provider.
 - 2.4.3. Level 3 (Mild): Are seen by the Managed Care Plan, Partnership Health via Beacon, or their Primary Care Provider.
 - 2.4.4. No Impairment or no mental illness: Are referred to an appropriate community agency (e.g. Social Services, Substance Use Disorder programs).
 - 2.5. For clients who will be seen by DHHS-BH, a follow-up in-person appointment should be scheduled with the appropriate Access program in order to complete the assessment.
 - 2.6. For clients who will be seen by an Organizational Provider, the Access Clinician should enter a preliminary diagnosis of Z03.89 (Encounter for observation).
 - 2.6.1. When the Organizational Provider returns the completed intake packet, Claims Data Management (CDM) staff will enter the necessary information into Avatar and change the Pre-Admit Episode to an Epi-Only episode in order to capture any coordination of care and assessment services that are billable. Once all information has been entered and the appropriate documents scanned into Avatar, CDM staff will close the Epi-Only episode.
 - 3. Completing the Intake and Assessment Process [Pre-Admit into Epi-Only]:**
 - 3.1. At the first in-person appointment, all intake documentation should be completed, including signed informed consent, demographic information, and payor financial information.
 - 3.1.1. Intake documentation can be completed prior to this in-person appointment but must be completed during the first in-person appointment if not completed prior to it.
 - 3.1.2. A clinical staff member other than the assessing clinician (e.g. Case Manager, Peer Coach, Parent Partner) may help the client complete intake documentation as a method of linking the client to services, if the client's functional impairments keep them from being able to do this without support. This staff member should complete a
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COUNTY OF HUMBOLDT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH

- progress note documenting this, including the functional impairments that indicated support, in the Pre-Admit episode using service code 3303 MH Brokerage.
- 3.2. After completing the first in-person appointment, the assessing clinician should enter a diagnosis into Avatar in the Pre-Admit episode. The assessing clinician can complete any other documents (e.g. Mental Status Exam, Clinical Assessment, Allergies) in the Pre-Admit episode.
 - 3.2.1. If the assessment is not completed at this first meeting or the assessing clinician doesn't have enough information to diagnose, use code Z03.89 (Encounter for observation).
 - 3.2.2. A clinical staff must ensure that a covered diagnosis is present from the Pre-Admit opening date forward. This can be the initial diagnosis, back-dated to reflect actual onset of diagnosis (e.g. the date of the RAS) or can be Z03.89 Encounter for Observation from Pre-Admit opening date to when a more specific diagnosis can be determined.
 - 3.3. After entering in a diagnosis in the Pre-Admit episode, the assessing clinician will email Medical Records at dhhs-avatar@co.humboldt.ca.us requesting the Pre-Admit episode be changed to an Epi-Only episode in Avatar. After Medical Records completes this change, they will inform the assessing clinician via email and cc Claims Data Management (CDM).
 - 3.4. Once the Pre-Admit episode has been changed to an Epi-Only episode, clinical staff continue to document in this episode as usual. Any services documented in the Pre-Admit episode (a non-billable episode) that used a billable service code (3000 level code) will be able to be claimed for reimbursement once changed to an Epi-Only episode (billable episode).
- 4. Targeted Case Management (Linkage and Brokerage) During the Intake Process:**
- 4.1. Once the client is open to a Pre-Admit episode in Avatar, staff may assist the client in accessing services (linking to services or brokering services). Any staff that can provide Targeted Case Management (TCM), per their scope of practice, may do so, including Case Managers, Peer Coaches, and Parent Partners. (See [Outpatient Documentation Manual](#) for Scope of Practice grid.)
 - 4.2. When staff are providing TCM to clients prior to the assessment being completed, all services rendered should be documented in the Pre-Admit episode using a Progress Note and service code 3303 MH Brokerage.
- 5. Initiating Outpatient Services from a Crisis Stabilization Unit Discharge:**
- 5.1. A client who is not currently open to outpatient behavioral health services but is currently in the Crisis Stabilization Unit (CSU) is generally offered follow-up outpatient services as part of their discharge planning. If the client accepts outpatient behavioral health services as part of their discharge planning, CSU staff should open the client to a Pre-Admit episode in Avatar and enter any scheduled follow-up appointments in the Scheduling Calendar in Avatar.
 - 5.1.1. If the client is considered a Brief Refusal, follow the Brief Assessment and Refusal process in Section 7 of the [CSU Documentation Manual](#).
 - 5.2. Targeted Case Management (TCM) (Linkage and Brokerage) can be provided to connect the client to these outpatient services.
 - 5.2.1. If initiating outpatient TCM while the client is still admitted to the CSU, outpatient staff should open the client in Avatar using a Pre-Admit episode, if not already done so by CSU staff. Any TCM provided should be documented in this Pre-Admit episode using a progress note and service code 3303 MH Brokerage.
 - 5.2.2. Once the client has been discharged but has not yet had a completed outpatient assessment, outpatient staff may continue to provide TCM to assist the client in accessing outpatient treatment. Any TCM provided in this manner should be documented in the Pre-Admit episode using a progress note and service code 3303 MH Brokerage.
- 6. Initiating Outpatient Services from an Inpatient Discharge:**
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COUNTY OF HUMBOLDT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH

- 6.1. A client who is not currently open to outpatient behavioral health services but is currently in Sempervirens (SV) Psychiatric Health Facility (PHF), or another inpatient setting (e.g. out-of-county inpatient hospital, out-of-county PHF), is offered follow-up outpatient services as part of their discharge planning. If the client accepts outpatient behavioral health services as part of their discharge planning, SV staff should open the client to a Pre-Admit episode in Avatar and enter any scheduled follow-up appointments in the Scheduling Calendar in Avatar.
 - 6.1.1. If the client is in an inpatient setting other than SV, the staff involved in discharge planning and aftercare planning should open the client to a Pre-Admit episode in Avatar and enter any scheduled follow-up appointments in the Scheduling Calendar in Avatar.
 - 6.2. Targeted Case Management (TCM) (Linkage and Brokerage) can be provided to connect the client to these outpatient services.
 - 6.2.1. If initiating outpatient TCM while the client is still admitted to an inpatient facility, outpatient staff should open the client in Avatar using a Pre-Admit episode, if not already done so. Any TCM provided as part of discharge planning should be documented in this Pre-Admit episode using a progress note and service code 3309 CM Lockout (No Bill).
 - 6.2.2. If TCM is done for placement purposes while the client is still admitted to an inpatient facility and is within 30 days of discharge, use service code 3303 MH Brokerage.
 - 6.2.3. Once the client has been discharged but has not yet had a completed outpatient assessment, outpatient staff may continue to provide TCM to assist the client in accessing outpatient treatment. Any TCM provided in this manner should be documented in the Pre-Admit episode using a progress note and service code 3303 MH Brokerage.
 - 7. Initiating Outpatient Services from a Jail or Juvenile Detention Facility (JDF):**
 - 7.1. A client who is not currently open to outpatient behavioral health services but is currently incarcerated is often assessed for mental health concerns. This means that some people may be receiving mental health services while incarcerated, either by DHHS-BH staff or another agency. For these clients, follow-up outpatient services may be part of their release requirements or recommendations. If the client accepts outpatient behavioral health services as part of their release planning, DHHS-BH staff should open the client to a Pre-Admit episode in Avatar and enter any scheduled follow-up appointments in the Scheduling Calendar in Avatar.
 - 7.2. Targeted Case Management (TCM) (Linkage and Brokerage) can be provided to connect the client to these outpatient services.
 - 7.2.1. If initiating outpatient TCM while the client is still incarcerated, outpatient staff should open the client in Avatar using a Pre-Admit episode, if not already done so. Any TCM provided as part of release planning should be documented in this Pre-Admit episode using a progress note and service code 3309 CM Lockout (No Bill).
 - 7.2.2. Once the client has been released from incarceration but has not yet had a completed outpatient assessment, outpatient staff may continue to provide TCM to assist the client in accessing outpatient treatment. Any TCM provided in this manner should be documented in the Pre-Admit episode using a progress note and service code 3303 MH Brokerage.
 - 8. Intensive Care Coordination (ICC):**
 - 8.1. ICC is a type of Targeted Case Management that is provided to youth under age 21 who require more intensive coordination due to the amount of services and agencies they're connected with. ICC can also be provided prior to the assessment being completed for all the same reasons listed above in all of the scenarios listed above.
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FORM(S)/
ATTACHMENTS

[1073 Telephone Screening](#)

COUNTY OF HUMBOLDT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH

REFERENCE

[DHCS Information Notice 17-040](#)
[CCR Title 9 Division 1, 1810.249](#)
0100.600 Request for Access to Mental Health Services
0704.500 Notice of Adverse Benefit Determination
CCR Title 9 §1840.368(b)
CCR Title 9 §1840.374(b)
