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| Referrals & Intake | Accepting Referral | 1st Session  | Treatment Plan | 2nd Session |
| * Are made via the Transformationsllc.net website.
* Intake Coordinator verifies insurance coverage.
* An intake provider accepts the referral, contacts the parent/guardian and completes an intake evaluation, which includes a biopsychosocial and CASII (LOCSU or ESCII).
* Intake Coordinator sends an email request to all BHPs of family in need of therapist.
 | * BHP accepts referral
* Document acceptance of referral and all attempts to arrange services with the family within 48 hours of acceptance in blank notes on MC+.
* Verify insurance coverage.
* Obtain authorization for services if needed in the Transformations Library.
* Wellcare gives 20 comp units.
* Humana CareSource, Passport, and Anthem Medicaid do NOT require pre-authorization for psychotherapy or family codes.
 | MH Assessment – H0031 OR Psychotherapy 90837 (if client present)* Complete BHP provider enrollment packet (Library #4 and then #6).
* Complete CAFAS assessment with the parent/guardian (For adults use the LOCUS and for children under 5 use the ESCII) and discuss tx plan goals and crisis plan. (If client **NOT** present this is an H0031 code. If client is present then this is a 90837 code.)
* Complete CAFAS TX Plan Signature Page (Library #4 and then #9).

 * Document that the parent/guardian and client, if present, participated in completing the CAFAS assessment and begin to develop TX plan goals.
 | You can either type up the treatment plan at your home office OR type it up with the client present. If you type up the TX plan with the client present, then you can bill this time as H0032 (treatment plan development).If you type up the TX plan from the home office, there is **NO** reimbursement code for this time, unless there is an exception, which must be documented, then you can use H0032 without the client present. This would be an **exception**, not the rule. | Psychotherapy or Family therapy – 90837 or 90846/90847* Give a copy of the TX plan to the parent/guardian.
* Review the TX plan with parent/ guardian.
* Make changes if needed based on the response of the parent/ guardian.
* On the progress note where you did the CAFAS assessment with the family add an addendum to document you gave a **copy**, **reviewed** and got a **response** to the TX plan from the parent/guardian and/or client. This is a STATE reg!
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MC+ = My Clients Plus TX = treatment BHP = Behavioral Health Professional CAFAS = Child & Adolescent Functioning Assessment Scale

**Remember when working with an MCO such as Wellcare that gives a limited number of complimentary units that we must reduce this number by 1 when setting up the authorization tracker because the Intake counts as 1 unit of service.**