

Care Coordination Billable Activities

This reference table may be used as a tool to ensure that core functions of Care Coordination, and their respective activities, are being performed. This table offers some examples of activities that could be covered in sessions, when applicable, and are billable. The examples should not be considered an exhaustive list of Care Coordination activities.

Note: Care Coordination services must be provided by either registered/certified SUD Counselors or LPHAs in order to be billable.

Topics		Potential Billable Activities
Connection	Establishing & Maintaining Benefits	Actively help clients to apply for and maintain health and public benefits (e.g., Medi-Cal, Healthy San Diego, Perinatal, Housing, etc.).
		Transfer Medi-Cal benefits from the previous county of residence to San Diego County for clients who have moved.
	Community Resources	Link clients to community resources and services (e.g., transportation, food and clothing assistance, family planning services, legal assistance, educational services, vocational services, etc.).
Coordination	Transitions in ASAM LOC	Facilitate necessary transitions in ASAM levels of care (e.g., initiating referrals to the next level of care, coordinating with and forwarding necessary documentation to the accepting treatment agency, etc.).
	Health Services	Coordinate care with physical health, community health clinics and providers, and mental health providers to ensure a coordinated approach to whole person health service delivery.
	Social Services	Coordinate activities with State, County and community (e.g., HHS, BHS, Probation, Superior Courts, Housing Providers, etc.) entities.
Communication	Other Health Providers	Communicate face-to-face or by phone with physical health, community health clinics and providers, and mental health providers.
	Service Partners	Communicate face-to-face or by phone with Health and Human Services (HHS) social workers, Behavior Health Services (BHS) workers, Probation Officers, Housing Providers, etc.
	Advocacy	Advocate for clients with health/social service providers, County and community partners, and others in the best interests of clients.

Care Coordination Activity Scenarios

Although not an exhaustive list, these scenarios are meant to help providers distinguish between the types of services that **ARE** and **ARE NOT** billable under Care Coordination. The not-billable scenarios listed include activities that could be conducted, when appropriate, but cannot be billed under Care Coordination services.

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	Billable	Not Billable
Connection	<ul style="list-style-type: none"> • Linking clients to housing resources. • Assisting clients with applying for Medi-Cal. • Transferring Medi-Cal benefits for clients who have moved, from the previous county of residence to San Diego County. • Linking clients to community resources such as food and clothing assistance. • Providing warm hand-offs to new LOC when medically necessary and Before Admission/After Discharge documented appropriately including which occur within 30 days of discharge. 	<ul style="list-style-type: none"> • Providing transportation for clients to scheduled appointments (not considered medically necessary treatment), such as driving client to and from DMV to obtain ID card. • Helping a client move residences • Driving around looking for a client who went AWOL from the program • Driving to visit a client in the community and waiting for the client, but the client is a no-show for the appointment. • Waiting for a client in the lobby during a client’s doctor appointment.
Coordination	<ul style="list-style-type: none"> • Identifying a referral agency and scheduling an appointment for a level of care transition (e.g., from Intensive Outpatient or ASAM 2.1 to Low Intensity Residential or ASAM 3.1, etc.). • Coordinating care to physical and mental health providers to ensure clients are provided appropriate services. 	<ul style="list-style-type: none"> • Documenting Care Coordination activities outside of a progress note for services, including information regarding recent primary care and specialist visits, emergency room visits, auxiliary treatment services (e.g., dialysis), and any community resources received. Although providers are expected to conduct these activities, time spent documenting these activities are not billable if not part of a direct documented service.
Communication	<ul style="list-style-type: none"> • Time spent communicating with service providers, county workers, judges, etc., either face-to-face or by phone (e.g., meeting with patient and doctor during a primary care visit) or discussing treatment progress with county partners (e.g. Child, Youth and Family Services, Probation Department). • Following up with other agencies regarding scheduled services and/or services received by clients. 	<ul style="list-style-type: none"> • Entering data into SanWITS (pre-authorizations, authorizations, progress notes, etc.). • Attempting, but not successfully contacting service providers either by phone or face-to-face, e.g., leaving a voice mail message. Providers should only bill for Care Coordination if they are successful in communicating with other service providers on the clients’ behalf. • Providing written reports or communicating via email to health and mental health providers, and county partners (e.g., Child, Youth and Family Services, Probation Department).