## Case Management Billable Activities

This reference table may be used as a tool to ensure that core functions of case management, 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 case management activities.

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

<table>
<thead>
<tr>
<th>Topics</th>
<th>Potential Billable Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishing &amp; Maintaining Benefits</td>
<td>Actively help clients to apply for and maintain health and public benefits (e.g., Medi-Cal, Healthy San Diego, Perinatal, Housing, etc.).</td>
</tr>
<tr>
<td></td>
<td>Transfer Medi-Cal benefits from the previous county of residence to San Diego County for clients who have moved.</td>
</tr>
<tr>
<td>Community Resources</td>
<td>Link clients to community resources and services (e.g., transportation, food and clothing assistance, family planning services, legal assistance, educational services, vocational services, etc.).</td>
</tr>
<tr>
<td>Transitions in ASAM LOC</td>
<td>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.).</td>
</tr>
<tr>
<td>Health Services</td>
<td>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.</td>
</tr>
<tr>
<td>Social Services</td>
<td>Coordinate activities with State, County and community (e.g., HHS, BHS, Probation, Superior Courts, Housing Providers, etc.) entities.</td>
</tr>
<tr>
<td>Other Health Providers</td>
<td>Communicate face-to-face or by phone with physical health, community health clinics and providers, and mental health providers.</td>
</tr>
<tr>
<td>Service Partners</td>
<td>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.</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Advocate for clients with health/social service providers, County and community partners, and others in the best interests of clients.</td>
</tr>
</tbody>
</table>
Case Management Guide

**Case Management 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 Case Management. The not-billable scenarios listed include activities that could be conducted, when appropriate, but cannot be billed under Case Management services.

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

<table>
<thead>
<tr>
<th>Billable</th>
<th>Not Billable</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Linking clients to housing resources.</td>
<td>• Providing transportation for clients to scheduled appointments (not considered medically necessary treatment), such as driving client to and from DMV to obtain ID card.</td>
</tr>
<tr>
<td>• Assisting clients with applying for Medi-Cal.</td>
<td>• Helping a client move residences</td>
</tr>
<tr>
<td>• Transferring Medi-Cal benefits for clients who have moved, from the previous county of residence to San Diego County.</td>
<td>• Driving around looking for a client who went AWOL from the program</td>
</tr>
<tr>
<td>• Linking clients to community resources such as food and clothing assistance.</td>
<td>• Driving to visit a client in the community and waiting for the client, but the client is a no-show for the appointment.</td>
</tr>
<tr>
<td>• Providing warm hand-offs and transportation to new LOC when medically necessary and documented in treatment plan.</td>
<td>• Waiting for a client in the lobby during a client’s doctor appointment.</td>
</tr>
<tr>
<td>• Providing or arranging transportation for perinatal clients to and from medically necessary treatment.</td>
<td>• Documenting case management 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.</td>
</tr>
<tr>
<td><strong>Connection</strong></td>
<td><strong>Coordination</strong></td>
</tr>
<tr>
<td>• 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.).</td>
<td>• 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).</td>
</tr>
<tr>
<td>• Coordinating care to physical and mental health providers to ensure clients are provided appropriate services.</td>
<td>• Following up with other agencies regarding scheduled services and/or services received by clients.</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td><strong>Communication</strong></td>
</tr>
<tr>
<td>• 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).</td>
<td>• Entering data into SanWITS (pre-authorizations, authorizations, progress notes, etc.).</td>
</tr>
<tr>
<td>• 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 Case Management if they are successful in communicating with other service providers on the clients’ behalf.</td>
<td>• Providing written reports to health and mental health providers, and county partners (e.g., Child, Youth and Family Services, Probation Department).</td>
</tr>
</tbody>
</table>