



ORIENTATION & TRAINING

NEW CASES, DISCHARGES

- Case Managers - that doesn't apply to you - you will contact the client and do your TCM sessions and TCM Assessment and Service Plan


When you get the email from the Account/Office Manager giving you a new case (whether you self-referred it or not), please make sure to reach out to the client...**within 48 hours**.

This is not only the courteous thing to do, but you'll also cement a strong image in the client's mind that you are professional and responsible. Put yourself in the client's shoes!




Now... the Assignment Email that you get from the office manager, will let you know whether you are doing the assessment and a licensed person will do the LE, or if the licensed person will be doing the entire assessment for you. PLEASE PAY ATTENTION TO THAT!




The Account Manager (Shere/Taylor) will assign the case:

- To a licensed counselor to do the entire intake assessment first ("A" below) , **OR**
- To you, and, at the same time, she will assign the LE (e.g. the licensed evaluation) to a licensed clinician ("B" below)
-  **PAY ATTENTION TO THE WORDING ON THE EMAIL.**


A = The Licensed Person does the ENTIRE intake assessment (this accounts for about 90% of the cases).

- The licensed person will contact the family **within 48 hours** to schedule the intake.
- The intake consists of 3 billable documents (the biopsychosocial or in-depth assessment, the CFARS or FARS, and the Master Treatment Plan). All 3 documents are contained within the one form when you complete it online, which is super convenient.
- Each intake must also have signed paperwork by the client and or parent. They will sign this paperwork online on our website as well.
- When you are done with the intake, you must submit it, save a copy of it, and email the assigned counselor with a copy of the assessment, telling them that the case is ready to be seen for therapy.
-  If this is an Orange County School referral, the assigned-counselor (the one doing therapy, **MUST ALSO CONTACT THE FAMILY WITHIN 48 HOURS – TO WELCOME THEM AND LET THEM KNOW TO PLEASE COMPLETE THE INTAKE WITH THE LICENSED PERSON SO THAT SERVICES CAN GET STARTED**).

B = The non-licensed person does the intake, and the licensed person does the LE (about 10% of cases, and self-referred cases).

- The case therapist will contact the family **within 48 hours** to schedule the intake.
- Your intake consists of 2 billable documents (the biopsychosocial or indepth assessment, and the CFARS or FARS). Each intake must also have signed paperwork by the client and or parent. They will sign this paperwork online on our website as well.
- Meet with the client. Get the client or parent to sign all the consents forms.
- Complete the Biopsychosocial (or InDepth) and the CFARS/FARS.  **DO NOT COMPLETE THE MASTER TX PLAN!**
- When you do these 2, please make sure that the client did complete the intake paperwork on our website (if Telehealth, instruct them where to do it, before the session or after... or if you are meeting in person, please bring your phone or tablet so that the client can complete and sign). We recommend you give them the link when your first call the client, so that they have enough time to complete these. **WITHOUT THE INTAKE CONSENTS, NOTHING IS BILLABLE!!**
- Email the licensed person (they were cc/d in the assignment email) and let them know you submitted the Biopsychosocial and the CFARS/FARS. **ATTACH A COPY OF YOUR ASSESSMENT (BIO/CFARS)** - which you should download in the confirmation page after you submit it -- This will provide them with notification to get in touch with the client for their required part of the intake.
- You MAY continue seeing the client for weekly sessions until the LE is scheduled. BUT... PLEASE NOTE...  **the Master Tx Plan must be completed within 45 days of your Bio/CFARS, or your case is automatically closed with nothing billed.**
- The licensed person will call the client and schedule the LE (via telehealth), will review the Biopsychosocial for information, complete the LE, and communicate with you when the assessment is complete. They will also communicate with you if they agree with the diagnosis you provided or if they have identified an alternate diagnosis. You MUST use whatever diagnosis they provide as you continue with your client (even if you don't agree)
- Note – The LE person is NOT your supervisor, and he/she does not review your notes for content correction
-  **Once the LE is completed you will be creating the Master Treatment Plan.** As such, you will need to get the client and parent/guardian to sign the treatment plan signature page during the appointment and you will be discussing treatment plan goals with them.

The Importance of The Signed Intake Consents

This is crucial.  **If the client does not sign the intake consents, YOU DONT GET PAID,** since we cannot bill the service. It is crucial that you ensure that the client signed the intake consents. We recommend you text them the link to the website (client > forms) when you schedule the appointment. As a last resort, you can make sure they do it while you are meeting with them.


Do not leave your assessment without getting these signed, since trying to get them to sign these afterward it is a major pain!

***** A FEW REALLY IMPORTANT NOTES *****

1. The only people that can consent to therapy services are LEGAL guardians. This means biological parents, adoptive parents, dependency case managers (foster care), or guardians who have court orders stating their guardianship or a notarized letter from a legal guardian stating their guardianship.
 - * If you identify prior to going out for the intake that the guardian is not a biological/adoptive parent or a dependency case manager, let the guardian know you CANNOT hold the intake until our office receives the guardianship order and it is uploaded into the EHR AND REVIEWED BY OUR REFERRALS TEAM.
 - * If you identify AT an intake that the guardian is not a biological/adoptive parent or a dependency case manager – STOP – you MUST obtain guardianship paperwork at the intake appointment and scan it or end the intake appointment. If you complete an intake with someone who is not a legal guardian, you will not be paid.
 - * If you are unsure, please connect with the referral team member who assigned the case for guidance.

2. If ANY individual is present for the intake that is not a parent or legal guardian, you MUST get a release of information signed for that person. OR, if the client is an adult, anyone present with them during the intake (including their parent) must be identified in a signed release of information.
3. All clients do not need therapy. If, at an intake, you are concerned that the client's symptoms do not warrant TALK THERAPY (which is what we do) then the client will need to be referred out. Or, if you believe the client's symptoms are not severe enough to warrant therapy, then we may not be able to provide services.

When to Return the Referral (ROR)

Try contacting the client at least 4 times, over the next 14 days.  Still, if after that time, you hear nothing back, let Shere or Taylor know (whoever gave you the case), and we'll close it. You might also want to consider texting, emailing them (if those options are available), or contacting the referral source on the referral form, sometimes they might have another way to contact them.

Closing/Discharging Clients.

Unless you did an ROR, after the client is opened, the only way to close the client is to complete a DISCHARGE SUMMARY. Please do not email us to close the case, you must complete one of these discharge forms in order to close the case from your caseload.