

Post-Inpatient/Post-ED Discharge Behavioral Health Outreach Script

This script is intended as a guide for agencies to use when conducting outreach to clients after the client has been discharged from an inpatient or emergency department setting. The script may be modified based on the specific workflows and staffing assignments for each agency. (For example, some agencies utilize scheduling staff to make calls; other agencies utilize clinicians to make calls.) We encourage each agency to have their clinical, billing and compliance teams review the script and billing guidance included in this guide and to modify the guide based on agency-specific policies and procedures before implementation. **Ideally, the follow-up phone call will occur the day of or day after discharge from the hospital or Emergency Department with the goal of scheduling the client for an in-person visit within 1-7 days after discharge.**

Staff Script

1. Introduction

“Hello, my name is [Name], and I’m a behavioral health clinician with [Agency Name]. I’m calling to follow up after your recent [emergency department visit / hospital stay] to support your behavioral health needs and help prevent future crises. Do you have a few minutes to speak with me now?”

2. Identity Verification & Consent

“Before we continue, may I confirm your full name, date of birth, and ZIP code?”

3. Schedule Follow-Up Appointment

“May I schedule you to come in for an appointment? I’d like to conduct a follow-up assessment and discuss your care plan and safety plan with you. I have appointments available on X, Y, Z. Would any of those dates/times work for you?” (NOTE: Having the appointment within 3 days of discharge is recommended and within 7 days is targeted. An in-person appointment is still preferable to phone follow-up even if it occurs more than 7 days after discharge).

In the event that the client is not able/willing to participate in an in-person follow-up appointment, the remainder of the steps in this script may be followed by a clinician so that a phone follow-up may be conducted. If the client declines an in-person appointment ask “Are you able to stay on the phone with me now for approximately 15 minutes, so that we can briefly discuss how you are doing.” If the answer is yes, proceed with the steps below. If the answer is no, encourage the client to keep their next scheduled appointment and to contact the agency in the event that a need arises before that appointment.

4. Clinical Event Review (Establish Need)

“I see that on [date], you were seen at [hospital]. Are you comfortable sharing why you went to the hospital?”

I’d like to understand how you’ve been feeling since discharge.”

- “Have your symptoms improved, worsened, or stayed the same?”
- “Are you experiencing any new symptoms?”
- “Are you experiencing any current emotional distress, anxiety, depression, or safety concerns?”

- “Do you know when you should seek urgent care or go back to the emergency department?”

5. Safety Assessment

- “Are you having any thoughts of harming yourself or others today?”
- “Do you feel safe right now?”
- “Do you feel supported at home?”

If YES:

- Follow crisis protocol (988, local crisis, mobile response)

Be sure to document:

- Risk level
- Actions taken

6. Barrier Assessment

- “Do you have access to food and medications?”
- “Is housing stable right now?”
- “Do you have someone who can help if you need support?”
- “Are there financial concerns that might make it hard to follow your care plan?”
- “Do you have reliable transportation to your upcoming appointments?”
- “Do you have other concerns right now?”

7. Care Coordination Interventions

“Let me help {arrange transportation, arrange delivery of medications, provide a work/school excuse or _____}.”

8. Psychoeducation / Behavioral Support

“Following up after a hospital visit is important to maintain stability and avoid another crisis. Staying connected to care can help manage symptoms and improve overall well-being.”

9. Closure & Continued Engagement

“Please be sure to keep your next regularly scheduled appointment on _____. If you need support before your appointment or need to reschedule, please call us at [number].”

Documentation Elements for Billing

Using the script, service Code: **H2019-GT** Therapeutic Behavioral Services (1 unit = 15 minutes), may be billed.

- Used for **care coordination, engagement, linkage, and follow-up** activities tied to a behavioral health treatment need
- Can include **post-discharge outreach, care transitions, coordination, and service linkage**

To successfully bill **H2019-GT**, staff must document:

- Time spent (minimum 8 minutes typical billing threshold)
- Medical necessity (symptoms, risk, functional impairment)
- Interventions provided:
 - Assessment
 - Care coordination
 - Psychoeducation
- Member response
- Plan/next steps

For Ohio Medicaid, documentation:

- Must tie service to a **behavioral health diagnosis or presenting symptoms**
- Must include **clinical intervention + assessment (may not bill administrative-only calls)**
- Supervision required for non-independent licensure

1. Eligibility for Billing

Requirement	Yes	No	Comment
Member has behavioral health need/diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	
Service tied to recent ED/IP discharge	<input type="checkbox"/>	<input type="checkbox"/>	
Service not purely administrative	<input type="checkbox"/>	<input type="checkbox"/>	

2. Time & Service Structure

Requirement	Yes	No	Comment
Time documented (start/stop or total minutes)	<input type="checkbox"/>	<input type="checkbox"/>	
Meets minimum billing increment (≥8 min typical)	<input type="checkbox"/>	<input type="checkbox"/>	
Service delivered by eligible credential	<input type="checkbox"/>	<input type="checkbox"/>	

3. Assessment Component (Required for Medical Necessity)

Requirement	Yes	No	Comment
Symptoms assessed (e.g., anxiety, depression)	<input type="checkbox"/>	<input type="checkbox"/>	
Functional needs/barriers identified	<input type="checkbox"/>	<input type="checkbox"/>	
Risk/safety screening completed	<input type="checkbox"/>	<input type="checkbox"/>	

4. Intervention Component

Intervention Type	Yes	No	Comment
Psychoeducation provided	<input type="checkbox"/>	<input type="checkbox"/>	
Behavioral support or brief intervention	<input type="checkbox"/>	<input type="checkbox"/>	
Care coordination performed	<input type="checkbox"/>	<input type="checkbox"/>	

At least **one clinical intervention + coordination** must be present

5. Care Coordination

Requirement	Yes	No	Comment
Follow-up appointment addressed	<input type="checkbox"/>	<input type="checkbox"/>	
Barriers addressed (transport, access, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Referrals or linkages completed	<input type="checkbox"/>	<input type="checkbox"/>	

6. Documentation Quality

Requirement	Yes	No
Note clearly describes service as behavioral health	<input type="checkbox"/>	<input type="checkbox"/>
Member response documented	<input type="checkbox"/>	<input type="checkbox"/>
Plan/follow-up documented	<input type="checkbox"/>	<input type="checkbox"/>
Language supports medical necessity	<input type="checkbox"/>	<input type="checkbox"/>