

**ADMINISTRATIVE DIRECTIVE:**

This document is to be attached to the administrative procedure listed below. The changes in Sections IV and VI will remain in effect until the administrative procedure is revised. The content of this directive adds language to applicable portions of the administrative procedure listed.

<b>CHAPTER</b> Access to Services	<b>CHAPTER</b> 02	<b>SECTION</b> 001	<b>SUBJECT</b> 0025
<b>SECTION</b> Access	<b>SUBJECT</b> Central Intake Unit (CIU)		
<b>ADMINISTRATIVE DIRECTIVE WRITTEN BY:</b> Joy Vittone		<b>AUTHORIZED BY</b> Kathleen Gallagher	

**I. APPLICATION:**

- SCCCMHA Board
- SCCCMHA Providers & Subcontractors
- Direct-Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

**II. ADMINISTRATIVE DIRECTIVE:**

The purpose of this Administrative Directive is to add language to Section IV to explicitly describe civil rights guaranteed to all individuals by federal and state law. Information about these rights is provided to individuals served by the Access Customer Service Department through distribution of the Region 10 PIHP Customer Handbook and supplemental documents including MDHHS Your Rights (for Mental Health Services) Booklet.

An additional purpose of this Administrative Directive is to add language to Section IV to clearly state that SCCCMH is committed to providing assessments, screening and preventive interventions, treatment, and peer support, using clinical protocols and evidence-based practices, that are appropriate for an individual’s phase of life and development, specifically considering what is appropriate for children, adolescents, transition age youth, and older adults, as distinct groups for whom life stage and functioning may affect treatment.

**III. CHANGES TO ADMINISTRATIVE PROCEDURE**

**IV. STANDARDS**

- A. SCCCMH shall designate the Central Intake Unit (CIU) as its central program responsible to conduct all initial comprehensive intake assessments that determine admission eligibility for entry into SCCCMH mental health system and to determine service eligibility for any

PIHP/SCCCMH managed benefit plan (e.g., Medicaid, GF, Healthy Michigan, MI-Child and CCBHC.)

- B. Individuals will not be refused access to services and SCCCMH does not discriminate, or exclude or treat people differently, on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity or expression, inability to pay, or whether payment is made by Medicare or Medicaid.

...

- D. Individuals will be provided person-centered, family-centered, trauma-informed, and recovery-focused services that integrate physical and behavioral health care to serve the “whole person,” and SCCCMH is committed to providing services that are appropriate for an individual’s phase of life and development, specifically considering what is appropriate for children, adolescents, transition age youth, and older adults, as distinct groups for whom life stage and functioning may affect treatment.

The CIU is the entry door for individuals into SCCCMHA system. As such, CIU will offer a welcoming recovery-focused experience enabling individuals who enter the system to be empowered in their recovery process.

VI. REFERENCES:

- A. PIHP Contract
- B. MI Certified Community Behavioral Health Clinic (CCHBC) Handbook, version 1.7
- C. Michigan’s Elliott-Larsen Civil Rights Act 453 of 1976 and Public Act 6 of 2023
- D. Patient Protection and Affordable Care Act of 2010, 42 C.F.R. § 18116
- E. Other applicable laws:
  - Americans with Disabilities Act (ADA)
  - Civil Rights of Institutionalized Persons Act (CRIPA)
  - Health Insurance Portability & Accountability Act (HIPAA)
  - Individuals with Disabilities Act (IDEA)
  - Section 504 of the Rehabilitation Act
  - Michigan Disability Civil Rights Act

**ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

**ADMINISTRATIVE PROCEDURE**

Date Issued **05/24**

Page 1

<b>CHAPTER</b> Access to Service	<b>CHAPTER</b> 02	<b>SECTION</b> 001	<b>SUBJECT</b> 0025
<b>SECTION</b> Access	<b>SUBJECT</b> Central Intake Unit (CIU)		
<b>WRITTEN BY</b> W. Morris/L. Morse	<b>REVISED BY</b> Lonnie Sharkey	<b>AUTHORIZED BY</b> Telly Delor	

I. **APPLICATION:**

- SCCCMHA Board
- SCCCMHA Provider & Sub-Contractors
- Direct Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. **PURPOSE STATEMENT:**

St. Clair County Community Mental Health Authority (SCCCMHA) requires that all individuals requesting services will go through a Central Intake Unit (CIU) for an assessment, in accordance with the procedures below. This policy guideline specifies how the CIU shall function and operate in the SCCCMHA network.

III. **DEFINITIONS:**

- A. **Assessment:** For purposes of this policy, the comprehensive face-to-face, virtual/phone clinical evaluation that determines if a person meets eligibility requirements to receive public mental health services. The intake assessment, at minimum, consists of the Biopsychosocial Assessment and/or screening tools which obtains personal information, assesses the mental status and functioning level of the individual, and, if clinically appropriate, utilizes a Level of Care Utilization System (LOCUS) Assessment for adults with SMI and offers a rating scale to determine severity of need. The CAFAS and PECFAS Assessment tools are utilized for children and adolescents in determining their level of severity. The SAFE-T Protocol with C-SSRS is used with Adults and Children to determine if they are at risk for suicide.
- B. **Children’s Diagnostic and Treatment Service:** A “single entry” program, operated by or under contract with SCCCMHA and certified by MDHHS that provides examination, assessment and referrals, including emergency referrals, for minors, and provides or facilitates treatment for minors.
- C. **Denial / Referral to non-CMH provided mental health services:** A decision by a CIU clinician to refer an individual requesting services from SCCCMHA to an outside provider thru a different funding stream.
- D. **Direct Operated Program:** A program managed directly by SCCCMHA.

CHAPTER	CHAPTER	SECTION	SUBJECT
Access to Services	02	001	0025
SECTION	SUBJECT		
Services	Central Intake Unit (CIU)		

- E. Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Federal regulations that require state Medicaid programs to offer early and periodic screening, diagnosis and treatment to eligible beneficiaries less than 21 years of age.
- F. Health Maintenance Organization (HMO): For purposes of this document, a non-Medicaid managed care plan that provides medical care through its network of physicians, pharmacies, contracted hospitals, and medical care suppliers. Some HMOs require a referral to receive some services.
- G. Level of Care (LOC): Also known as severity of illness and intensity of services criteria. Clinical protocols developed by MDHHS and Region 10 as part of the Utilization Management program, which is intended to monitor the appropriateness of mental health care.
1. Severity of Illness: Pertains to the nature and severity of signs, symptoms, functional impairments, and risk potential related to the person's presenting/assessed needs.
  2. Intensity of Service: Pertains to the setting of care, to the types and frequency of needed services, and to the degree (i.e., intensity, or level-of-care) deemed medically necessary.
- H. Medicaid Health Plan/Qualified Health Plan (MHP/QHP) Healthy Michigan: The state of Michigan's designated managed care organization to provide specified covered services, including mental health services, to Medicaid beneficiaries, who do not meet the eligibility criteria of the PIHP/SCCCMHA.
- I. Medical Necessity: Using established criteria specified by MDHHS, the clinical appropriateness of a course of treatment and specific services suitable to address an individual's mental health need(s), based on the person's psychiatric status using approved clinical criteria and professional judgment. As defined by MDHHS, medical necessity refers to mental health or substance abuse services that are:
1. Necessary for screening and assessing the presence of a mental illness, intellectual/developmental disability, or substance use disorder, as defined by standard diagnostic nomenclature (i.e., DSM-5);
  2. Required to identify and evaluate a mental illness, intellectual/developmental disability, or substance use disorder that is inferred or suspected;
  3. Intended to treat, ameliorate, diminish, or stabilize the symptoms of mental illness or substance use disorders, and to prevent or delay relapse;
  4. Expected to prevent, arrest, or delay the development or progression of a mental illness or intellectual/developmental disability or substance use disorder, and to prevent or delay relapse;
  5. Designed to provide rehabilitation for the recipient to attain or maintain an optimal level of functioning according to his or her potential;

CHAPTER	CHAPTER	SECTION	SUBJECT
Access to Services	02	001	0025
SECTION	SUBJECT		
Services	Central Intake Unit (CIU)		

6. Delivered consistent with national professional standards of practice, including standards of practice in community psychiatry, psychiatric rehabilitation, substance use disorder services, and empirical professional practice;

7. Provided in least restrictive setting.

J. Rapid Readmission Case: A former case that was discharged from services at SCCCMHA less than 90 days ago and has a Biopsychosocial Assessment that is less than 9 months old from date of ACCESS screening.

K. Screening: The administrative clinical function that determines that a person has a DSM-5 and ICD 10 diagnosis and meets medical necessity that qualifies him or her for specialty mental health services provided by the SCCCMHA.

#### IV. STANDARDS:

A. SCCCMHA shall designate the Central Intake Unit (CIU) as its central program responsible to conduct all initial comprehensive intake assessments that determine admission eligibility for entry into SCCCMHA mental health system and to determine service eligibility for any PIHP/SCCCMHA managed benefit plan (e.g., Medicaid, GF, Healthy Michigan, MI-Child and CCBHC.)

B. Individuals will not be refused access to services because of inability to pay.

C. Individuals will not be refused access to services due to residence. Please refer to [Administrative Procedure #01-003-0040, County of Financial Responsibility \(COFR\)](#).

D. The CIU is the entry door for individuals into SCCCMHA system. As such, CIU will offer a welcoming recovery focused experience enabling individuals who enter the system to be empowered in their recovery process.

E. The CIU shall ensure that the comprehensive Biopsychosocial Assessment as well as, the LOCUS, PECFAS or CAFAS, depending on the population, be administered. If required, CIU will make a referral for SIS assessment:

1. Includes a review of the clinical screening conducted by the Access Center, which shall include the person's:

- a. Presenting problem(s).
- b. Need for services/request for services.
- c. Service eligibility and medical necessity criteria.
- d. Legal eligibility criteria, when applicable.
- e. Payer Source.
- f. Historical information related to presenting problem.

2. Includes information obtained from:

CHAPTER Access to Services	CHAPTER 02	SECTION 001	SUBJECT 0025
SECTION Services	SUBJECT Central Intake Unit (CIU)		

- a. A face-to-face, virtual, or phone interview with the person served.
  - b. Family members and legal guardian, when applicable or permitted.
  - c. Other collateral sources, when applicable and permitted.
3. Addresses each of the following:
  - a. A mental status examination for persons with mental health needs.
  - b. Service approval or denial, including rationale/justification for the decision.
- F. For all persons who meet admission criteria, the comprehensive Biopsychosocial Assessment process gathers sufficient information to develop an Individualized Person-Centered Plan for each person eligible for services, including information about the person's:
  1. Presenting problems.
  2. Any emergent or urgent needs, including suicide and homicide risk.
  3. Personal strengths.
  4. Individualized needs.
  5. Abilities and interests.
  6. Preferences.
  7. Previous behavioral health care services including both diagnostic and treatment information.
  8. Information about medication, including medication use profile, efficacy of current or previously used medications, and medication allergies or adverse reactions.
  9. Physical health history, including current medical needs and current Personal Care Physician.
  10. Diagnosis(es).
  11. Co-occurring disorders, disabilities or medical concerns.
  12. Mental Status.
  13. Current level of functioning.
  14. Pertinent current and historic life situation information.
  15. Multicultural needs, issues and concerns.
  16. Use of alcohol, tobacco, and other drugs.
  17. Need for and availability of social supports.
  18. Need for assistive technology or accommodation(s) in the provision of services.
  19. Level of educational functioning.
  20. Advance directives, when applicable.
  21. Adjustment to disabilities and disorders.
  22. Residential situation.
  23. Employment history and employment interest.
- G. The comprehensive assessment(s) shall result in the preparation of an interpretative summary that is:
  1. Based on the assessment data.
  2. Used in the development of the individualized plan.
  3. Identifies any co-occurring condition disorders and how they will be addressed in the development of the individualized plan of services (IPOS).
  4. Level-of-care determination.

CHAPTER	CHAPTER	SECTION	SUBJECT
Access to Services	02	001	0025
SECTION	SUBJECT		
Services	Central Intake Unit (CIU)		

5. SCCCMHA-funded program determination, including recommendations regarding type(s), amount, scope and duration of services.
6. Scheduled follow-up appointment with designated program.

H. The CIU's choice of service approaches shall be based on accepted practices in the field and shall be supported by one or more of the following; research, evidenced-based practices, field recognition, or published practice guidelines and determined by the provider network.

I. Hours of Operation for CIU services are "as needed" and:

Port Huron:

1. Mondays 8:30am – 5:00 pm
2. Tuesdays 8:30am – 5:00pm
3. Wednesdays 8:30am – 7:00pm
4. Thursdays 8:30am – 5:00pm
5. Fridays 8:30am – 5:00pm

Capac:

1. Monday 8:30am – 5:00pm
2. Tuesday 8:30am – 5:00pm
3. Wednesday 8:30am – 5:00pm
4. Thursday 8:30am – 5:00pm
5. Friday 8:30am – 5:00pm

Marine City:

1. Monday 8:30am – 5:00pm
2. Tuesday 8:30am – 5:00pm
3. Wednesday 8:30am – 5:00pm
4. Thursday 8:30am – 5:00pm
5. Friday 8:30am – 5:00pm

NOTE: These days and hours are subject to change - if changed, the days and hours will be posted at building sites and on agency social media. Also, if Mobile Crisis Unit is working with someone in crisis, then CIU will accommodate them for an intake same-day if it is appropriate to do so.

V. PROCEDURES:

A. Central Intake Unit (CIU) – Hospital Discharges Intake

**Clerical staff/ CIU Designee**

1. Attempts to follow-up with individual and completes a contact note, when appropriate, if a person who has recently been discharged from the hospital does not show or cancels, etc.

CHAPTER	CHAPTER	SECTION	SUBJECT
Access to Services	02	001	0025
SECTION	SUBJECT		
Services	Central Intake Unit (CIU)		

2. Notifies the Court Liaison when the individual does not show or cancels, etc., when the individual has a court order for mental health treatment.

### **Court Liaison**

3. Attempts to contact individual who did not show for CIU Intake Assessment or who calls to cancel a court ordered Intake appointment.
4. Informs the court of individual's missed Intake appointment.

## **B. Central Intake Unit (CIU) - Intake**

### **Program Clerical**

1. Reviews daily schedule.
2. Ensures that individuals with private insurance **are assigned to a fully licensed staff**.
3. Requests from individuals with HMO, a referral from their Primary Care Physician, if required.
4. Ensures there is a Contact Note in OASIS and sends an outreach letter to reschedule when a person does not show or cancels Intake appointment.
5. Reschedules appointments, as needed.

### **Clerical/Scheduling**

6. Scans photo ID, if not already in the electronic health record (EHR), and confirms there are no changes in address, phone number, or email address.
7. Requests individual's private insurance.
8. Makes a copy of all insurance cards (front and back), except for straight blue/green Medicaid card.
9. Checks OASIS for Financial Notes tab. If notes indicate that a signature is required or a payment is due, refers individual to a FIPA Tech.
10. Provides to all individuals an Intake Packet, obtains a signed and dated [#0274 Patient Responsibility Agreement](#), notifies a FIPA Tech, and forwards the signed Patient Responsibility Agreement to Records Staff for scanning.

### **CIU FIPA Tech**

11. Prepares a Full Cost of Service Ability to Pay (in OASIS) for all non-Medicaid and Healthy Michigan Plan individuals, at least **one day prior to Intake appointment**.



CHAPTER	CHAPTER	SECTION	SUBJECT
Access to Services	02	001	0025
SECTION	SUBJECT		
Services	Central Intake Unit (CIU)		

12. Runs MPHI to verify Medicaid coverage and identify any other insurance coverage.
13. Confirms individual is scheduled to meet with the appropriate clinical staff.
14. Meets with Medicaid-insured individual, as necessary, to review financial information, verify type of insurance, and sign necessary documents.
15. Meets **face to face with all non-Medicaid / non-Healthy Michigan Plan intake individuals** to review financial information and verify type of insurance or lack of insurance.
  - a. Assesses ability to pay, based on Full Cost of Service, and obtains signature. Notifies CIU Supervisor **if individual refuses to sign** prior to meeting with the clinician.
  - b. Assists individual with completing the Medicaid/Healthy Michigan application, if necessary.
  - c. Explains that services not billable to insurance will be charged at SCCCMHA posted rate.
  - d. Explains and utilizes the Sliding Fee Scale Discount Program and completes form [#0276 Sliding Fee Scale](#) for eligible individuals.
  - e. Informs individual that proof of income is required **within two weeks** for Sliding Fee Scales **to avoid being charged the Full Cost of Services**.
16. Updates electronic healthy record with any new health insurance information and notifies CIU Supervisor and billing department.
17. Completes CCBHC documentation as needed.
18. Sends two letters requesting financial documentation, if not received within 30 days.
19. Notifies billing department, Case Holder, and Program Supervisor of non-receipt of the individual's financial documentation.

### **CIU Clinical Staff**

20. Reviews the Access Screening form and any other documentation received regarding the individual prior to meeting with the individual.
21. Completes a comprehensive Biopsychosocial Assessment with the LOCUS for adults (17.5 years and older) or the CAFAS/PECFAS assessment tool for children and adolescents (under 17.5 years) to determine eligibility, and the SAFE-T Protocol with C-SSRS, as well as any other applicable standardized assessment, depending on the presenting symptomology (i.e., depression/trauma/anxiety/substance use, etc.)(Skip to Procedure section C, if not eligible). Offers individuals the ability to complete a crisis plan.

CHAPTER	CHAPTER	SECTION	SUBJECT
Access to Services	02	001	0025
SECTION	SUBJECT		
Services	Central Intake Unit (CIU)		

22. Marks scheduled intake appointments in OASIS calendar to indicate if individual keeps appointment, does not show, or cancelled.
23. Completes a contact note if person does not show or cancels, etc., when appropriate.
24. Makes an outreach call (per [Administrative Procedure #03-003-0050, Outreach & Discharge](#)) in an attempt to engage the individual to facilitate the intake process. Hospital discharge requires attempted outreaches and documentation of the attempts.

### **Supervisor/Designee**

25. Closes case if individual has not followed through with intake within 30 days of Access referral. In the event of a court-ordered individual, consult with court liaison and follow [Administrative Procedure #03-001-0045, Court Ordered Treatment for non-compliance](#), if there has been no response to outreach attempts within 30 days.

## **C. Individual is eligible for services – Medicaid/Healthy Michigan Plan**

### **CIU Clinical Staff/Designee**

1. Determines what services would be beneficial to the individual and the program best suited for the individual in accordance to level of care, medical necessity, diagnostic criteria, age, and benefit plan.
2. Refers individuals who require EBP, Case Management, Peer Support Services, or other specialty services to the Direct Operated System or refers individuals requiring short-term OP treatment to the Contract System. Refers individuals who are 17.5 years and older to an adult program. Obtains an intake follow-up appointment within 14 days, through initialization of centralized scheduling, if Direct Operated.
3. Completes the initial authorization for services bundle.
4. Enters all data into the OASIS system for access by contract agency staff.

### **Receiving Program (Contract Agencies) Referrals**

5. Provides a date and time for initial appointment to the CIU Clinical Staff. Date should be within 14 business days from date of intake.

### **CIU Clinical Staff**

6. Notifies the individual receiving services of the scheduled second contact appointment and sends letter with the same information.

### **Receiving Program**

CHAPTER	CHAPTER	SECTION	SUBJECT
Access to Services	02	001	0025
SECTION	SUBJECT		
Services	Central Intake Unit (CIU)		

- Provides outreach activities in order to assist the individual with making their appointment and documents all outreach, cancelled appointments, and did not show appointments. (Any hospital discharges require reasonable documented attempts and outreaches within 24 hours.)

### **Primary Case Holder**

- Reviews the Access Screening and comprehensive Biopsychosocial Assessment as well as any other documents prior to the individual's first appointment.

## **D. Individual is eligible for services – Private Insurance**

### **CIU Clinician**

- Determines what services would be beneficial to the individual and the program best suited for the individual in accordance to level of care, medical necessity, diagnostic criteria, age, and benefit plan.
- Sends email with second contact information to Central Intake Unit staff, FIPA Techs, and billing department.

## **E. Individual is eligible for services, Insurance Does NOT cover service**

### **CIU Clinician**

- Provides individual with form [#0275 Advance Beneficiary Notice of Non-Coverage \(ABN\)](#), and obtains signature. (Individual either agrees to pay for service or declines to receive service.)
- Explains that cost of services may be reduced or discounted if they qualify for Medicaid or for the Sliding Fee Discount Program.
- Sends signed ABN to billing department and to Records Staff for scanning into EHR.

## **F. Rapid Readmission Process**

### **CIU Program Clerical**

- Receives a request for an intake via ACCESS.
- Checks the Admission List and Biopsychosocial and determines if individual meets the definition of a RAPID READMIT.
- Schedules an appointment for RAPID READMIT (within 14 days if standard referral or within 7 days if a hospital discharge) with the appropriate department supervisor, coordinator, or designee for last admission (i.e., Outpatient Program – John Doe) OR with current address location (i.e., Marine City Outpatient – -John Doe) (Capac Outpatient Program – John Doe) and provides appointment details to ACCESS.

CHAPTER	CHAPTER	SECTION	SUBJECT
Access to Services	02	001	0025
SECTION	SUBJECT		
Services	Central Intake Unit (CIU)		

4. Documents in OASIS calendar that appointment is for RAPID READMIT..

#### **ACCESS Staff**

5. Indicates appointment in ACCESS Queue. For example, Intake – 5/5/2024 11:00 AM SCCCMH OUTPATIENT with John Doe.
6. Informs individual to arrive 30 minutes early for their appointment and to see the designated/assigned Staff. To bring **most current** insurance information.

#### **Data Management Staff**

7. Opens case to appropriate location and staff as indicated by ACCESS.

#### **FIPA TECH Staff**

8. Verifies there is an active ATP.
9. Follows procedure section B. 11-19 (above).

#### **Department Coordinator/Case Worker**

10. Adds Initial Authorization for appointment.
11. Meets with individual at scheduled time.
12. Completes the Consent for Mental Health Services and necessary MDHHS Consent to Share Information (ROI).
13. Updates Demographic Information as needed.
14. Completes an Amendment to reinitiate services IF there is a current IPOS and documents in Purpose of Amendment Section that individual has closed for services on (date) and was referred back on (date) and Amendment is being completed to re-establish services.
15. Completes a Pre-Plan (for Waivered individuals only), IF there is no current IPOS and schedules IPOS to begin services. Also others, schedules IPOS to begin services.
16. Ensures NEW IPOS expires at the time of the current BPS to ensure new BPS and IPOS get back to being completed in related to each other.
17. Creates a Stand-Alone TEDS File for re-admit back into service.
18. Provides appropriate level of outreach if Individual does not show for scheduled appointment and closes case if no engagement in 30 days of ACCESS call.

CHAPTER	CHAPTER	SECTION	SUBJECT
Access to Services	02	001	0025
SECTION	SUBJECT		
Services	Central Intake Unit (CIU)		

**G. Individual is not eligible for SCCCMHA services**

**CIU Clinical Staff or Patient Navigator**

1. Provides the individual requesting services with a list of community agencies that either participate with their insurance or have a sliding scale fee set up in order to assist them with accessing mental health services outside of SCCCMHA; may assist the individual in contacting these community agencies. Educates individual regarding the appeals process and their rights.
2. Sends notice to the individual being denied services as outlined in SCCCMHA [Administrative Procedure #02-001-0040, Grievance Process](#).

**Clinician/Case Holder**

1. Notifies billing department to assist with obtaining the Prior Authorization, if applicable. Provides: diagnosis, service codes, frequency of services, why services are needed, and credentials.

**VI. REFERENCES:**

PIHP Contract  
CCHBC Demonstration Handbook

**VII. EXHIBITS:**

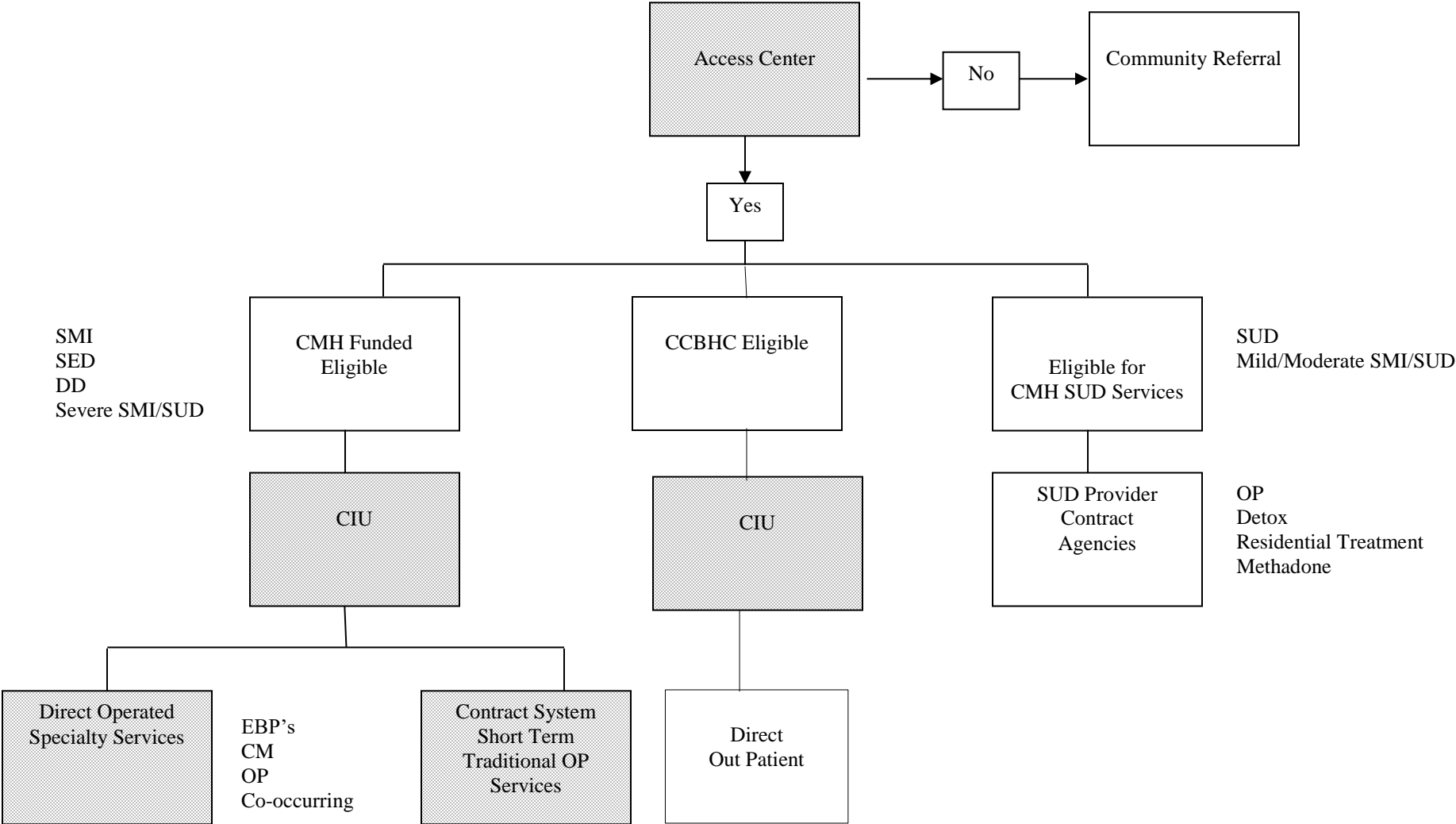
- A. Access to Services Flow Chart
- B. Accessing Mental Health Outpatient Services – Flow Chart
- C. [#0274 Patient Responsibility Agreement](#)
- D. [#0275 Advance Beneficiary Notice of Non-Coverage \(ABN\)](#)
- E. [#0276 Sliding Fee Discount Program Handbook](#)

**VIII. REVISION HISTORY:**

Revised date 05/12, 07/13, 07/14, 03/16, 03/17, 03/18, 03/19, 01/20, 05/21, 09/21, 12/22, 01/23, 05/23.

St. Clair County Community Mental Health  
**Access to Services Flow Chart**

This is in the process of being updated by ACCESS



# St. Clair County Community Mental Health

## Accessing Mental Health Outpatient Services

F/F: Face to Face Clinicial Intervention

