



Tracking Timely Access to Assessment and Treatment for “New Clients”

Topics for today:

- Timely Access and NOABD (Notice of Adverse Benefit Determination) process for New Clients
- CSI Form and Contact Log

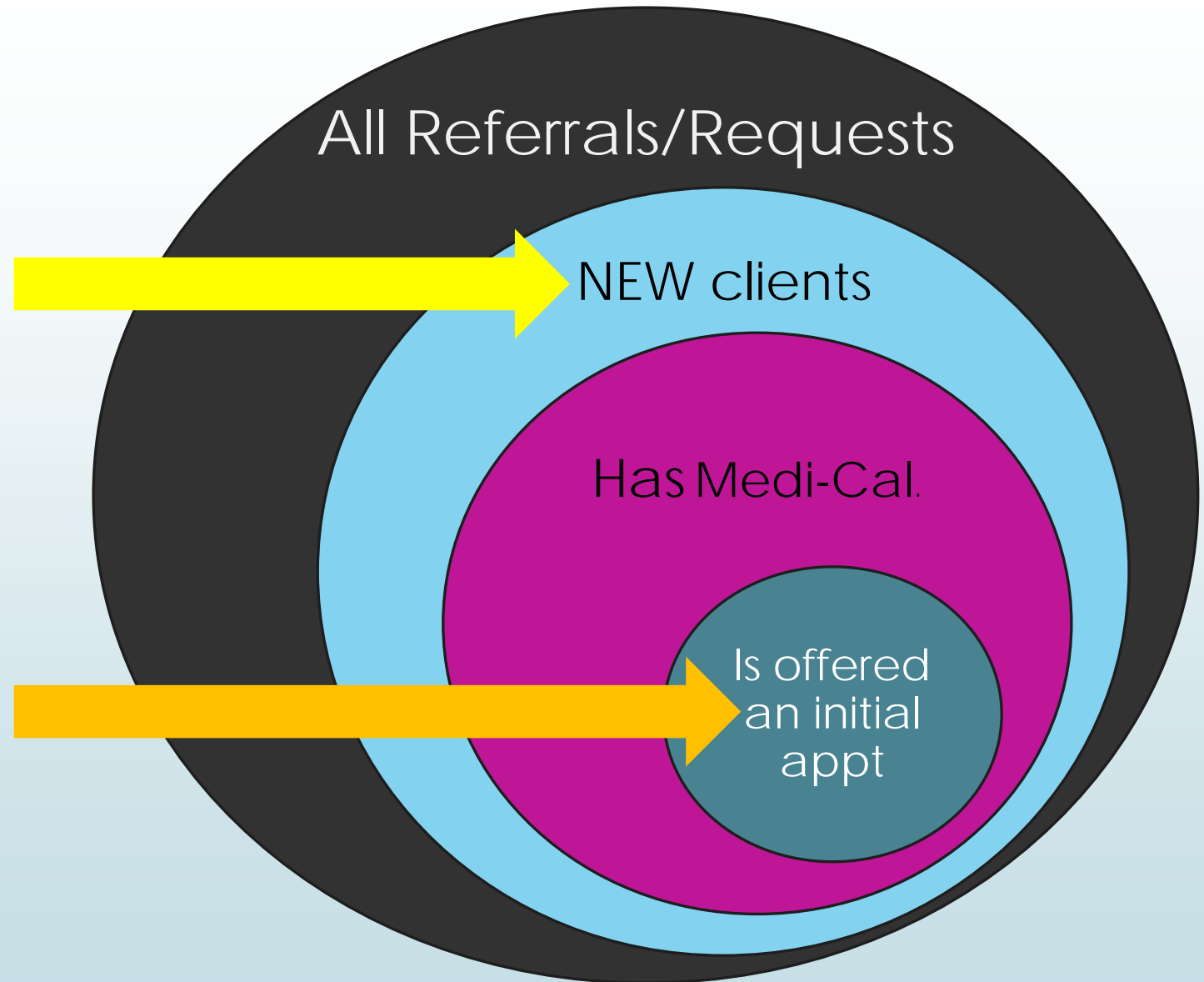
Send your questions via the chat.

If we don't get to your questions today, we will use them to update the [FAQ](#).

The **Contact Log** only needs to be completed for this group.

A "New" Client is someone who is NOT currently open to ANY BHRS Medi-Cal Program (including CBOs), not just new to your program.

The **CSI Assessment form** needs to be completed for this group.



“Contact Log”

This form is NOT just used for calls, it is used for any type of contact (e.g., walk-in, fax, etc.)

What is the Contact Log

- A form in Avatar used to log requests for services from someone who is NOT a current client.

When to complete the Contact Log

- Complete if the “person requesting services” contacts the clinical program directly and is **NOT** referred from the Call Center

Facts

- There does not need to be an episode open to complete the contact form.
- You do not need a Full name or insurance information.

Who completes the Contact Log

- Completed by the staff responsible for receiving new requests.
*usually be the Unit Chief, OD, Program Specialist, Clinician.

The screenshot shows the 'Contact Log' form in the Avatar software interface. The form is titled 'Contact Log' and has a 'Call Log' tab selected. It includes a 'Submit' button and several input fields: 'Call Time' (with a 'Current' button and AM/PM selection), 'Contact Type' (radio buttons for Call, Email, Fax, Mail, Walk-in), 'Call Date' (with a date picker showing 05/25/2021), and 'Program' (a dropdown menu with a list of programs including 004200 CRESTWOOD REDDING IMD, 004201 CRESTWOOD REDDING SNF AUGMENTATN, 005800 LAUREL PARK IMD, 006200 MORTON BAKAR CENTER LOCKOUT, 006600 SIERRA VISTA IMD, 410000 NORTH COUNTY YOUTH, 410101 NORTH COUNTY ADULT, and 410103 NORTH COUNTY YOUTH). Below the dropdown are radio buttons for 'Hospital', 'PES', 'PCP', 'Laboratory', 'Wrong Number', and 'Social Worker'. On the right side, there is a 'Reason For Call' section with radio buttons for 'Provider Request', 'General Information', 'Request for Mental Health Services', 'Lab Core Request for Info', 'Request for Medical/Dental Services', 'Request for AOD Services', 'Change of Provider/Rematch', and 'Other'. Below this is an 'Other' text input field. Further down, there is a 'Name Not Known/Not Provided' section with a checkbox and a 'Service Provided in Preferred Language' section with radio buttons for 'Staff Provided Language Service' and 'Interpreter used'. At the bottom right, there is a 'Referred for Grievance' section with radio buttons for 'HPSM' and 'OCFA'.

Note: a few teams use the *initial contact information form* instead of the Contact Log. Ask your supervisor which form your team uses.

Contact Log (formerly the "Call Center Call Log").
All the report will be renamed to “Contact Log” report

Scenario: Non-BHRS entity calls to refer client

A PCP faxes a referral to BHRS Program X on 3/2/2021 @ 3:59PM requesting therapy and medication services for Jane Alphabet.

Program X reviews the referral on 3/5. It is determined from the referral that a clinician from Program X will contact the client to gather more information and potentially start the assessment process.

Clinician calls client on 3/6. No response.

Clinician continues to make attempts to contact client. As of 3/10, still no contact with client.

How should the log be filled out?

3:59 PM

3/2/2021

Dr. Quinn

Therapy and Meds requested for Jane Alphabet.

The screenshot shows a call log form with the following fields and values:

- Time:** 3:59 PM
- Date:** 3/2/2021
- Contact Type:** Fax
- Reason For Call:** Request for Mental Health Services
- Program:** (Dropdown menu)
- Caller Name:** Dr. Quinn
- Caller Type:** PCP
- Disposition:** Transferred to Clinician
- Comments:** Therapy and Meds requested for Jane Alphabet.

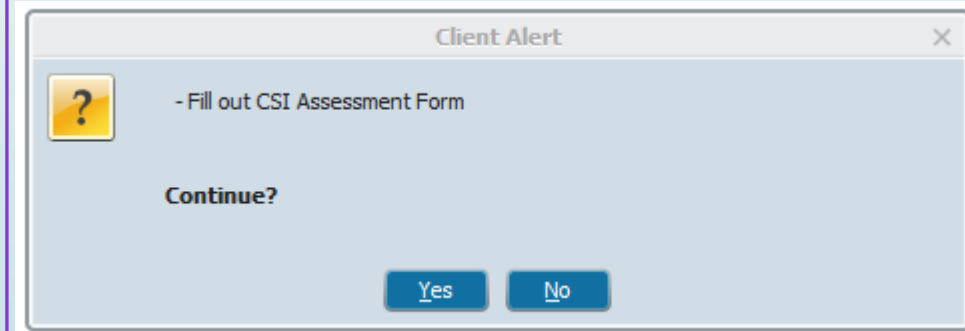
Identifying “New” Clients for Timely Access Tracking

A **new client** is a Medi-Cal beneficiary who is requesting outpatient SMHS and is currently not open to any BHRS Medi-Cal Program (includes CBOs).

Only “**New Clients**” require **Timely Access tracking using the CSI Assessment Form.**
Tracking the time it takes for a NEW client to get from:
Request to Assessment and **Assessment to Treatment.**

To Help Programs Know When the CSI Assessment Form is Required

- A “**Client Alert**” will be set to tell you if you have a “New Client” needing CSI tracking. Program Admin will set alert for SDA clients who have been scheduled by Access. QM will set alert for all other new clients.
- **QM will send an email** to Unit Chiefs and Program Specialists (or CBO contact) monthly with a list of recently opened clients who meet criteria for Timely Access tracking



Timely Assessment Tracking Process: Recap

NOABDs to be issued as appropriate throughout this process.



QM completes this task for clients who are not SDAs scheduled by Access.

The program that offers the initial appointment completes this task.
They will also modify the client alert.

The program that provides the initial treatment appointment will do these tasks.
If client is lost to follow-up, the program that discharges the client will complete these tasks.

CSI Assessment Form

CSI Assessment

INITIAL REQUEST INFORMATION

Date Of First Contact To Request Services

Time of First Contact to Request Services

Service Requested

Referral Source

Details of Service Requested

Is this an urgent request?

Does this urgent service require pre-authorization?

Additional Comments

APPOINTMENT TRACKING

Assessment Appointment First Offer Date

Time of first offer assessment appointment - Urgent Only

Assessment Appointment Second Offer Date

Assessment Appointment Third Offer Date

Assessment Appointment Accepted Date

Assessment Start Date

Assessment End Date

Treatment Appointment First Offer Date

Treatment Appointment Second Offer Date

Treatment Appointment Third Offer Date

Treatment Appointment Accepted Date

Treatment Start Date

TRACKING DISPOSITION

Closure Reason

Closed Out Date

Please indicate which NOABDs, if any, were issued during this process.

Type full name of Program that completed this form. (Only fill this answer out after 'Treatment Start Date' OR 'Closed Out Date' have been filled in).

Include in CSI Submission?

Referred To

Referred To Other

“CSI Assessment Form” in Avatar or Paper Form for Some Contactors

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Date Submitted: _____

Timely Access to Assessment and Treatment for Specialty Mental Health Services

Name (Last, First, MI)	DOB
Program	MRR
Clinician	Foster Youth? <input type="checkbox"/> Yes <input type="checkbox"/> No

How to Submit form to QM Email this completed form to etsuji@smcgov.org or fax to (650) 525-1762.
 Questions: Contact Eri Tsujii at etsuji@smcgov.org
 For Contracted Agencies use a secure email or contact Eri Tsujii at etsuji@smcgov.org to receive a secure email from which you can submit the completed form.

Section 1: Referral Information

Date Time of First Contact to Request Services	Date	Time	Type of Service Requested	<input type="checkbox"/> Urgent <input type="checkbox"/> Non-Urgent	<input type="checkbox"/> Non-Psychiatry <input type="checkbox"/> Psychiatry(MD/NP)
Referral Source <input type="checkbox"/> Self (01) <input type="checkbox"/> Emergency Room (09) <input type="checkbox"/> Street Outreach (16) <input type="checkbox"/> Family Member (02) <input type="checkbox"/> Mental Health Facility / Community Agency (10) <input type="checkbox"/> Juvenile Hall / Camp / Ranch / Division of Juvenile Justice (17) <input type="checkbox"/> Significant Other (03) <input type="checkbox"/> Social Services Agency (11) <input type="checkbox"/> Probation/Parole (18) <input type="checkbox"/> Friend / Neighbor (04) <input type="checkbox"/> Substance Abuse Treatment Facility / Agency (12) <input type="checkbox"/> Jail / Prison (19) <input type="checkbox"/> School (05) <input type="checkbox"/> Faith-based Organization (13) <input type="checkbox"/> State Hospital (20) <input type="checkbox"/> Fee-For-Service Provider (06) <input type="checkbox"/> Other County / Community Agency (14) <input type="checkbox"/> Crisis Services (21) <input type="checkbox"/> Medi-Cal Managed Care Plan (07) <input type="checkbox"/> Homeless Services (15) <input type="checkbox"/> Mobile Evaluation (22) <input type="checkbox"/> Federally Qualified Health Center (08) <input type="checkbox"/> Other referred (23) _____					

Section 2: Assessment

Assessment: *Appointment Date Offered is the appointment date that was offered to the client.	Appointment Date Offered*	Appointment Accepted	Appointment Attended
First Assessment Appointment Date Time Offered	Date Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Second Assessment Appointment Date Offered	Date	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Third Assessment Appointment Date Offered	Date	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date Client Actually Attended First Assessment Appointment	
Date Assessment Completed	
If client did not start or did not complete the assessment process:	Proceed to Section 5 and select the appropriate closure reason.

Section 3: Medical Necessity Determination

Does client meet medical necessity? Yes No

Chart | CSI Assessment

INITIAL REQUEST INFORMATION

Date of First Contact To Request Services: [Date Picker]

Service Requested: Mental Health Services Psychiatry Services Other

Time of First Contact to Request Services: [Time Picker] AM/PM

Referral Source: [Dropdown]

Details of Service Requested: [Text Area]

Is this an urgent request? Yes No

Does this urgent service require pre-authorization? Yes No

Additional Comments: [Text Area]

APPOINTMENT TRACKING

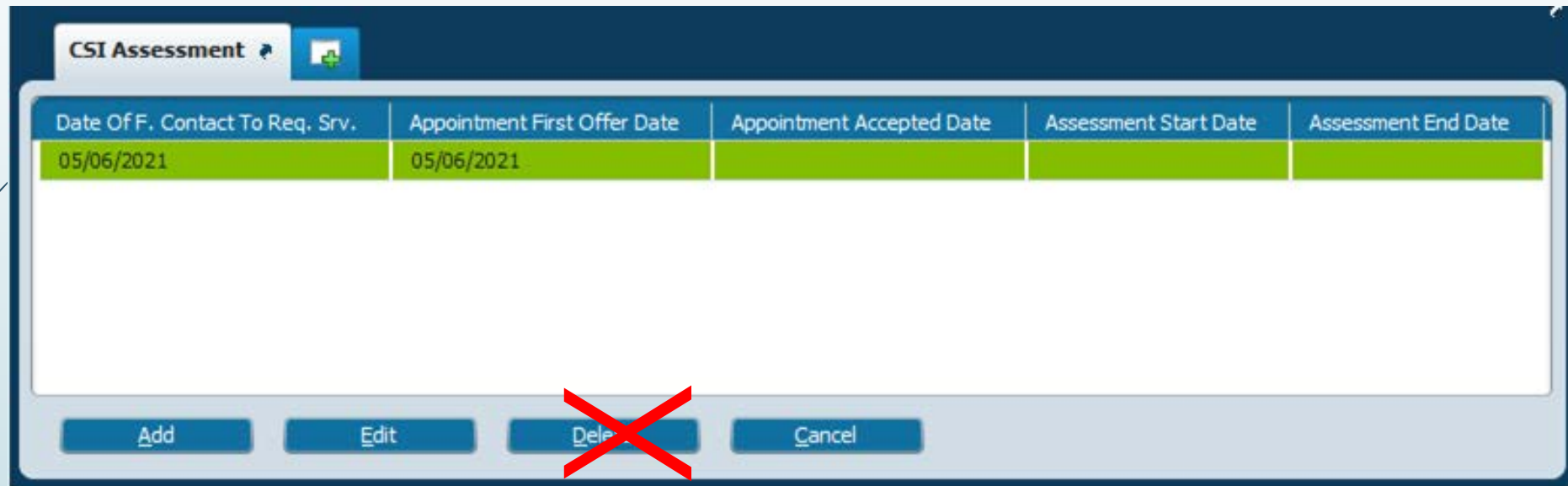
Tracking - CSI Assessment form

To find the form, type "CSI Assessment" into the "Search Forms" box in Avatar.
Then select the episode in which you will create the form.

Name	Menu Path
CSI Assessment	Avatar PM / Client Management / California Required EDI
New Clients Needing CSI Assessment	Avatar PM / Reports

Tracking - CSI Assessment Form

If the client has had a CSI Assessment form started/completed already, you will see a screen listing the existing CSI Assessment forms for that client.



Date Of F. Contact To Req. Srv.	Appointment First Offer Date	Appointment Accepted Date	Assessment Start Date	Assessment End Date
05/06/2021	05/06/2021			

Buttons: Add, Edit, ~~Delete~~, Cancel

- Do **NOT** click "Delete" unless QM gives you permission to do so. If you made a mistake and believe you need to delete an existing form, please contact ASK QM at HS_BHRS_ASK_QM@smcgov.org.

Tips and Tricks to entering data into the form.

The screenshot shows a web-based form with the following sections:

- INITIAL REQUEST INFORMATION:** Includes fields for 'Date Of First Contact To Request Services' and 'Time of First Contact to Request Services'. There are checkboxes for 'Mental Health Services' and 'Psychiatry Services', and a 'Referral Source' dropdown.
- APPOINTMENT TRACKING:** Contains multiple date fields for 'Assessment Appointment' and 'Treatment Appointment' (First, Second, Third Offer Dates, Accepted Date, Start Date, End Date).
- TRACKING DISPOSITION:** Features a 'Closure Reason' section with several radio button options, a 'Closed Out Date' field, and a list of checkboxes for reasons like 'Denial (Attachment C)', 'Delivery System (Attachment F)', etc.

- **Problem:** I entered a date but the form won't let me enter any more dates – the date fields are all greyed out!
 - **Solution 1:** Hit the tab button immediately after you finish entering a date. This will release the next date field for data entry.
 - **Solution 2:** After entering a date into a field, click your mouse cursor in an empty open data field (white, not greyed-out box). This will release the next date field for data entry.
- **Problem:** Help! I accidentally clicked on a closure reason and it won't let me unclick it!
 - **Solution:** Click on the button you selected in error. Then, on your keyboard hit "Fn" and then press "F5" while still holding down the "Fn" button. This will clear the button you selected in error.

Tracking - Offering an Initial Assessment Appointment: *Minimum Info Needed to Save Form*

The screenshot displays the 'CSI Assessment' form interface. The left sidebar contains navigation options: 'Chart', 'CSI Assessment', 'INITIAL REQUEST INFOR...', 'APPOINTMENT TRACKING', and 'TRACKING DISPOSITION'. A 'Submit' button and 'Online Documentation' link are also visible. The main form area is divided into two sections:

- INITIAL REQUEST INFORMATION:**
 - Date Of First Contact To Request Services:** A date picker with 'T' and 'Y' buttons.
 - Time of First Contact to Request Services:** A time picker with 'Current', 'H', 'M', and 'AM/PM' options.
 - Service Requested:** Radio buttons for 'Mental Health Services', 'Psychiatry Services', and 'Other'.
 - Referral Source:** A dropdown menu.
 - Details of Service Requested:** A large text area for notes.
 - Is this an urgent request?:** Radio buttons for 'Yes' and 'No'.
 - Does this urgent service require pre-authorization?:** Radio buttons for 'Yes' and 'No'.
 - Additional Comments:** Another large text area for notes.
- APPOINTMENT TRACKING:**
 - Assessment Appointment First Offer Date:** A date picker.
 - Time of first offer assessment appointment - Urgent Only:** A time picker.
 - Assessment Appointment Second Offer Date:** A date picker.
 - Assessment Appointment Third Offer Date:** A date picker.
 - Treatment Appointment First Offer Date:** A date picker.
 - Treatment Appointment Second Offer Date:** A date picker.
 - Treatment Appointment Third Offer Date:** A date picker.
 - Treatment Appointment Accepted Date:** A date picker.

- Wait until you have offered an appointment to start this form.
- The program that offers the initial appointment dates will start the CSI Assessment form in their episode (not ICI episode).

Tracking - Offering an Initial Assessment Appointment: "Urgent" Section

The screenshot displays the 'CSI Assessment' web application interface. The main section is titled 'INITIAL REQUEST INFORMATION'. It includes fields for 'Date Of First Contact To Request Services', 'Time of First Contact to Request Services' (with a 'Current' button and AM/PM selection), 'Service Requested' (with checkboxes for Mental Health Services, Psychiatry Services, and Other), and 'Referral Source'. Below these is a 'Details of Service Requested' text area. A red box highlights the 'Is this an urgent request?' section, which contains radio buttons for 'Yes' and 'No'. Another red box highlights the 'Does this urgent service require pre-authorization?' section, also with radio buttons for 'Yes' and 'No'. Below this is an 'Additional Comments' text area. The bottom section is titled 'APPOINTMENT TRACKING' and contains several date and time fields for 'Assessment Appointment' and 'Treatment Appointment'. A red box highlights the 'Time of first offer assessment appointment - Urgent Only' field, which includes a 'Current' button and AM/PM selection.

► Prior authorization (referral from BHRS) is required for the following outpatient services:

- Therapeutic Behavioral Services
- Intensive Home-Based Services (IHBS)

Tracking - Offering an Initial Assessment Appointment: *Appointment Tracking*

▼ APPOINTMENT TRACKING

Assessment Appointment First Offer Date

Time of first offer assessment appointment - Urgent Only

Assessment Appointment Second Offer Date

Assessment Appointment Third Offer Date

Assessment Appointment Accepted Date

Assessment Start Date

Assessment End Date

Treatment Appointment First Offer Date

Treatment Appointment Second Offer Date

Treatment Appointment Third Offer Date

Treatment Appointment Accepted Date

Treatment Start Date

- ▶ **Assessment Appointment Offer Date(s)**- up to three can be recorded here
- ▶ **Assessment Appointment Accepted Date** is the offered appointment date that the client accepted.

If the client was lost to follow-up before you could offer an appointment, you do **NOT** need to start the CSI Assessment Form.

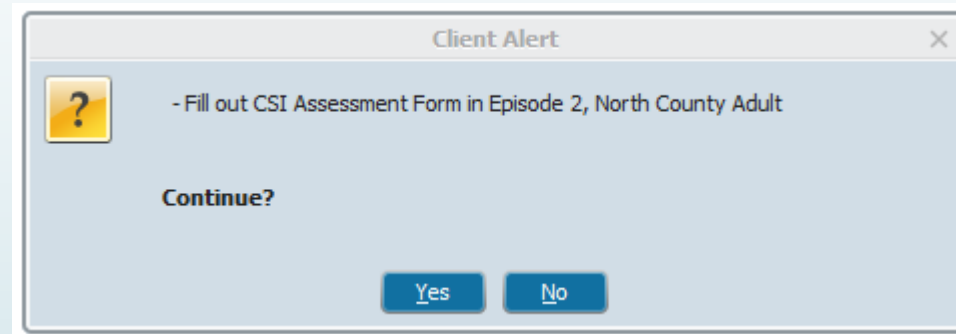
Tracking - Offering an Initial Assessment Appointment: *Appointment Tracking*

The screenshot shows a software interface for 'APPOINTMENT TRACKING'. The form contains several date fields with dropdown menus for time and year. An error dialog box is overlaid on the form, displaying a red 'X' icon and the text: 'The 'Assessment Appointment Accepted Date' must be greater than or equal to the 'Assessment Appointment Third Offer Date'.' The error message is centered over the 'Assessment Appointment Accepted Date' field, which is currently set to 05/06/2021. The 'Assessment Appointment Third Offer Date' field is set to 05/08/2021. Other fields include 'Assessment Appointment First Offer Date' (05/06/2021), 'Assessment Appointment Second Offer Date' (05/07/2021), 'Treatment Appointment First Offer Date', 'Assessment Start Date', 'Assessment End Date', and 'Treatment Start Date'. The 'Current' button is visible below the first offer date field.

What went wrong here? If you offered all three appointments at once and the client accepted the earliest one, you should record all three offers in a progress note, but only need to record the earliest offered/accepted date on this form.

Solution: Delete the second and third offers from the example above and you will be able to save the form.

Tracking - Offering an Initial Assessment Appointment: *Client Alert*



The program that offers the initial appointment dates and starts the CSI form will edit the alert to include in which Episode the CSI Assessment form is located

Offering an Initial Assessment Appointment: *Client Alert*

Client Alerts

Submit

Type Of Alert: Warning (Custom)

Custom Message: Fill out the CSI Assessment form in Episode 3 North County Adult

Active or Active for Date Range: Active (selected), Active for Date Range, Disabled (Yes, No)

Start Date: [Calendar icon] End Date: [Calendar icon]

Applicable Forms:

- AIMS Report (Avatar CWS)
- All Forms
- Allergies and Hypersensitivities (Avatar CWS)
- Ambulatory Progress Notes (Avatar CWS)
- Ambulatory Progress Notes (Diagnosis Entry) (Avatar CWS)
- AOD 60 Day Plan (Avatar CWS)

Episode(s):

- All Episodes
- Episode # 1 Admit: 06/02/2012 Discharge: 05/28/2015 Program: 006600 SIERRA VISTA IMD
- Episode # 11 Admit: 03/26/2016 Discharge: 04/11/2016 Program: 410108 NORTH COUNTY TOTAL WELLNESS
- Episode # 12 Admit: 04/08/2016 Discharge: 04/08/2016 Program: ZD420001 JAMES O'TOLLE CTRR GE 31DAY IA

Community Alert: Yes (selected), No

Add this Episode information once CSI Assessment form has been started: "...in Episode [number], Episode [name]"

Tracking - From Assessment Start to Assessment End

APPOINTMENT TRACKING

Assessment Appointment First Offer Date
[Date Picker] [T] [Y] [Month]

Time of first offer assessment appointment - Urgent Only
[Time Picker] [Current] [H] [M] [AM/PM]

Assessment Appointment Second Offer Date
[Date Picker] [T] [Y] [Month]

Assessment Appointment Third Offer Date
[Date Picker] [T] [Y] [Month]

Assessment Appointment Accepted Date
[Date Picker] [T] [Y] [Month]

Assessment Start Date
[Date Picker] [T] [Y] [Month]

Assessment End Date
[Date Picker] [T] [Y] [Month]

Treatment Appointment First Offer Date
[Date Picker] [T] [Y] [Month]

Treatment Appointment Second Offer Date
[Date Picker] [T] [Y] [Month]

Treatment Appointment Third Offer Date
[Date Picker] [T] [Y] [Month]

Treatment Appointment Accepted Date
[Date Picker] [T] [Y] [Month]

Treatment Start Date
[Date Picker] [T] [Y] [Month]

- **Assessment Start Date** is the date the client attends their initial appointment.
- **Assessment End Date** is the date you make a determination of medical necessity and finalize the assessment

Tracking - Offering an Initial Assessment Appointment: *Appointment Tracking*

The screenshot shows a software interface for appointment tracking. The main form is titled 'APPOINTMENT TRACKING' and contains several date and time fields. An error dialog box is overlaid on the form, displaying a red 'X' icon and the message: 'The 'Assessment Start Date' must be greater than or equal to the 'Assessment Appointment Accepted Date'.' The error dialog has an 'OK' button.

APPOINTMENT TRACKING

Assessment Appointment First Offer Date
05/10/2021 [T] [Y] []

Time of first offer assessment appointment - Urgent Only
[] [Current] [H] [] [M] [] [AM/PM] []

Assessment Appointment Second Offer Date
[] [T] [Y] []

Assessment Appointment Third Offer Date
[] [T] [Y] []

Assessment Appointment Accepted Date
05/10/2021 [T] [Y] []

Assessment Start Date
05/08/2021 [T] [Y] []

Assessment End Date
[] [T] [Y] []

Treatment Appointment First Offer Date
[] [T] [Y] []

Treatment Appointment Second Offer Date
[] [T] [Y] []

Treatment Appointment Third Offer Date
[] [T] [Y] []

Error [X]

The 'Assessment Start Date' must be greater than or equal to the 'Assessment Appointment Accepted Date'.

[OK]

► If the client was originally scheduled for a particular date, but then an earlier appointment opened up which the client later accepted, then you would need to update the assessment first offer and accepted dates to reflect this new earlier date.

► However, if the client just happened to miss the originally scheduled appt and attended an appt after the originally accepted date, you would preserve the dates that were originally entered in the offer and accepted fields.

From Assessment Start to Assessment End: *Subsequent Assessment Appointments*

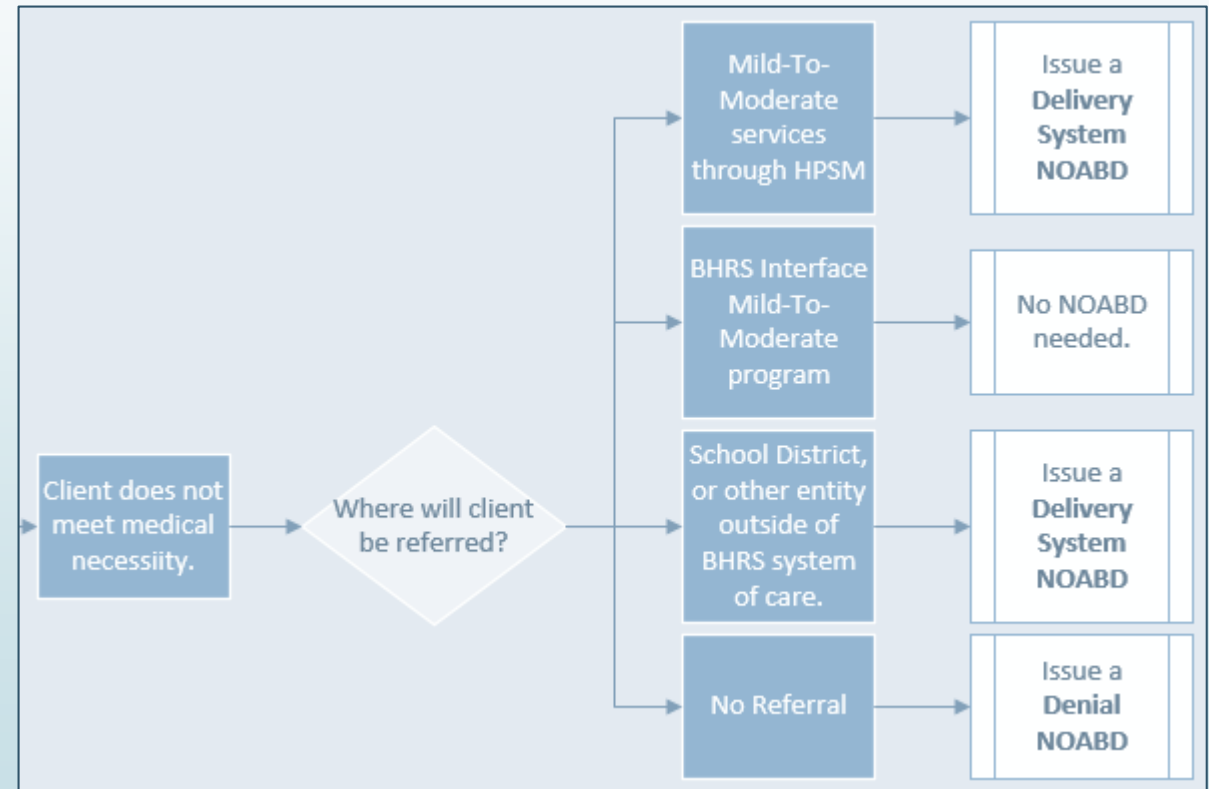


Common NOABDs during this phase:

- The appointment after the Assessment Start Date should also take place in a timely manner **or you must issue a NOABD**
- If the client is lost to follow-up you do **NOT** need to issue a NOABD.
(e.g., client is not returning calls, client declines further assessment/treatment),

NOABDs - *Assessment End* - Client does not meet medical necessity:

- Issue NOABDs if client does not meet medical necessity:



Tracking - Offering Treatment Appointments

APPOINTMENT TRACKING

Assessment Appointment First Offer Date
[Date Picker] [T] [Y] [Time]

Time of first offer assessment appointment - Urgent Only
[Time Picker] [Current] [H] [M] [AM/PM]

Assessment Appointment Second Offer Date
[Date Picker] [T] [Y] [Time]

Assessment Appointment Third Offer Date
[Date Picker] [T] [Y] [Time]

Assessment Appointment Accepted Date
[Date Picker] [T] [Y] [Time]

Assessment Start Date
[Date Picker] [T] [Y] [Time]

Assessment End Date
[Date Picker] [T] [Y] [Time]

Treatment Appointment First Offer Date
[Date Picker] [T] [Y] [Time]

Treatment Appointment Second Offer Date
[Date Picker] [T] [Y] [Time]

Treatment Appointment Third Offer Date
[Date Picker] [T] [Y] [Time]

Treatment Appointment Accepted Date
[Date Picker] [T] [Y] [Time]

Treatment Start Date
[Date Picker] [T] [Y] [Time]

- ▶ **Treatment Appointment Offer Date(s)** - up to three can be recorded here.
- ▶ **Treatment Appointment Accepted Date** is the offered appointment date that the client accepted.
- ▶ Plan Development does NOT count as a Treatment Appointment

NOABD - Offering Treatment Appointments

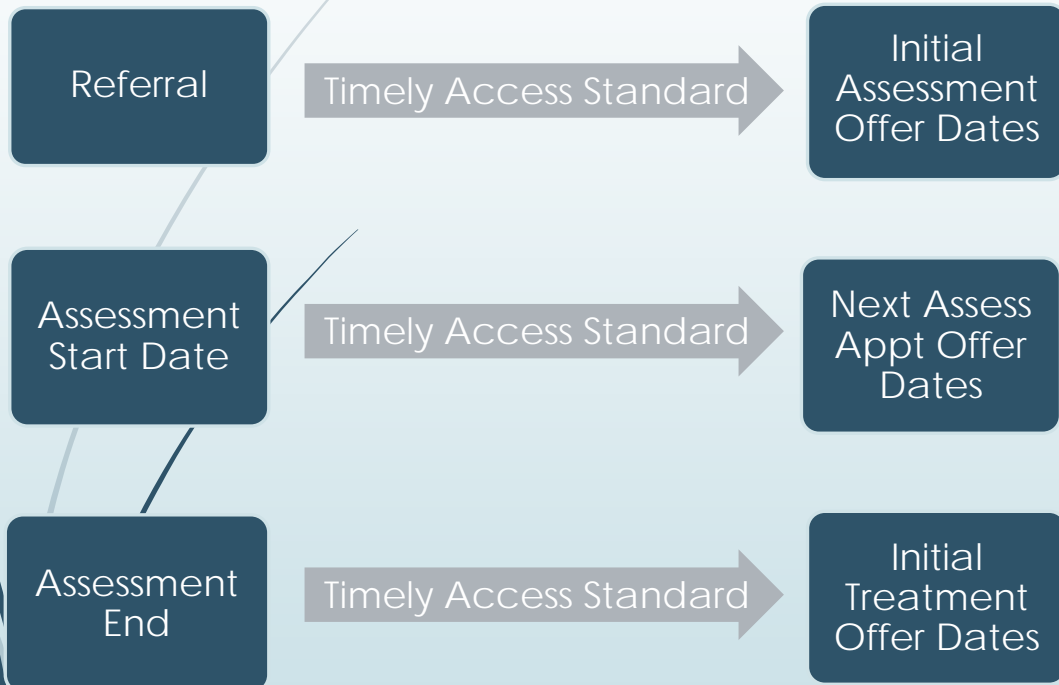


Common NOABDs during this phase:

- ▶ Make sure that the **first three** treatment appointment offers occur within the Timely Access standards (timeline starts at Assessment End Date).
- ▶ If none of the offered appointments fall within that timeframe, you must issue a **Timely Access NOABD**.

The beginning of the timeline for treatment appointments is the Assessment End Date.

Recap- *Timely Access NOABDs*



- ▶ If the date of the **first three offered appointments**, at any of these points, exceeds the Timely Access standard, you must issue a **Timely Access NOABD**.
- ▶ If, at any point, the client is lost to follow-up (e.g., client is not returning calls, client declines further assessment/treatment), you do **NOT** need to issue a NOABD.

Tracking - Terminating the Process: *Treatment Start Date*

APPOINTMENT TRACKING

Assessment Appointment First Offer Date

Treatment Appointment First Offer Date

Time of first offer assessment appointment - Urgent Only

Treatment Appointment Second Offer Date

Assessment Appointment Second Offer Date

Treatment Appointment Third Offer Date

Assessment Appointment Third Offer Date

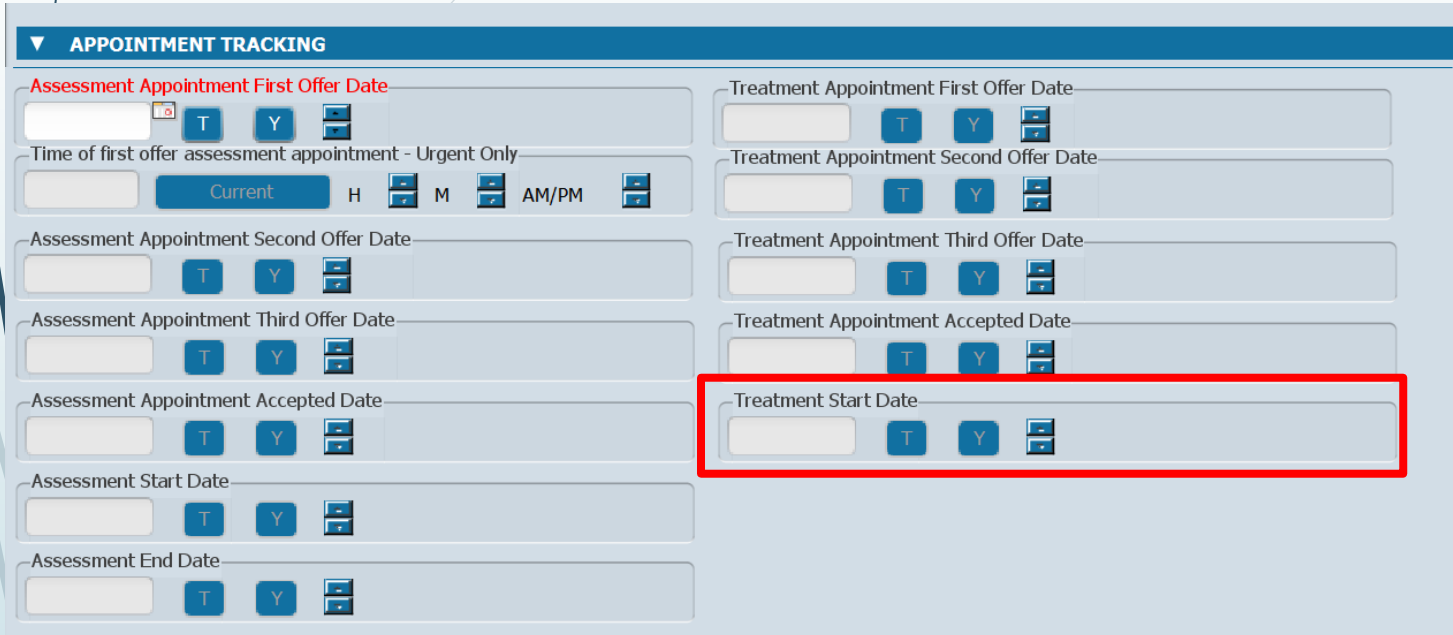
Treatment Appointment Accepted Date

Assessment Appointment Accepted Date

Assessment Start Date

Assessment End Date

Treatment Start Date



- ▶ The **Treatment Start Date** is the date the client attends their initial treatment appointment.
- ▶ Leave blank if client did NOT attend their initial treatment appointment.

Tracking - Terminating the Process: *Closure Reason and Closed Out Date*

TRACKING DISPOSITION

Closure Reason

- Beneficiary did not accept any offered assessment dates.
- Beneficiary accepted offered assessment date but did not attend initial assessment appointment.
- Beneficiary attended initial assessment appointment but did not complete assessment process.
- Beneficiary completed assessment process but declined offered treatment dates.
- Beneficiary accepted offered treatment date but did not attend initial treatment appointment.
- Beneficiary did not meet medical necessity criteria.
- Out of county/presumptive transfer.
- Unable to contact (e.g. deceased or client unresponsive).
- Other

Referred To

- Managed Care Plan
- Fee-For-Service Provider
- Other (Specify)
- No Referral

Referred To Other

Closed Out Date

T Y

Please indicate which NOABDs, if any, were issued during this process.

- Denial (Attachment C)
- Delivery System (Attachment F)
- Timely Access (Attachment H)
- Authorization Delay (Attachment G)
- Termination (Attachment E)
- Other
- No NOABDs were issued

Type full name of Program that completed this form. (Only fill this answer out after 'Treatment Start Date' OR 'Closed Out Date' have been filled in).

Include in CSI Submission?

N Y

- The **Closed Out Date** is the date the client was discharged.
- Do NOT fill out if **Treatment Start Date** in the Appointment Tracking section is filled in.

Tracking - Terminating the Process: *Closure Reason and Closed Out Date*

The screenshot shows a web form titled "TRACKING DISPOSITION". On the left, under "Closure Reason", there are several radio button options, none of which are selected. On the right, the "Closed Out Date" field is populated with "05/28/2021". Below this, there is a text area for "Please indicate which NOABDs, if any, were issued during this process." An error dialog box is overlaid in the center, with a red 'X' icon and the text: "Error: The 'Closed Out Date' must be provided with the 'Closure Reason'." Below the error box, there is a text field for "Program X" and a radio button for "Include in CSI Submission?" which is currently set to "Y".

- ▶ If the client did not start treatment, you must select BOTH a **closure reason** AND a **closed out date**. This error message means you forgot one or the other.
- ▶ **Solution:** Select a closure reason.

Tracking - Terminating the Process: "Referred To" Section

- "Referred To" section should only be filled out if "**Beneficiary does not meet medical necessity criteria.**" Otherwise, leave it blank.

TRACKING DISPOSITION

Closure Reason

Beneficiary did not accept any offered assessment dates.

Beneficiary accepted offered assessment date but did not attend initial assessment appointment.

Beneficiary attended initial assessment appointment but did not complete assessment process.

Beneficiary completed assessment process but declined offered treatment dates.

Beneficiary accepted offered treatment date but did not attend initial treatment appointment.

Beneficiary did not meet medical necessity criteria.

Out of county/presumptive transfer.

Unable to contact (e.g. deceased or client unresponsive).

Other

Referred To

Managed Care Plan

Fee-For-Service Provider

Other (Specify)

No Referral

Referred To Other

Closed Out Date

T Y

Please indicate which NOABDs, if any, were issued during this process.

Denial (Attachment C)

Delivery System (Attachment F)

Timely Access (Attachment H)

Authorization Delay (Attachment G)

Termination (Attachment E)

Other

No NOABDs were issued

Type full name of Program that completed this form. (Only fill this answer out after 'Treatment Start Date' OR 'Closed Out Date' have been filled in).

Include in CSI Submission?

N Y

Tracking - Terminating the Process: *Closure Reason and Closed Out Date*

TRACKING DISPOSITION

Closure Reason

Beneficiary did not accept any offered assessment dates.

Beneficiary accepted offered assessment date but did not attend initial assessment appointment.

Beneficiary attended initial assessment appointment but did not complete process.

Beneficiary completed assessment treatment dates.

Beneficiary accepted offered treatment but did not attend initial treatment appointment.

Beneficiary did not meet medical necessity criteria.

Out of county/presumptive transfer.

Unable to contact (e.g. deceased or client unresponsive).

Other

Referred To

Managed Care Plan

Fee-For-Service Provider

Other (Specify)

No Referral

Referred To Other

Closed Out Date

05/28/2021 T Y

Submitting

The following fields are missing:

Referred To

OK

Type full name of Program that completed this form. (Only fill this answer out after 'Treatment Start Date' OR 'Closed Out Date' have been filled in).

Program X

Include in CSI Submission?

N Y

- ▶ If the client did not meet medical necessity, you must indicate where the client was referred in the "Referred To" section.
- ▶ **Solution:** Select an option in the "Referred To" section.

Tracking - Terminating the Process: NOABD Section

TRACKING DISPOSITION

Closure Reason

- Beneficiary did not accept any offered assessment dates.
- Beneficiary accepted offered assessment date but did not attend initial assessment appointment.
- Beneficiary attended initial assessment appointment but did not complete assessment process.
- Beneficiary completed assessment process but declined offered treatment dates.
- Beneficiary accepted offered treatment date but did not attend initial treatment appointment.
- Beneficiary did not meet medical necessity criteria.
- Out of county/presumptive transfer.
- Unable to contact (e.g. deceased or client unresponsive).
- Other

Referred To

- Managed Care Plan
- Fee-For-Service Provider
- Other (Specify)
- No Referral

Referred To Other

Closed Out Date

T Y

Please indicate which NOABDs, if any, were issued during this process.

- Denial (Attachment C)
- Delivery System (Attachment F)
- Timely Access (Attachment H)
- Authorization Delay (Attachment G)
- Termination (Attachment E)
- Other
- No NOABDs were issued

Type full name of Program that completed this form. (Only fill this answer out after 'Treatment Start Date' OR 'Closed Out Date' have been filled in).

Include in CSI Submission?

N Y

- If, at any point in the process, you issued a NOABD to the client, select which NOABD was issued.

**For more information on NOABDs, please see QM's NOABD training available in LMS.*

Tracking - Terminating the Process: "Type Full Name of Program" Section

- Fill this out only when you're ready to "finalize" the form.

TRACKING DISPOSITION

Closure Reason

- Beneficiary did not accept any offered assessment dates.
- Beneficiary accepted offered assessment date but did not attend initial assessment appointment.
- Beneficiary attended initial assessment appointment but did not complete assessment process.
- Beneficiary completed assessment process but declined offered treatment dates.
- Beneficiary accepted offered treatment date but did not attend initial treatment appointment.
- Beneficiary did not meet medical necessity criteria.
- Out of county/presumptive transfer.
- Unable to contact (e.g. deceased or client unresponsive).
- Other

Referred To

- Managed Care Plan
- Fee-For-Service Provider
- Other (Specify)
- No Referral

Referred To Other

Closed Out Date

T Y

Please indicate which NOABDs, if any, were issued during this process.

- Denial (Attachment C)
- Delivery System (Attachment F)
- Timely Access (Attachment H)
- Authorization Delay (Attachment G)
- Termination (Attachment E)
- Other
- No NOABDs were issued

Type full name of Program that completed this form. (Only fill this answer out after 'Treatment Start Date' OR 'Closed Out Date' have been filled in).

Include in CSI Submission:

N Y

Tracking - Terminating the Process: "Include in CSI Submission" Section

TRACKING DISPOSITION

Closure Reason

Beneficiary did not accept any offered assessment dates.

Beneficiary accepted offered assessment date but did not attend initial assessment appointment.

Beneficiary attended initial assessment appointment but did not complete assessment process.

Beneficiary completed assessment process but declined offered treatment dates.

Beneficiary accepted offered treatment date but did not attend initial treatment appointment.

Beneficiary did not meet medical necessity criteria.

Out of county/presumptive transfer.

Unable to contact (e.g. deceased or client unresponsive).

Other

Referred To

Managed Care Plan

Fee-For-Service Provider

Other (Specify)

No Referral

Referred To Other

Closed Out Date

T Y

Please indicate which NOABDs, if any, were issued during this process.

Denial (Attachment C)

Delivery System (Attachment F)

Timely Access (Attachment H)

Authorization Delay (Attachment G)

Termination (Attachment E)

Other

No NOABDs were issued

Type full name of Program that completed this form. (Only fill this answer out after 'Treatment Start Date' OR 'Closed Out Date' have been filled in).

Include in CSI Submission?

N Y

- "N" is equivalent to saving the form in **draft**.
- "Y" is equivalent to **finalizing** the form.
- Only finalize ("Y") when client has either a Closed Out Date or Treatment Start Date filled in.

APPOINTMENT TRACKING

Assessment Appointment First Offer Date
 05/06/2021 T Y

Time of first offer assessment appointment - Urgent Only
 Current H M AM/PM

Assessment Appointment Second Offer Date
 T Y

Assessment Appointment Third Offer Date
 T Y

Assessment Appointment Accepted Date
 05/06/2021 T Y

Assessment Start Date
 05/10/2021 T Y

Assessment End Date
 T Y

Treatment Appointment First Offer Date
 T Y

Treatment Appointment Second Offer Date
 T Y

Treatment Appointment Third Offer Date
 T Y

Treatment Appointment Accepted Date
 T Y

Treatment Start Date
 T Y

TRACKING DISPOSITION

Closure Reason

Beneficiary did not accept any offered assessment dates.

Beneficiary accepted offered assessment date but did not attend initial assessment appointment.

Beneficiary attended initial assessment appointment but did not complete assessment process.

Beneficiary completed assessment process but declined offered treatment dates.

Beneficiary accepted offered treatment date but did not attend initial treatment appointment.

Beneficiary did not meet medical necessity criteria.

Out of county/presumptive transfer.

Unable to contact (e.g. deceased or client unresponsive).

Other

Referred To
 Managed Care Plan

Closed Out Date
 T Y

Termination (Attachment by)

Other


No NOABDs were issued

Type full name of Program that completed this form. (Only fill this answer out after 'Treatment Start Date' OR 'Closed Out Date' have been filled in).

Program X

Include in CSI Submission?
 N Y

Submitting X

 The 'Treatment Start Date' or 'Closed Out Date' must be entered.

OK

- In order for the form to be finalized ("Y"), you need to have either a **closed out date** OR **treatment start date**.
- **Solution:** Enter a Treatment Start Date if the client attended their treatment appt, or a Closed Out Date if the client was discharged before starting treatment.

Tracking - Terminating the Process: *Client Alert*

The screenshot shows the 'Client Alerts' interface. The 'Type Of Alert' is set to 'Warning (Custom)'. The 'Custom Message' field contains the text 'Fill out the CSI Assessment form in Episode 3 North County Adult'. Under the 'Active or Active for Date Range' section, the 'Active' radio button is selected. Under the 'Disabled' section, the 'Yes' radio button is selected, which is highlighted by a red arrow. The 'Applicable Forms' section includes a list of forms with checkboxes, where 'All Forms' is checked. The 'Episode(s)' section shows a list of episodes, with 'All Episodes' selected. The 'Community Alert' section has the 'No' radio button selected.

Client Alerts

Submit

Type Of Alert: Warning (Custom)

Custom Message: Fill out the CSI Assessment form in Episode 3 North County Adult

Active or Active for Date Range: Active Active for Date Range

Disabled: Yes No

Applicable Forms:

- AIMS Report (Avatar CWS)
- All Forms
- Allergies and Hypersensitivities (Avatar CWS)
- Ambulatory Progress Notes (Avatar CWS)
- Ambulatory Progress Notes (Diagnosis Entry) (Avatar CWS)
- AOD 60 Day Plan (Avatar CWS)

Episode(s):

- All Episodes
- Episode # 1 Admit: 06/02/2012 Discharge: 05/28/2015 Program: 006600 SIERRA VISTA IMD
- Episode # 11 Admit: 03/26/2016 Discharge: 04/11/2016 Program: 410108 NORTH COUNTY TOTAL WELLNESS
- Episode # 12 Admit: 04/08/2016 Discharge: 04/08/2016 Program: ZD420001 JAMES O'TOLLE CTRR GE 31DAY IA

Community Alert: Yes No

Change the selection from "No" to "Yes" to Disable/Deactivate the alert.

Scenario 1: Access Call Center – non-SDA.

Client's mother calls Access requesting both therapy and med services for their minor son on 3/1.

Access Call Center emails program on 3/5 to let them know about the referral.

Program assigns clinician to case on 3/28.

Clinician calls client's mother on 4/1, confirms mother's interest in services, and offers assessment appointment for 4/9. Client accepts this appointment date.

What is the initial request date?

The screenshot shows a web-based form titled "CSI Assessment" with three main sections:

- INITIAL REQUEST INFORMATION:** Includes fields for "Date of First Contact To Request Services" (03/01/2021), "Time of First Contact to Request Services" (01:12 PM), "Service Requested" (Mental Health Services, Psychiatry Services, Other), "Referral Source" (Family Member), "Is this an urgent request?" (No), and "Does this urgent service require pre-authorization?" (No).
- APPOINTMENT TRACKING:** Includes fields for "Assessment Appointment First Offer Date" (04/09/2021), "Assessment Appointment Second Offer Date", "Assessment Appointment Third Offer Date", "Assessment Appointment Accepted Date", "Assessment Start Date", "Assessment End Date", "Treatment Appointment First Offer Date", "Treatment Appointment Second Offer Date", "Treatment Appointment Third Offer Date", "Treatment Appointment Accepted Date", and "Treatment Start Date".
- TRACKING DISPOSITION:** Includes a "Closure Reason" section with radio buttons for various reasons, a "Closed Out Date" field, and a section for "Please indicate which NOABDs, if any, were issued during this process." with checkboxes for Denial (Attachment C), Timely Access (Attachment H) (highlighted in green), Termination (Attachment E), Other, and No NOABDs were issued.

Scenario 2: Requests made directly to program. No Call Center involvement.

PCP from Ravenswood faxes a referral on 6/26/2021 at 09:02 AM to Program B to request therapy services for client. The referral indicates that the client is aware of and is requesting the referral.

Program B reviews referral on 06/28/2021.

Program B contacts client on 6/30/2021 to confirm if client wants this referral. Client confirms interest in services on 7/3/2021 and accepts first offer appt of 7/5.

What is the initial request date?

CSI Assessment

INITIAL REQUEST INFORMATION

Date of First Contact To Request Services: 06/26/2021

Time of First Contact to Request Services: 09:02 AM

Service Requested: Mental Health Services Psychiatry Services

Referral Source: Federally Qualified Health Center

Is this an urgent request? Yes No

Does this urgent service require pre-authorization? Yes No

APPOINTMENT TRACKING

Assessment Appointment First Offer Date: 07/05/2021

Treatment Appointment First Offer Date: []

Assessment Appointment Second Offer Date: []

Treatment Appointment Second Offer Date: []

Assessment Appointment Third Offer Date: []

Treatment Appointment Third Offer Date: []

Assessment Appointment Accepted Date: []

Treatment Appointment Accepted Date: []

Assessment Start Date: []

Treatment Start Date: []

Assessment End Date: []

TRACKING DISPOSITION

Closure Reason:

- Beneficiary did not accept any offered assessment dates.
- Beneficiary accepted offered assessment date but did not attend initial assessment appointment.
- Beneficiary attended initial assessment appointment but did not complete assessment process.
- Beneficiary completed assessment process but declined offered treatment dates.
- Beneficiary accepted offered treatment date but did not attend initial treatment appointment.
- Beneficiary did not meet medical necessity criteria.

Closed Out Date: []

Please indicate which NOABDs, if any, were issued during this process.

- Denial (Attachment C)
- Delivery System (Attachment F)
- Timely Access (Attachment H)
- Authorization Delay (Attachment G)
- Termination (Attachment E)
- No NOABDs were issued

Scenario 3: Requests made directly to program. No Call Center involvement.

Social worker sends faxed referral on 5/6/2021 to Program A to request therapy services for client. **It is unclear if the client is aware of or wants Program A's services.**

Program A attempts to contact client on 5/8/2021 to confirm if client wants this referral. **No response from client.**

Program A continues to make efforts to reach client. **Successfully reaches client on 6/4 at 2:00 PM.** Client **confirms interest** in services and accepts **appt first offer date of 6/22.**

What is the initial request date?

The screenshot shows a web-based form titled "CSI Assessment" with the following sections and highlighted information:

- INITIAL REQUEST INFORMATION**
 - Date Of First Contact To Request Services: 06/04/2021
 - Time of First Contact to Request Services: 02:00 PM
 - Service Requested: Mental Health Services, Psychiatry Services
 - Referral Source: Social Services
 - Is this an urgent request?: Yes, No
 - Does this urgent service require pre-authorization?: Yes, No
- APPOINTMENT TRACKING**
 - Assessment Appointment First Offer Date: 06/22/2021
 - Assessment Appointment Second Offer Date: [empty]
 - Assessment Appointment Third Offer Date: [empty]
 - Assessment Appointment Accepted Date: 06/22/2021
 - Assessment Start Date: [empty]
 - Assessment End Date: [empty]
 - Treatment Appointment First Offer Date: [empty]
 - Treatment Appointment Second Offer Date: [empty]
 - Treatment Appointment Third Offer Date: [empty]
 - Treatment Appointment Accepted Date: [empty]
 - Treatment Start Date: [empty]
- TRACKING DISPOSITION**
 - Closure Reason: Beneficiary did not accept any offered assessment dates. Beneficiary accepted offered assessment date but did not attend initial assessment appointment. Beneficiary attended initial assessment appointment but did not complete assessment process. Beneficiary completed assessment process but declined offered treatment dates. Beneficiary accepted offered treatment date but did not attend initial treatment appointment. Beneficiary did not meet medical necessity criteria.
 - Closed Out Date: [empty]
 - Please indicate which NOABDs, if any, were issued during this process:
 - Denial (Attachment C)
 - Timely Access (Attachment H)
 - Termination (Attachment E)
 - Other
 - No NOABDs were issued

Scenario 4: Access Call Center Starts

Client calls into Access Call Center to request therapy on 8/3/2021.

Access Call Center schedules SDA appointment for 8/7/2021.

Client attends SDA appt on 8/7.

Client moves forward for further assessment. Client attends 3 more assessment appts and clinician finalizes assessment and tx plan on 9/1/2021.

Client is offered therapy appointment for 9/7, 9/8, and 9/12. Client accepts 9/12 date.

Client misses 9/12 therapy appointment. Reschedules for 9/20 and attends appointments on 9/20.

How should you fill in the appt fields?

APPOINTMENT TRACKING

Assessment Appointment First Offer Date: 08/07/2021
Offer assessment appointment - Urgent Only: Current H M AM/PM

Assessment Appointment Second Offer Date:
Assessment Appointment Third Offer Date:
Assessment Appointment Accepted Date: 08/07/2021
Assessment Start Date: 08/07/2021
Assessment End Date: 09/01/2021

Treatment Appointment First Offer Date: 09/07/2021
Treatment Appointment Second Offer Date: 09/08/2021
Treatment Appointment Third Offer Date: 09/12/2021
Treatment Appointment Accepted Date: 09/12/2021
Treatment Start Date: 09/20/2021

TRACKING DISPOSITION

Closure Reason:

- Beneficiary did not accept any offered assessment dates.
- Beneficiary accepted offered assessment date but did not attend initial assessment appointment.
- Beneficiary attended initial assessment appointment but did not complete assessment process.
- Beneficiary completed assessment process but declined offered treatment dates.
- Beneficiary accepted offered treatment date but did not attend initial treatment appointment.
- Beneficiary did not meet medical necessity criteria.
- Out of county/presumptive transfer.
- Unable to contact (e.g. deceased or client unresponsive).
- Other

Referred To:

- Managed Care Plan
- Fee-For-Service Provider
- Other (Specify)
- No Referral

Referred To Other:

Closed Out Date:

Please indicate which NOABDs, if any, were issued during this process.

- Denial (Attachment C)
- Delivery System (Attachment F)
- Timely Access (Attachment H)
- Authorization Delay (Attachment G)
- Termination (Attachment E)
- Other
- No NOABDs were issued

Type full name of Program that completed this form. (Only fill this answer out after 'Treatment Start Date' OR 'Closed Out Date' have been filled in).

Program X

Include in CSI Submission? N Y

Scenario 5: Urgent Meds

Client is offered assessment appointments of 9/3, 9/8, and 9/15. Client **accepts** and attends appointment on **9/8**.

During initial assessment appointment, client reports symptoms and med history that indicate that **urgent med service is needed**.

Client meets with psychiatrist on **9/12** for **urgent med assessment** and is prescribed meds prior to the completion of the assessment and treatment plan.

Clinician finalizes **assessment and treatment plan on 10/1**.

Client attends initial therapy appt on **10/9**.

What is the treatment start date?

APPOINTMENT TRACKING

Appointment First Offer Date	09/03/2021	<input type="button" value="T"/> <input type="button" value="Y"/> <input type="button" value="C"/>	Treatment Appointment First Offer Date	09/12/2021	<input type="button" value="T"/> <input type="button" value="Y"/> <input type="button" value="C"/>
Time of first offer assessment appointment - Urgent Only	Current	H <input type="button" value="M"/> <input type="button" value="A"/> <input type="button" value="P"/> <input type="button" value="M"/>	Treatment Appointment Second Offer Date		<input type="button" value="T"/> <input type="button" value="Y"/> <input type="button" value="C"/>
Appointment Second Offer Date	09/08/2021	<input type="button" value="T"/> <input type="button" value="Y"/> <input type="button" value="C"/>	Treatment Appointment Third Offer Date		<input type="button" value="T"/> <input type="button" value="Y"/> <input type="button" value="C"/>
Assessment Appointment Third Offer Date		<input type="button" value="T"/> <input type="button" value="Y"/> <input type="button" value="C"/>	Treatment Appointment Accepted Date	09/12/2021	<input type="button" value="T"/> <input type="button" value="Y"/> <input type="button" value="C"/>
Appointment Accepted Date	09/08/2021	<input type="button" value="T"/> <input type="button" value="Y"/> <input type="button" value="C"/>	Treatment Start Date	09/12/2021	<input type="button" value="T"/> <input type="button" value="Y"/> <input type="button" value="C"/>
Start Date	09/08/2021	<input type="button" value="T"/> <input type="button" value="Y"/> <input type="button" value="C"/>			
End Date	10/01/2021	<input type="button" value="T"/> <input type="button" value="Y"/> <input type="button" value="C"/>			

TRACKING DISPOSITION

Closure Reason

- Beneficiary did not accept any offered assessment dates.
- Beneficiary accepted offered assessment date but did not attend initial assessment appointment.
- Beneficiary attended initial assessment appointment but did not complete assessment process.
- Beneficiary completed assessment process but declined offered treatment dates.
- Beneficiary accepted offered treatment date but did not attend initial treatment appointment.
- Beneficiary did not meet medical necessity criteria.
- Out of county/presumptive transfer.
- Unable to contact (e.g. deceased or client unresponsive).
- Other

Referred To

- Managed Care Plan
- Fee-For-Service Provider
- Other (Specify)
- No Referral

Referred To Other

Closed Out Date

Please indicate which NOABDs, if any, were issued during this process.

- Denial (Attachment C)
- Delivery System (Attachment F)
- Timely Access (Attachment H)
- Authorization Delay (Attachment G)
- Termination (Attachment E)
- No NOABDs were issued

Type full name of Program that completed this form. (Only fill this answer out after 'Treatment Start Date' OR 'Closed Out Date' have been filled in).

Program X

Include in CSI Submission?

N Y

Scenario 6: Lost to Follow Up

Client is offered assessment appointments of 10/2. Client accepts and attends appt on 10/2.

Client is scheduled for next assessment appt on 10/10. Client misses appt.

Clinician continues to attempt to make contact with client to reschedule. Client does not respond. Clinician decides to discharge the client on 11/20.

How should the form be filled out?

APPOINTMENT TRACKING

Assessment Appointment First Offer Date: 10/02/2021

Time of first offer assessment appointment - Urgent Only: Current H M AM/PM

Assessment Appointment Second Offer Date: [] [T] [Y] []

Assessment Appointment Third Offer Date: [] [T] [Y] []

Assessment Appointment Accepted Date: 10/02/2021

Assessment Start Date: 10/02/2021

Assessment End Date: [] [T] [Y] []

Treatment Appointment First Offer Date: [] [T] [Y] []

Treatment Appointment Second Offer Date: [] [T] [Y] []

Treatment Appointment Third Offer Date: [] [T] [Y] []

Treatment Appointment Accepted Date: [] [T] [Y] []

Treatment Start Date: [] [T] [Y] []

TRACKING DISPOSITION

Closure Reason:

- Beneficiary did not accept any offered assessment dates.
- Beneficiary accepted offered assessment date but did not attend initial assessment appointment.
- Beneficiary attended initial assessment appointment but did not complete assessment process.
- Beneficiary did not accept any offered treatment dates.
- Beneficiary accepted offered treatment date but did not attend initial treatment appointment.
- Beneficiary did not meet medical necessity criteria.
- Out of county/presumptive transfer.
- Unable to contact (e.g. deceased or client unresponsive).
- Other

Referred To:

- Managed Care Plan
- Fee-For-Service Provider
- Other (Specify)
- No Referral

Referred To Other: []

Closed Out Date: 11/20/2021

Please indicate which NOABDs, if any, were issued during this process.

- Denial (Attachment C)
- Delivery System (Attachment F)
- Timely Access (Attachment H)
- Authorization Delay (Attachment G)
- Termination (Attachment E)
- No NOABDs were issued

Type full name of Program that completed this form. (Only fill this answer out after 'Treatment Start Date' OR 'Closed Out Date' have been filled in).

Program X

Include in CSI Submission? N Y

Scenario 7: Does Not Meet Medical Necessity.

Client is offered assessment appointments of 10/2. Client accepts and attends appt on 10/2.

Clinician determines at the appointment on 10/2 that the client does not meet medical necessity. Client will be referred out to HPSM for mild-to-moderate services.

Client is discharged on 10/15.

How should the form be filled out?

APPOINTMENT TRACKING

Assessment Appointment First Offer Date: 10/02/2021

Treatment Appointment First Offer Date: []

Time of first offer assessment appointment - Urgent Only: Current H M AM/PM

Assessment Appointment Second Offer Date: []

Treatment Appointment Second Offer Date: []

Assessment Appointment Third Offer Date: []

Treatment Appointment Third Offer Date: []

Assessment Appointment Accepted Date: 10/02/2021

Treatment Appointment Accepted Date: []

Assessment Start Date: 10/02/2021

Treatment Start Date: []

Assessment End Date: 10/02/2021

TRACKING DISPOSITION

Closure Reason:

- Beneficiary did not accept any offered assessment dates.
- Beneficiary accepted offered assessment date but did not attend initial assessment appointment.
- Beneficiary attended initial assessment appointment but did not complete assessment process.
- Beneficiary completed assessment process but declined offered treatment dates.
- Beneficiary accepted offered treatment date but did not attend initial treatment.
- Beneficiary did not meet medical necessity criteria.
- Unable to contact (e.g. deceased or client unresponsive).
- Other

Referred to:

- Managed Care Plan
- Other (Specify)
- No Referral

Referred To Other: []

Closed Out Date: 10/15/2021

Please indicate which NOABDs, if any, were issued during this process.

- Delivery System (Attachment F)
- Authorization Delay (Attachment G)
- Termination (Attachment E)
- Other
- No NOABDs were issued

Type full name of Program that completed this form. (Only fill this answer out after 'Treatment Start Date' OR 'Closed Out Date' have been filled in).

Program X

Include in CSI Submission? N Y

Resources

Email your questions to **Ask QM** at HS_BHRS_ASK_QM@smcgov.org

- **NOABD Information**

 - [Consumer Problem and Resolution & NOA \(BHRS Policy 19-01\)](#)

 - NOABD User Manual and NOABD templates
 - [NOABD Quick Guide and FAQ](#)

- **Timely Access Information**

 - [Network Adequacy Standards: Policy 18-02](#)

 - Attachments:

 - [Assessment Date Tracking Form](#)
 - [Assessment Date Tracking Flow Chart](#)

 - Resources:

 - [CSI Assessment Form \(Timely Access\): Key Definitions](#)
 - [NOABD and Timely Access Process for New Clients Decision Tree](#)
 - [CSI Form Guide](#)

- **Link to Quality Management Videos:** [County Staff](#) | [Contractors](#) PowerPoint Slides available on the [QM website](#).

