



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 develop a FAQ.

Identifying “New” Clients

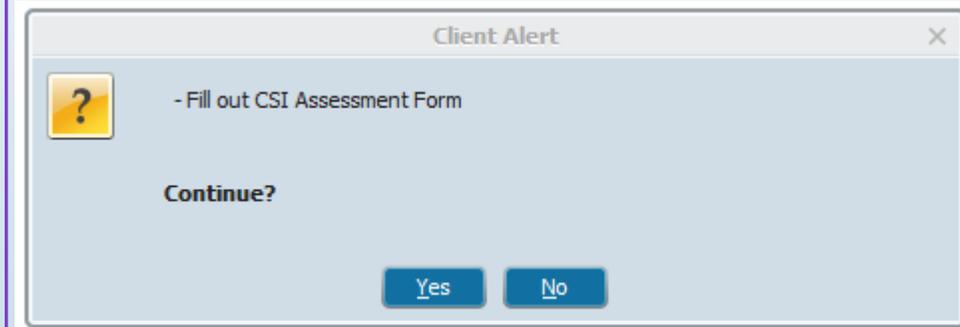
A **new client** is a Medi-Cal beneficiary who is requesting outpatient SMHS and is currently not open to any BHRS Medi-Cal Program (includes CBOs).

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

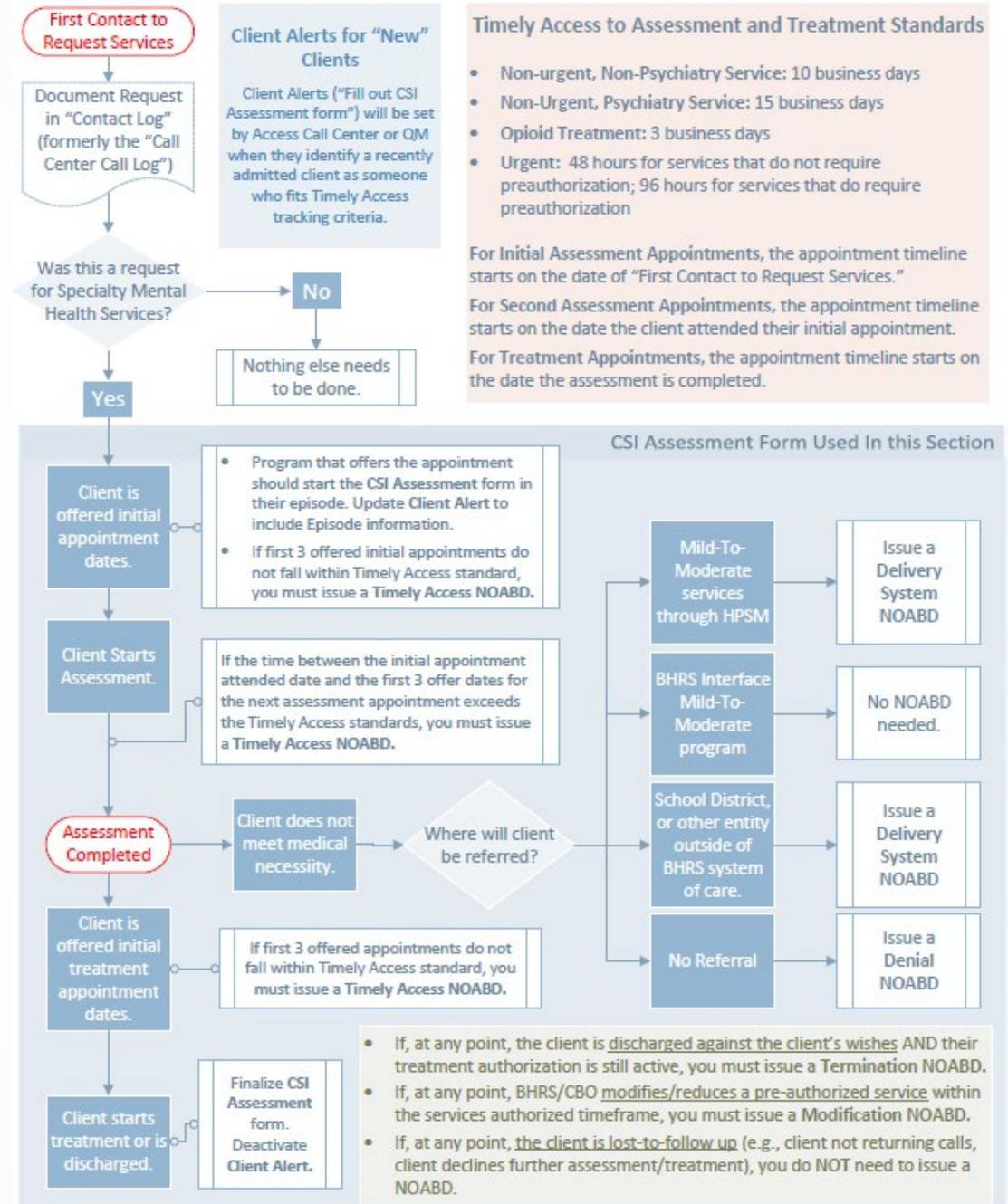
- A “**Client Alert**” will be set by QM or Call Center in Avatar to tell you if you have a “New Client” needing CSI tracking.
- **QM will send an email** to Unit Chiefs and Program Specialists (or CBO contact) whenever their program has a recently opened client who meets criteria for Timely Access tracking



Initial Request Process

Documenting Requests for Service

NOABD and Timely Access Process for New Clients (Decision Tree)





Document Initial Requests for Services in these 3 places

Contact Log

Progress Note

CSI
Assessment
Form

“Contact Log”

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.

Beginning June 1, 2021:

“Contact Log” will be available in Avatar
This form is NOT just used for calls, it is used for any type of contact.

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

Document in “Progress Notes”

Be detailed about what dates you “OFFERED”

Don't write

“Spoke with client about possible dates for next appointment. Appointment set for August 12th.”

Better: “Offered client next appointment dates of 8/5/2021, 8/7/2021 and 8/12/2021.

Client agreed to attend on 8/12/2021.”

- Reason for referral, who referred client, date of initial request for service
- Efforts to reach the client
- Whether or not the client meets Medical Necessity and will proceed to treatment
- Reason for closure of case or reason clinician could not follow up with client (e.g., “Client is homeless and phone was disconnected.”)
- **Assessment appointment date(s) offered (at least 3), and which offered appointments were accepted by the client**
- **Treatment appointment date(s) offered (at least 3), and which offered appointments were accepted by the client**

Offering Appointments

We must offer an appointment date within the following time frames **or issue a NOABD:**

Non-urgent,
non-psychiatry outpatient

Mental Health/SUDS appointments within 10 business days from request.

Non-urgent psychiatry

within 15 business days from request.

Opioid treatment

within 3 business days from request.

Expedited/Urgent
Services

- 48 hours for services not requiring preauthorization.
- 96 hours for services that do require preauthorization.

“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	MRA
Clinician	Foster Youth? <input type="checkbox"/> Yes <input type="checkbox"/> No

How to Submit form to QM Email this completed form to etsujii@smcqh.org or fax to (650) 525-1762.
 Questions: Contact Eri Tsujii at etsujii@smcqh.org
 For Contracted Agencies use a secure email or contact Eri Tsujii at etsujii@smcqh.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] T Y

Service Requested: Mental Health Services Psychiatry Services Other

Time of First Contact to Request Services: [Date Picker] Current H M 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

CSI Assessment Form

CSI Assessment
APPOINTMENT TRACKING
TRACKING DISPOSITION

INITIAL REQUEST INFORMATION

Date Of First Contact To Request Services
[Date Picker]

Time of First Contact to Request Services
[Time Picker: Current, H, M, AM/PM]

Service Requested
 Mental Health Services
 Psychiatry Services
 Other

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

Assessment Appointment First Offer Date
[Date Picker]

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

Assessment Appointment Second Offer Date
[Date Picker]

Assessment Appointment Third Offer Date
[Date Picker]

Assessment Appointment Accepted Date
[Date Picker]

Assessment Start Date
[Date Picker]

Assessment End Date
[Date Picker]

Treatment Appointment First Offer Date
[Date Picker]

Treatment Appointment Second Offer Date
[Date Picker]

Treatment Appointment Third Offer Date
[Date Picker]

Treatment Appointment Accepted Date
[Date Picker]

Treatment Start Date
[Date Picker]

TRACKING DISPOSITION

Closure Reason

- Beneficiary did not accept any offered assessment dates.
- Beneficiary accepts offered assessment date but did not attend initial assessment appointment.
- Beneficiary attends initial assessment appointment but did not complete assessment process.
- Beneficiary completes assessment process but declines offered treatment dates.
- Beneficiary accepts offered treatment date but did not attend initial treatment appointment.
- Beneficiary does not meet medical necessity criteria.

Referred To

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

Referred To Other
[Text Field]

Closed Out Date
[Date Picker]

Include in CSI Submission?
 N 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)
[Text Field]

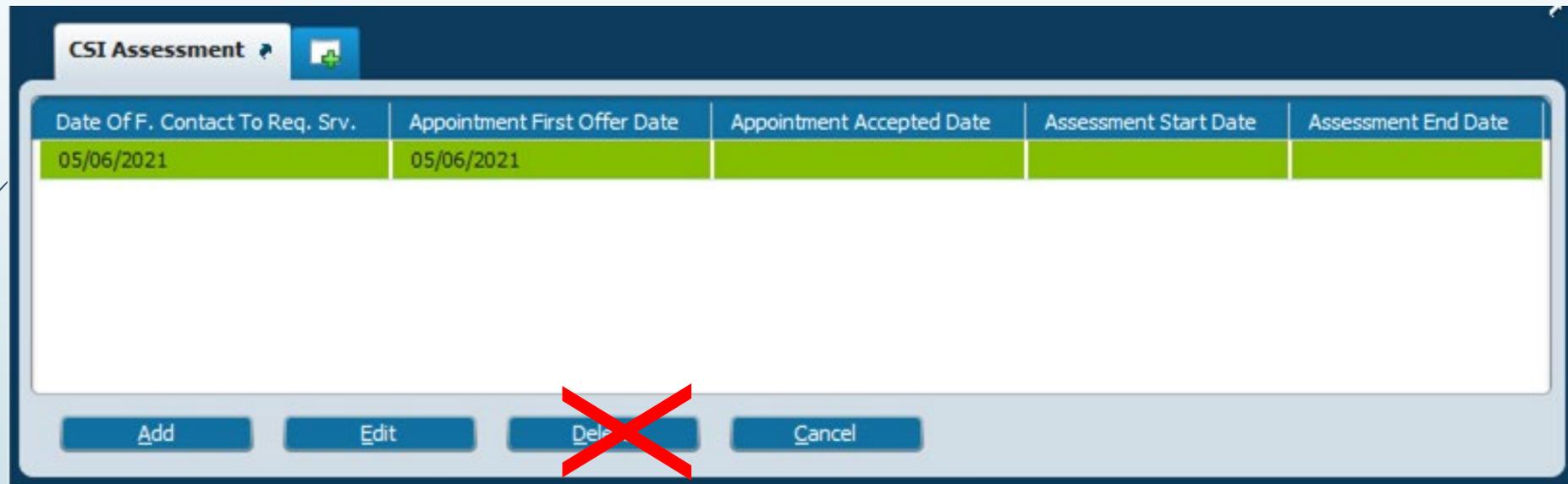
Tracking - CSI Assessment form

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.

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 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 with 'Current', 'H', 'M', and 'AM/PM' options.
 - 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 shows a web application interface for tracking initial request information and appointment tracking. The interface is divided into two main sections: "INITIAL REQUEST INFORMATION" and "APPOINTMENT TRACKING".

INITIAL REQUEST INFORMATION

- Date Of First Contact To Request Services:** A date picker with a calendar icon, showing the month of May.
- Time of First Contact to Request Services:** A time picker with a dropdown menu set to "Current", and fields for hours (H), minutes (M), and AM/PM.
- Service Requested:** Two checkboxes: "Mental Health Services" and "Psychiatry Services".
- Other:** A checkbox.
- Referral Source:** A dropdown menu.
- Details of Service Requested:** A large text area for entering details.
- Is this an urgent request?:** Radio buttons for "Yes" and "No".
- Does this urgent service require pre-authorization?:** Radio buttons for "Yes" and "No", highlighted with a red box.
- Additional Comments:** A large text area for entering additional comments.

APPOINTMENT TRACKING

- Assessment Appointment First Offer Date:** A date picker.
- Time of first offer assessment appointment - Urgent Only:** A time picker with a dropdown menu set to "Current", and fields for hours (H), minutes (M), and AM/PM, highlighted with a red box.
- 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.

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

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

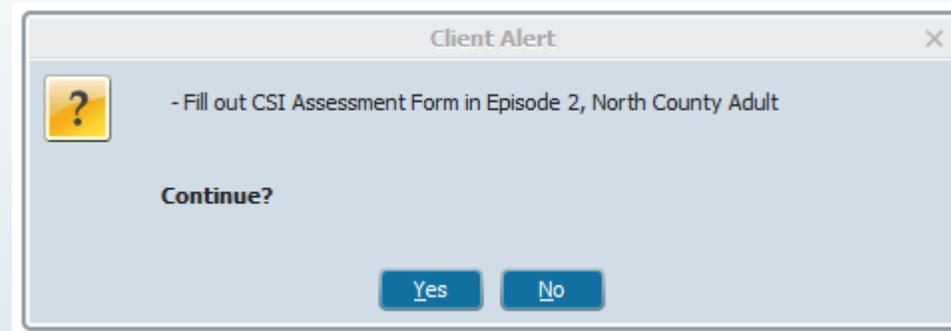
Tracking - Offering an Initial Assessment Appointment: *Appointment Tracking*

The screenshot shows a software interface for appointment tracking. The title bar reads 'APPOINTMENT TRACKING'. The form is divided into two columns of date and time fields. The left column is highlighted with a red border and contains the following fields: 'Assessment Appointment First Offer Date' (with a calendar icon), 'Time of first offer assessment appointment - Urgent Only' (with a 'Current' button and AM/PM dropdown), 'Assessment Appointment Second Offer Date', 'Assessment Appointment Third Offer Date', 'Assessment Appointment Accepted Date', 'Assessment Start Date', and 'Assessment End Date'. The right column contains: 'Treatment Appointment First Offer Date', 'Treatment Appointment Second Offer Date', 'Treatment Appointment Third Offer Date', 'Treatment Appointment Accepted Date', and 'Treatment Start Date'. Each date field includes a calendar icon and a 'T' button, while the 'Accepted Date' fields include a 'Y' button.

- **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: *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 Active for Date Range Disabled Yes No

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

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

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
[] [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
[] [T] [Y] []

Assessment Start Date
[] [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] []

- **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

From Assessment Start to Assessment End: Subsequent Assessment Appointments

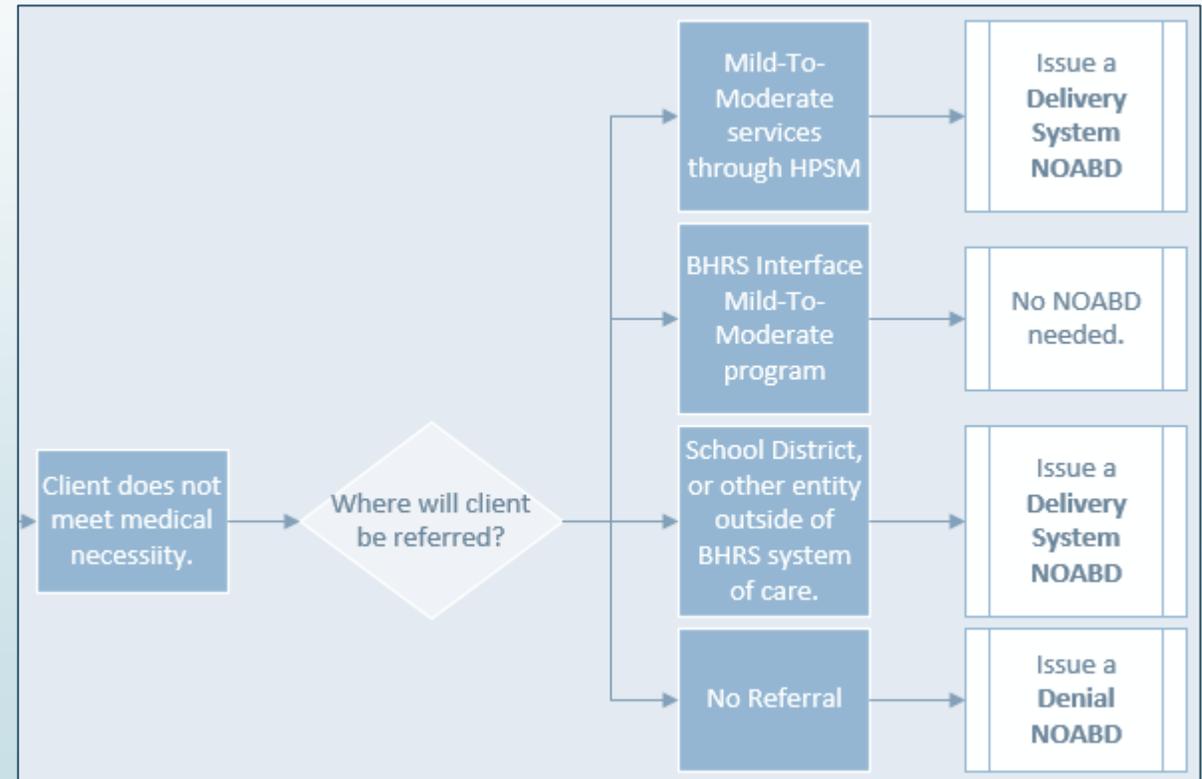


Common NOABDs during this phase:

- 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

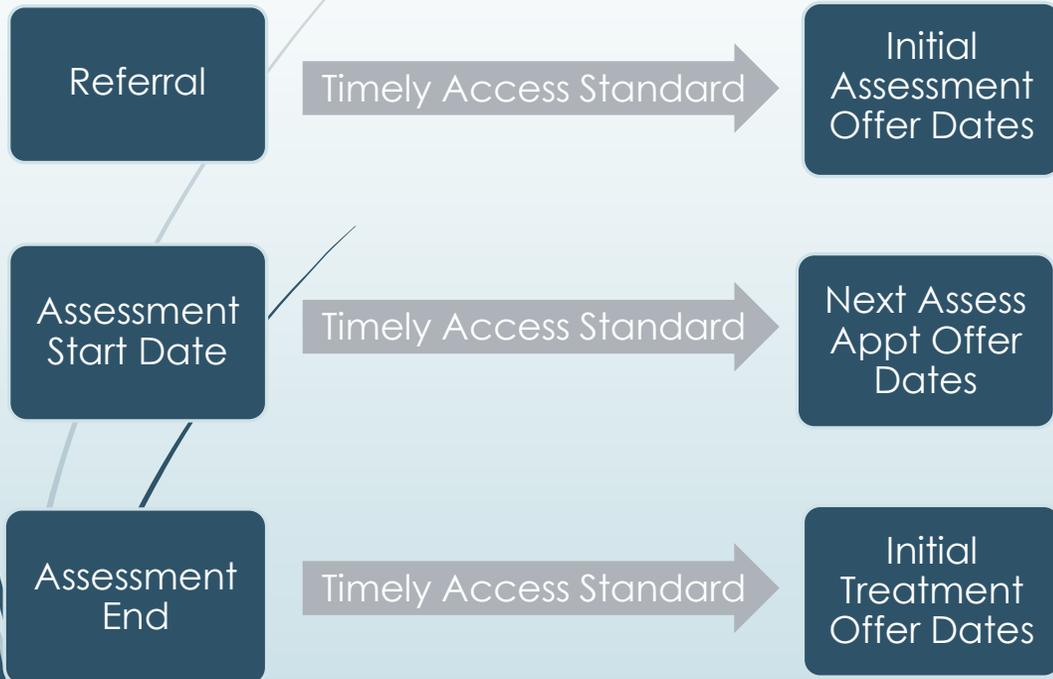


Common NOABDs during this phase:

- ▶ 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
[] [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
[] [T] [Y] []

Assessment Start Date
[] [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] []

- ▶ 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 accepts offered assessment date but did not attend initial assessment appointment.
- Beneficiary attends initial assessment appointment but did not complete assessment process.
- Beneficiary completes assessment process but declines offered treatment dates.
- Beneficiary accepts offered treatment date but did not attend initial treatment appointment.
- Beneficiary does not meet medical necessity criteria.

Referred To

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

Referred To Other

Closed Out Date

Include in CSI Submission?

- N
- 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).

- 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: “Referred To” Section

▼ TRACKING DISPOSITION

Closure Reason

Beneficiary did not accept any offered assessment dates.

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

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

Beneficiary completes assessment process but declines offered treatment dates.

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

Beneficiary does not meet medical necessity criteria.

Referred To

Managed Care Plan

Fee-For-Service Provider

Other (Specify)

No Referral

Referred To Other

Closed Out Date

Include in CSI Submission?

N 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).

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

Tracking - Terminating the Process: NOABD Section

TRACKING DISPOSITION

Closure Reason

Beneficiary did not accept any offered assessment dates.

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

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

Beneficiary completes assessment process but declines offered treatment dates.

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

Beneficiary does not meet medical necessity criteria.

Referred To

Managed Care Plan

Fee-For-Service Provider

Other (Specify)

No Referral

Referred To Other

Closed Out Date

T Y

Include in CSI Submission?

N 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).

- 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: “Include in CSI Submission” Section

TRACKING DISPOSITION

Closure Reason

Beneficiary did not accept any offered assessment dates.

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

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

Beneficiary completes assessment process but declines offered treatment dates.

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

Beneficiary does not meet medical necessity criteria.

Referred To

Managed Care Plan

Fee-For-Service Provider

Other (Specify)

No Referral

Referred To Other

Closed Out Date

Include in CSI Submission?

N 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).

- “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.

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

▼ TRACKING DISPOSITION

Closure Reason

Beneficiary did not accept any offered assessment dates.

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

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

Beneficiary completes assessment process but declines offered treatment dates.

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

Beneficiary does not meet medical necessity criteria.

Referred To

Managed Care Plan

Fee-For-Service Provider

Other (Specify)

No Referral

Referred To Other

Closed Out Date

T Y

Include in CSI Submission?

N 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).

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

Tracking - Terminating the Process: *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 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.

Timely Assessment Tracking Process: Recap

NOABDs to be issued as appropriate throughout this process.



Access Call Center or QM completes this task.

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.

Implementation Plan

June 1st

Begin Phasing in Use of
the CSI Assessment
Form

Programs should identify who will:

- Fill out the CSI Assessment form.
- Ensure that CSI Assessment forms are being filled out.
- Modify/deactivate Client Alert.

July 1st

Full Implementation

Upcoming Related Webinar!

ASK QM Clinical Documentation WEBINAR

New Avatar NOABD (Notices of Adverse Benefit Determination) Form: Avatar Demonstration & NOABD Q&A.

- *Intended for all mental health staff and their supervisor that use Avatar and receive requests for service and/or provide assessment for medical necessity or treatment. Any BHRS staff that completes NOABD and/or authorization services.*

July 21, 2021 - Wednesday 1pm to 2pm

<https://zoom.us/j/921784062> **By phone:** 1-669-900-6833, **Meeting ID:** 921 784 062

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](#).

