



# 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

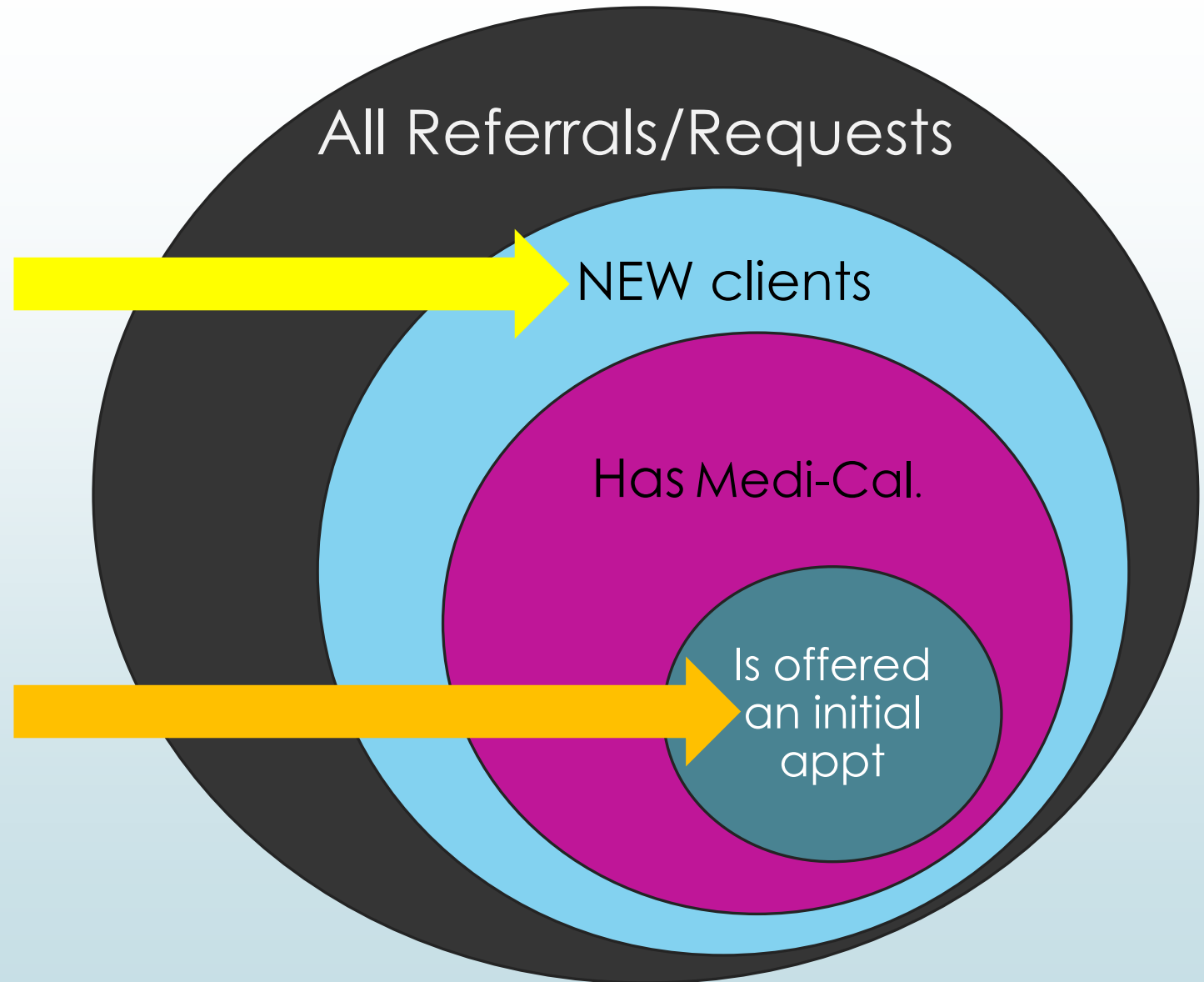
**Send your questions via the chat.**

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”

## 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.

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

The screenshot shows the 'Contact Log' form in the Avatar system. The form is titled 'Contact Log' and has a 'Call Log' tab selected. It includes a 'Submit' button and a 'Call Log' tab. The form fields are as follows:

- Call Time:** A text field with a 'Current' button and a time selection interface (H, M, AM/PM).
- Contact Type:** Radio buttons for Call, Email, Fax, Mail, and Walk-in.
- Call Date:** A text field showing '05/25/2021' and a date selection interface (T, Y, M).
- Program:** A dropdown menu with a list of programs: 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.
- Reason For Call:** 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.
- Other:** A text field.
- Name Not Known/Not Provided:** A checkbox.
- Service Provided in Preferred Language:** Radio buttons for Staff Provided Language Service and Interpreter used.
- Referred for Grievance:** Radio buttons for HPSM and OCFA.
- Location:** Radio buttons for Hospital, PES, PCP, Laboratory, Wrong Number, and Social Worker.

**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

Current H M AM/PM

Contact Type  
☐ Call ☐ Email ☒ Fax ☐ Mail ☐ Walk-in

Call Date  
3/2/2021 T Y

Program  
[Dropdown]

Caller Name  
Dr. Quinn

Caller Type  
☐ MH Private Provider  
☐ Client  
☐ Family Member/Friend  
☐ Hospital  
☒ PCP  
☐ Wrong Number  
☐ Social Worker  
☐ No Response to Greeting  
☐ MH Clinic/BHRS Staff  
☐ Other

Other  
[Text Box]

Disposition  
☐ Referred to County Resource  
☐ Sent to Call Center Staff for ICI  
☐ Referred to Medi-Cal  
☐ Provided general Information  
☐ Transferred to MH Clinic  
☐ Transferred to AOD Staff/Supervisor  
☐ Magellan  
☐ Referred for Consult  
☐ Referred to HPSM  
☒ Transferred to Clinician

Other  
[Text Box]

Comments  
Therapy and Meds requested for Jane Alphabet.

Reason For Call  
☐ Provider Request  
☒ Request for Mental Health Services  
☐ Request for Medical/Dental Services  
☐ Request for AOD Services  
☐ Change of Provider/Rematch  
☐ Other

Other  
[Text Box]

Name Not Known/Not Provided  
☐ Name Not Known/Not Provided

Service Provided in Preferred Language  
☐ Staff Provided Language Service  
☐ Interpreter used

Referred for Grievance  
☐ HPSM ☐ OCFA ☐ CALL CENTER

# Identifying “New” Clients for Timely Access Tracking

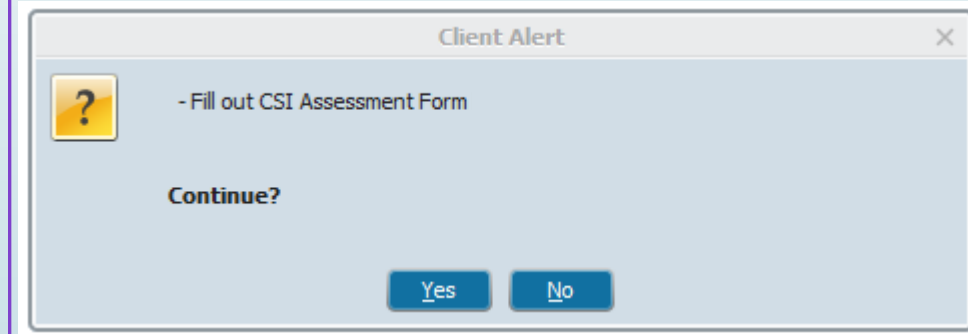
A **new client** is a Medi-Cal beneficiary who is requesting outpatient SMHS and is currently not open to any BHRS Medi-Cal Program (includes CBOs).

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.

Set Client  
Alert

Start CSI  
Assessment  
form

Finalize CSI  
Assessment  
Form

Disable  
Client Alert

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

Chart

CSI Assessment

CSI Assessment

INITIAL REQUEST INFORMATION

APPOINTMENT TRACKING

TRACKING DISPOSITION

Submit

Online Documentation

INITIAL REQUEST INFORMATION

Date Of First Contact To Request Services

T Y

Time of First Contact to Request Services

Current H M AM/PM

Details of Service Requested

Is this an urgent request?

☐ Yes ☐ No

Does this urgent service require pre-authorization?

☐ Yes ☐ No

Additional Comments

Service Requested

☐ Mental Health Services ☐ Psychiatry Services ☐ Other

Referral Source

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

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



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

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

**CSI Assessment**

**INITIAL REQUEST INFORMATION**

Date Of First Contact To Request Services:  T Y

Service Requested: ☐ Mental Health Services ☐ Psychiatry Services ☐ Other

Time of First Contact to Request Services:  Current H M AM/PM

Referral Source:

Details of Service Requested:

Is this an urgent request? ☐ Yes ☐ No

Does this urgent service require pre-authorization? ☐ Yes ☐ No

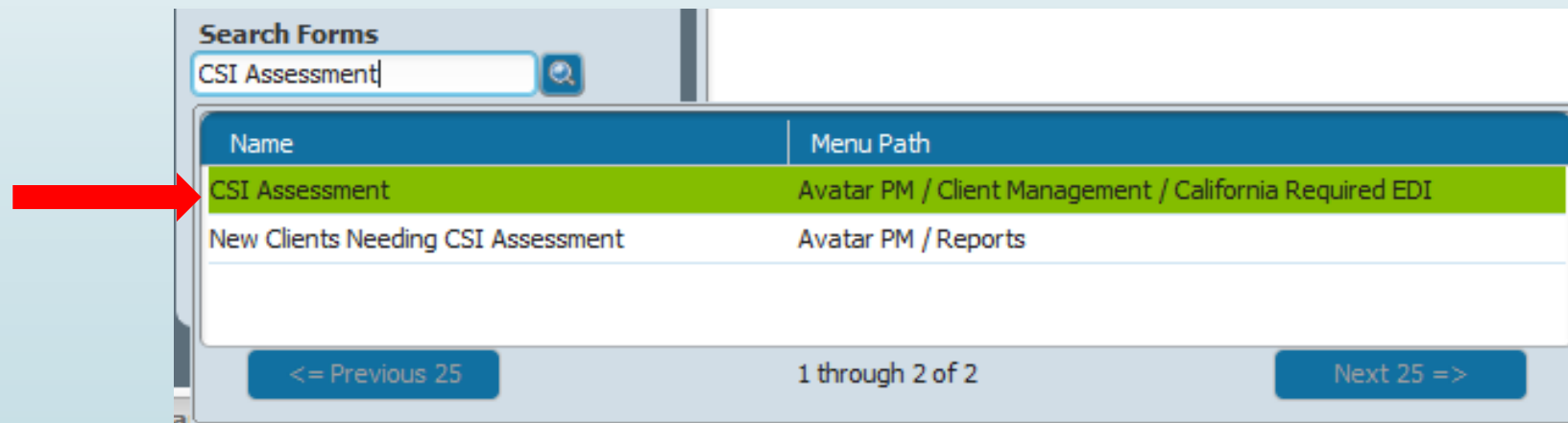
Additional Comments:

**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.



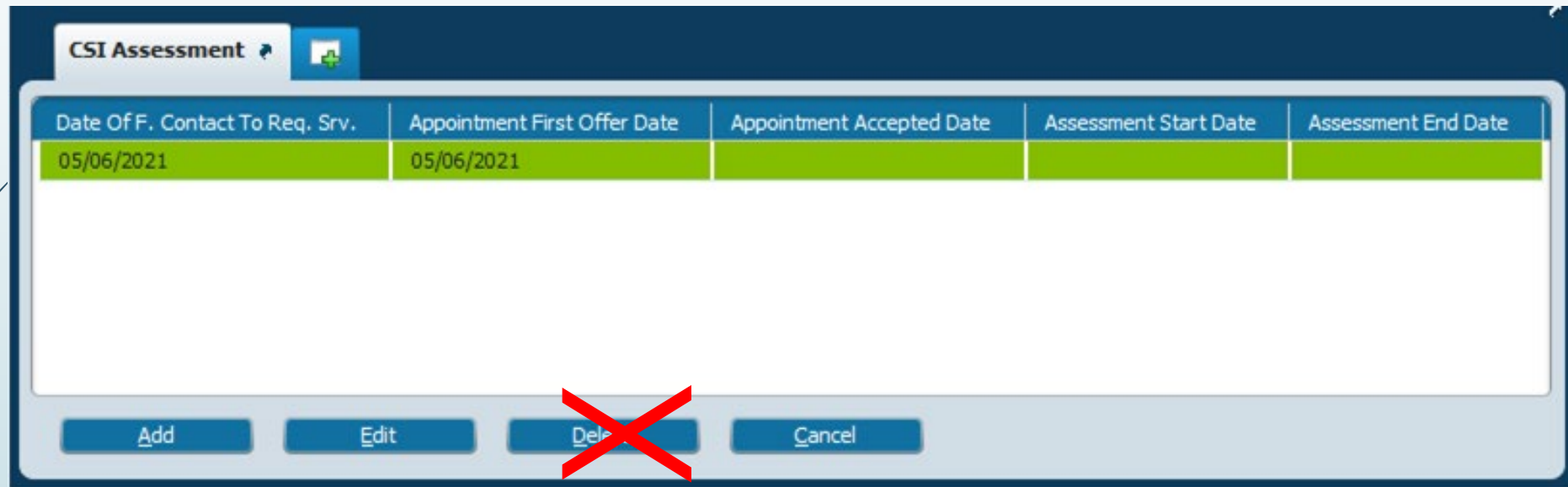
The screenshot shows the 'Search Forms' interface in the Avatar system. A search box at the top contains the text 'CSI Assessment' and a magnifying glass icon. Below the search box is a table with two columns: 'Name' and 'Menu Path'. The table contains two entries: 'CSI Assessment' with the menu path 'Avatar PM / Client Management / California Required EDI', and 'New Clients Needing CSI Assessment' with the menu path 'Avatar PM / Reports'. A red arrow points to the first entry, 'CSI Assessment'. At the bottom of the table, there are navigation buttons: '<= Previous 25', '1 through 2 of 2', and 'Next 25 =>'.

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

<= Previous 25      1 through 2 of 2      Next 25 =>

# 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](mailto:HS_BHRS_ASK_QM@smcgov.org).

# Tips and Tricks to entering data into the form.

The screenshot displays the CSI Assessment form interface. The left sidebar contains navigation links: 'CSI Assessment', 'APPOINTMENT TRACKING', and 'TRACKING DISPOSITION'. The main content area is divided into three sections:

- INITIAL REQUEST INFORMATION:** Includes fields for 'Date Of First Contact To Request Services', 'Time of First Contact to Request Services', 'Details of Service Requested', 'Is this an urgent request?', 'Does this urgent service require pre-authorization?', and 'Additional Comments'.
- APPOINTMENT TRACKING:** Contains multiple date fields for 'Assessment Appointment' and 'Treatment Appointment' (First, Second, Third Offer Date, Accepted Date, Start Date, End Date).
- TRACKING DISPOSITION:** Features a 'Closure Reason' section with radio button options, a 'Closed Out Date' field, a list of reasons for closure (e.g., Denial, Delivery System, Timely Access), a text area for 'Please indicate which NOABDs, if any, were issued during this process.', a 'Type full name of Program that completed this form' field, and an 'Include in CSI Submission?' checkbox.

- **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. The left sidebar contains a 'Chart' button, a 'CSI Assessment' section with links to 'INITIAL REQUEST INFOR...', 'APPOINTMENT TRACKING', and 'TRACKING DISPOSITION', a 'Submit' button, and 'Online Documentation'. The main form area is divided into two sections: 'INITIAL REQUEST INFORMATION' and 'APPOINTMENT TRACKING'. The 'INITIAL REQUEST INFORMATION' section includes fields for 'Date Of First Contact To Request Services' (with a date picker), 'Time of First Contact to Request Services' (with a time picker and 'Current' button), 'Service Requested' (checkboxes for 'Mental Health Services', 'Psychiatry Services', and 'Other'), 'Referral Source' (dropdown), 'Details of Service Requested' (text area), 'Is this an urgent request?' (radio buttons for 'Yes' and 'No'), and 'Does this urgent service require pre-authorization?' (radio buttons for 'Yes' and 'No'). The 'APPOINTMENT TRACKING' section includes fields for 'Assessment Appointment First Offer Date', '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', and 'Treatment Appointment Accepted Date'. Each date field has a date picker.

**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

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

Treatment Appointment Accepted Date

- 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' form, specifically the 'INITIAL REQUEST INFORMATION' and 'APPOINTMENT TRACKING' sections. The 'Urgent' section is highlighted with a red box, containing the following fields:

- Is this an urgent request?** (Radio buttons: Yes, No)
- Does this urgent service require pre-authorization?** (Radio buttons: Yes, No)
- Time of first offer assessment appointment - Urgent Only** (Time picker: Current, H, M, AM/PM)

The 'APPOINTMENT TRACKING' section includes fields for Assessment and Treatment Appointment First, Second, and Third Offer Dates, and an Assessment Appointment Third Offer Date.

► 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'. A red rectangular box highlights the 'Assessment Appointment' section on the left. This section includes 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 selection), 'Assessment Appointment Second Offer Date', 'Assessment Appointment Third Offer Date', 'Assessment Appointment Accepted Date', 'Assessment Start Date', and 'Assessment End Date'. Each date field has a date picker icon. To the right of the highlighted section are fields for 'Treatment Appointment', including 'First Offer Date', 'Second Offer Date', 'Third Offer Date', 'Accepted Date', and 'Start Date', each with a date picker icon.

- **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 web form titled "APPOINTMENT TRACKING". It contains several date and time input fields, each with a calendar icon and buttons for "T" (Today) and "Y" (Yesterday). The fields are:

- Assessment Appointment First Offer Date: 05/06/2021
- Treatment Appointment First Offer Date: (empty)
- Time of first offer assessment ap: (empty)
- Assessment Appointment Second Offer Date: 05/07/2021
- Assessment Appointment Third Offer Date: 05/08/2021
- Assessment Appointment Accepted Date: 05/06/2021
- Treatment Start Date: (empty)
- Assessment Start Date: (empty)
- Assessment End Date: (empty)

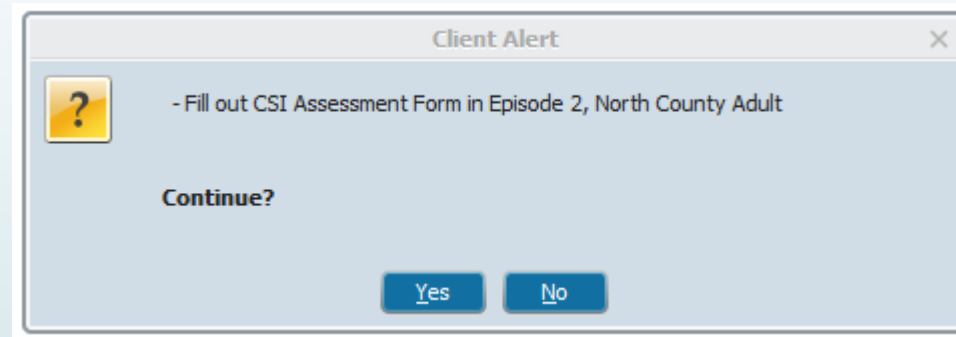
An error dialog box is displayed in the center of the form. It has a red "X" icon and the text: "The 'Assessment Appointment Accepted Date' must be greater than or equal to the 'Assessment Appointment Third Offer Date'." The "OK" button is at the bottom right of the dialog.

**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**

**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**  T Y  **End Date**  T Y

**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

The screenshot shows a software interface for 'APPOINTMENT TRACKING'. It contains several date and time input fields, each with a text box, a 'T' button, a 'Y' button, and a calendar icon. The fields are arranged in two columns. The left column includes: 'Assessment Appointment First Offer Date', 'Time of first offer assessment appointment - Urgent Only' (with a 'Current' button and AM/PM selection), 'Assessment Appointment Second Offer Date', 'Assessment Appointment Third Offer Date', 'Assessment Appointment Accepted Date', 'Assessment Start Date', and 'Assessment End Date'. The right column includes: 'Treatment Appointment First Offer Date', 'Treatment Appointment Second Offer Date', 'Treatment Appointment Third Offer Date', 'Treatment Appointment Accepted Date', and 'Treatment Start Date'. The 'Assessment Start Date' and 'Assessment End Date' fields at the bottom left are enclosed in a red rectangular box.

- **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'. It contains several date and time input fields with dropdown menus for time selection. An error dialog box is overlaid on the form, displaying a red 'X' icon and the following text: 'The 'Assessment Start Date' must be greater than or equal to the 'Assessment Appointment Accepted Date'.' The dialog box has an 'OK' button at the bottom.

**APPOINTMENT TRACKING**

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

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

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

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

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

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

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

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

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

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

**Error**

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*

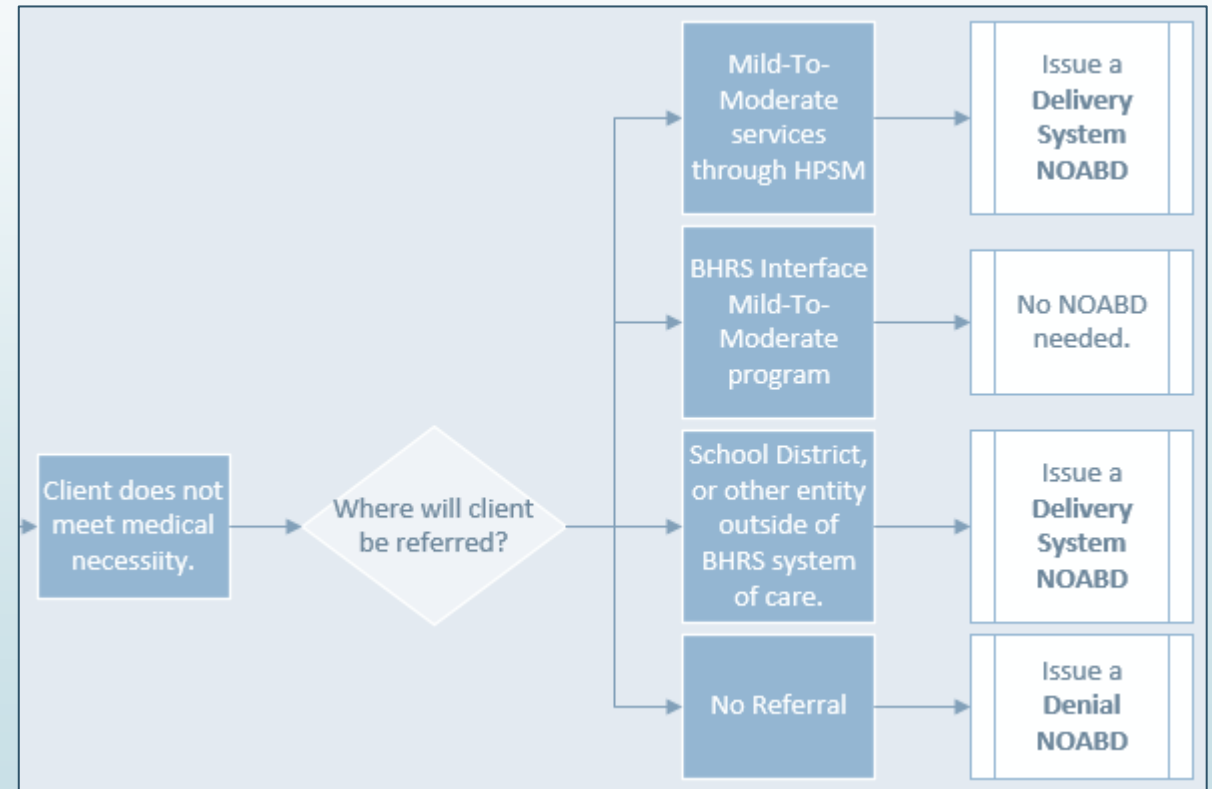


## Common NOABDs during this phase:

- 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**

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**

Treatment Appointment First Offer Date

Treatment Appointment Second Offer Date

Treatment Appointment Third Offer Date

Treatment Appointment Accepted Date

Treatment Start Date

- **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

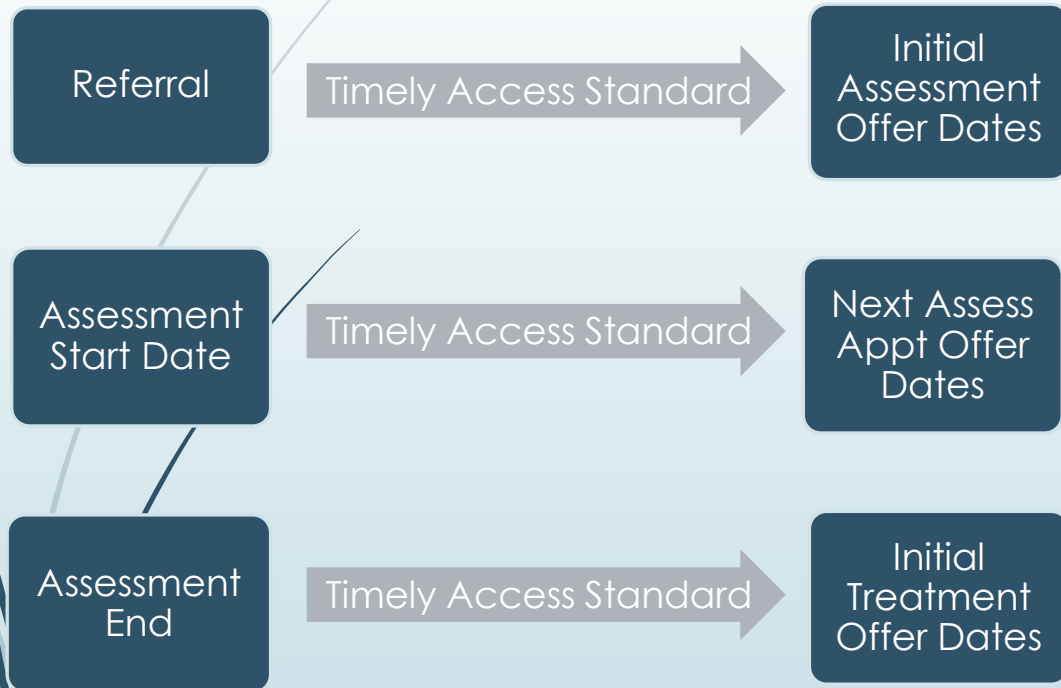


## Common NOABDs during this phase:

- 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*

The screenshot shows a software interface for 'APPOINTMENT TRACKING'. It contains two columns of date and time input fields. The left column includes: 'Assessment Appointment First Offer Date', 'Time of first offer assessment appointment - Urgent Only' (with a 'Current' button and AM/PM selector), 'Assessment Appointment Second Offer Date', 'Assessment Appointment Third Offer Date', 'Assessment Appointment Accepted Date', 'Assessment Start Date', and 'Assessment End Date'. The right column includes: 'Treatment Appointment First Offer Date', 'Treatment Appointment Second Offer Date', 'Treatment Appointment Third Offer Date', 'Treatment Appointment Accepted Date', and 'Treatment Start Date'. The 'Treatment Start Date' field is highlighted with a red rectangular border. Each date field consists of a text input box followed by 'T' (month), 'Y' (year), and a calendar icon. The time field has a dropdown for 'H' (hour), a dropdown for 'M' (minute), and a dropdown for 'AM/PM'.

- 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 is a list of radio button options: "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 of 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).", and "Other". On the right, the "Closed Out Date" is set to "05/28/2021" with "T" and "Y" buttons. Below this is a text box for "Please indicate which NOABDs, if any, were issued during this process." An error dialog box is overlaid in the center, titled "Error", with a red 'X' icon and the message "The 'Closed Out Date' must be provided with the 'Closure Reason'". Below the error box is an "OK" button. At the bottom, there is a text field for "Program X" and a section for "Include in CSI Submission?" with "N" and "Y" radio buttons, where "Y" is selected. A "Referred To" section with a "Managed Care Plan" option is partially visible at the bottom left.

- 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**

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**

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

Time of first offer assessment appointment - Urgent Only

### Assessment Appointment Second Offer Date

### Assessment Appointment Third Offer Date

### Assessment Appointment Accepted Date

05/06/2021

### Assessment Start Date

05/10/2021

### 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

- ☐ 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 offer 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

Submitting

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

OK

### 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

- 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*

**Client Alerts**

**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

**Start Date** [Date Picker]

**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 the 'CSI Assessment' form with the following sections and annotations:

- INITIAL REQUEST INFORMATION**
  - 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 (checked), Psychiatry Services (unchecked), Other (unchecked)
  - Referral Source:** Family Member
  - Is this an urgent request?:** No (selected)
  - Does this urgent service require pre-authorization?:** No (selected)
  - Additional Comments:** (empty text area)
- APPOINTMENT TRACKING**
  - Assessment Appointment First Offer Date:** 04/09/2021
  - Offer assessment appointment - Urgent Only:** (unchecked)
  - Assessment Appointment Second Offer Date:** (empty)
  - Assessment Appointment Third Offer Date:** (empty)
  - Assessment Appointment Accepted Date:** 04/09/2021
  - 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 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?*

Chart CSI Assessment

CSI Assessment  
INITIAL REQUEST INFORMATION  
APPOINTMENT TRACKING  
TRACKING DISPOSITION

Submit

Online Documentation

### 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

Additional Comments

### 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

Type full name of Program that completed this form. (Only fill this answer



### 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 displays the 'CSI Assessment' form, which is divided into three main sections: 'INITIAL REQUEST INFORMATION', 'APPOINTMENT TRACKING', and 'TRACKING DISPOSITION'.

- INITIAL REQUEST INFORMATION:** This section includes fields for '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), 'Referral Source' (Social Services), 'Is this an urgent request?' (No), and 'Does this urgent service require pre-authorization?' (No). There is also an 'Additional Comments' field.
- APPOINTMENT TRACKING:** This section contains multiple date pickers for 'Assessment Appointment' and 'Treatment Appointment' offers and acceptance dates. The 'Assessment Appointment First Offer Date' is 06/22/2021, and the 'Assessment Appointment Accepted Date' is also 06/22/2021.
- TRACKING DISPOSITION:** This section includes a 'Closure Reason' dropdown menu with several options, a 'Closed Out Date' field, and a section for 'Please indicate which NOABDs, if any, were issued during this process.' The 'Timely Access (Attachment H)' option is highlighted with a green box.

## 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	Treatment Appointment First Offer Date 09/07/2021
Assessment Appointment Second Offer Date	Treatment Appointment Second Offer Date 09/08/2021
Assessment Appointment Third Offer Date	Treatment Appointment Third Offer Date 09/12/2021
Assessment Appointment Accepted Date 08/07/2021	Treatment Appointment Accepted Date 09/12/2021
Assessment Start Date 08/07/2021	Treatment Start Date 09/20/2021
Assessment End Date 09/01/2021	

TRACKING DISPOSITION	
Closure Reason <input type="radio"/> Beneficiary did not accept any offered assessment dates. <input type="radio"/> Beneficiary accepted offered assessment date but did not attend initial assessment appointment. <input type="radio"/> Beneficiary attended initial assessment appointment but did not complete assessment process. <input type="radio"/> Beneficiary completed assessment process but declined offered treatment dates. <input type="radio"/> Beneficiary accepted offered treatment date but did not attend initial treatment appointment. <input type="radio"/> Beneficiary did not meet medical necessity criteria. <input type="radio"/> Out of county/presumptive transfer. <input type="radio"/> Unable to contact (e.g. deceased or client unresponsive). <input type="radio"/> Other	Closed Out Date <input type="text"/>
Referred To <input type="radio"/> Managed Care Plan <input type="radio"/> Fee-For-Service Provider <input type="radio"/> Other (Specify) <input type="radio"/> No Referral	Please indicate which NOABDs, if any, were issued during this process. <input type="checkbox"/> Denial (Attachment C) <input type="checkbox"/> Delivery System (Attachment F) <input type="checkbox"/> Timely Access (Attachment H) <input type="checkbox"/> Authorization Delay (Attachment G) <input type="checkbox"/> Termination (Attachment E) <input type="checkbox"/> Other <input checked="" type="checkbox"/> No NOABDs were issued
Referred To Other <input type="text"/>	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? <input type="radio"/> N <input checked="" type="radio"/> 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	
Assessment Appointment First Offer Date 09/03/2021	Treatment Appointment First Offer Date 09/12/2021
Time of first offer assessment appointment - Urgent Only Current H M AM/PM	Treatment Appointment Second Offer Date
Assessment Appointment Second Offer Date 09/08/2021	Treatment Appointment Third Offer Date
Assessment Appointment Third Offer Date	Treatment Appointment Accepted Date 09/12/2021
Assessment Appointment Accepted Date 09/08/2021	Treatment Start Date 09/12/2021
Assessment Appointment Start Date 09/08/2021	
Assessment Appointment End Date 10/01/2021	

TRACKING DISPOSITION	
Closure Reason <input type="radio"/> Beneficiary did not accept any offered assessment dates. <input type="radio"/> Beneficiary accepted offered assessment date but did not attend initial assessment appointment. <input type="radio"/> Beneficiary attended initial assessment appointment but did not complete assessment process. <input type="radio"/> Beneficiary completed assessment process but declined offered treatment dates. <input type="radio"/> Beneficiary accepted offered treatment date but did not attend initial treatment appointment. <input type="radio"/> Beneficiary did not meet medical necessity criteria. <input type="radio"/> Out of county/presumptive transfer. <input type="radio"/> Unable to contact (e.g. deceased or client unresponsive). <input type="radio"/> Other	Closed Out Date <input type="text"/> Please indicate which NOABDs, if any, were issued during this process. <input type="checkbox"/> Denial (Attachment C) <input type="checkbox"/> Delivery System (Attachment F) <input type="checkbox"/> Timely Access (Attachment H) <input type="checkbox"/> Authorization Delay (Attachment G) <input type="checkbox"/> Termination (Attachment E) <input checked="" type="checkbox"/> 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? <input type="radio"/> N <input checked="" type="radio"/> Y
Referred To <input type="radio"/> Managed Care Plan <input type="radio"/> Fee-For-Service Provider <input type="radio"/> Other (Specify) <input type="radio"/> No Referral	
Referred To Other <input type="text"/>	

## 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 [Date Picker] [T] [Y] [Month/Day/Year] <b>10/02/2021</b>	Treatment Appointment First Offer Date [Date Picker] [T] [Y] [Month/Day/Year]
Time of first offer assessment appointment - Urgent Only [Time Picker] Current H [M] [AM/PM]	Treatment Appointment Second Offer Date [Date Picker] [T] [Y] [Month/Day/Year]
Assessment Appointment Second Offer Date [Date Picker] [T] [Y] [Month/Day/Year]	Treatment Appointment Third Offer Date [Date Picker] [T] [Y] [Month/Day/Year]
Assessment Appointment Third Offer Date [Date Picker] [T] [Y] [Month/Day/Year]	Treatment Appointment Accepted Date [Date Picker] [T] [Y] [Month/Day/Year]
Assessment Appointment Accepted Date [Date Picker] [T] [Y] [Month/Day/Year] <b>10/02/2021</b>	Treatment Start Date [Date Picker] [T] [Y] [Month/Day/Year]
Assessment Start Date [Date Picker] [T] [Y] [Month/Day/Year] <b>10/02/2021</b>	
Assessment End Date [Date Picker] [T] [Y] [Month/Day/Year]	

▼ TRACKING DISPOSITION	
Closure Reason <input type="radio"/> Beneficiary did not accept any offered assessment dates. <input type="radio"/> Beneficiary accepted offered assessment date but did not attend initial assessment appointment. <input checked="" type="radio"/> Beneficiary attended initial assessment appointment but did not complete assessment process. <input type="radio"/> Beneficiary did not accept any offered treatment dates. <input type="radio"/> Beneficiary accepted offered treatment date but did not attend initial treatment appointment. <input type="radio"/> Beneficiary did not meet medical necessity criteria. <input type="radio"/> Out of county/presumptive transfer. <input type="radio"/> Unable to contact (e.g. deceased or client unresponsive). <input type="radio"/> Other	Closed Out Date [Date Picker] [T] [Y] [Month/Day/Year] <b>11/20/2021</b>
Referred To <input type="radio"/> Managed Care Plan <input type="radio"/> Fee-For-Service Provider <input type="radio"/> Other (Specify) <input type="radio"/> No Referral	Please indicate which NOABDs, if any, were issued during this process. <input type="checkbox"/> Denial (Attachment C) <input type="checkbox"/> Delivery System (Attachment F) <input type="checkbox"/> Timely Access (Attachment H) <input type="checkbox"/> Authorization Delay (Attachment G) <input type="checkbox"/> Termination (Attachment E) <input checked="" type="checkbox"/> No NOABDs were issued
Referred To Other [Text Field]	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). <b>Program X</b> Include in CSI Submission? <input type="radio"/> N <input checked="" type="radio"/> 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

T

Y

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

T

Y

10/02/2021

Assessment Start Date

T

Y

10/02/2021

Assessment End Date

T

Y

10/02/2021

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

☒ Beneficiary did not meet medical necessity criteria.

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

☐ Other

Closed Out Date

T

Y

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

Referred To

☒ Managed Care Plan

☐ Other (Specify)

☐ No Referral

Referred To Other

# Resources

Email your questions to **Ask QM** at [HS\\_BHRS\\_ASK\\_QM@smcgov.org](mailto: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](#).



