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.
All Referrals/Requests

NEW clients

Has Medi-Cal.

Is offered an initial appt

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.
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.

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?

Therapy and Meds requested for Jane Alphabet.
Identifying “New” Clients for Timely Access Tracking

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

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

To Help Programs Know When the CSI Assessment Form is Required

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

NOABDs to be issued as appropriate throughout this process.
CSI Assessment Form
“CSI Assessment Form” in Avatar or Paper Form for Some Contactors

PDF version can be found at: https://www.smchealth.org/sites/main/files/file-attachments/18-02_attach_acsi_form_clinicians_assessment_referral_added_6-19-19.pdf?1623339005
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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Menu Path</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSI Assessment</td>
<td>Avatar PM / Client Management / California Required EDI</td>
</tr>
<tr>
<td>New Clients Needing CSI Assessment</td>
<td>Avatar PM / Reports</td>
</tr>
</tbody>
</table>
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.

- 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@smc.gov.org.
Tips and Tricks to entering data into the form.

- **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

- 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).
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

- **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

**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.
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

Add this Episode information once CSI Assessment form has been started: “...in Episode [number], Episode [name]”
**Tracking - From Assessment Start to Assessment End**

- **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

- 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),
This page contains details on implementing the NOABDs - Assessment End - Client does not meet medical necessity process. The document outlines the steps to be taken when a client does not meet medical necessity criteria. A flowchart is provided to illustrate the decision-making process, starting with the question: "Where will the client be referred?". The chart branches into various paths, such as issuing NOABDs if needed, referring the client to specific services, or denying the referral. The text and diagram together offer a comprehensive guide for making decisions in this scenario.
### Tracking - Offering Treatment Appointments

- **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.
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

- 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.
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.

### Referred To

<table>
<thead>
<tr>
<th>Referred To</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managed Care Plan</td>
<td></td>
</tr>
<tr>
<td>Fee-For-Service Provider</td>
<td></td>
</tr>
<tr>
<td>Other (Specify)</td>
<td></td>
</tr>
<tr>
<td>No Referral</td>
<td></td>
</tr>
<tr>
<td>Referred To Other</td>
<td></td>
</tr>
</tbody>
</table>
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.
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 - Terminating the Process: “Include in CSI Submission” Section

- “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.
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 appointment, or a Closed Out Date if the client was discharged before starting treatment.
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 medical 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?
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?
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 appointment of 6/22.

What is the initial request date?
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.


How should you fill in the appt fields?

Program X
Scenario 5: Urgent Meds


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?

Options:
- 09/03/2021
- 09/08/2021
- 10/01/2021
- 09/12/2021
- 10/01/2021
- 09/08/2021
- 10/01/2021

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

### Resources

- **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.