

Timely Access forms Quick Guide

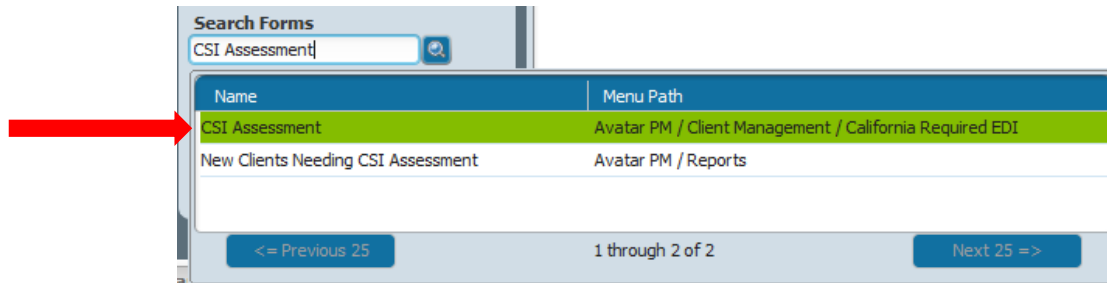
General Instructions for the CSI Assessment form and Client Alerts

Contents

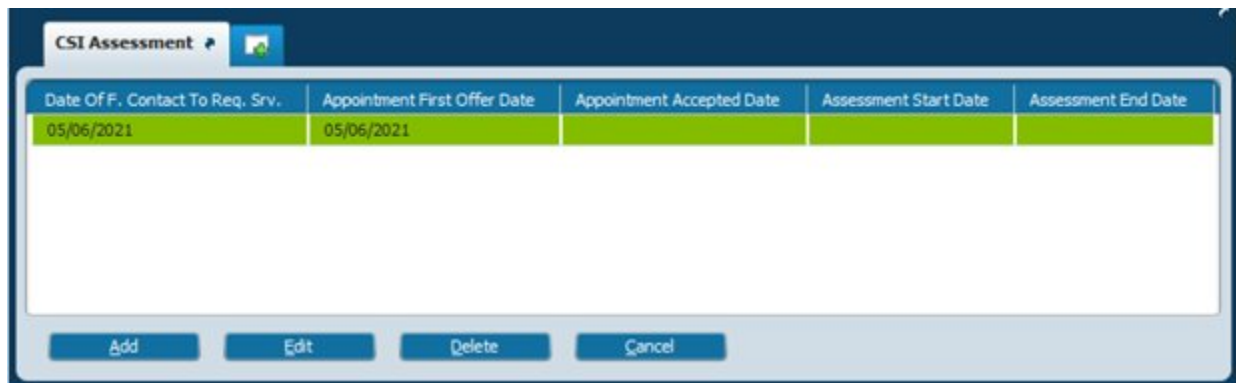
Creating or Editing a CSI Assessment form	2
CSI Assessment Form Overview	3
Initial Request and Appointment Information	4
Tracking Disposition	5
“Closure Reasons” Section	5
“Referred To...” Section	5
“NOABD” Section.....	6
“Include in CSI Submission” Section	6
“Full Name of Program” Field.....	6
Client Alert.....	7
Client Alert Process.....	7
Instructions for How to Setup Client Alerts for Timely Access.....	7
Updating the Alert.....	8
Deactivating/Disabling the Alert	8

Creating or Editing a CSI Assessment form

To find the form, type “CSI Assessment” into the “Search Forms” box in Avatar. Select the episode in which you will create the form.



- If the client has never had a CSI Assessment form started in the selected episode, then it will automatically open a blank form when you click on “CSI Assessment”
- If the client has had a CSI Assessment form started/completed in the past in the episode you selected, then you will see a screen listing all of the past and current CSI Assessment forms for that client that had been created in that episode.



- If the list of the client’s current/past Timeliness forms pops up, you will see edit options on the bottom left corner of the screen.



- Click “**Add**” to add a new CSI Assessment form if the client does not already have one created for the current request.
- Click “**Edit**” to edit an existing CSI Assessment form if a CSI Assessment form has already been created for the current request.
- Do **NOT** click **Delete** unless QM gives permission to do so. This is because if the data has already been submitted to the state, it may cause problems if the record for that suddenly disappeared. 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 so they can look into if that data may be deleted.

CSI Assessment Form Overview

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

Time of First Contact to Request Services

 Current H M AM/PM

Service Requested

 Mental Health Services Psychiatry Services
 Other

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

Assessment Appointment First Offer Date

Time of first offer assessment appointment - Urgent Only

 Current H M AM/PM

Treatment Appointment First Offer Date

Treatment Appointment Second Offer Date

Treatment Appointment Third Offer Date

Treatment Appointment Accepted Date

Treatment Start Date

Assessment Appointment Second Offer Date

Assessment Appointment Third Offer Date

Assessment Appointment Accepted Date

Assessment 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.

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

Initial Request and Appointment Information

Don't forget to select the referral source!

Note about Urgent Appointments:
Both the **“Does this urgent service require preauthorization”** and **“Time of First Offer Assessment Appointment”** fields are only activated for Urgent appointments.
Currently, the only services that require prior authorization (referral from BHRS) that also fall under the scope of Timely Access tracking are:

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

The minimum requirements to start the form are:

- Initial Request Information section AND
- Assessment Appointment First Offer Information.

If you have not yet offered an appointment, wait until you have done so to start this form for a client.

You cannot save this form without the above elements. You save a draft version of the form by selecting **“N”** in the **“Include CSI Submission”** field and hitting **“Submit”** on the form.

Tracking Disposition

“Closure Reasons” 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

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

If client was discharged without having started treatment, both Closure Reason and Closed Out Date need to be filled out (e.g. declined services, was lost to follow-up, etc.).

If client started treatment, leave these fields blank, but make sure Treatment Start Date in the “Appointment Tracking” section is filled in.

If client is still in the assessment process or has not yet attended their initial treatment appointment, leave these blank.

“Referred To...” 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

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

Referred To

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

Referred To Other

“Referred To” field should only be filled out if the **Closure Reason is Beneficiary did not meet medical necessity.**

“NOABD” Section

TRACKING DISPOSITION

Closure Reason

Beneficiary did not accept any offered assessment dates.

Beneficiary accepted offered assessment 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

“Include in CSI Submission” Section

“Full Name of Program” Field

TRACKING DISPOSITION

Closure Reason

Beneficiary did not accept any offered assessment dates.

Beneficiary accepted offered assessment 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

If client has completed the process (either Closed Out Date or Treatment Start Date are filled in), select **“Y.”** Selecting **“Y”** is equivalent to **“finalizing”** the form.

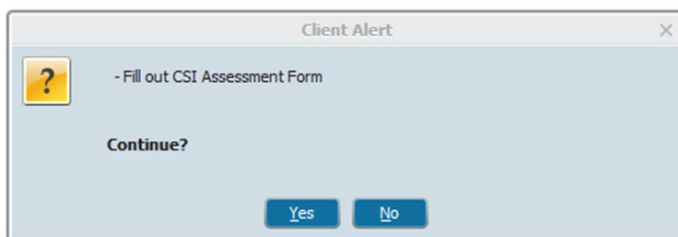
If client has not yet completed the process (e.g., client is still in assessment phase or you are waiting for client to attend their first treatment appointment), then select **“N.”** Selecting **“N”** is equivalent to saving a form in Draft.

After clicking “Y” or “N,” click “Submit” at the top of the form and your data will be saved.

If client has completed the process (either Closed Out Date or Treatment Start Date are filled in), **type in the full name of the PROGRAM that completed this form.**

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).

Client Alert

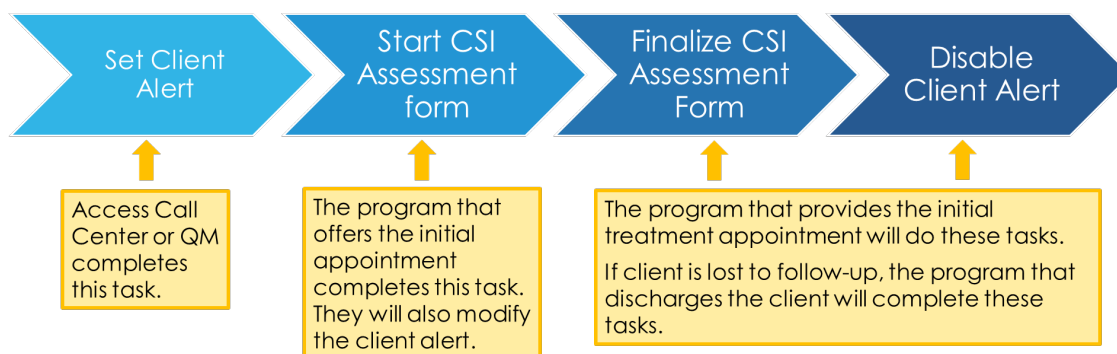


Client Alert Process

***All new clients who need to be tracked for Timely Access will have a client alert pop up on their Avatar chart.**

QM will also send emails to Unit Chiefs and/or Program Specialists (or contract agency contact) to notify them if any clients recently admitted to their program meet criteria for Timely Access tracking.

Please note: Not all new clients who have a Client Alert will have a CSI Assessment form created because the CSI Assessment form cannot be started until an initial appointment offer is made.

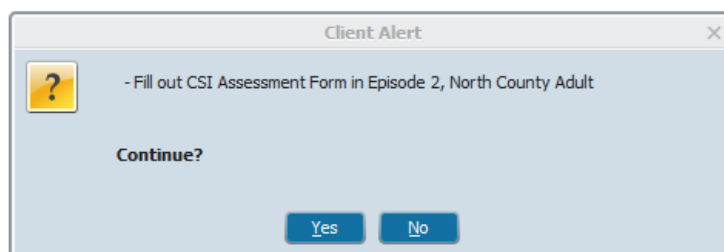


For more information on the full process for new clients, please refer to the “NOABD and Timely Access Process for New Clients Decision Tree” (<https://www.smchealth.org/bhrs-policies/network-adequacy-standards-18-02>).

Instructions for How to Setup Client Alerts for Timely Access

1. Search “Client Alerts” in the **Search Forms** field.
2. Enter the client ID in the **Client Name/ID** field, click **Enter**.
3. If the client is associated with previous alerts, the **Pre-Display** displays.
 - Select the client alert, click **Add**.
4. In the **Type of Alert** field, select the alert type.
 - Select **Warning** to display a warning alert and allow the user to open the form.
 - Use the **Warning** alert type to create an alert for Timely Access tracking.
5. In the **Custom Message** field, enter the alert message: “Fill out CSI Assessment form.”
6. [If appropriate, in the **Disabled** field, select **Yes** only when you want to disable/deactivate the alert type.]
7. In the **Active or Active for Date Range** field, enter **Active** to create an alert type that is not associated with a date range.
8. In the **Applicable Forms** field, select **All Forms** to select all forms. This selection is included alphabetically in the list.
9. In the **Episodes** field, select **All Episodes** to select all client episodes.
10. Click **Submit**.

Client Alert



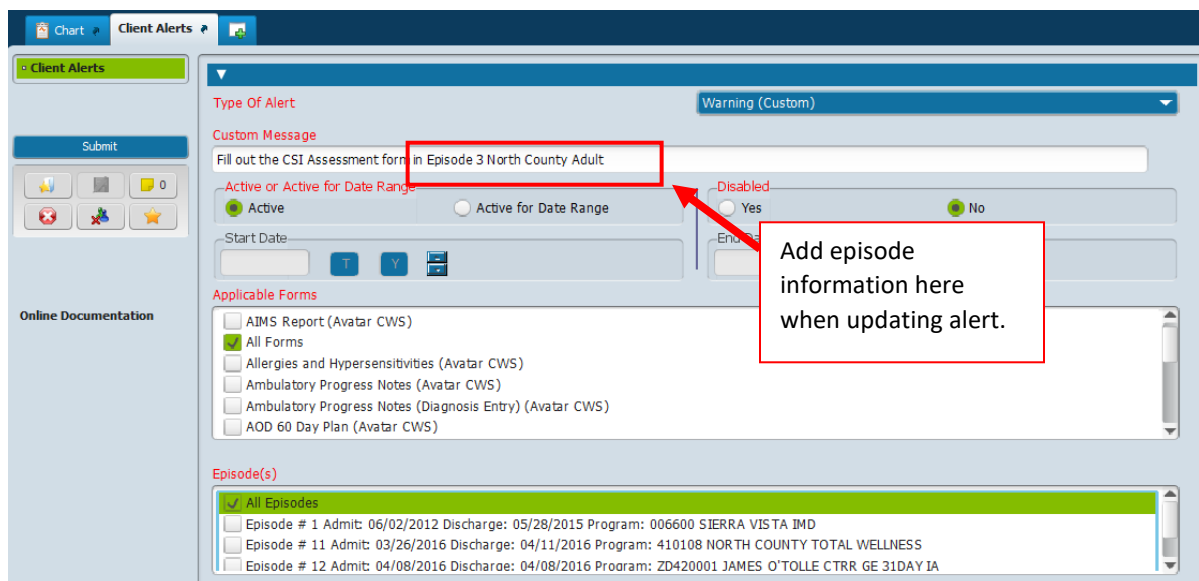
Updating the Alert

When a program starts the CSI Assessment form, it should also update the alert to include Episode information (example: “Fill out the CSI Assessment form in Episode 5 North County Adult.”)

To Update Information in an Existing Alert for Timely Access:

Select **Edit** instead of **Add** in step 3 of the [“Instructions for How to Setup Client Alerts.”](#) Select the appropriate existing alert (Custom Message will show as “Fill out CSI Assessment form”) and add the episode information in the following format:

“Fill out the CSI Assessment form in **Episode [number], [Episode name]**”
(example: “Fill out CSI Assessment form in Episode 3 Central Youth Team”).



Deactivating/Disabling the Alert

Do this when the CSI Assessment is finalized/completed (“Y” is marked for “Include in CSI Submission”)

To Deactivate/Disable an Existing Alert for Timely Access:

When the client has reached the end of the tracking process and the CSI Assessment is completed (“Yes” marked for “Include in CSI Submission”), go to step 6 of the [“Instructions for How to Setup Client Alerts”](#) and select “Yes” to deactivate/disable the alert.