

Timely Access FAQs

In this FAQ, you will find answers to your questions about:

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Date of First Contact to Request Services (a.k.a. Date of Request)

1. What would be the Date of Request if the client was referred/transferred from another program to our program?

The Date of Request is the date that the client originally made the request for services to BHRS/CBO, which might or might not be the date your program received the referral.

For example, let's say Program A received a request for service on August 5th and then referred the client to Program B on August 8th to do the assessment. In this situation, the Date of Request would be August 5th, NOT August 8th as Program A and Program B are both responding to the original August 5th request.

If you aren't sure about what the original request date was because the client was transferred to you from another program, we recommend contacting the previous program to ask them to confirm the date of request.

2. What would the date of First Contact to Request Services be in a situation where we get a request from another provider (e.g., non-affiliated community agency, PCP, etc.)?

It depends.

If the provider indicates that the client is aware of and wants the referral, then it would be the date the you received the referral from the provider (e.g., the date the email was sent, the date the fax machine received the fax, the date that the referral came in the mail, the date you received the phone call, etc.).

If the provider indicates that the client is not aware of the referral or is ambivalent about services, then you should contact the client as soon as possible (within 5 business days of the initial contact from the provider if it is a non-urgent request) to confirm with the client if they would like to be referred for services. If the client agrees to the referral, the date that you receive this confirmation from the client will be the Date of First Contact to Request Services.

3. Is the request date the date we receive the request or the date we review the request?

The date of the request is the date BHRIS/CBO originally received the referral, not the date that your program reviewed the referral. *For example, if a request for services came in via email on June 7th but you did not read/review the email until June 14th, the date of the request would be June 7th.*

4. Sometimes, when we receive an electronic or written referral, the date the requester put on the referral does not match the date that we actually received the referral. What date should we use as the Date of Request?

The date that you actually received the referral would be the “Date of First Contact to Request Services” on the CSI Assessment form. You also want to make sure you document in a progress note the date that you received the request/referral and note that the referral has a different date written on it.

Starting the CSI Assessment Form

5. Are the Timely Access standards in business days or calendar days?

The standards are in business days for non-urgent appointments and hours for urgent appointments.

6. Is a returning client considered a “new” client if they are not currently receiving services?

If the client returns to service within 45 days of their last discharge, then they would NOT be considered a new client. If they return after 45 days, then they would be considered a new client.

7. At what point do we have to start the CSI Assessment form?

The CSI Assessment form should be started as soon as the client is offered an initial assessment appointment by the program that offered the initial assessment appointment. However, if you aren’t sure if the client meets criteria for Timely Access tracking, you can wait to start the form until you get notified by QM with the list of your program’s Timely Access clients.

8. If the client is new to our team but open to another program, do we need to start or fill out the CSI Assessment form?

It depends.

If the other program that is providing care is a different level of care than your program (e.g., the client is transferring from a residential program to your outpatient program, or from HPSM Mild to Moderate provider to your outpatient program), then you would need to fill out the CSI Assessment form.

If the client has **already started treatment** with another team who offers the **same level of care** as your program, then you would NOT need to fill out the CSI Assessment form.

If a client had started the Timely Access Tracking process in another program, and the client was transferred to you in the middle of the Timely Access process, then you would need to take over completion of the CSI Assessment form since your program will be in the best position to fill out the remaining fields.

9. Our team never takes referrals directly from the clients, we only take referrals from other organizations/providers/schools. I'm thinking we don't need to use this.

All programs need to do this for any new client who meets criteria for Timely Access. If one of your recently opened clients are on the list that QM sends out, then you will need to track the client for Timely Access.

What Counts as an Initial Assessment Appointment

10. Does the SDA appointment count as an initial assessment appointment?

Yes, the SDA appointment counts as an initial assessment appointment.

11. What about other screenings provided by other programs?

The definition of “screening” varies from program to program, but in general the answer is NO. If you would like to check to see if the screening your program provides could possibly be considered a first assessment appointment, then please contact Ask QM at HS_BHRS_ASK_QM@smcgov.org and include a description of your screening/assessment process and any forms used during the screening appointment, and we will let you know if your screening would be considered an assessment appointment.

Timely Access Time Frames

12. Is this Timely Access tracking only for tracking for the first 3 assessment date?

The tracking of the appointments in the CSI Assessment form is only for the INITIAL Assessment and INITIAL Treatment Appointment. The First, Second, and Third offered appointments are the appointments you offered to the client for their INITIAL assessment and INITIAL treatment appointment. They do not represent the first 3 appointments attended by the client.

13. Does the appointment date need to fall within the timeline or just the offer?

Ideally, the offered and attended dates should both be within the timely access standard. However, it is understood that things beyond our control may happen that may delay the client’s attended date. Therefore, you always want to make sure that you are at least able to make 3 appointment offers within the timeline so that your client has a good chance of starting assessment/treatment in a timely manner.

14. When should we do the plan development if we need to provide treatment services within a timely manner? It seems the plan development appointment(s) could delay treatment start date.

Plan development can occur any time before you begin providing planned services; it just does not tracked on the form and does not get counted as the first offered treatment appointment. You should not skip the plan development process to try to get a treatment appointment within the Timely Access timelines. Rather, you want to make sure you have process in place that ensures that there isn’t a long delay between the end of the assessment and the start of treatment.

15. Is there somewhere on the CSI form where treatment appts offered are recorded and to show the client declined or missed?

There is no feature in the CSI form by which you would indicate that the client missed the appointment. It would just be assumed that the client did not make it to their scheduled “Assessment Accepted” appointment if the date in the “Assessment Start Date” field is after the “Assessment Accepted” date.

It is important to document in your progress notes whether or not a client attended their scheduled appointment as this will provide a clearer picture of the data that was inputted into the CSI Assessment form.

Urgent Requests

16. Are there guidelines on what is considered an “Urgent” appointment?

An urgent appointment means that it has been determined that taking the standard time to provide an appointment could seriously jeopardize the beneficiary’s life, physical or mental health or ability to attain, maintain, or regain maximum functioning.

If another provider indicates that an appointment is urgently needed, consider it urgent.

If a client says their request is urgent, BHRS/CBO should assess their need and make a determination of whether or not an appointment is urgently needed. This assessment should be documented in the client’s chart.

17. For Urgent requests, is the timeframe in business hours or actual hours? What if we get an urgent request late on Friday?

Usually, the state specifies if they mean business rather than actual days or hours. In the case of urgent appointments, the state has not specified that the timely access urgent timeline is according to business operation hours, so we should operate as if the urgent timeline is by actual hours, meaning a 24 hour day rather than the hours in an 8 hour work day. However, the actual hours do not include weekends or holidays.

If you get an urgent request late on Friday and you **are not** able to get them in for assessment by the end of the day Friday, you should still try to get the client in for assessment within 48/96 hours of the request (not including weekends or holidays). So you should try to offer an appointment by Tuesday (or around 48 hours from request- Friday is one day (24 hours), Monday is one day (24 hours) in most cases. If you can’t offer one by, say, End of Day Tuesday, you should issue a timely assess NOABD.

If, for these late Friday urgent requests, you **are** able to provide an appointment in this time frame, you do not need to issue a NOABD; however, if you are not able to provide an appointment within the timeframe, then you should issue a NOABD. You should also provide emergency off-hours community resources for the client, including the number to PES, should they need support prior to the appointment.

Contact Log Questions

18. If the client is open somewhere else but new to our team, do we need to complete the Contact Log?

No, the Contact Log is for use when a request is made for someone who is NOT a current client.

19. Is the Contact Log only for use with direct requests from clients? Or is it for any request, regardless of who the requester is (e.g., school districts, PCPs, etc.).

The Contact Log should be used when a request for services is made for someone who is not a current client. This request can come from the client directly or from another person/entity. You do not need to do this if the referral or request for service came to your program from another program within BHRS (e.g., referrals from Access Call Center).

20. Is the Contact Log to be used only for Outpatient services, like the CSI Assessment form?

The Contact Log is to be used to log any request for service, it is not just for outpatient services. You are correct that the CSI Assessment form is to be used only for requests for outpatient services.

21. I don't have all the information needed to open the client to an episode. How can I open the Contact Log if I don't have the client's chart open in Avatar? Should I wait until I'm able to open the client to an episode before completing the Contact Log?

Contact Logs can be completed for individuals who are requesting services who are not yet open to a BHRS program; A client or potential client does NOT need to be open to an episode in order for a Contact Log to be completed. A Contact Log exists independent of a client chart, and so you do not need to have a client's chart open in Avatar to complete a Contact Log. You may sometimes have clients for whom you completed a Contact Log but did not end up admitting them into a BHRS program.

22. I can't seem to open the Contact Log. When I click on "Contact Log" a screen pops up prompting me for a User ID. I tried putting in the client name as the User ID but it doesn't seem to do anything.

The contact log is associated with the staff person filling out the log and is not associated with the client chart, so you should open the contact log under the staff person who is filling out the log, NOT under the client name.

For example, if John Doe is the staff person filling out a contact log for a request for services for Client A, then John would type in either "Doe" or John's Avatar Username "JDOE" when prompted for a UserID and click on his name. John would then proceed to fill out the actual Contact Log based on what services are being requested for Client A.