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| **Data Element** | **Working Definition** |
| **New Client**  | A brand new outpatient client to the MHP who has received no services in this county (likely no psp#)  |
| **New Returning**  | A Medi-Cal client who has not received outpatient services in over 12 months.  |
| **Type of Service** | **Psychiatry-** evaluation of the need for administration of and education about the risks and benefits associated with medication.**Outpatient-**Crisis services, Mental Health Services, and Fee for Service, Case management**Outpatient services prior authorization-** Intensive home based services, day treatment intensive, day rehabilitation, therapeutic behavioral services, therapeutic foster care |
| **Urgent Services** | A request for services is considered urgent when the beneficiary’s condition is such that they face and imminent and serious threat to their health, including but not limited to, the potential loss of life, limb, or other major bodily function, or the normal timeframe for the decision making process, would be detrimental to the beneficiary’s life or health or could jeopardize the enrollee’s ability to regain maximum function.  |
| **Date of First Contact to Request Services** | Date of first contact to request Specialty Mental Health ServicesBy a client or legal guardian. Medi-cal eligible is defined as someone who has medi-cal insurance or may have medi-cal insurance retroactively applied. Clients can not be in a lock out setting. |
| **Assessment** | Any intervention in which the purpose is to gather information necessary to complete a client’s Medi-cal compliant assessment document. This includes assessing the client for medical necessity for specialty mental health services. |
| **Referral Source** | Entity, organization, individual, community, family member etc., submitting a request for assessment and treatment for a new client or new returning client. |
| **Assessment appointment first offer date** | The first date offered to a new or prospective client for an assessment appointment. This may occur by phone. |
| **Assessment appointment second offer date** | The second date offered to a new or prospective client for and assessment appointment. This may occur by phone. |
| **Assessment Appointment third offer date** | The third date offered to a new or prospective client for an assessment appointment. This may occur by phone. |
| **Assessment Appointment Accepted Date** | The first assessment date accepted by the beneficiary |
| **Medical Necessity** | Per Medi-cal, a service is medically necessary if it is needed to address a particular health condition and the following criteria are met: 1) the diagnosis is included/covered, 2)the conditionresults in a functional impairment, 3) the proposed intervention addresses the impairment, and 4) the condition would not be responsive to treatment by a physical health care provider. For Specialty Mental Health Services the beneficiary’s impairments, as a result of their mental health condition, must fall in the moderate- severe range.**A probability the child will not progress developmentally, as individually appropriate or children covered under EPSDT qualify if they have a mental disorder that can be corrected or ameliorated with mental health services.** |
| **Assessment Start Date** | Date of the first assessment appointment. This indicates that the beneficiary completed the first assessment appointment.\*this can be in person or on the phone  |
| **Assessment End Date** | The date the Medi-cal compliant assessment document is completed and signed.Must include at least one in person visit to complete the mental status exam and diagnosis section of the assessment |
| **Treatment Appointment First Offer Date** | The first date an appointment is offered to a new or new returning client to provide crisis intervention, crisis stabilization, mental health services, targeted case management, intensive care coordination, and medication support services Treatment services do not include assessment or treatment planning interventions |
| **Treatment Appointment Second Offer** | The second date an appointment is offered to a new or new returning client to provide crisis intervention, crisis stabilization, mental health services, targeted case management, intensive care coordination, and medication support services Treatment services do not include assessment or treatment planning interventions |
| **Treatment Appointment Third Offer** | The third date an appointment is offered to a new or new returning client to provide crisis intervention, crisis stabilization, mental health services, targeted case management, intensive care coordination, and medication support services Treatment services do not include assessment or treatment planning interventions |
| **Treatment Start date** | The first date a provider delivers a crisis intervention, crisis stabilization, mental health services, targeted case management, intensive care coordination, and medication support services Treatment services do not include assessment or treatment planning interventions\*can be the same day as the assessment start date, can be over the phone.  |
| **Closed Out Date** | The close out date is when the assessment has been completed and the client has started treatment as defined above. Or when the beneficiary does not complete the assessment process and the case is closed.  |
| **Closure Reason** | Reason/s the assessment or treatment process was discontinued If assessment end date and treatment start date are entered you will not need to complete this section. |
| **Referred To** | List of options to which the beneficiary was referred if found to not meet medical necessity criteria. |