Alameda County Health Care Services
Behavioral Health Care Services

CSI Assessment Data Reporting
Timeliness Data Reporting
via: InSyst Screens

ACBH – Information Systems

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CSI Assessment Timeliness Data Reporting

CSI Assessment Timeliness Data Reporting is required for a new client (Medi-Cal and Medical eligible), client that is new to MHP and a New Returning client that have not received outpatient service in the past 12 months in the MHP system. It is not necessary to create an Assessment Record for beneficiaries who are already receiving services from your MHP or have received services in the recent past from your MHP.

The InSyst CSI Assessment Screens are used to transition from the CSI Assessment e-Form to collect the CSI Assessment data in InSyst. The CSI Assessment Data Entry Input forms will continue to be used for data input to the InSyst screens.

CSI Assessment Data Collection

The InSyst CSI Assessment data is collected using two different options, which determines what InSyst screen selection to choose to enter the data for the CSI Assessment Maintenance Selection Screen Option:

- Full Assessment:

  - The beneficiary requires an InSyst client number and has engaged in the assessment process or begun treatment.

- Short Assessment:

  - The beneficiary does not require an InSyst client number, or the client does not meet Medical Necessity or did not complete the Assessment process.

To Access the CSI Assessment Maintenance Selection Screen Option:

1. Choose CSI_ASSESS (CSI Assessment Maintenance Menu) from the Main Menu.

To enter the CSI Assessment record using the CSI Assessment Maintenance Selection Screen Option

Select either the Full Assessment or Short Assessment based on the data entry options above:

Full Assessment Data Entry

1. Type "X" next to Full Assess and press Enter to access the CSI Assessment Maintenance Selection screen:

2. Press Num Lock (Gold)-I to display the CSI Assessment Insert Timeliness Info Full Assessment insert Screen.

3. Enter Client and CSI Assessment/Treatment data in the following fields:

- **Client:** Enter the client number for the CSI Assessment Timeliness information to be submitted.
  NOTE: The client's name will auto display once the Urgent data fields is valued. If you need to correct the Client number, enter the new number and press Enter.

- **RU:** Enter the Reporting Unit (RU) Number for the program that is submitting the CSI Assessment timeliness information.

- **New/New Retuning Client:** If this is a new client or a new returning client, enter "**Y**". If this is not a new client or a new returning client, enter "**N**".

- **Service Request by Client/Guardian:** If this service was requested by the client or the legal guardian, enter "**Y**". If this service is not requested by the client or the legal guardian, enter "**N**".
  NOTE: Service can only be requested by Client or client's legal guardian or if the Date of First Contact to Request Services is initiated on the date that the first stepdown service is requested i.e., the beneficiary is discharged, and a follow-up appointment/stepdown service is requested by the provider, client, or other referral source - that date is considered the Date of First Contact to Request Services.
  If someone else is calling on behalf of the client to request urgent mental health services from the crisis team, you select YES, the beneficiary requested the services.

- **Urgent:** If the service was urgent/crisis, enter "**Y**", if the service was not urgent, enter "**N**".
  NOTE: If Urgent is Yes ("Y") time is required. Urgent services have different timeliness requirements capturing the time at Date of First Contact, 1^{St} Assessment Offer Date, and Closed Out Date and Time.
    - The data value entered determines the CSI assessment validation rules. Once the Urgent value has been entered, the system applies the validation edits. If any correction is needed to the following fields: *New/New Returning Client; Service Requested by Client/Guardian; Urgent*, you must refresh the screen and create a new assessment record.

- **Type of Service:** Enter the type of service.
  Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.

- **Date of First Contact to Request Services:** Enter the date of first contact to request Specialty Mental health Services by a client or legal guardian in MM/DD/YYYY format.

- **Time:** Enter the time if the service was urgent in HH:MM format.

- **Referral Source:** Enter the referral source. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.

Assessment Appointment

- **1st Offer Date:** Enter the date offered to a new or prospective client for an assessment appointment in MM/DD/YYYY format. This may occur by phone.
- **Time:** Enter the time if the service was urgent in HH:MM format.

- **Kept:**
    - Enter "**Y**" if the 1st appointment was kept

- Enter "**N**" if 1st appointment was missed

- **Missed Reason:** Enter the missed reason. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.

- **Rescheduled:**
  - Enter "**01**" if Yes
  - Enter "**02**" if No

- **2nd Offer Date:** If the 1st offer date is missed and the Assessment First Offer Date Rescheduled is "**01**". Enter the date offered to a new or prospective client for an assessment appointment in MM/DD/YYYY format.

- **Kept:**
  - Enter "**Y**" if the 2nd appointment was kept
  - Enter "**N**" if 2nd appointment was missed

- **Missed Reason:** Enter the missed reason. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.

- **Rescheduled:**
  - Enter "**01**" if Yes
  - Enter "**02**" if No

- **3rd Offer Date:** If the 2nd offer date is missed and the Assessment 2nd Offer Date Rescheduled is "**01**". Enter the date offered to a new or prospective client for an assessment appointment in MM/DD/YYYY format.

- **Kept:**
  - Enter "**Y**" if the 3rd appointment was kept
  - Enter "**N**" if 3rd appointment was missed

- **Missed Reason:** Enter the missed reason. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.

- **Rescheduled:**
  - Enter "**01**" if Yes
  - Enter "**02**" if No

- **Appt Accepted Date:** Enter the Assessment Appointment Accepted Date in MM/DD/YYYY format.
   NOTE: The Appt Accepted Date must match the last Assessment Offer Date.

- **Start Date:** Enter the date of the first Assessment Appointment in MM/DD/YYYY format.
   NOTE: This indicates that the beneficiary completed the first assessment appointment. This can be in person or on the phone.

- **End Date:** Enter the date the Medi-Cal compliant assessment is completed and signed in MM/DD/YYYY format. Must include at least one in person visit to complete the mental status exam and diagnosis section of the assessment.

Treatment Appointment:

- **1st Offer Date:** Enter the first date a Treatment Appointment is offered to a beneficiary in MM/DD/YYYY format.

- **Kept:**
    - Enter "**Y**" if the 1st appointment was kept
    - Enter "**N**" if 1st appointment was missed

- **Missed Reason:** Enter the missed reason. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.

- **Rescheduled:**
    - Enter "**01**" if Yes
    - Enter "**02**" if No

- **2nd Offer Date:** If the 1st offer date is missed and the Treatment 1st Offer Date Rescheduled is "**01**". Enter the 2nd Treatment offered date in MM/DD/YYYY format.

- **Kept:**
    - Enter "**Y**" if the 2nd appointment was kept
    - Enter "**N**" if 2nd appointment was missed

- **Missed Reason:** Enter the missed reason. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.

- **Rescheduled:**
    - Enter "**01**" if Yes
    - Enter "**02**" if No

- **3rd Offer Date:** If the 2nd offer date is missed and the Treatment 2nd Offer Date Rescheduled is "**01**". Enter the 3rd Treatment offered date in MM/DD/YYYY format.

- **Kept:**
    - Enter "**Y**" if the 3rd appointment was kept
    - Enter "**N**" if 3rd appointment was missed

- **Missed Reason:** Enter the missed reason. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.

- **Rescheduled:**
    - Enter "**01**" if Yes

- Enter "**02**" if No

- **Appt Accepted Date:** Enter the Treatment Accepted date in MM/DD/YYYY format.
  NOTE: The Appt Accepted Date must match the last Treatment Offer Date.

- **Start Date:** Enter the Treatment Start date in MM/DD/YYYY format.

- **Meets Medical Necessity:**
  - Enter "**Y**" if the service meets Medical Necessity
  - Enter "**N**" if the service does not meet Medical Necessity

Closure Reason:

- **Closed Out Date:** Enter the Closed Out date in MM/DD/YYYY format due to the beneficiary not showing up or being unreachable for scheduled appointment(s).
  NOTE: When the Treatment Start Date is populated, then a Closed Out Date is not required.

- **Closure Reason:** Enter the closure reason the assessment treatment process was discontinued, other than successful completion of the process. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.

  NOTE: If Closure Reason equals 06 (Beneficiary did not meet medical necessity criteria), then the Referred To is required. If Closure Reason does NOT equal 06 (Beneficiary did not meet medical necessity criteria), Referred To must be BLANK.

- **Referred To:** Enter where the beneficiary was Referred To.
- Enter "Y" at the Form OK prompt to save your entries and generate the CSI Assessment Reference Number (ARN).

  NOTE: If data entry is invalid, the system displays error messages and returns the cursor to the field that should be corrected.

```
               C S I   A s s e s s m e n t   I n s e r t
                    T i m e l i n e s s   I n f o
Client:  75087772 CINDYTWO      TEST                RU: 01011     JGEORGE 24HR
┌──────────────────────────────────────────────────────────────────────────┐
│   New/New Returning Client: Y                                              │
│   Service Requested by Client/Guardian: Y   Urgent: N     Type of Service: 01 │
│   Date of First Contact: 12/01/2021   Time: 00:00        Referral Source: 02 │
└──────────────────────────────────────────────────────────────────────────┘

Assessment Appointment:
  1st Offer Date: 12/02/2021 00:00   Kept: N   Missed Reason: 11   Rescheduled: 01
  2nd Offer Date: 12/05/2021         Kept: Y   Missed Reason:      Rescheduled:
  3rd Offer Date:   /  /             Kept:     Missed Reason:      Rescheduled:
   Appt Accepted Date: 12/05/2021    Start Date: 12/05/2021   End Date: 12/06/2021
Treatment Appointment:
  1st Offer Date: 12/06/2021         Kept: N   Missed Reason: 06   Rescheduled: 01
  2nd Offer Date: 12/10/2021         Kept: Y   Missed Reason:      Rescheduled:
  3rd Offer Date:   /  /             Kept:     Missed Reason:      Rescheduled:
   Appt Accepted Date: 12/10/2021    Start Date: 12/10/2021
Meets Medical Necessity: Y           CSI Date:    -   -      00:00:00
--------------------------------------------------------------------------------
Closed Out Date:   /  /     00:00   Closure Reason:          Referred To:

     Continue:  Y          Confidential Information        USER: DIEDRICK
Successful insert of ARN: 100262.  Insert total = 1.  ⬅══
```

- To enter another Full Assessment record, press Enter to create a new full assessment record. Enter the data for the new client into the fields.
- If all full assessment entries are completed, press Gold+E to exit and return to the Main Menu.
- To create a new Short assessment record, select MHS → CSI and select Short Assess.

Short Assessment Data Entry

1. Enter "CSI" Choose CSI_ASSESS (CSI Assessment Maintenance Menu) from the Main Menu.

```
                    I n S y s t

                 07-Jan-22  09:42 AM

                   M A I N   M E N U
                 A l a m e d a   M H S

 +--------------------------------------------------------------+
 | Selection:                                                   |
 +--------------------------------------------------------------+
    Selection        Description
 +--------------------------------------------------------------+
 |   OPERATIONS       Operations Maintenance Menu               |
 |   REPORTS          Report Menu                               |
 |   UTILITIES        Utilities Menu                            |
 |   TOOLS            Integrated Products                       |
 |   WORK             Special Data Collection Screens           |
 | X CSI_ASSESS       CSI Assessment Maintenance Menu           |
 v--------------------------------------------------------------v
```

2. Type "X" next to Short Assess and press Enter to access the CSI Assessment Maintenance Selection screen:

```
     C S I   A s s e s s m e n t   M a i n t e n a n c e   S e l e c t i o n
                     S c r e e n   O p t i o n




        Selection        Description
 +--------------------------------------------------------------+
 |    Full  Assess      Full  Assessment - New and Maintenance  |
 | X  Short Assess      Short Assessment - New and Maintenance  |
 +--------------------------------------------------------------+
```

3. CSI Assessment Maintenance Selection screen

4. Press Num Lock (Gold)-I to display the CSI Assessment Insert Timeliness Info Short Assessment insert screen.

5. Enter data in the following fields:

- **Client Number (Optional field):** Enter the client number if a client number is known. The user can enter a client number if known, otherwise the user should enter a Client Name and DOB.

- **Name**: Enter a Client Name – First Name, Last Name

- **DOB**: Enter Client's Date of Birth if known.

- **Reporting Unit:** Enter the Reporting Unit Number for the program that is submitting the CSI timeliness information.

- **New/New Retuning Client:** If this is a new client or a new returning client, enter "**Y**". If this is not a new client or a new returning client, enter "**N**".

- **Service Request by Client/Guardian:** If the service was requested by the client or the legal guardian, enter "**Y**". If this service was not requested by the client or the legal guardian, enter "**N**".

- **Urgent:** If the service was urgent/crisis, enter "**Y**", if the service was not urgent, enter "**N**".
  - NOTE: If Urgent is Yes ("**Y**") time is required. Urgent services have different timeliness requirements capturing the time at Date of First Contact, 1st Assessment Offer Date, and Closed Out Date and Time.
    - The data value entered determines the CSI assessment validation rules. Once the Urgent value has been entered, the system applies the validation edits. If any correction is needed to the following fields: *New/New Returning Client; Service Requested by Client/Guardian; Urgent*, you must refresh the screen and create a new assessment record.

- **Type of Service:** Enter the type of service. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.

- **Date of First Contact:** Enter the date of first contact to request Specialty Mental health Services by a client or legal guardian in MM/DD/YYYY format.

- **Time:** Enter the time if the service was urgent in HH:MM format.

- **Referral Source:** Enter the referral source. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.

ASSESSMENT APPOINTMENT INFO

Assessment Appointment:
- **1st Offer Date:** Enter the date offered to a new or prospective client for an assessment appointment in MM/DD/YYYY format. This may occur by phone.
- **Time:** Enter the time if the request is urgent in HH:MM format.

- **Kept:**
  - Enter "**Y**" if the 1st appointment was kept
  - Enter "**N**" if 1st appointment was missed

- **Missed Reason:** Enter the Missed Reason. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.

- **Rescheduled:**
- Enter "**01**" if Yes
- Enter "**02**" if No

- **2nd Offer Date:** If the 1st offer date is missed and the Assessment First Offer Date Rescheduled is "**01**". Enter the date offered to a new or prospective client for an assessment appointment in MM/DD/YYYY format.

- **Kept:**
    - Enter "**Y**" if the 2nd appointment was kept
    - Enter "**N**" if 2nd appointment was missed

- **Missed Reason:** Enter the missed reason. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.

- **Rescheduled:**
    - Enter "**01**" if Yes
    - Enter "**02**" if No

- **3rd Offer Date:** If the 2nd offer date is missed and the Assessment 2nd Offer Date Rescheduled is "**01**". Enter the date offered to a new or prospective client for an assessment appointment in MM/DD/YYYY format.

- **Kept:**
    - Enter "**Y**" if the 3rd appointment was kept
    - Enter "**N**" if ret appointment was missed

- **Missed Reason:** Enter the missed reason. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.

- **Rescheduled:**
    - Enter "**01**" if Yes
    - Enter "**02**" if No

- **Appt Accepted Date:** Enter the Assessment Appointment Accepted Date in MM/DD/YYYY format.
    NOTE: The Appt Accepted Date must match the last Assessment Offer Date.

Closure Reason:

- **Closed Out Date:** Enter the Closed Out date in MM/DD/YYYY format due to the beneficiary not showing up or being unreachable for scheduled appointment(s).
    NOTE: If the process terminates anywhere among the process steps of the Assessment Appointment First Offer Date, the Assessment Appointment Second Offer Date, or the Assessment Appointment Third Offer Date and the <u>client accepts none of the offered dates, then:</u>
    1. The Assessment Record should be closed out with a CLOSED OUT DATE and closure reason of 01 = Beneficiary did not accept any offered assessment dates.
    2. It is not necessary to populate the Assessment Appointment Second Offer Date in order to populate the CLOSED OUT DATE.

NOTE: An Assessment Record may have one, two, or three offered appointment dates with a 01 = Beneficiary did not accept any offered assessment dates closure reason.

- **Closure Reason:** Enter the closure reason the assessment treatment process was discontinued, other than successful completion of the process. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.

  NOTE: If Closure Reason equals 06 (Beneficiary did not meet medical necessity criteria), then the Referred To is <u>required</u>. If Closure Reason does NOT equal 06 (Beneficiary did not meet medical necessity criteria), Referred To must be <u>BLANK</u>.

- **Referred To:** Enter where the beneficiary was Referred To.

- Enter "Y" at the Form OK prompt to save your entries and generate the CSI Assessment Reference Number (ARN).

  NOTE: **If data entry is invalid, the system displays error messages and returns the cursor to the field that should be corrected.**

```
            C S I   A s s e s s m e n t   I n s e r t
            T i m e l i n e s s   I n f o

Client Number:          Name: CLIENT      TEST          DOB: 9 /1 /1950
Reporting Unit:
┌─────────────────────────────────────────────────────────────────────┐
│   New/New Returning Client: Y                                         │
│   Service Requested by Client/Guardian:     Y                         │
│   Urgent: N               Type of Service: 02                         │
│   Date of First Contact: 12/01/2021   Time: 00:00                     │
│   Referral Source: 02                                                 │
└─────────────────────────────────────────────────────────────────────┘
            ASSESSMENT/TREATMENT APPOINTMENT INFO
Assessment Appointment:
  1st Offer Date: 12/02/2021 00:00  Kept: N  Missed Reason: 11  Rescheduled: 01
  2nd Offer Date: 12/05/2021        Kept: Y  Missed Reason:     Rescheduled:
  3rd Offer Date:   /  /            Kept:    Missed Reason:     Rescheduled:
  Appt Accepted Date: 12/05/2021

Closed Out Date:   12/05/2021 00:00  Closure Reason: 06
Referred To:       03
                                       CSI Date:   -   -    00:00:00
    Continue:  Y        Confidential Information      USER: DIEDRICK
Successful insert of ARN: 400266. Insert total = 1.   ⬅
```

- To enter another Short Assessment record, press Enter to create a new short assessment record. Enter the data for the new client into the fields.
- If all short assessment entries are completed, press Gold+E to exit and return to the Main Menu.
- To create a new Full assessment record, select MHS → CSI and select Short Assess.

Maintaining CSI Assessment Timeliness Info

To maintain CSI Assessment records using the Full Assessment screens:

1. Choose CSI from the Main Menu.

2. Choose FULL ASSESS from the CSI Assessment Maintenance Selection Menu to display CSI Assessment Maintenance Selection screen.
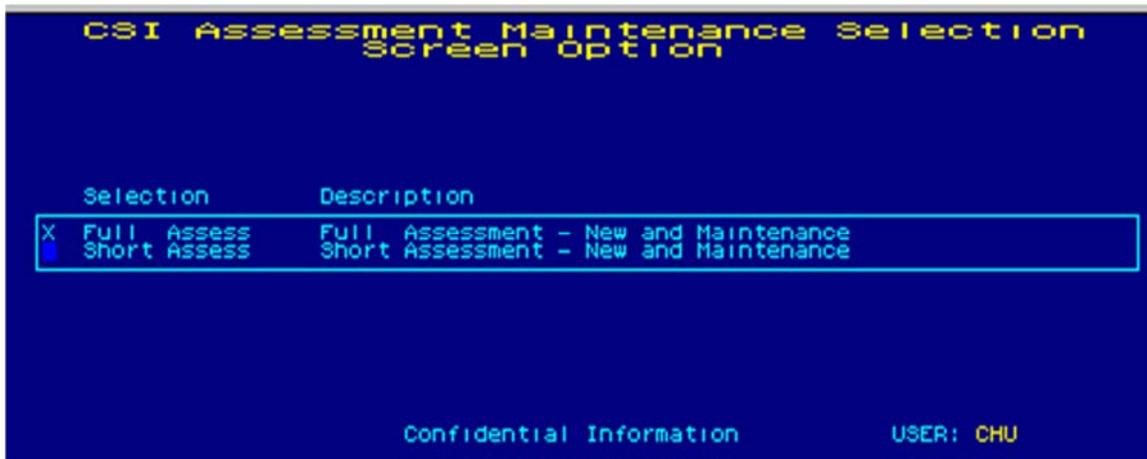
3. Enter search criteria at the top of the screen to identify the client and maintenance type.

NOTE: **Full Assessment records and Short Assessment records are independent options. For example, a Short Assessment record will not display on the Full Assessment Maintenance screen.**

- **Assessment Reference Number:** List CSI Assessment Timeliness Info by Assessment Reference Number

- **Reporting Unit:**   List CSI Assessment Timeliness Info by reporting unit

- **Client Number:**   List CSI Assessment Timeliness Info by client number

- **Client Name:**   List CSI Assessment Timeliness Info by client name

- **Client DOB:** Client DOB must be entered if the Client Name is entered

4. Press Return, and the screen lists all CSI Assessment Timeliness Info records that match the search criteria. Select CSI Assessment records on the list for maintenance by using the Tab key or the Down Arrow key to move the cursor through the list.

5. Next to the records you want to maintain, enter "**L**" (lookup), "**D**" (delete), or "**U**" (update). Then press Return. If you entered "**L**" the system displays the CSI Assessment Timeliness Info Lookup Screen.
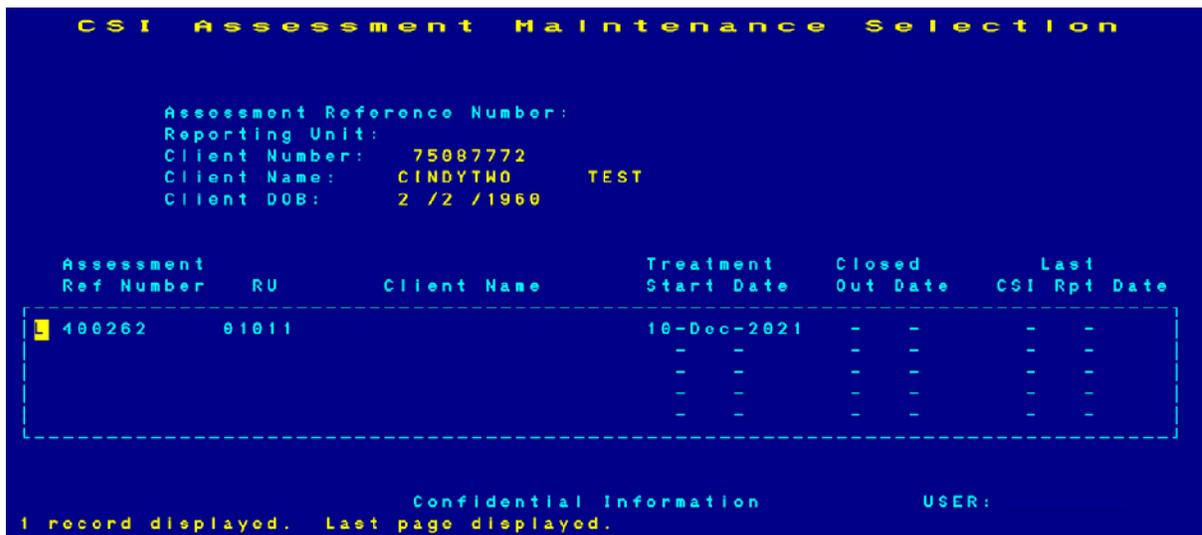
Press Return to display the next record selected for maintenance and enter "**Y**" to continue to return to the CSI Assessment Maintenance Selection screen.

```
                C S I   A s s e s s m e n t   L o o k u p
                    T i m e l i n e s s   I n f o
Client:  75087772 CINDYTWO      TEST                RU: 01011     JGEORGE 24HR
  ,--------------------------------------------------------------------------,
  |  New/New Returning Client: Y            ARN: 400262                      |
  |  Service Requested by Client/Guardian: Y  Urgent: N     Type of Service: 01 |
  |  Date of First Contact: 12/1 /2021  Time: 00:00     Referral Source: 02  |
  `--------------------------------------------------------------------------'
Assessment Appointment:
   1st Offer Date: 12/2 /2021 00:00  Kept: N  Missed Reason: 11  Rescheduled: 01
   2nd Offer Date: 12/5 /2021        Kept: Y  Missed Reason:     Rescheduled:
   3rd Offer Date:   /  /            Kept:    Missed Reason:     Rescheduled:
   Appt Accepted Date: 12/5 /2021    Start Date: 12/5 /2021  End Date: 12/6 /2021
Treatment Appointment:
   1st Offer Date: 12/6 /2021        Kept: N  Missed Reason: 06  Rescheduled: 01
   2nd Offer Date: 12/10/2021        Kept: Y  Missed Reason:     Rescheduled:
   3rd Offer Date:   /  /            Kept:    Missed Reason:     Rescheduled:
   Appt Accepted Date: 12/10/2021    Start Date: 12/10/2021
Meets Medical Necessity: Y               CSI Date:   -   -    00:00:00
------------------------------------------------------------------------------
Closed Out Date:   /  /    00:00   Closure Reason:        Referred To:

     Continue:  Y   <===    Confidential Information         USER:
```

CSI Assessment Timeliness Info Update

If you entered "U" and you are authorized to update CSI Assessment information, the system displays the CSI Assessment Timeliness Info Update Screen.

```
          Assessment Reference Number:
          Reporting Unit:
          Client Number:   75087772
          Client Name:    CINDYTWO     TEST
          Client DOB:      2 /2 /1960



   Assessment                        Treatment     Closed        Last
   Ref Number    RU     Client Name  Start Date   Out Date   CSI Rpt Date
  ,--------------------------------------------------------------------------,
  |U 400262     01011                10-Dec-2021   -   -         -   -       |
  |                                               -   -         -   -       |
  |                                               -   -         -   -       |
  |                                               -   -         -   -       |
  |                                               -   -         -   -       |
  `--------------------------------------------------------------------------'


                    Confidential Information         USER:
1 record displayed.  Last page displayed.
```

- Press Tab to move through the fields and edit them as necessary. To clear the field use Ctrl + J.
- Press Return to confirm the changes. Enter "**Y**" to save the changes, or "**N**" to discard them.

```
                    C S I   A s s e s s m e n t   U p d a t e
                       T i m e l i n e s s   I n f o
Client:  75007772 CINDYTHO     TEST                    RU: 01011    JGEORGE 24HR
  ┌─────────────────────────────────────────────────────────────────────────┐
  │   New/New Returning Client: Y                                            │
  │   Service Requested by Client/Guardian: Y  Urgent: N    Type of Service: 01 │
  │   Date of First Contact: 12/1 /2021  Time: 00:00        Referral Source: 02 │
  └─────────────────────────────────────────────────────────────────────────┘
Assessment Appointment:
   1st Offer Date: 12/2 /2021 00:00  Kept: N  Missed Reason: 11  Rescheduled: 01
   2nd Offer Date: 12/5 /2021        Kept: Y  Missed Reason:     Rescheduled:
   3rd Offer Date:   /  /            Kept:    Missed Reason:     Rescheduled:
   Appt Accepted Date: 12/5 /2021    Start Date: 12/5 /2021  End Date: 12/6 /2021
Treatment Appointment:
   1st Offer Date: 12/6 /2021        Kept: N  Missed Reason: 06  Rescheduled: 01
   2nd Offer Date: 12/10/2021        Kept: Y  Missed Reason:     Rescheduled:
   3rd Offer Date:   /  /            Kept:    Missed Reason:     Rescheduled:
   Appt Accepted Date: 12/10/2021    Start Date: 12/10/2021
Meets Medical Necessity: Y           CSI Date:   -   -    00:00:00
──────────────────────────────────────────────────────────────────────────────
Closed Out Date:   /  /     00:00  Closure Reason:          Referred To:

  Form OK Y/N:  Y  ⟸     Confidential Information            USER:
```

CSI Assessment Timeliness Info Delete

NOTE: A reported CSI Assessment Timeliness Info record cannot be deleted if it has already been reported to the State noted in the "Last CSI Rpt Date" field.

- If you are authorized, you can enter "**D**" next to an assessment record displayed in the CSI Assessment Maintenance Selection Screen. Then Enter "**Y**" at the Delete OK prompt, and "**Y**" again at prompt to delete the assessment record.

```
    C S I   A s s e s s m e n t   M a i n t e n a n c e   S e l e c t i o n


        Assessment Reference Number:
        Reporting Unit:
        Client Number:    75087772
        Client Name:      CINDYTWO       TEST
        Client DOB:       2 /2 /1960


    Assessment                               Treatment    Closed         Last
    Ref Number     RU      Client Name       Start Date   Out Date    CSI Rpt Date
  ┌─────────────────────────────────────────────────────────────────────────────┐
  │ D  400262     01011                      10-Dec-2021  -   -        -   -      │
  │                                                       -   -        -   -      │
  │                                                       -   -        -   -      │
  │                                                       -   -        -   -      │
  │                                                       -   -        -   -      │
  └─────────────────────────────────────────────────────────────────────────────┘



                         Confidential Information           USER:
  1 record displayed.   Last page displayed.
```

```
                C S I   A s s e s s m e n t   D e l e t i o n
                     T i m e l i n e s s   I n f o
  Client:  75087772 CINDYTWO       TEST                 RU: 01011      JGEORGE 24HR
  ┌─────────────────────────────────────────────────────────────────────────────┐
  │  New/New Returning Client: Y                                                  │
  │  Service Requested by Client/Guardian: Y  Urgent: N     Type of Service: 01   │
  │  Date of First Contact: 12/1 /2021  Time: 00:00         Referral Source: 02   │
  └─────────────────────────────────────────────────────────────────────────────┘
  Assessment Appointment:
    1st Offer Date: 12/2 /2021 00:00  Kept: N  Missed Reason: 11  Rescheduled: 01
    2nd Offer Date: 12/5 /2021        Kept: Y  Missed Reason:     Rescheduled:
    3rd Offer Date:   /  /            Kept:    Missed Reason:     Rescheduled:
    Appt Accepted Date: 12/5 /2021    Start Date: 12/5 /2021  End Date: 12/6 /2021
  Treatment Appointment:
    1st Offer Date: 12/6 /2021        Kept: N  Missed Reason: 06  Rescheduled: 01
    2nd Offer Date: 12/10/2021        Kept: Y  Missed Reason:     Rescheduled:
    3rd Offer Date:   /  /            Kept:    Missed Reason:     Rescheduled:
    Appt Accepted Date: 12/10/2021    Start Date: 12/10/2021
  Meets Medical Necessity: Y          CSI Date:   -   -      00:00:00
  ─────────────────────────────────────────────────────────────────────────────
  Closed Out Date:   /  /     00:00  Closure Reason:        Referred To:

      Delete OK:  Y    ⬅        Confidential Information       USER:
```

To Maintain CSI Assessment Records Using the Short Assessment Screen:

1. Choose CSI from the Main Menu.

2. Choose SHORT ASSESS from the CSI Assessment Maintenance Selection Menu to display CSI Assessment Maintenance Selection screen.

3. Enter search criteria at the top of the screen to identify the client and maintenance type.

- **Assessment Reference Number:** List CSI assessment Timeliness Info by assessment reference number

- **Reporting Unit:** List CSI Assessment Timeliness Info by reporting unit

- **Client Number:** List CSI Assessment Timeliness Info by client number

- **Client Name:** List CSI Assessment Timeliness Info by name

- **Client DOB:** Client DOB must be entered if the Client Name is entered
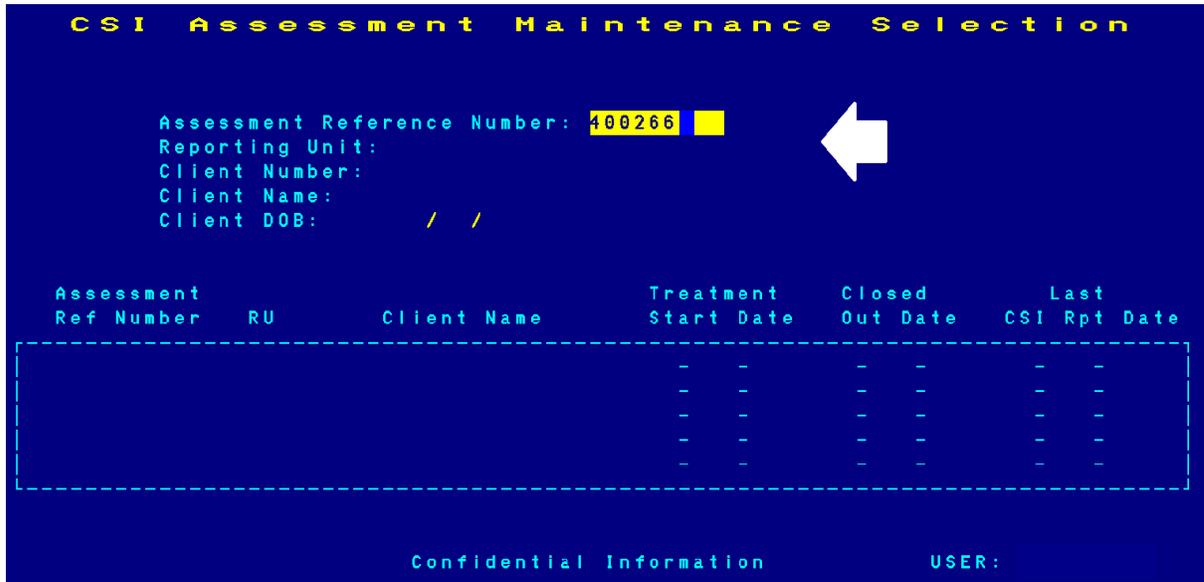
4. Press Return, and the screen lists all CSI Assessment Timeliness Info records that match the search criteria. Select CSI Assessment records on the list for maintenance by using the Tab key or the Down Arrow key to move the cursor through the list.

5. Next to the records you want to maintain, enter "**L**" (lookup), "**D**" (delete), or "**U**" (update). Then press Return.

CSI Assessment Timeliness Info Lookup

If you entered "**L**" the system displays the CSI Assessment Timeliness Info Lookup Screen.

- In the Lookup maintenance screen, you can view data for the CSI Assessment record but cannot make any changes to the assessment data.

- Press Return to display the next record selected for maintenance or if none are left, to return to the CSI Assessment Maintenance Selection screen.

CSI Assessment Timeliness Info Update

If you entered "U" and you are authorized to update CSI Assessment information, the system displays the CSI Assessment Timeliness Info Update Screen.

> **NOTE:** **The CSI Assessment Timeliness Info Lookup screen will be display if the record has been reported to the State. If the record has been submitted to the State, updates are not allowed.**

- Press Tab to move through the fields and edit them as necessary. To clear the field use Ctrl + J.

- Enter "**Y**" at the Form OK prompt to save your entries. If data is invalid, the system displays error messages and returns the cursor to the field that should be corrected.

- Press Return to confirm the changes. Enter "**Y**" to save the changes, or "**N**" to discard them.

CSI Assessment Timeliness Info Delete

> **NOTE:** A reported CSI Assessment Timeliness Info record cannot be deleted if it has already been reported to the State.

- If you are authorized, you can enter "**D**" next to a CSI Assessment record displayed in the CSI Assessment Delete Screen.

```
        C S I   A s s e s s m e n t   M a i n t e n a n c e   S e l e c t i o n


            Assessment Reference Number: 400266
            Reporting Unit:
            Client Number:
            Client Name:
            Client DOB:        /  /


   Assessment                                  Treatment    Closed        Last
   Ref Number    RU        Client Name         Start Date   Out Date   CSI Rpt Date
  ┌─────────────────────────────────────────────────────────────────────────────┐
  │D 400266              TEST        CLIENT      -   -      05-Dec-2021    -   -   │
  │                                              -   -          -   -      -   -   │
  │                                              -   -          -   -      -   -   │
  │                                              -   -          -   -      -   -   │
  └─────────────────────────────────────────────────────────────────────────────┘


                      Confidential Information              USER:
 1 record displayed.   Last page displayed.
```

- Enter "**Y**" at the Delete OK prompt, and "**Y**" again at prompt to delete the CSI Assessment Timeliness Info record.

```
             C S I   A s s e s s m e n t   D e l e t i o n
             T i m e l i n e s s   I n f o
 Client Number:           Name: CLIENT        TEST            DOB: 9 /1 /1950
 Reporting Unit:
 ┌───────────────────────────────────────────────────────────────────────────┐
 │  New/New Returning Client: Y                                                │
 │  Service Requested by Client/Guardian:    Y                                 │
 │  Urgent: N              Type of Service: 02                                 │
 │  Date of First Contact: 12/1 /2021  Time: 00:00                            │
 │  Referral Source: 02                                                        │
 └───────────────────────────────────────────────────────────────────────────┘
                 ASSESSMENT/TREATMENT APPOINTMENT INFO
 Assessment Appointment:
   1st Offer Date: 12/2 /2021 00.00  Kept: N  Missed Reason: 11  Rescheduled: 01
   2nd Offer Date: 12/5 /2021        Kept: Y  Missed Reason:     Rescheduled:
   3rd Offer Date:   /  /            Kept:    Missed Reason:     Rescheduled:
   Appt Accepted Date: 12/5 /2021

 Closed Out Date:  12/5 /2021 00:00  Closure Reason: 06
 Referred To:       03
                                              CSI Date:    -   -     00:00:00
     Delete OK:   Y  ⇦        Confidential Information      USER:
```

```
             C S I   A s s e s s m e n t   D e l e t i o n
             T i m e l i n e s s   I n f o
 Client Number:           Name: CLIENT        TEST            DOB: 9 /1 /1950
 Reporting Unit:
 ┌───────────────────────────────────────────────────────────────────────────┐
 │  New/New Returning Client: Y                                                │
 │  Service Requested by Client/Guardian:    Y                                 │
 │  Urgent: N              Type of Service: 02                                 │
 │  Date of First Contact: 12/1 /2021  Time: 00:00                            │
 │  Referral Source: 02                                                        │
 └───────────────────────────────────────────────────────────────────────────┘
                 ASSESSMENT/TREATMENT APPOINTMENT INFO
 Assessment Appointment:
   1st Offer Date: 12/2 /2021 00.00  Kept: N  Missed Reason: 11  Rescheduled: 01
   2nd Offer Date: 12/5 /2021        Kept: Y  Missed Reason:     Rescheduled:
   3rd Offer Date:   /  /            Kept:    Missed Reason:     Rescheduled:
   Appt Accepted Date: 12/5 /2021

 Closed Out Date:  12/5 /2021 00:00  Closure Reason: 06
 Referred To:       03
                                              CSI Date:    -   -     00:00:00
      Confirm:   Y  ⇦        Confidential Information      USER:
 Are you sure you want to delete this record?  ⇦
```