Alameda County Behavioral Health
Mental Health Division
CSI Assessment/
Timeliness Data Reporting
New & New Returning Clients
Data Collection Form
INSTRUCTIONS
Confidential Patient Information
See Welfare & Institutions Code: 5328

CONTACT INFORMATION
*Today's Date: _____
*Submitter First Name: _____
 *Submitter Last Name: _____
*Submitter Phone/Ext: _____
*Submitter Email: _____
*Submitter Clinic Name: _____
*Second Contact Phone Number: _____
*Clinician's Name: _____
* Clinician's ID/Staff #: _____

PLEASE Print Legibly
CSI Timeliness Reporting Data to be collected for:

New Clients: New to MHP
New returning Client: Client has not received service in over one year

*Client Number: _____   *Client DOB: _____

*Client Last Name: _____

*Client First Name: _____   *RU#: _____ (if applicable)

Timeliness Information:
*New Client / New Returning Client: _____ (Y/N)   *Service Request by Client/ Legal Guardian: _____ (Y/N)

*Urgent: _____ (Y/N) **(if urgent is "YES" time is required)**

*Type of Service: _____

*Date of First Contact to Request Services: _____ (MM/DD/YYYY) **Time:** _____ **(HH:MM)** *Referral Source: _____

*An Assessment Record should be completed for beneficiaries **new to your MHP treatment 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.
*Some beneficiaries may be returning to an MHP service system after an extended absence and may be considered a "new client" by the MHP for purposes of the intake process and service initiation.
*If the MHP institutes a "new client" intake process for a long-absent beneficiary, an Assessment Record should be completed. DHCS defers to local MHP policy and clinical practice to what constitutes a "new client" in this circumstance.

Assessment Appointment:
*1st OFFER DATE/Attempted OFFER DATE: _____ (MM/DD/YYYY) **Time:** _____ **(HH:MM)**

Appt Kept: ___ (Y/N)   Missed Appt Reason: _____ (XXX)   Appt Reschedule: _____ (01=Y/02=N)

2nd OFFER DATE/Attempted OFFER DATE: _____ (MM/DD/YYYY)

Appt Kept: ___ (Y/N)   Missed Appt Reason: _____ (XXX)   Appt Reschedule: _____ (01=Y/02=N)

3rd OFFER DATE/Attempted OFFER DATE: _____ (MM/DD/YYYY)

Appt Kept: ___ (Y/N)   Missed Appt Reason: _____ (XXX)   Appt Reschedule: _____ (01=Y/02=N)

Assessment Appointment ACCEPTED DATE: _____ (MM/DD/YYYY)

Meets Medical Necessity: _____ (Y/N) (conditional)

* ASSESSMENT START DATE: _____ (MM/DD/YYYY) (conditional)

* ASSESSMENT END DATE: _____ (MM/DD/YYYY) (conditional)

FOR NEW CLIENT: An Assessment Record should be submitted when the assessment process is either successfully completed (the beneficiary attends the first treatment appointment following the start of assessment) or when the assessment process has been closed out as unsuccessful.
• All fields related to assessment appointments will refer exclusively to assessment encounters used to establish eligibility.
• The first assessment appointment offered to a beneficiary is captured in the ASSESSMENT APPOINTMENT FIRST OFFER DATE field. The ASSESSMENT APPOINTMENT FIRST OFFER DATE is recorded whether a beneficiary accepts any assessment appointment offer or not.
• If the beneficiary accepts the ASSESSMENT APPOINTMENT FIRST OFFER DATE that date should be recorded in the ASSESSMENT APPOINTMENT FIRST OFFER DATE field and also recorded in the ASSESSMENT APPOINTMENT ACCEPTED DATE field.
• If a beneficiary does not accept the ASSESSMENT APPOINTMENT FIRST OFFER DATE, but accepts the ASSESSMENT APPOINTMENT SECOND OFFER DATE, the ASSESSMENT APPOINTMENT FIRST OFFER DATE should be recorded in the ASSESSMENT APPOINTMENT FIRST OFFER DATE field, the ASSESSMENT APPOINTMENT SECOND OFFER DATE should be

recorded in the ASSESSMENT APPOINTMENT SECOND OFFER DATE field and also entered in the ASSESSMENT APPOINTMENT ACCEPTED DATE field.

• If a beneficiary does not accept the ASSESSMENT APPOINTMENT FIRST OFFER DATE nor the ASSESSMENT APPOINTMENT SECOND OFFER DATE, but accepts the ASSESSMENT APPOINTMENT THIRD OFFERED DATE, the ASSESSMENT APPOINTMENT FIRST OFFER DATE should be recorded in the ASSESSMENT APPOINTMENT FIRST OFFER DATE field, the ASSESSMENT APPOINTMENT SECOND OFFER DATE should be recorded in the ASSESSMENT APPOINTMENT SECOND OFFER DATE field; the ASSESSMENT APPOINTMENT THIRD OFFER DATE should be recorded in the ASSESSMENT APPOINTMENT THIRD OFFER DATE field and also entered in the ASSESSMENT APPOINTMENT ACCEPTED DATE field.

• If a beneficiary does not accept the ASSESSMENT APPOINTMENT FIRST OFFER DATE, the ASSESSMENT APPOINTMENT SECOND OFFER DATE, nor the ASSESSMENT APPOINTMENT THIRD OFFERED DATE, but accepts a later date, the ASSESSMENT APPOINTMENT FIRST OFFER DATE should be recorded in the ASSESSMENT APPOINTMENT FIRST OFFER DATE field, the ASSESSMENT APPOINTMENT SECOND OFFER DATE should be recorded in the ASSESSMENT APPOINTMENT SECOND OFFER DATE field, the ASSESSMENT APPOINTMENT THIRD OFFER DATE should be recorded in the ASSESSMENT APPOINTMENT THIRD OFFER DATE field and the accepted date should be entered in the ASSESSMENT APPOINTMENT ACCEPTED DATE field.

*If a person other than a prospective client contacts the MHP seeking services for the prospective client the DATE OF FIRST CONTACT TO REQUEST SERVICES depends on the legal status of that person making the initial contact. If the person contacting the MHP is legally authorized to consent to services for the prospective client, the DATE OF FIRST CONTACT TO REQUEST SERVICES will be the date that person contacted the MHP. Conversely, if the person requesting services does not have legal authorization to consent to services, this initial contact should not be considered as the DATE OF FIRST CONTACT TO REQUEST SERVICES. Rather, when the prospective client is contacted, expresses an interest in service, and is offered an assessment appointment that date should be the DATE OF FIRST CONTACT TO REQUEST SERVICES.

• If the process terminates anywhere among the process steps of the APPOINTMENT FIRST OFFER DATE, the ASSESSMENT APPOINTMENT SECOND OFFER DATE, or the ASSESSMENT APPOINTMENT THIRD OFFERED DATE and the client accepts none of the offered dates, 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.

" It is not necessary to populate the ASSESSMENT APPOINTMENT SECOND OFFER DATE, or the ASSESSMENT APPOINTMENT THIRD OFFERED DATE in order to populate the CLOSED OUT DATE. 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.
• When the beneficiary completes the first assessment appointment this is denoted by completing the ASSESSMENT START DATE. A County Client Number should be assigned and reported from this point through subsequent steps of the assessment process.
• If a beneficiary does not attend the scheduled assessment appointment, the assessment record should be closed with a closure reason of "02 = Beneficiary accepted offered assessment date but did not attend initial assessment appointment.
" If the beneficiary reschedules and attends a subsequent appointment, it is up to the discretion of the County MHP whether a new Attendance Record be initiated. A new Assessment Record should be initiated if, based on MHP policies and practices, the beneficiary is considered a new intake rather than a continuing client.

TREATMENT APPOINTMENT:
*1ST OFFER DATE: _____(MM/**DD/YYYY)** Appt Kept: ___ (Y/N) Missed Appt Reason:_____ (XXX) Appt Reschedule:_____(01=Y/02=N)

2nd OFFER DATE: _____(MM/**DD/YYYY)** Appt Kept: ___ (Y/N) Missed Appt Reason:_____ (XXX) Appt Reschedule:_____(01=Y/02=N)

3rd OFFER DATE: _____(MM/**DD/YYYY)** Appt Kept: ___ (Y/N) Missed Appt Reason:_____ (XXX) Appt Reschedule:_____(01=Y/02=N)

Treatment Appointment ACCEPTED DATE: _____ (MM/DD/YYY)

Treatment START DATE: _____ (MM/DD/YYYY) (conditional)

• The first treatment appointment offered to a beneficiary is captured in the TREATMENT APPOINTMENT FIRST OFFER DATE field. The TREATMENT APPOINTMENT FIRST OFFER DATE is recorded whether a beneficiary accepts any treatment appointment offer or not.
• If the beneficiary accepts the TREATMENT APPOINTMENT FIRST OFFER DATE that date should be recorded in the TREATMENT APPOINTMENT FIRST OFFER DATE field and also recorded in the TREATMENT APPOINTMENT ACCEPTED DATE field.

• If a beneficiary does not accept the TREATMENT APPOINTMENT FIRST OFFER DATE, but accepts the TREATMENT APPOINTMENT SECOND OFFER DATE, the TREATMENT APPOINTMENT FIRST OFFER DATE should be recorded in the TREATMENT APPOINTMENT FIRST OFFER DATE field, the TREATMENT APPOINTMENT SECOND OFFER DATE should be recorded in the TREATMENT APPOINTMENT SECOND OFFER DATE field and also entered in the TREATMENT APPOINTMENT ACCEPTED DATE field.
• If a beneficiary does not accept the TREATMENT APPOINTMENT FIRST OFFER DATE nor the TREATMENT APPOINTMENT SECOND OFFER DATE, but accepts the TREATMENT APPOINTMENT THIRD OFFERED DATE, the TREATMENT APPOINTMENT FIRST OFFER DATE should be recorded in the TREATMENT APPOINTMENT FIRST OFFER DATE field, the TREATMENT APPOINTMENT SECOND OFFER DATE should be recorded in the TREATMENT APPOINTMENT SECOND OFFER DATE field; the TREATMENT APPOINTMENT THIRD OFFER DATE should be recorded in the TREATMENT APPOINTMENT THIRD OFFER DATE field and also entered in the TREATMENT APPOINTMENT ACCEPTED DATE field.

• If a beneficiary does not accept the TREATMENT APPOINTMENT FIRST OFFER DATE, the TREATMENT APPOINTMENT SECOND OFFER DATE, nor the TREATMENT APPOINTMENT THIRD OFFERED DATE, but accepts a later date, the TREATMENT

APPOINTMENT FIRST OFFER DATE should be recorded in the TREATMENT APPOINTMENT FIRST OFFER DATE field, the TREATMENT APPOINTMENT SECOND OFFER DATE should be recorded in the TREATMENT APPOINTMENT SECOND OFFER DATE field, the TREATMENT APPOINTMENT THIRD OFFER DATE should be recorded in the TREATMENT APPOINTMENT THIRD OFFER DATE field and the accepted date should be entered in the TREATMENT APPOINTMENT ACCEPTED DATE field.

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* CLOSE OUT DATE: _____ (MM/DD/YYYY) (conditional) ****Time:** _____ **(HH:MM)**

    * CLOSURE REASON: _____ (XXX) (conditional)

    * REFERRED TO: _____ (XXX) (conditional)

*If the process terminates anywhere among the process steps of the APPOINTMENT FIRST OFFER DATE, the TREATMENT APPOINTMENT SECOND OFFER DATE, or the TREATMENT APPOINTMENT THIRD OFFERED DATE and the client accepts none of the offered dates, the Assessment Record should be closed out with a closure reason of "04 = Beneficiary completed assessment process but declined offered treatment dates.
• A complete Assessment Record will minimally consist of Header Fields, and Assessment Record Number, DATE OF FIRST CONTACT TO REQUEST SERVICES, ASSESSMENT APPOINTMENT FIRST OFFER DATE, and CLOSED OUT DATE.
• The CLOSED OUT DATE is the date that the MHP closes out an assessment record and/or unsuccessful assessment process. The CLOSED OUT DATE may be the same date as the beneficiary was last seen, but more likely will be later when the assessment process is administratively terminated.
• There are no relational edits between the Assessment Record and any other record types. The only relational edits are internal among the Assessment Record fields.
• For submissions, the Assessment Record should be bundled with the monthly submission of all CSI records.
• The CLOSURE DATE or TREATMENT START DATE on the Assessment Record defines the reporting period.

*(Mandatory)
**(Mandatory for Urgent)

**New Client - New to MHP.   New Returning Client - Client has not received service in over one year.
This is not related to assessment requirements or policies. For data collection only.**

Type of Service:

01 = Psychiatry
02 = Outpatient Services
03 = Outpatient Services – Prior Authorization

Referral Source:

01 = Self	13 = Faith-Based Organization
02 = Family Member	14 = Other County / Community Agency
03 = Significant Other	15 = Homeless Services
04 = Friend / Neighbor	16 = Street Outreach
05 = School	17 = Juvenile Hall / Camp / Ranch / Division of Juvenile Justice
06 = Fee-For-Service Provider	18 = Probation / Parole
07 = Medi-Cal Managed Care Plan	19 = Jail / Prison
08 = Federally Qualified Health Center	20 = State Hospital
09 = Emergency Room	21 = Crisis Services
10 = Mental Health Facility / Community Agency	22 = Mobile Evaluation
11 = Social Services Agency	23 = Other Referred
12 = Substance Abuse Treatment Facility / Agency	

Missed Appointment Reason:

01 = In Jail / Prison	08 = No babysitter / caregiver
02 = Transportation (missed bus)	09 = No ride
03 = Transportation (lack of funds)	10 = Request Language Interpreter
04 = Illness / Family Illness	11= Other
05 = Hospitalized	12= No working phone
06 = Did not want to go	13= Unable to reach client
07 = Changed mind about treatment	14= No Response/No Show

Rescheduled Reason:

01 = Yes appointment rescheduled
02 = No appointment Not rescheduled

Closure Reason:

01 = Beneficiary did not accept any offered assessment dates.
02 = Beneficiary accepted offered assessment date but did not attend initial assessment appointment.
03 = Beneficiary attended initial assessment appointment but did not complete assessment process.
04 = Beneficiary completed assessment process but declined offered treatment dates.
05 = Beneficiary accepted offered treatment date but did not attend initial treatment appointment.
06 = Beneficiary did not meet medical necessity criteria.
07 = Out of County/Presumptive Transfer.
08 = Unable to Contact (client deceased or client unresponsive).
09 = Other

Referred To:

01 = Managed Care Plan
02 = Fee-For-Service Provider
03 = Other
04 = No Referral