

Alameda County Health Care Services Behavioral Health Care Services

CSI Assessment Data Reporting Timeliness Data Reporting via: InSyst Screens

ACBH – Information Systems **Help Desk Phone: (510) 567-8181** (M-F 8:30 am to 5:00 pm) FAX: (510) 567-8161 E-Mail: <u>HIS@acgov.org</u>

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:

	InSyst 07-Jan-22 09:42 AM MAIN MENU Alameda MHS
 Selection: 	
Selection	Description
OPERATIONS REPORTS UTILITIES TOOLS HORK X CSI_ASSESS	Operations Maintenance Menu Report Menu Utilities Menu Integrated Products Special Data Collection Screens CSI Assessment Maintenance Menu

Full Assessment Data Entry

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

CSI Asse	ssment Main Screen op	tenance	e Sele	ction
Selection	Description			
X Full Assess Short Assess	Full Assessment - Ne Short Assessment - Ne	w and Mainten w and Mainten	ance ance	
	Confidential In	formation	USER	: СНИ
CSI Asses	ssment Main	tenance	e Sele	ction
Assessment Reporting U Client Numb	Reference Number: nit: er:			
Client DOB:	1.1			
Assessment Ref Number - RU	Client Name	Treatment	Closed Out Date	Last CCL Pot Date

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

ç	SI Ass	essment	Insert	
Client:			RU:	
New/New Returning Cli	ent:			
Service Requested by	Client/Guard	dian: Urgent:	Type of Service:	
Date of First Contact	:: / /	Time: 00:00	Referral Source:	
Assessment Appointment:				
1st Offer Date: / /	00:00	Kept: Missed	Reason: Reschedule	ed:
2nd Offer Date: / /	1	Kept: Missed	Reason: Reschedule	d:
3rd Offer Date: / /	1	Kept: Missed	Reason: Reschedule	d :
Appt Accepted Date:	1 1	Start Date: /	/ End Date: /	1
Treatment Appointment:				
ist Offer Date: / /	,	Kept: Missed	Reason: Reschedule	d:
2nd Offer Date: / /	,	Kept: Missed	Reason: Reschedule	d:
3rd Offer Date: /	,	Kept: Missed	Reason: Reschedule	d:
Appt Accepted Date:	1 1	Start Date: /	/	
Meets Medical Necessity:		CSI Date: -	- 00:00:00	
Closed Out Date: / /	00:00	Closure Reason:	Referred To:	
Form OK Y/N:	Confidentia	Information	USER:	

- 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, 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 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 <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.

CSI Ass	essment	Insert
Client: 75087772 CINDYTWO TEST	ess into '	RU: 01011 JGEORGE 24HR
New/New Returning Client: Y Service Requested by Client/Guarc Date of First Contact: 12/01/2021	lian: Y Urgent: Time: 00:00	N Type of Service: 01 Referral Source: 02
Assessment Appointment:		J
1st Offer Date: 12/02/2021 00:00 2nd Offer Date: 12/05/2021 3rd Offer Date: / /	Kept: N Missed Kept: Y Missed Kept: Missed	Reason: 11 Rescheduled: 01 Reason: Rescheduled: Reason: Rescheduled:
Appt Accepted Date: 12/05/2021 Treatment Appointment:	Start Date: 12/0	95/2021 End Date: 12/06/2021
ist Offer Date: 12/06/2021 2nd Offer Date: 12/10/2021 2nd Offer Date: ////	Kept: N Missed Kept: Y Missed Kept: Missed	Reason: 06 Rescheduled: 01 Reason: Rescheduled: Peacon: Rescheduled:
Appt Accepted Date: 12/10/2021 Heets Medical Necessity: Y	Start Date: 12/ CSI Date: -	10/2021 - 00:00:00
Closed Out Date: / / 00:00	Closure Reason:	Referred To:
Continue: Y Confidential Successful insert of ARN: 100262. In	Information secrt total = 1.	USER: DIEDRICK

- 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 \rightarrow 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
	MAIN MENU Alameda MHS
Selection:	
Selection	Description
OPERATIONS REPORTS UTILITIES TOOLS HORK X CSI_ASSESS	Operations Maintenance Menu Report Menu Utilities Menu Integrated Products Special Data Collection Screens CSI Assessment Maintenance Menu

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

	CSI	Asse	ssment Maintenance Selection Screen Option	
	Select	ion	Description	
×	Full Short	Assess Assess	Full Assessment – New and Maintenance 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.

CSI Assessment Insert Timeliness Info				
Client Number: Reporting Unit:	Name:			D 0 B : / /
New/New Returning Cl Service Requested by Urgent: Date of First Contac Referral Source:	ient: Client/Guarc Type of S t: / /	lian: Service: Time:	00:00	
ASSES	SMENT/TREATME	NT APPOI	NTMENT INFO	
Assessment Appointment: 1st Offer Date: / 2nd Offer Date: / 3rd Offer Date: / Appt Accepted Date:	/ 00:00 / / / /	Kept: Kept: Kept:	Missed Reason: Missed Reason: Missed Reason:	Rescheduled : Rescheduled : Rescheduled :
Closed Out Date: / Referred To:	/ 00:00	Closure	Reason:	
Form OK Y/N:	Confidential	Informa	CSIDate: - tion l	00:00:00 JSER:

- 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 re^t 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</u>, <u>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.

CSI Assessment Insert Timeliness Info					
Client Number: Reporting Unit:	Name: Cl	IENT	TEST		DOB: 9 /1 /1950
New/New Returni	ina Client: Y				
Service Request	ted by Client/Gua	rdian:	Y		
Urgent: N	Туре от	Service:	02		
Date of First C	ontact: 12/01/20	21 Time:	00:00		
Referral Source	e: 02				
	ASSESSMENT/TREAT	MENT APPO	INTMENT	NFO	
Assessment Appoint	tment:				
lst 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 Da	te: 12/05/2021				
Closed Out Date:	12/05/2021 00:00	Closure	Reason:	06	
Referred To:	03				
			CSI I)ate: -	- 00:00:00
Continue: Y	Confidenti	al Informa	ation	U	SER: DIEDRICK
Successful insert	of ARN: 400266.	Insert to	tal = 1.	\leq	

- 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 \rightarrow 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.

	CSI Asse	ssment Maintenance Se Screen Option	lection
×	Selection Full Assess Short Assess	Description Full Assessment - New and Maintenance Short Assessment - New and Maintenance	
		Confidential Information	USER: CHU

CSI Assessment Mai	ntenance S	election
Assessment Reference Number:		
Reporting Unit:		
Client Number:		
Client Name:		
Client DOB: //		
Assassmant.	Treatment Clos	ed last
Ref Number RU Client Name	Start Date Out	Date CSI Rot Date
L		

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

CSI Assessment Mai	ntenanco	e Sele	ction
Assessment Reference Number: Reporting Unit: Client Number: 75087772			
Client Name: Client DOB: //	N		
Assessment Ref Number RU Client Name	Treatment Start Date	Closed Out Date	Last CSI Rpt Date

- 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.

Assessment Ref	erence Number:							
Client Number:	75887772							
Client Name:	CINDYTHO	TEST						
Client DOB:	2 /2 /1960							
Assessment		Treat	tmen t	Clos	sed 🛛	L	ast 👘	
Ref Number RU	Client Name	Star	Date	0 u t	Date	CSI	Rpt	Dat
400262 01011		10-D	e - 2021					

Press Return to display the next record selected for maintenance and enter "Y" to continue to return to the CSI Assessment Maintenance Selection screen.

CSI	Assessment	Lookup
Client: 75087772 CINDYTWO	TEST	RU: 01011 JGEORGE 24HR
New/New Returning Client: '	Y ARN: 400	262
Service Requested by Cilen	t/Guardlan: Y Urgent:	N Type of Service: 01
Date of First Contact: 12/	1 /2021 Time: 00:00	Referral Source: 02
Assessment Appointment:		
ist Offer Date: 12/2 /2021 (90:00 Kept: N Missed	Reason: 11 Rescheduled: 01
2nd Offer Date: 12/5 /2021	Kept: Y Missed	Reason: Rescheduled:
3rd Offer Date: / /	Kept: Hissed	Reason: Rescheduled:
Appt Accepted Date: 12/5 /2	021 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: 12/10/2	021 Start Date: 12/1	0/2021
Heets Medical Necessity: Y	CSI Date: -	- 00:00:00
Closed Out Date: / / G	0:00 Closure Reason:	Referred To:
Continue: Y Confi	dential 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: CINDYTHO Client DOB: 2 /2 /1960	TEST		
Assessment Ref Number RU Client Name	Treatment Start Date	Closed Out Date	Last CSI Rpt Date
u <mark>4</mark> 00262 01011	10-Dec-2021 		
Confidentia record displayed. Last page display	l Information ed.	USE	R :

- 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.

																	С Т	\$	\$	I			Â		s	s		e	9		s	Π	•	•	n	t f			U	p	d	a	1	•	Ð										
CI	i	e r	n t			7	5	9 8	7	7	7	2	(N	D	Y	r W	0				ľ		TE	S	T									-			RU		0 1	0	11				J	G E	0	R G	E	2	4 H	R	
		N e	e w	/	Ne) W		R e	t	u	r	n	i r	n g		c	1	i e	n	t	:	Y			-													-		_	_														
		S e	e r	۷	i c	e e		Re	q	u	e	s '	t e	e d		b	y	C	I	İ	e r	i t	1	G	u a	r	d	i a	. n		Y		U	r	g e	n	t :		N			T	УP	e	0	f	\$	e r	۷	i c	e		0 1		
		D a	1 t	e	0) f		Fi	r	\$	t) 	00) n	t	a (c .	1	_	12	2/	1	_	/	20	2	1		T	i	n e	:	0	0	: 0	0						R	ef	er	r	a I		S o	u	r c	e		0 2		
As	\$	es	s s	M (e r	n t		A p	p	0		n '	t n	n e	n	t																																							
	1 :	s f	t	0	ff	fe	r	D	a	t	e		1	2	1	2	1	2	0	2	1	θ	Θ	:)	0 0)		Ke	• p	t		N		M	i s	\$	e d		Rei	a s	o r	i :	1	1		Re	• s	c h	e	d u	Ie	e d		01	
	2	n c	ł	0	f f	fe	r	D	a	t	e		i	2	/	5	,	2 /	0	2	1							Ke	e p	t		Y		M	i s	\$	e d		Rei	a s	o r	i :				Re	• \$	c h	e	d u	1 e	e d			
	3	r (1	0	f f	fe	r	D	a	t	e				/		,	/										Ke	e p	t				M	i s	\$	e d		Rei	a s	o r	۱÷				Re	• s	c h	e	d u	1 e	e d			
	A)	p p) t	1	A c	c	e	p t	e	d		Dia	a 1	e			12	27	5	1	/ 2	0	2	1				s t	a	r	t	D	a t	e	:	1	2 /	5	1	2 0	21		E	n d		Da	l t	e:		12	76	3 ,	/ 2	0 2	1
Tr	e	a 1	t m	eı	n t		Â	o p	0	I.	n	tı	n e) n	t																																								
	1	s 1	t	0	f f	fe	r	D	a	t	e		1	2	1	6	,	2	0	2								Ke	e p	t		N		M	i s	\$	e d		Rei	a s	o r	i :	0	6		Re	• s	c h	e	d u	1.	e d		0 1	
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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.

Reporting Unit:	ice Number:			
Client Number: Client Name: C Client DOB: 2	75087772 INDYTHO /2 /1960	TEST		
Assessment Ref Number RU Cl	ient Name	Treatment Start Date	Closed Out Date	Last CSI Rpt Date
0 400262 01011		10-Dec-2021 		

CSI Ass	essment	Deleti	o n
Client: 75087772 CINDYTHO TES	ess into I	RU: 01011	JGEORGE 24HR
New/New Returning Client: Y			
Service Requested by Client/Guar	dian: Y Urgent:	N Type o	f Service: 01
Date of First Contact: 12/1 /202	1 Time: 00:00	Referr	al 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: 12/1	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/	0/2021	
Neets Medical Necessity: Y	CSI Date: -	- 00:00:	0 0
Closed Out Date: / / 00:00	Closure Reason:	Refe	rred To:
Delete OK: Y Confidentia	I 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.

	С	S	I	Â	5	5	•	5	5	n (S (e	Θ	M a n	a i	i n D p	t	e	n 0	a I n	n		,	S	eI	• c	1	i	о г	•	
	S e	le	c t i	on				D	9 S (er i	pt	ior	n																		. – ,
×	Fu Sh	 0 r	F t F	S S (9 S S 9 S S	;		F (S)	u I h o i	 r t	A s A s	ses ses	s s n s s n	ent ent	-	- N - N	e w e w	an an	d d	Ma Ma	int int	ten ten	anc anc	e e							

- 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

CSI Asse	ssment Mai	ntenanc	e Sele	ction
A aaaaa a aaa	Poforonco Nurbori	400266		
Renorting	linit:	100200		
Client Num	iber:			
Client Nam	ie :			
Client DOE	. / /			
Assessment Dec Number DU		Treatment	Closed	Last
Ket Number Ku	CIIENT NAME	5 tart Date		<u>съткрт рате</u>
	Confidential	Information	USE	R :

- 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.
- 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.

CSI Asse	ssment Main	tenanc	e Sele	ction
Assessment	Reference Number: 400	266		
Reporting	Unit:			
Cliept Nam	iber:			
Client DOB				
0		Theotmont	Closed	Loot
Ref Number RU	Client Name	Start Date	Out Date	CSI Rpt Date
L 400266	TEST CLIENT		0 5 - D e c - 2 0 2 1	
L				
	Confidential Ir	formation	USER	
1 record displayed.	Last page displayed.			

- 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 Assessm Fimeliness	ent Looku Info	IP
Client Number: Reporting Unit:	Name: CLIENT	TEST	DOB: 9 /1 /1950
New/New Returning Cl Service Requested by Urgent: N Date of First Contac Referral Source: 02	rent: Y ARN: Client/Guardian: Type of Service: t: 12/1 /2021 Time:	400266 Y 02 00:00	
ASSES Assessment Appointment:	SMENT/TREATMENT APPO	INTMENT INFO	
1st Offer Date: 12/2 2nd Offer Date: 12/5 3rd Offer Date: / Appt Accepted Date: 1	/2021 00:00 Kept: N /2021 Kept: Y / Kept: 2/5 /2021	Missed Reason: 1 Missed Reason: Missed Reason:	1 Rescheduled: 01 Rescheduled: Rescheduled:
Closed Out Date: 12/5 Referred To: 03	/2021 00:00 Closure	Reason: 06	
Continue: Y <	Confidential Inform	CSIDate: - ation US	- 00:00:00 ER:

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.

CSI Ass	essmen	t Main	ton	anc	e Sele	ction
Assessmo Reportin Client M Client C Client D	ent Reference ag Unit: lumber: lame: 00B: /	Number: 400	9266			
Assessment Ref Number Rl	J Clien	t Name	Treat Start	ment Date	Closed Out Date	Last CSI Rpt Date
<mark>J 400266</mark>	TEST	CLIENT		- - - -	05-Dec-2021 	
1 record displayed	Con I. Last page	fidential In displayed.	nformat	ion	USEF	₹ :

- 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.

C S T	SI Assessm imeliness	ient Upda Info	ate
Client Number: Reporting Unit:	Name: CLIENT	TEST	DOB: 9 /1 /1950
New/New Returning Clie Service Requested by C Urgent: N Date of First Contact: Referral Source: 02	ent: Y Client/Guardian: Type of Service: 12/1 /2021 Time:	Y 02 00:00	
ASSESSM	IENT/TREATMENT APPO	INTMENT INFO	
Assessment Appointment:			
1st Offer Date: 12/2 /2	2021 00:00 Kept: N	Missed Reason:	: 11 Rescheduled: 01
2nd Offer Date: 12/5 /2	2021 Kept:Y	Missed Reason:	Rescheduled:
3rd Offer Date: / /	Kept:	Missed Reason:	Rescheduled:
HPPT Hccepted Date: 127	5 7 20 21		
Closed Out Date: 12/5 /2 Referred To: 03	2021 00:00 Clesure	Reason: 06	
		CSI Date:	00:00:00
Form OK Y/N: Y <	onfidential Inform	ation	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.

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

CSIAS Assess Report Client Client Client	sessmen ment Reference ing Unit: Number: Name: DOB: /	t Main • Number: 400 /	ten 9266	anc	e S	ele	сt	ior	•
Assessment Ref Number	RU Clier	nt Name	Treatment Start Date		Closed Out Date		Last CSI Rpt Date		
D 400266	TEST	CLIENT			05-De	e - 2021			
record display	Cor	nfidential Ir a displayed	nformat	i o n		USER			

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

CSI Assessment Deletion Timeliness Info									
Client Number: Reporting Unit:	Name: CLIENT	TEST	DOB: 9 /1 /1950						
New/New Returning Service Requested Urgent: N Date of First Cont Referral Source: 0	Client: Y by Client/Guardian Type of Serv act: 12/1 /2021 T 2	1: Y 1:ce: 02 1:ime: 00:00							
ASS Assessment Appointmen 1st Offer Date: 12/ 2nd Offer Date: 12/ 3rd Offer Date: / Appt Accepted Date:	ESSMENT/TREATMENT t: 2 /2021 00:00 Kep 5 /2021 Kep / Kep 12/5 /2021	APPOINTMENT INFO t: N Missed Rea t: Y Missed Rea t: Missed Rea	son: 11 Rescheduled: 01 son: Rescheduled: son: Rescheduled:						
Closed Out Date: 12/ Referred To: 03 Delete OK: Y	5 /2021 00:00 Clo Confidential In	sure Reason: 06 CSI Date formation	: 00:00:00 USER:						
CSI Assessment Deletion Timeliness Info									
Client Number: Reporting Unit:	Name: CLIENT	TEST	DOB: 9 /1 /1950						
New/New Returning Service Requested Urgent: N Date of First Conf Referral Source: (Client: Y by Client/Guardia Type of Ser act: 12/1 /2021 2	n: Y vice:02 Time:00:00							
ASC Assessment Appointmer 1st Offer Date: 12, 2nd Offer Date: 12, 3rd Offer Date: , Appt Accepted Date	ESSMENT/TREATMENT t: 2 /2021 00:00 Ke 5 /2021 Ke / Ke 12/5 /2021	APPOINTMENT INF pt: N Missed Re pt: Y Missed Re pt: Missed Re	0 ason: 11 Rescheduled: 01 ason: Rescheduled: ason: Rescheduled:						
Closed Out Date: 12, Referred To: 03 Confirm: Y Are you sure you want	5 /2021 00:00 Cl Confidential I to delete this r	osure Reason: 06 CSI Dat nformation ecord?	e: 00:00:00 USER:						