

**Timely Access Data Tool /  
Timeliness Data Reporting**

**New & New Returning Clients  
Data Collection Form**

Confidential Patient Information  
See Welfare & Institutions Code: 5328

Today's Date: \_\_\_\_\_  
 Submitter Last First: \_\_\_\_\_  
 Submitter Last Name: \_\_\_\_\_  
 Submitter Phone/Ext: \_\_\_\_\_  
 Submitter Email: \_\_\_\_\_

**Timely Access Data Tool for Mental Health Services / Timeliness Data Reporting to be collected for:**

**New Client:** Client is new to MHP

**New Returning Client:** Client has not received outpatient services in the past 12 months to MHP

**NOTE:** It is not necessary to create a Timely Access Data Record for beneficiaries who are already receiving Outpatient Mental Health Services

\*Client Number: \_\_\_\_\_ \*Client DOB: \_\_\_\_\_  
 \*Client Last Name: \_\_\_\_\_  
 \*Client First Name: \_\_\_\_\_ \*Program Name: \_\_\_\_\_ (if applicable)

**Timely Access Data:**

Timely Access standards for Outpatient Mental Health Services refers to the number of business days, or hours in which a Behavioral Health Plan provider must make an appointment available to a beneficiary from the date the beneficiary or a provider acting on behalf of the beneficiary, requests a medically necessary service.

\*Referral Source: \_\_\_\_\_ (Please specify)  
 \*Modality Type: \_\_\_\_\_ (Type of Service Offered) \*Urgency Level:  Yes  No (if urgent is "YES" time is required)  
 \*Date of First Contact to Request Services: \_\_\_\_\_ (MM/DD/YYYY) \*\*Time of Request: \_\_\_\_\_ (HH:MM)

**Assessment Appointments:**

\*First Offered Assessment Appointment Date: \_\_\_\_\_ (MM/DD/YYYY) \*\*Time: \_\_\_\_\_ (HH:MM)  
 Appt Kept:  Yes  No Missed Appt Reason: \_\_\_\_\_ Appt Rescheduled:  Yes  No  
 \*Second Offered Assessment Appointment Date: \_\_\_\_\_ (MM/DD/YYYY) **Required if Client did not accept first offered appt.**  
 Appt Kept:  Yes  No Missed Appt Reason: \_\_\_\_\_ Appt Rescheduled:  Yes  No  
 Third Offered Assessment Appointment Date: \_\_\_\_\_ (MM/DD/YYYY)  
 Appt Kept:  Yes  No Missed Appt Reason: \_\_\_\_\_ Appt Rescheduled:  Yes  No  
 \*Accepted Assessment Appointment Date: \_\_\_\_\_ (MM/DD/YYYY)  
 \*Assessment Start Date: \_\_\_\_\_ (MM/DD/YYYY) \*Assessment End Date: \_\_\_\_\_ (MM/DD/YYYY)

**Treatment Appointments:**

\*First Offered Treatment Appointment Date: \_\_\_\_\_ (MM/DD/YYYY)  
 Appt Kept:  Yes  No Missed Appt Reason: \_\_\_\_\_ Appt Rescheduled:  Yes  No  
 Second Offered Treatment Appointment Date: \_\_\_\_\_ (MM/DD/YYYY)  
 Appt Kept:  Yes  No Missed Appt Reason: \_\_\_\_\_ Appt Rescheduled:  Yes  No  
 Third Offered Treatment Appointment Date: \_\_\_\_\_ (MM/DD/YYYY)  
 Appt Kept:  Yes  No Missed Appt Reason: \_\_\_\_\_ Appt Rescheduled:  Yes  No  
 \*Accepted Treatment Appointment Start Date: \_\_\_\_\_ (MM/DD/YYYY) Treatment Start Date: \_\_\_\_\_ (MM/DD/YYYY)  
 \*Closed Out Date: \_\_\_\_\_ (MM/DD/YYYY) \*Closure Reason: \_\_\_\_\_

Referred To: \_\_\_\_\_