

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:

PLEASE PRINT LEGIBLY

Highlighted fields with asterisks are required

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: *Urgency Level: Yes No (if urgent is YES time is required)

*Date of First Contact to Request Services: **Time of Request: (HH:MM)

Assessment Appointments:

*First Offered Assessment Appointment Date: Time: (HH:MM)

Appt Kept: Yes No Missed Appt Reason: Appt Rescheduled: Yes No

*Second Offered Assessment Appointment Date: 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: Missed Appt Reason: Appt Rescheduled: Yes No

*Accepted Assessment Appointment Date: (MM/DD/YYYY)

*Assessment Start Date: *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: Treatment Start Date: (MM/DD/YYYY)

*Closed Out Date: *Closure Reason:

Referred To: