

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: (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: 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:

TIMELY ACCESS TOOL REQUIRED DATA FIELD TABLE CODES

Modality Type:

Psychiatry	Evaluation of the need for administration of and education about the risk and benefits associated with medication
Outpatient	Crisis services, Mental Health Services, and Fee for Service, Case Management
Outpatient services prior authorization	Intensive home-based services, day treatment intensive, day rehabilitation, therapeutic behavioral services, therapeutic foster care

Referral Source:

Self	Faith-Based Organization
Family Member	Other County / Community Agency
Significant Other	Homeless Services
Friend / Neighbor	Street Outreach
School	Juvenile Hall / Camp / Ranch / Division of Juvenile Justice
Fee-For-Service Provider	Probation / Parole
Medi-Cal Managed Care Plan	Jail / Prison
Federally Qualified Health Center	State Hospital
Emergency Room	Crisis Services
Mental Health Facility / Community Agency	Mobile Evaluation
Social Services Agency	Other Referred
Substance Abuse Treatment Facility / Agency	

Missed Appointment Reason:

In Jail / Prison	No caregiver
Transportation (missed bus)	No ride
Transportation (lack of funds)	Request Language Interpreter
Illness / Family Illness	Other
Hospitalized	No working phone
Did not want to go	Unable to reach client
Changed mind about treatment	No Response/No Show

Closure Reason:

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

Referred To:

Managed Care Plan
Fee-For-Service Provider
Other
No Referral