

# CSI Assessment (Avatar Desk Reference)

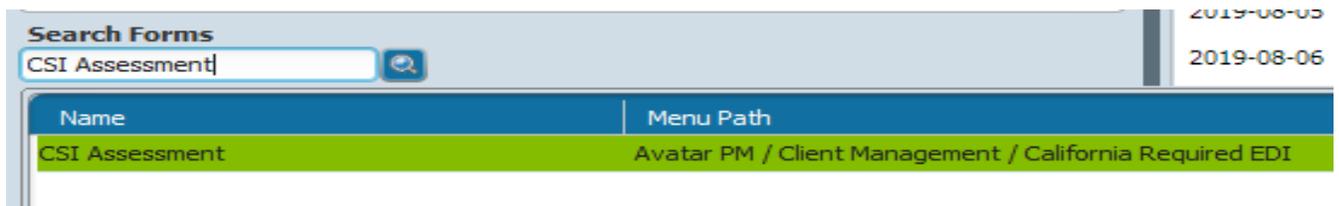
The purpose of this desk reference is to provide guidance in how to complete a CSI Assessment within the CSI Assessment Form.

## Heads Up!

- If you need to deselect an option, please place cursor in field that needs to be deselected and use the F5 button on your keyboard.

## Menu Path

Avatar PM > Client Management > California Required EDI/CSI Assessment or enter “CSI Assessment” under Search Forms



The screenshot shows a search interface with a search bar containing "CSI Assessment" and a magnifying glass icon. To the right, there are two date filters: "2019-08-05" and "2019-08-06". Below the search bar is a table with two columns: "Name" and "Menu Path". The table contains one row with the following data:

Name	Menu Path
CSI Assessment	Avatar PM / Client Management / California Required EDI

## Details

- The CSI Assessment is required for timeliness metrics provided to the state.
- The form is an episodic form and cannot be used within the Access Log Episode
- This form should be completed for a NEW client where a referral has been made for a treatment episode (For Contract Providers this is when Yolo County makes a referral) and should not be completed when the client is receiving a triage.
- Any fields in **Red** are required fields, the form will not submit without the completions of these fields.
- This form should be submitted at the time of either a) the beneficiary case has been closed (one of the closure reasons applies) or b). a treatment has been rendered.

## Heads Up!!

- The state has developed an "Assessment Record Closure" Wizard to assist users in how and when to complete the CSI Assessment form. Please find the link below:

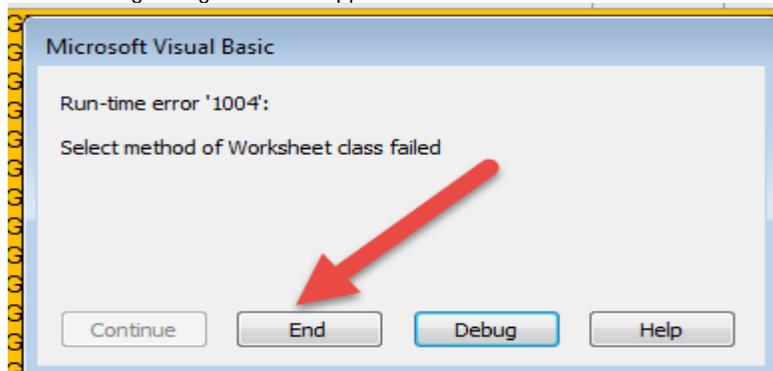


Assessment Record  
Closure Type Wizard

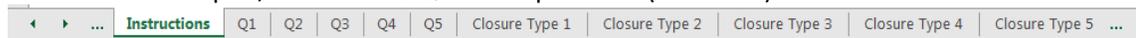
When you click on the link, the following dialogue message will appear, select "Enable Macros"



The following dialogue box will appear: Select "END"

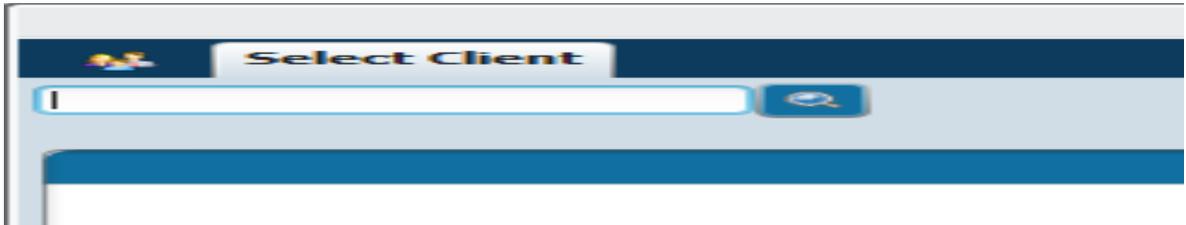


The Wizard will open, Click on the Q1 tab to proceed. ( As Below)



## Steps

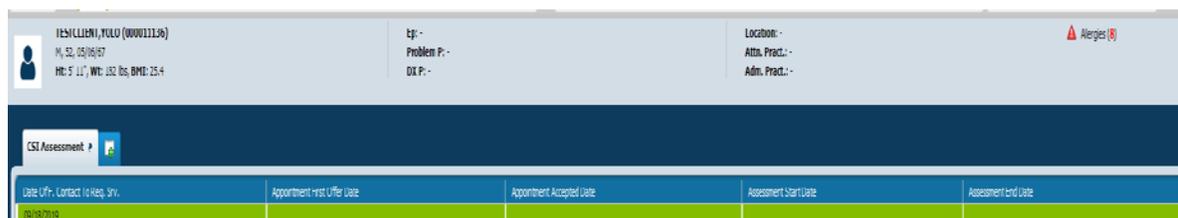
- Open the CSI Assessment form in Avatar
- Enter the client name (Name is in the format “Last Name, First name”) or enter the Medical Record Number (MR#) if known.



- Select the appropriate episode. **REMINDER**: the episode cannot be an Access episode.



- If the client has had a previous CSI Assessment record entered under the episode selected, the following options will be available for use: “Add”, “Edit”, “Delete” or “Cancel” at the bottom of the screen. Any existing entries will be displayed in the dialogue box.



- Click “Add” to add a new CSI Assessment record. The CSI Assessment form will appear as below:

- In the “Date of First Contact to Request Services” field, enter the date of the first contact. For contract providers, this information will be provided to you by Yolo County on the referral form. For internal providers, this date will be from the Access Log Contact Date field.

This information will be found on the referral form sent by the county.

**Heads Up!!**

- If a beneficiary presents with a need for crisis intervention, and they are NOT an existing client with the provider, provide the necessary services required and contact Yolo County 24/7 Access Line to initiate a referral/access contact. (24/7 Access Line (888)-965-6647 / TDD (800) 735-2929).

- In the “Referral Source” field, select the applicable Referral from the drop-down menu

**Heads Up!**

- Drop Down Selections are:

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

- In the field “Assessment Appointment First Offer Date”, enter the date the first assessment appointment was offered to the beneficiary. Always offer the first available appointment. *Compliance Note: DHCS requires first OFFERED Assessment Appointment be within 10 business days of “Date of First Contact to Request Services”*

- In the field “Assessment Appointment Second Offer Date”, if the first offered date is accepted, then no entry is required within this field. Otherwise, enter the date the second assessment appointment was offered to the beneficiary.

- In the field “Assessment Appointment Third Offer Date”, if the second offered date is accepted, then no entry is required within this field. Otherwise, enter the date the third assessment appointment was offered to the beneficiary.

**Heads Up!!**

- The next available offered date, MUST be entered for a different date. (Appointments offered for various times during the same day are not considered as next available offered date.)

If the client does not accept any of the offered assessment appointments and the case is closed the following fields will need to be completed:

- Date of First Contact to Request Services
- Assessment Appointment First Offer/Second Offer/Third Offer Date
- Closed out Date
- Closure Reason (**Select Closure Reason 1**)
- Referral Source

Closure Reason

- Beneficiary did not accept any offered assessment dates. 1
- Beneficiary accepts offered assessment date but did not attend initial assessment appointment. 2
- Beneficiary attends initial assessment appointment but did not complete assessment process. 3
- Beneficiary completes assessment process but declines offered treatment dates. 4
- Beneficiary accepts offered treatment date but did not attend initial treatment appointment. 5
- Beneficiary does not meet medical necessity criteria. 6

Closed Out Date

Enter date of case closure

T Y

- In the “Assessment Appointment Accepted Date”, enter the date of the appointment that was scheduled and accepted by the beneficiary. This can be the same date as the “Assessment Appointment First/Second or Third Offer Date” or a later date.

Assessment Appointment Accepted Date

T Y

If the client accepted the assessment appointment date but did not attend the first assessment appointment and the case is closed the following fields will need to be completed:

- *Date of First Contact to Request Services*
- *Assessment Appointment First Offered and/or Second Offered and/or Third Offered Date*
- *Assessment Appointment Accepted Date*
- *Closed out Date*
- *Closure Reason (**Select Closure Reason 2**)*
- *Referral Source*

Closure Reason

- Beneficiary did not accept any offered assessment dates. → 1
- Beneficiary accepts offered assessment date but did not attend initial assessment appointment. → 2
- Beneficiary attends initial assessment appointment but did not complete assessment process. → 3
- Beneficiary completes assessment process but declines offered treatment dates. → 4
- Beneficiary accepts offered treatment date but did not attend initial treatment appointment. → 5
- Beneficiary does not meet medical necessity criteria. → 6

Closed Out Date  [T] [Y] [ ]

Enter date of case closure

- In the field “Assessment Start Date”, enter the date of the first billable Assessment service (Service Codes 90791 or 90792)

Assessment Start Date  [T] [Y] [ ]

*If the client did not complete the assessment (medical necessity criteria could not be determined) and the case is closed the following fields will need to be completed:*

- *Date of First Contact to Request Services*
- *Assessment Appointment First Offer and/or Second Offer and/or Third Offer Date*

- *Assessment Appointment Accepted Date*
- *Assessment Start Date*
- *Closed out Date*
- *Closure Reason (Select Closure Reason 3)*
- *Referral Source*

1

Closure Reason

- Beneficiary did not accept any offered assessment dates. ➔ 1
- Beneficiary accepts offered assessment date but did not attend initial assessment appointment. ➔ 2
- Beneficiary attends initial assessment appointment but did not complete assessment process. ➔ 3
- Beneficiary completes assessment process but declines offered treatment dates. ➔ 4
- Beneficiary accepts offered treatment date but did not attend initial treatment appointment. ➔ 5
- Beneficiary does not meet medical necessity criteria. ➔ 6

Closed Out Date ➔ Enter date of case closure

Referred To

- In the “Assessment End Date” field, enter the date of the last billable Assessment service (Service Code 90791 or 90792). If the assessment was completed in one session, this date would be the same entry as in the field “Assessment Start Date”

Assessment End Date

Referred To

If the client does not meet medical necessity criteria and the case is closed, the following fields will need to be completed:

- Date of First Contact to Request Services
- Assessment Appointment First Offer and/or Second Offer and/or Third Offer Date
- Assessment Appointment Accepted Date
- Assessment Start Date
- Assessment End Date
- Closed out Date
- Closure Reason (**Select Closure Reason 6**)
- Referral Source
- Referred to

Closure Reason

- Beneficiary did not accept any offered assessment dates. → 1
- Beneficiary accepts offered assessment date but did not attend initial assessment appointment. → 2
- Beneficiary attends initial assessment appointment but did not complete assessment process. → 3
- Beneficiary completes assessment process but declines offered treatment dates. → 4
- Beneficiary accepts offered treatment date but did not attend initial treatment appointment. → 5
- Beneficiary does not meet medical necessity criteria. → 6

Closed Out Date  T Y

Enter date of case closure

Referred To

Managed Care Plan

Fee-For-Service Provider

Other (Specify)

No Referral

Select the appropriate place you referred the beneficiary to

**Heads Up!!**

*\* If medical necessity criteria is not met, a NOABD is required. Please notify the appropriate county representative.*

- In the “Treatment Appointment First Offer Date”, enter the date the client was OFFERED an appointment for treatment. This is only applicable when a client meets medical necessity criteria. This can be the same date as the “Assessment Start Date” or a later date.

Treatment Appointment First Offer Date

T Y

- In the “Treatment Appointment Second Offer Date”, if the first offered date is accepted then no entry is required within this field. Otherwise, enter the date of the second offered treatment appointment.

Treatment Appointment Second Offer Date

T Y

- In the “Treatment Appointment Third Offer Date”, if the second offered date is accepted then no entry is required within this field. Otherwise, enter the date of the third offered treatment appointment.

Treatment Appointment Third Offer Date

T Y

**Heads Up!!**

- The next available offered date for treatment, MUST be entered for a different date. (Appointments offered for various times during the same day are not considered as next available offered date.)

If the client refuses all treatment appointments offered and the case is closed the following fields will need to be completed:

- Date of First Contact to Request Services
- Assessment Appointment First Offer and/or Second Offer and/or Third Offer Date
- Assessment Appointment Accepted Date
- Assessment Start Date
- Assessment End Date
- Treatment Appointment First Offer and/or Second Offer and/or Third Offer Date
- Closed out Date
- Closure Reason (**Select Closure Reason 4**)
- Referral Source

Closure Reason

- Beneficiary did not accept any offered assessment dates. → 1
- Beneficiary accepts offered assessment date but did not attend initial assessment appointment. → 2
- Beneficiary attends initial assessment appointment but did not complete assessment process. → 3
- Beneficiary completes assessment process but declines offered treatment dates. → 4
- Beneficiary accepts offered treatment date but did not attend initial treatment appointment. → 5
- Beneficiary does not meet medical necessity criteria. → 6

Closed Out Date

Enter date of case closure

Referred To

- In the “Treatment Appointment Accepted Date” field, enter the date the client accepted and was scheduled for a treatment service. This can be the same date as the “Treatment Appointment First Offer/Second Offer/Third Offer Date following Assessment Start Date” or a later date.

Treatment Appointment Accepted Date

T Y

If the client did not attend the first treatment appointment service and the case is closed the following fields will need to be completed:

- Date of First Contact to Request Services
- Assessment Appointment First Offer and/or Second Offer and/or Third Offer Date
- Assessment Appointment Accepted Date
- Assessment Start Date
- Assessment End Date
- Treatment Appointment First Offer and/or Second Offer and/or Third Offer Date
- Treatment Appointment Accepted Date
- Closed out Date
- Closure Reason (**Select Closure Reason 5**)
- Referral Source

Closure Reason

- Beneficiary did not accept any offered assessment dates. 1
- Beneficiary accepts offered assessment date but did not attend initial assessment appointment. 2
- Beneficiary attends initial assessment appointment but did not complete assessment process. 3
- Beneficiary completes assessment process but declines offered treatment dates. 4
- Beneficiary accepts offered treatment date but did not attend initial treatment appointment. 5
- Beneficiary does not meet medical necessity criteria. 6

Closed Out Date  T Y

Enter date of case closure

Referred To

- In the “Treatment Start Date”, enter the date that the first treatment service was rendered.



The following fields will need to be completed:

- *Date of First Contact to Request Services*
  - *Assessment Appointment First Offer and/or Second Offer and/or Third Offer Date*
  - *Assessment Appointment Accepted Date*
  - *Assessment Start Date*
  - *Assessment End Date*
  - *Treatment Appointment First Offer and/or Second Offer and/or Third Offer Date*
  - *Treatment Appointment Accepted Date*
  - *Treatment Start Date*
  - *Referral Source*
- In the “Include in CSI Submission?” field, select N to have the entry of the record be excluded from the CSI State Submission or Y to have the entry of the record included in the CSI State Submission.



**Heads Up!!**

*\*When a final determination of the record is complete I.E. either a) the beneficiary case has been closed (one of the closure reasons applies) or b). a treatment has been rendered, “Y” should be selected in the” Include CSI Submission?” field.*

- Once the entry has been completed, select the “Submit” file.

