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

Search Forms CSI Assessment	2019-08-05
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: When you click on the link, the following dialogue message
Closure Type Wizard will appear, select "Enable Macros"
Microsoft Excel Security Notice
Microsoft Office has identified a potential security concern.
Warning: It is not possible to determine that this content came from a trustworthy source. You should leave this content disabled unless the content provides critical functionality and you trust its source.
File Path: Book3
Macros have been disabled. Macros might contain viruses or other security hazards. Do not enable this content or less you trust the source of this file. <u>More information</u> <u>Enable Macros</u>
The following dialogue box will appear: Select "END"
G Microsoft Visual Basic
Run-time error '1004': Select method of Worksheet class failed
Continue End Debug Help
The Wizard will open, Click on the Q1 tab to proceed. (As Beloe) • Instructions Q1 Q2 Q3 Q4 Q5 Closure Type 1 Closure Type 2 Closure Type 3 Closure Type 4 Closure Type 5

Steps

r

- > 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 Client
[

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

A Hone	🛉 yolo T					Preferences Lock Sign Out Switch Holp 😨
4	TESTCLIENT, YOLO (000011136) N, 52, 65/06/67 Ht: 5' 11", Wt: 182 lbs, BMI: 25.4		Ey: - Problem P: - DX P:		Location: - Attn. Pract.: - Adm. Pract.:	🛕 Allergies (8)
CSLAS	ssessment e 🚺					
Name: TD: Sex: Date of D	YOLO TESTOLIDIT 11.156 Male Bathle 05/06/1967					
Epsode		Ptogram		Start		End
51		24446A FSP FPISIODE		09/13/2019		
43		1HHSA MHEPISODE		07/01/2018		
33		1 HHSA MH EPISODE		07/12/2017		04(30)2018
32		TURNING PODIT #SP		07/01/2017		07/03/2017

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.

l	Add	Edit	<u>D</u> elete	<u>C</u> ancel	
ł	165(L161),7000 (000011106) M, S2, (51%)07 HD 5 117, WD 382 DS, BHD 25.4	tji - Poblem P D I.P		Locabon: - Atta, Prac.: - Adm, Prac.: -	A Hegies (8)
	(SI Assessment ?				
	iale Cif+, Contact I o Kleq, Srv. 19/18/2019	Apportment Hist Uffer Date	Appontment Accepted Date	Assessment StartUlate	Assessment End Uble

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

M, 52, 05/06/67 Ht: 5' 11", Wt: 182	(000011136) bs, BMI: 25.4	Ep: 51 : Victor Community Support-MH Problem P: - DX P: -
CSI Assessment		
Submit	Date Of First Contact To Request Services 07/01/2019 T Referral Source Fee-For-Service Provider Assessment Appointment First Offer Date 07/02/2019 07/02/2019 T Y Assessment Appointment Second Offer Date 1 07/02/2019 T Y Assessment Appointment Second Offer Date 1 07/02/2019 T Y Assessment Appointment Third Offer Date 1 07/02/2019 T Y Assessment Appointment Accepted Date 1 07/07 Y 1 Assessment Start Date 1 07/07 Y 1 Assessment End Date 1 07/07 Y 1 Treatment Appointment First Offer Date 1 07/07 Y 1	Treatment Appointment Second Offer Date

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
Date Of First Contact To Request Services	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

Referral Source

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	State Hospital
Justice	Street Outreach
Medi-Cal Managed Care Plan	

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"

-Assessment Appo	pintment	: First Of	fer Date —	
	T	Y		

➤ 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.

Assessment	Appointmer	nt Secol	nd Offer Date	
02/07/2020		Y	-	

➤ 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
- o Assessment Appointment First Offer/Second Offer/Third Offer Date
- o Closed out Date
- o Closure Reason (Select Closure Reason 1)
- Referral Source

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

Closed Out Date	Enter date of case closure	
Referred To		

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	Appointmen	nt Accept	ed Date
		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
- o Assessment Appointment Accepted Date
- o Closed out Date
- o Closure Reason (Select Closure Reason 2)
- o Referral Source



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

-Assessment Start Date-	

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:

- o 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		
	O 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
	O Beneficiary does not meet medical necessity criteria.	\diamond	6
	Closed Out Date TY Enter date of case closure		
	Potorrod 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"



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

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

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
	O Beneficiary does not meet medical necessity criteria.	6
2	Closed Out Date TY Enter date of case closure Closed Out Date TY Closed Out Date TY Closed Out Date TY	
	Dotorrod 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	
2	

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	

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.



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:

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



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:

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



In the "Treatment Start Date", enter the date that the first treatment service was rendered.



The following fields will need to be completed:

- o Date of First Contact to Request Services
- Assessment Appointment First Offer and/or Second Offer and/or Third Offer Date
- o Assessment Appointment Accepted Date
- Assessment Start Date
- Assessment End Date
- Treatment Appointment First Offer and/or Second Offer and/or Third Offer Date
- o Treatment Appointment Accepted Date
- Treatment Start Date
- o 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.

-Include in CSI Submission?	
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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.

