

CSI Assessment Tip Sheet

This Tip Sheet may change as our trainings and systems are updated. Please visit our website <https://dhs.saccounty.gov/BHS/Avatar/Pages/Avatar.aspx> for the most updated version. If any additional help is needed you can contact us at Avatar@saccounty.net.

What is the CSI Assessment Form?

The CSI Assessment form is required for outpatient mental health providers. The form tracks timeliness from the moment of first contact with the client to their first treatment appointment. This is only required for new clients. A new client is defined as a client who has not received Medi-Cal reimbursable services within the last three years. This form will begin in the provider episode at first contact with the client. If the Access team admits clients into your program they will be the ones to begin the form. If your program does your own admissions, your program will begin the form. This is a living document and can be submitted and re-opened as many times as needed.

CSI Assessment Form

The screenshot shows the 'CSI ASSESSMENT' form interface. On the right side, there is a widget titled 'LAST SERVICE IN THE PAST 3 YEARS' which displays 'ServiceDate' and 'Service' as 'None in the last 3 years'. A red number '1' is placed next to this widget. The main form area contains several fields, each with a red number indicating its importance or order: 2 (Date Of First Contact To Request Services), 3 (Referral Source), 4 (Assessment Appointment First Offer Date), 5 (Assessment Appointment Second Offer Date), 6 (Assessment Appointment Accepted Date), 7 (Assessment Start Date), 8 (Assessment End Date), 9 (Treatment Appointment First Offer Date), 10 (Treatment Appointment Second Offer Date), 11 (Treatment Appointment Accepted Date), and 12 (Treatment Start Date). The form also includes 'Submit', 'Discard', and 'Add to Favorites' buttons at the top right.

1. The widget on the right-hand side will show if the client has had Medi-Cal reimbursable services in the last 3 years. This will let you know if the client is considered New. If there are services listed in the widget you do not need to complete this form. If it indicates None, then this form will need to be filled out.

2. Enter the Date of First Contact to Request Services. If the Access Team does your admissions they will complete this field. This date will be the date the client requested mental health services.
3. Indicate the Referral Source. If the Access Team does your admissions they will complete this field.
4. Enter the Assessment Appointment First Offer Date. This will be the date you offered the client an assessment (the date of assessment not today's date). If the client accepts this assessment date skip step 5. If the Access Team does your admissions they will complete this field.
5. If the client does not accept the first assessment date there are two additional fields for a second and third offered date. Click the tab button to activate each of the fields. If more than three dates are offered you will only need to document the first three.
6. Enter the date the client accepted for their first assessment appointment. The form will most likely be submitted at this time.

The screenshot shows a web form titled "CSI ASSESSMENT". On the left is a sidebar with "CSI Assessment" selected, and links for "Online" and "Documentation". The main form area contains several fields:

- Date Of First Contact To Request Services ***: A date field with "03/03/2022" entered, a calendar icon, and a tab button with "T" and "Y" options.
- Referral Source**: A dropdown menu with "Select" and a clear button (x).
- Assessment Appointment First Offer Date ***: A date field with "03/04/2022" entered, a calendar icon, and a tab button with "T" and "Y" options.
- Assessment Appointment Second Offer Date**: An empty date field, a calendar icon, and a tab button with "T" and "Y" options.
- Assessment Appointment Third Offer Date**: An empty date field, a calendar icon, and a tab button with "T" and "Y" options.
- Assessment Appointment Accepted Date**: A date field with "03/04/2022" entered, a calendar icon, and a tab button with "T" and "Y" options.

7. When the client shows up for their assessment enter in the Assessment Start Date. This will most likely be the Assessment Appointment Accepted Date, however it can differ if the client reschedules or misses their appointment. If that is the case the Assessment Appointment Accepted Date does not need to be changed, neither do the additional Assessment Appointment Offered Dates.
8. Enter the Assessment End Date. If they finish their initial assessment on the same day it will be the same date as above. If the assessment is completed on a later date enter the date it was completed.
9. Enter the Treatment Appointment First Offered Date. If the client accepts this appointment date skip step 10.
10. If the client does not accept the first appointment date there are two additional fields for a second and third offered date. Click the tab button to activate each of the fields. If more than three dates are offered you will only need to document the first three.

11. Enter the Treatment Appointment Accepted Date.
12. When the client shows up for their first treatment appointment enter the Treatment Start Date. Once this date has been entered the form is considered complete and the CSI data is ready for submission.

Closure Reason 13

- 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.

Closed Out Date 14

T Y

Referred To 15

- Managed Care Plan
- Fee-For-Service Provider
- Other (Specify)
- No Referral

Referred To Other

Include in CSI Submission? * 16

N Y

13. If the client does not continue and discharges from the program before their first treatment appointment you will complete the form by selecting a Closure Reason. This field is only required if the client does not continue at any point of the process. Choose whichever option is most applicable. The client will still need to be discharged from the program. If a Closure Reason is selected, you will need to also add a Closure Date. In this instance, the form is considered complete and data can be included in the CSI submission.
14. If a Closure Reason is given enter the date the form was closed out.
15. Indicate if there were any referrals given to the client.
16. This field should be marked as N for No until the form has been completed (there is a Treatment Start Date or Closure Reason). If this is marked as Y for Yes prior to this, the data sent to the state will be incomplete. Once the form is completed change the option to Y.