

# FAQ's to QI Presentation and Provider Meetings



<b>Request for Service Log/Access Time Responses</b>	
<b>QUESTION</b>	<b>ANSWER</b>
<i>Regarding Request For Services/Wait Time Logs Monthly Report: We are school-based and our program manager does not see the referrals we get from P.O.C. at the schools. It would make the most sense for each of us to do our own form. Otherwise, we would have to create our own form, submit to Manager and have him enter the data. Is this an option?</i>	BHS is requiring the use of the revised Request for Services/Access Times form. Each school site can use one Request for Services Log and then send to the program manager for consolidation into one monthly report.
<i>My program does not currently use Request For Service/Wait Time log- unclear about something about this becoming mandatory. Wait Times are now tracked, calculated and reported quarterly to COR on QSR Reports.</i>	While all programs serving Medi-Cal clients are required to complete the Request for Services Log/Access Time report, only outpatient programs are required to submit their reports monthly to QI. Non-outpatient programs should contact their CORs to find out if they are required to complete the Request for Service Log/Access Times report.
<i>Is the Request For Service/Wait Time Log mandatory? My program is based at a shelter and only provides services to the children at the shelter. We do not have wait times nor do we get inquiries about a referral to our program</i>	While all programs serving Medi-Cal clients are required to complete the Request for Services Log/Access Time report, only outpatient programs are required to submit their reports monthly to QI. Non-outpatient programs should contact their CORs to find out if they are required to complete the Request for Service Log/Access Times report.
<i>Will the Request For Services/Wait Log be implemented with ACT Mode Treatment? If so, where will this be located and how can we access the form?</i>	While all programs are required to complete the Request for Services Log/Access Time report, only outpatient programs are required to submit their reports monthly to QI. Non-outpatient programs should contact their CORs to find out if they are required to submit the Request for Service Log/Access Times report. The form has been sent out to all providers via email.
<i>My concern is about date of referral and date of contact discrepancy. We often reach out to families when referred but don't get in contact /reach them to schedule until some time after referral is made. This would make our program inaccurately appear to have a long wait time.</i>	Please refer to page 9 of the Request for Service Log/Access Times Manual. Access time is calculated from the date of inquiry to the first available appointment offered. The time between referral and first contact with the client/family is not included in the calculation of the access times.
<i>My program has 3 location (3 unit/subunits). - We currently consolidate data into 1 QSR (not one for each location). Will we need 3 waitlist reports?</i>	Only one Request for Services Log/Access Times report is required. Embedded into the new Request for Services Log/Access Times form are tabs for up to three sub units. Each sub unit will be tracked on its own tab. The Totals tab will consolidate the data from each of the individual sub unit tabs.
<b>1</b> Does the wait time log/Request For Services Log replace the Adult AWLR report? <b>2</b> Can you send out the schedule of which meetings you will be attending in August/Sept for RSL/Wait Times log?	<p><b>1) Yes, the new Request for Services Log/Access Times report replaces the AWLR report currently used to report wait times. Any components not embedded in the new form will be added to the QSR.</b></p> <p><b>2) We will be attending Provider meetings in August and September (see dates below):</b></p> <ul style="list-style-type: none"> <li>-Children's North County Provider mtg. at Palomar Family Counselling in Escondido on 9/9/14 from 1-2:30 pm.</li> <li>-Children's South/East County Provider mtg. is in Garden Room on 9/16/14 from 1-2:30 pm.</li> <li>-Children's JFS/CWS/Day Services Provider mtg. is in Garden Room on 9/19/14 from 8:30 am -10:am.</li> <li>-Children's Central/N. Central Provider mtg. is in Garden Room on 9/23/14 from 1:00 pm -2:30 pm.</li> </ul>

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<p><b>1</b> <i>Is it possible to get a weekly summary of wait time because the AWLR requests weekly wait times not monthly? Can the RFS/wait log be due on 20th of month to coincide with AWLR &amp; QSR?</i></p>	<p>A weekly summary will no longer be required. Access times will be reported monthly. The Request for Services Log/Access Times report will replace the AWLR and will be due on the 15th of each month, which is a separate submission from the QSR.</p>
<p><i>It would be extremely helpful to have an Anasazi report that could be run daily to identify any progress notes, assessments....due that day. Is the wait time log for use with O.P. clinics only?</i></p>	<p>Daily reports are not currently available. Yes, access times are collected for outpatient programs only, however, completion of the Request for Services Log/Access Times report is mandatory for all programs serving Medi-Cal clients. Non-outpatient programs should contact their CORs to find out submission requirements for the Request for Services Log/Access Times report.</p>
<p><i>My program provides group services as its primary treatment modality. If a referral comes in, we will offer the parent/child the date for the next round of groups if it is mid-group cycle. This could be 2-3 months later. How would that impact the wait time report?</i></p>	<p>Due to the program's special circumstances, please contact Kris Summit at <a href="mailto:Kristopher.summit@sdcounty.ca.gov">Kristopher.summit@sdcounty.ca.gov</a> for information.</p>
<p><i>Can the request for services log be more inclusive to other ethnicities specifically the Latino populations?</i></p>	<p>Please refer to page 5 of the Request for Service Log/Access Times Manual. The Race/Ethnicity categories used in the Request for Services Log/Access Time form correspond with those used in Anasazi. The "Hispanic/Latino" value is in the Request for Service Log/Access Times with the value of "O."</p>
<p><i>People on our wait list may not have an Anasazi ID# because they are not registered in Anasazi yet. How do we report these clients? Will it count against us if an appointment is made but parents declined the first available appointment and requested one later, i.e. 3 weeks in future due to vacation?</i></p>	<p>The Anasazi ID can be entered later if it becomes available, or a client's name/ initials can be entered in that column- as program's need to be able to identify the individual services are being requested for. The access time is calculated using the first available appointment date so it would not count against the access time if a client declines the first available appointment and requests one later. Please refer to Page 4 of the Request for Services Log/Access Time Manual.</p>
<p><i>What if client cancels/no shows to intake appt and gets rescheduled?</i></p>	<p>As noted on Page 4 of the Request for Services Log/Access Time Manual, client cancellation/no show does not count against access times. Access time calculation is based on initial contact to first offered appointment.</p>
<p><i>I understood that if a youth was given an intake appointment, they are not on a waitlist &amp; those on a waitlist don't have an appointment? Sometimes our date of inquiry is a fax from school (a 3rd party) and we are not sure even if this referral is valid (maybe no medical)-doesn't seem right to have that wait time calculated.</i></p>	<p>This is not a wait list, but is a Request for Services/Access Times log that records all requests for services you program receives. Please discuss any questions regarding "wait lists" with your COR. As noted on Page 3 of the Request for Services Log/Access Time Manual, upon receiving the referral fax, staff enters client name and date of referral. When contact is made with the client, that date would be the date of inquiry. Based on validity of referral, outcome would be documented under disposition. Comments can also be added under "Comments for Clients". Please also refer to Page 8 of the Request for Services Log/Access Time Manual.</p>

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<i>If a referral comes in but we refer to another agency, do we still count it on wait list if customer still wants to stay on our "wait list"?</i>	This is not a wait list, but is a Request for Services/Access Times log that records all requests for services you program receives. If a referral is received, it would be entered on this log and the appropriate disposition code should be selected.
<i>If we have someone walk-in on 7/1/14 and client is invited to return the next day 7/2/14, but they cannot be seen on the same day (walked in); technically that is the 1st available date offered and if for any reason were not seen, they would again return the next day. If client returned on 7/3/14 and was seen, would the first available date noted be 7/3/14?</i>	Walk In clinics/components offer a unique situation, as they do not offer appointments. The access time would be calculated from the day the client walks in (and request services) to when they are seen by the walk in program. Based on the example provided, the date of contact would be 7/1/14 and the "first available appointment" column would indicate 7/3/14 since that is the date the client was seen.
<i>For some children's outpatient programs referrals are generally 3rd party providers. Although we receive referral by date 1, we may not make live contact until date 2. Therefore first available appt is not until date 3. Is there a way to remove the time between date 1 and date 2 as part of wait time?</i>	Please document referral date in specific column on the Request for Service/Access Time log. The date of inquiry column would indicate the date of first contact with client/family. Access time is calculated from the date of inquiry to the first available appointment offered. The time between referral and first contact with the client/family is not included in the calculation of the access times.
<i>Many "adult" programs serve age 18+--so suggest an additional tab for that--unless this field is based on age of prospective client</i>	It is unclear which field is being referred to so please contact <a href="mailto:BHSQIPOG@sdcounty.ca.gov">BHSQIPOG@sdcounty.ca.gov</a> for a specific response. Note at the top of the Request for Services Log/Access Time form, however, that each program should select the Program Type from the drop down menu that best describes their target population. If you have questions about which Program Type to select, please contact your COR.
<i>Programs with no available appointments at the time of inquiry give the clients the option to be referred to another program that has appointments available. Sometimes the clients decline and request to remain on the wait list until an appointment comes available. Will those clients count against the program's access time?</i>	In the case of a client voluntarily remaining on the waitlist, despite having been given the opportunity to go to a diverent provider, the program should note that in the Client Comments field, and it will be given consideration when the monthly Access Time report is compiled.
<i>Sometimes English speaking clients have parents/caregivers who prefer another language. Should the preference language be that of the child or of the parent/caregiver?</i>	If a language other than English is needed to conduct the assessment – it is recommended to use the parent’s preference, since in most cases clinician will have to communicate with the parent of a minor. This can be noted in the Client Comments field.
<i>Is the Race field mandatory? If the first contact with a client is by phone, programs are hesitant to ask that question, since some clients are offended by it.</i>	Yes, the Race/Ethnicity" field is mandatory and required by the State. Providers can enter the race information later when they are face to face with the client. If the client gives more than one race, the primary one should be used.
<i>Sometimes there is a lag between intake and when the first available appointment is offered while the program determines Medi-Cal eligibility. Does this count against the access time?</i>	This does not affect the access times because the date of inquiry would be the date the client is contacted and offered an appointment.

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<i>What happens when program is trying to contact a client to give them an appointment and cannot reach them, and by the time they reach them the appointment is further in the future?</i>	The client should be added to the log with the Date of Inquiry field left blank. Select disposition code "unable to reach". When the client is contacted and offered an appointment, the date of that contact would be the date of inquiry.
<i>Programs are concerned that using calendar days rather than business days to calculate wait times, their access times will be skewed if a client calls in on a Friday, and the first available appointment is on the following Monday. Where this scenario would result in 1 wait day during the week, it would be 3 over a weekend.</i>	Access times are calculated by calendar days as our routine access time goals are within 8 calendar days for A/OA and within 5 calendar days for CYF. Please refer to C.1 of the Organizational Provider Operation Handbook.
<i>What if a client makes contact in one month, but an appointment is not available until the next month? How would that be entered on the monthly log?</i>	You may "copy" and "paste" client information from one worksheet to another for carryover. "Copy" and "paste" is available from columns "A" to "K", Columns M" and "N", "P" and "Q", and "AS" to "AZ". Please note that protected columns that have the "Access Times" calculations can not be copied.
<i>Can programs use a continuing log rather than cutting it off each month?</i>	The log needs to be conducted and submitted monthly. Programs can keep a separate continuous log, but should keep in mind that there are only about 400 rows on each sub unit tab that are included in the "Totals" calculation.
<i>Is the referral date on the log the date the referral is received at the program, or the date the client is referred out?</i>	There are now two dates available for referrals on the form. One for referral received, the other for referred out.
<i>Can a "Client Name" column be added? It is easier to refer to clients by name or initials, rather than Anasazi ID. Also, sometimes the program won't know the Anasazi ID at intake.</i>	The Anasazi ID field is a text field, providers can type in client name or initials if they prefer. Please remove this information before submitting to BHS. See page. 14 in the manual for instructions.
<i>We need to track referrals for the QSR – can they been tabulated in the totals page?</i>	The total number of referrals has been added to the "Totals" page.
<i>Sometimes a client is in treatment for a while before the clinician determines he or she needs to see a psychiatrist. Would the psych wait time be calculated from the first time the client came in?</i>	No. The date the clinician decides the client needs to see the Psychiatrist would be the date of initial contact, so the client would be entered in the log a second time with that date to calculate the Psychiatrist Access Time, which is separate from the Mental Health Access Time.