

The County of San Diego, Behavioral Health Services

Request for Service Log/Access Times Manual

“How To” for completing the Access Times form.



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Request for Service Log/Access Times Form Manual

The instructions below have been provided to assist in completing the updated “Monthly Access Times” form. The access times form was created for better standardization and reporting and it will be used on an ongoing basis. Please be aware only outpatient programs are required to submit their reports monthly to QI for tracking of access times. Please check with your COR if you are required to submit the Request for Services Log.

Please submit all completed Access Time logs to BHSQIPOG@sdcounty.ca.gov and BHS-COTR.HHSA@sdcounty.ca.gov by the 15th after the reporting month.

Note: Please have more than one person trained in completing the log, to ensure the timely submission of the log.

GENERAL INFORMATION:

In Section 1. “General Information,” please enter the appropriate information.

Please note that information entered into the “General Information” section of the “SubUnit 1” worksheet will automatically populate in the “General Information” section of the “SubUnit 2” and “SubUnit 3” worksheets, with the exception of the “Sub Unit Number” field.

County of San Diego - Health and Human Services Agency
Mental Health Services
 MONTHLY ACCESS TIMES REPORT

1. GENERAL INFORMATION:							
Contractor Name		Program Type		Provider Type		Report Period	
Program Name		Contract Number		Date Submitted		Contract Phase	
Sub Unit Number							
Sub Unit ID							

2. REQUEST FOR SERVICES LOG WITH ACCESS TIMES								
Client Initial Contact with Program								
Date of Inquiry	Client Assesmt Number	Questions/Problems/Issues	Service Language Preference	Race/Ethnicity	Measure of Contact	Response Code	Benefit Code	Disposition Code

Note: *It will be the provider’s responsibility to keep the “General information” up to date. This is to ensure that information is accurate on an ongoing monthly basis. Please save a blank template for your records to be used monthly.*

- Drop down lists are found in the following fields for the “General Information” section (please select the appropriate types for your program):

- **Program Type**

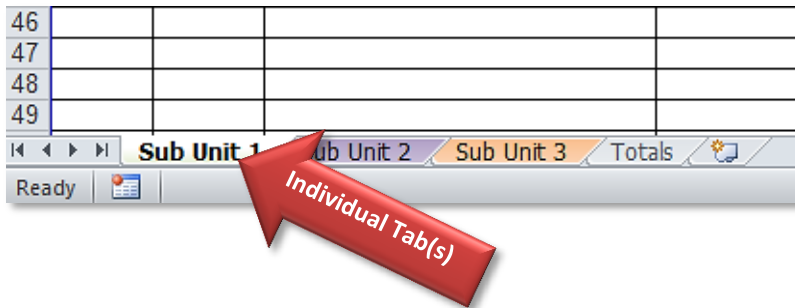
Program Type	
Provider Type	1 - Adult
Report Period	2 - Older Adult
Date Submitted	3 - Transitional Age Youth
Contract Phase	4 - CYF

- **Provider Type**

Provider Type	
Report Period	1 Contracted
Date Submitted	2 County Operated

SUBUNITS AND “TOTALS” TABS:

- Each workbook will have a separate tab for each Sub Unit.



Note: Please do not enter multiple Sub Units in the “General Information” field on one tab. **Do not insert additional sub unit tabs** – the sub unit tabs are connected to the Totals tab with many calculations, and inserting tabs throws off those calculations. The information on the inserted tabs will not be reflected in the totals. If your program has more than three sub units, use a separate tool for the other sub units.


REQUEST FOR SERVICES LOG WITH ACCESS TIMES:

2. REQUEST FOR SERVICES LOG WITH ACCESS TIMES					
					Client Initial Contact with Program
Date of Inquiry	Client Anasazi Number	Questions Problems Issues	Service Language Preference	Race/Ethnicity	Manner of Contact

- “Date of Inquiry”: When clicking in the “Date of Inquiry” field, the format instructions are provided. The “Date of Inquiry” is the date of first contact with the individual or family, which would include date of walk-in, telephone and electronic contact. **NOTE:** In case of a referral, the Date of Inquiry is the date when actual contact is made with the client and/or family. The referral date is not the date of inquiry unless the provider contacts and reaches the client on the same day the referral is received.
- When a “Date of Inquiry” is entered, this is the start date from which the Access time is calculated to the “First Available Appt.” *Note: The same calculation is used for the “Psychiatric Assessment” section.*

Date of Inquiry	Client Anasazi Number or Client Initials
01/01/14	

Mental Health Assessment		
Appt Date Chosen	First Available Appt	Access Time (Days)
	01/07/14	6



Although the “First Available Appt” is offered to the client, the client may not be able or willing to accept, and a different date may be chosen that is more convenient. In this instance the chosen date should be entered in the “Appt Date Chosen” field.

- If an “Appt Date Chosen” is after the “First Available Appt”, this **WILL NOT** increase the access times, as an earlier appointment was offered but was not taken (illustrated below).

Mental Health Assessment		
Appt Date Chosen	First Available Appt	Access Time (Days)
01/10/14	01/07/14	6
Appointment Date Chosen Enter the appointment date chosen by the client. Date format mm-dd-yy.		

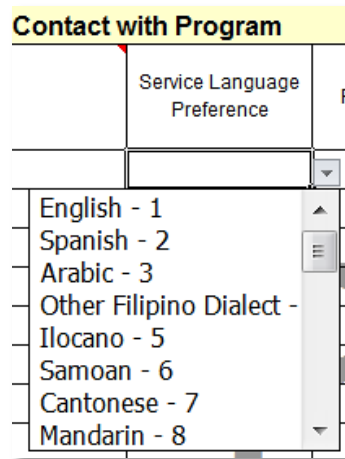
Note: If a client is offered a referral to another program, but prefers to remain on the waitlist even if the wait will be a long one, this should be noted in the Client Comment field to be considered by QI when reporting the total access times for that program. This information will be noted by QI and the COR.

When a client is offered an appointment, but declines the appointment because he or she prefers to wait for a specific clinician, although they were offered an earlier appointment with another clinician, the disposition code would be 1 – Appointment Made, and the date of the offered appointment would be the First Available Appointment date.

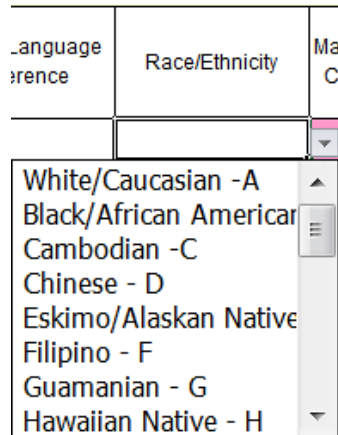
WORKSHEET FIELDS:

- “Client Anasazi Number or Client Initials”: Enter the appropriate Client ID number or Client Initials if available. **Please remove all client information from the log before sending it.**

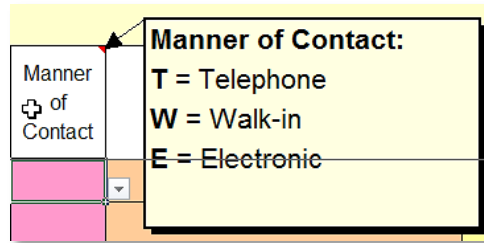
- “Questions Problems Issues”: Enter the appropriate “Questions,” “Problems,” and/or “Issues” for client(s).
- “Service Language Preference”: Enter the “Service Language Preference” that is desired by the client and or caregiver. A drop-down menu is provided and is required to be used.
- If “Service Language Preference” is not known at the “Date of Inquiry,” please select “Unknown/Not Reported – U” (scroll all the way to the end of the drop down list). Please don’t leave it blank or it will not be picked up in the totals. If the information becomes available before the end of the reporting month, the Service Language Preference can be updated.



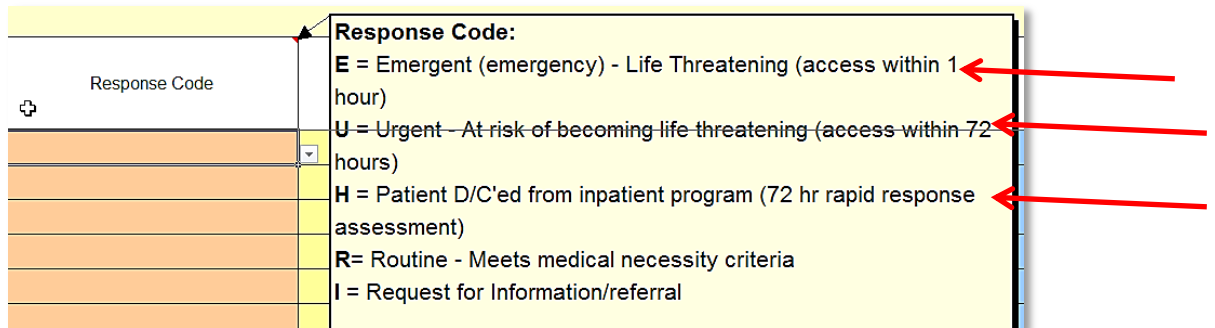
- “Race/Ethnicity”: Enter the “Race/Ethnicity” that is self-identified by the client. A drop-down menu is provided and is required to be used.
- If “Race/Ethnicity” is not known at the “Date of Inquiry,” please select “Unknown/Not Reported – 9” (scroll all the way to the end of the drop down list). Please don’t leave it blank or it will not be picked up in the totals. If the information becomes available before the end of the reporting month, the Race/Ethnicity can be updated.



- “Manner of Contact”: Enter the appropriate “Manner of Contact” for client(s). A drop-down menu is provided and is required to be used.



- “Response Code”: Enter the appropriate “Response Code” for client(s). A drop-down menu is provided and is required to be used.



Please note, Response Codes E, U and H have time requirements attached to them. When you use those codes, be sure you adhere to those time requirements.

Title 9 defines an **“Emergency Psychiatric Condition”** as a condition in which the client, due to a mental disorder, is an imminent danger to self or others or is immediately unable to provide for or utilize food, shelter or clothing. This situation indicates an immediate need for psychiatric inpatient hospitalization or psychiatric health facility services. Client must be seen within one (1) hour of initial client contact/ referral.

Title 9 defines an **“Urgent Psychiatric Condition”** as a condition, which without timely intervention, is certain to result in an immediate emergency psychiatric condition. Client must be seen within seventy-two (72) hours of initial client contact/referral.

When using response code **H – Patient Discharged from Inpatient Facility**, be sure that the inquiry date reflects the actual discharge date of the client, not the date the hospital contacts

the provider to let them know the client is being discharged. Client must be seen within 72 hours of discharge date.

When coding a client E, U or H, make sure the time requirements are adhered to. To indicate urgency for clients who do not meet the Title I definition, please use the Client Comments field or an internal tracking mechanism.

- “Benefit Code”: Enter the appropriate “Benefit Code” for client(s). A drop-down menu is provided and is required to be used. If “Benefit Code” is not known at the “Date of Inquiry,” enter the information upon meeting with the client.

+	Benefit Code

Benefit Codes:

MC = MediCal

ME = MediCare

MM = MediCal/MediCare

NO = No Insurance

OH = Other/Private Insurance

PB = Probation/Parole

TC = Tricare

VA = Veterans Admin

- “Disposition Code”: Enter the appropriate “Disposition Code” for client(s). A drop-down menu is provided and is required to be used.

+	Disposition Code

Disposition Codes:

1 = Made Appointment

2 = Referred out for ROUTINE services

3 = Referred out for URGENT services

4 = Multiple attempts made; no response

5 = Referred out for NON-MH services

6 = No Appointment/Declined Appointment

7 = Referred to Community Clinic or Primary Care Physician

Note: When Disposition Code 1 – Made Appointment is used, there must be a First Available Appointment date entered.

“Mental Health Assessment,” “Psychiatric Assessment,” and Referrals:

Mental Health Assessment			Psychiatric Assessment			Referred Client To:	Date of Referral (Client To)	Comments for Client(s)	Received Referral From:	Date of Referral (Received From)
Appt Date Chosen	First Available Appt	Access Time (Days)	Appt Date Chosen	First Available Appt	Access Time (Days)					

- In the “Mental Health Assessment,” and “Psychiatric Assessment,” these sections are used for requests related to Mental Health and Psychiatric Assessments, as applicable. The “First Available Appt” date should be entered. This will calculate the “Access Time (Days).” The “Appt Date Chosen” field should also be entered for tracking purposes. This will not be utilized to calculate the Access Time.
- Please report Psychiatric Access Times. If a client had his or her mental health assessment, and at some point later the therapist decides the client should see a psychiatrist, the client should be entered on the log again with a new date of inquiry. The date of Inquiry would be the date the therapist decides the client should see a psychiatrist.
- If Disposition code 7 – Referred to Community Clinic or Primary Care Physician is used, enter the name of the clinic or physician in the “Referred To” column. This is the facility that the client is being referred to.

COMMENTS:

- **“Program Comments”** These are informational comments that are all encompassing to the program or trend related explanations, as needed. **Any access times over 5 (CYF) or 8 (AOA) days for Mental Health Assessments and over 30 days for Psychiatric Assessments must be addressed in the Program Comments field.**
- **“Comments for Clients”** These are any applicable comments used for individual clients. For example, outlining multiple attempts made to contact individual/family. Also note in this field if a client/caregiver elects to remain on the wait list even though they were offered a referral to another program.

Program Comments
Comments for Client(s)

REFERRALS:

- Enter the “Referred Client To” information. If applicable, where did Clinic/Program refer client to as no appointment was available in this program. This includes FQHC/Comm. Clinics.

Referred Client To:
XYZ Program

- Enter the “Date of Referral (Client To)” date, if applicable.

Date of Referral (Client To)
01/05/2014

- Enter the “Received Referral From” information. If the “Received Referral From” question is not applicable, leave this field blank.

Received Referral From:
XYZ Program

- Enter the “Date of Referral (Received From)” information. If the “Date of Referral (Received From)” question is not applicable, leave this field blank.

Date of Referral (Received From)
01/06/2014

Additional Information:

Although providers may keep a running log for their convenience, the logs must be submitted monthly. The Date of Inquiry determines the month the client is reported in. Clients that are

referred in one month, and are reached for the first time in the following month, belong on the log for the following month (the date of that first contact will be the Date of Inquiry).

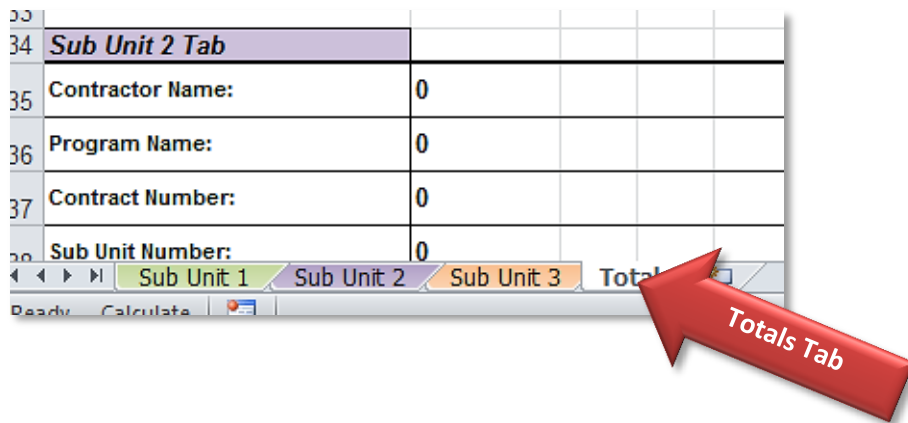
If the referral is received in March, and the client is contacted in March, the entry should be on the March report.

If the referral is received in March, and the client is contacted in April, the entry should be on the April report.

Please use an original log for each month. Using copies of the previous month will eventually corrupt the calculations and you will see **=#REF!** Instead of the calculated access days.

TOTALS TAB:

- Each workbook will have a Totals tab and will consist of the cumulative numbers for all subunits formulated for that reporting month.



TOTALS FIELD DEFINITIONS

The totals sheet has the following total fields that are defined below:

ALL SUBUNIT TOTAL
Service Preferred Language
Total Count
<i>MH Average Access Time By Preferred Language</i>
<i>PA Average Access Time By Preferred Language</i>
Race Ethnicity
Total Count
<i>MH Average Access Time By Race Ethnicity</i>
<i>PA Average Access Time By Race Ethnicity</i>
Manner of Contact
Total Count
Response
Total Count
<i>MH Average Access Time By Response</i>
<i>PA Average Access Time By Response</i>
Benefits
Total Count
Dispositions
Total Count
<i>MH Average Access Time</i>
<i>MH Access Time Total Days</i>
<i>PA Average Access Time</i>
<i>PA Access Time Total Days</i>
<i>Total Inquiry Count For MH</i>
<i>Total Inquiry Count For PA</i>
Total Inquiry Count

of "Referred Clients To"
0
of "Received Referrals From"
0

SERVICE PREFERRED LANGUAGE

- MH Average Access Time By Preferred Language: This is the Mental Health Assessment average Access Time calculated for all SubUnit worksheets.
- PA Average Access Time By Preferred Language: This is the Psychiatric Assessment average Access Time calculated for all SubUnit worksheets.

RACE/ETHNICITY

- MH Average Access Time By Race/Ethnicity: This is the Mental Health Assessment average Access Time calculated for all SubUnit worksheets.
- PA Average Access Time By Race/Ethnicity: This is the Psychiatric Assessment average Access Time calculated for all SubUnit worksheets.

MANNER OF CONTACT

- This is the total count of clients based on the manner of contact.

RESPONSE

- MH Average Access Time By Response: This is the Mental Health Assessment average Access Time calculated for all SubUnit worksheets.
- PA Average Access Time By Response: This is the Psychiatric Assessment average Access Time calculated for all SubUnit worksheets.

BENEFITS

- This is the Total count of clients based on the benefits.

DISPOSITION

- This is the Total count of clients based on the disposition.

MH AND PA AVERAGE ACCESS TIME

- MH Average Access Time: This is the Mental Health Assessment average Access Time calculated for all SubUnit worksheets, for clients that have had an appointment made.
- PA Average Access Time: This is the Psychiatric Assessment average Access Time calculated for all SubUnit worksheets, for clients that have had an appointment made.

MH AND PA ACCESS TIME TOTAL DAYS

- MH Access Time Totals Days: This is a count of the Mental Health Assessment Total Access Time Days calculated for all SubUnit worksheets, for clients that have had an appointment made.
- PA Access Time Total Days: This is a count of the Psychiatric Assessment Total Access Time Days calculated for all SubUnit worksheets, for clients that have had an appointment made.

TOTAL INQUIRY COUNT FOR MH AND PA

- Total Inquiry Count For MH: This is a count of the Mental Health Assessment inquiries calculated for all SubUnit worksheets, for clients that have had an appointment made.
- Total Inquiry Count For PA: This is a count of the Psychiatric Assessment inquiries calculated for all SubUnit worksheets, for clients that have had an appointment made.

TOTAL INQUIRY COUNT

- This is the total count of inquiries for all SubUnit worksheets regardless of whether an appointment made or not.

OF REFERRED CLIENTS TO AND # OF REFERRED CLIENTS FROM

- This is the total number of referrals calculated for all SubUnit worksheets.

LEGEND CROSSWALK:

- A Legend is provided in the “Totals” worksheet to show the options available in each of the drop-down menus.

Legend

Language		Race Ethnicity		Benefits		Disposition		Response		Manner of Contact	
ID	Description	ID	Description	ID	Description	ID	Description	ID	Description	ID	Description
1	English	A	White/Caucasian	MC	Medi-Cal	1	Made Appt	E	Emergency	T	Telephone
2	Spanish	B	Black/African American	ME	Medicare	2	Ref out ROUTINE Services	U	Urgent	W	Walk-In
3	Arabic	C	Cambodian	MM	Medi-Cal/Medicare	3	Ref out URGENT Services	H	72- Hour Rapid	E	Electronic
4	Other Filipino Dialect	D	Chinese	NO	No Insurance	4	Multiple Attempts Made; No Response from Indiv. or Family	R	Routine		
5	Ilocano	E	Eskimo/Alaskan Native	OH	Other/Private Insurance	5	Refer Out for NON-MH Services	I	Information		
6	Samoan	F	Filipino	PB	Probation/Parole	6	No Appt/Declined Appt				
7	Cantonese	G	Guamanian	TC	Tricare	7	Ref to Community Clinic or Primary Care Physician				
8	Mandarin	H	Hawaiian Native	VA	Veterans Admin						
9	Hmong	I	Asian Indian								
A	Other Chinese Langs & Dialects	J	Japanese								
B	Japanese	K	Korean								
C	Korean	L	Laotian								
D	Laotian	M	Mien								
E	Mien	N	Native American								
F	Thai	O	Other Non-White, Non-Caucasian (Including Hispanic/Latino)								
G	Cambodian	P	Other Pacific Islander								
H	Armenian	Q	Hmong								
I	French	R	Other Asian								
J	Hebrew	S	Samoan								
K	Italian	T	Sudanese								
L	Polish	U	Chaldean								
M	Farsi	V	Vietnamese								
N	Russian	W	Ethiopian								
O	Other Non-English	X	Somali								
P	Vietnamese	Y	Iranian								
Q	Portuguese	Z	Iraqi								
R	Tagalog	9	Unknown/Not Reported								
S	American Sign Language										
T	Other Sign Lang										
U	Unknown/Not Reported										
V	Turkish										
W	German										

STEPS BEFORE SUBMISSION:

Before sending in your log, please ensure that **all** worksheets are void of **any client information** before submission. Additionally, please remember to save the cleared client number form as a new version, as you will want to retain a copy with the Anasazi IDs for future reference if needed.

- When entering the Request for Services Log with Access Times form, you will have client numbers entered for your reference (illustrated below.)

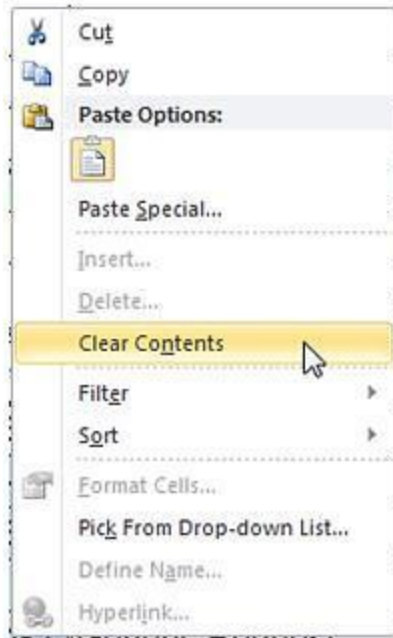
2. REQUEST FOR SERVICES LOG WITH ACCESS TIMES

Date of Inquiry	Client Anasazi Number	Questions Problems Issues	Se
01/01/14	*1-2-3	Generic Request	
01/02/14	*1-2-3-4	Generic Request	
01/03/14	*1-2-3	Generic Request	
01/03/14	*1	Generic Request	
01/04/14	*1-2-3-4-5	Generic Request	
01/05/14	*1-2-3	Generic Request	
01/07/14	*1-2-3-5-6	Generic Request	

- Highlight all cells in the “Client Anasazi Number” column. **Please note:** Each cell does not have to be highlighted one at a time; rather the selection can be dragged down.

Date of Inquiry	Client Anasazi Number
01/01/14	*1-2-3
01/02/14	*1-2-3-4
01/03/14	*1-2-3
01/03/14	*1
01/04/14	*1-2-3-4-5
01/05/14	*1-2-3
01/07/14	*1-2-3-5-6

- Right click with your mouse in the selected cells, and a menu will open.
- Click “Clear Contents”.



Please submit all completed Access Time logs to your COR/Analyst, as well as to BHSQIPOG@sdcounty.ca.gov and BHS-COTR.HHSA@sdcounty.ca.gov by the 15th after the reporting month.