

# CSI Timeliness

NAME/MRN \_\_\_\_\_

Facility Name: \_\_\_\_\_ ID: \_\_\_\_\_ Program Name: \_\_\_\_\_ ID: \_\_\_\_\_

Provider: \_\_\_\_\_ ID: \_\_\_\_\_

Date of First Contact to Request Services: \_\_\_\_\_ Referral Source: \_\_\_\_\_

## **Assessment Appointment**

1<sup>st</sup> offer Date: \_\_\_\_\_ 2<sup>nd</sup> offer Date: \_\_\_\_\_ 3<sup>rd</sup> offer Date: \_\_\_\_\_

NOABD Issued? Yes  No  N/A  Reason not issued: \_\_\_\_\_

Accepted Date: \_\_\_\_\_ Assessment Start Date: \_\_\_\_\_

## **Treatment Appointment**

1<sup>st</sup> offer Date: \_\_\_\_\_ 2<sup>nd</sup> offer Date: \_\_\_\_\_ 3<sup>rd</sup> offer Date: \_\_\_\_\_

Accepted Date: \_\_\_\_\_ Assessment Start Date: \_\_\_\_\_

## **Psychiatry Appointment**

1<sup>st</sup> offer Date: \_\_\_\_\_

NOABD Issued? Yes  No  N/A  Reason not issued: \_\_\_\_\_

## **Closeout**

### Closure Reason:

- Client did not accept any offered assessment dates
- Client accepted offered assessment date but did not attend initial assessment appointment
- Client attended initial assessment appointment but did not complete assessment process
- Client completed assessment process but declined offered treatment dates
- Client accepted offered treatment date but did not attend initial treatment appointment
- Client did not meet medical necessity criteria
- Out of county/presumptive transfer
- Unable to contact (e.g., deceased or client unresponsive)

Other: \_\_\_\_\_

Closed out Date: \_\_\_\_\_

### Referred To:

Managed Care Plan  Fee-For-Service Provider  No Referral

Other (Specify): \_\_\_\_\_