



COUNTY OF SANTA CLARA
Behavioral Health Services

CSI ASSESSMENT

REV. 02/08/23

REVISIONS

Date	Slides	Revisions
02/08/2023	14	Added instructions on If Client Cannot be Contacted
10/07/2022	ALL	Made minor edits to help clarify instructions

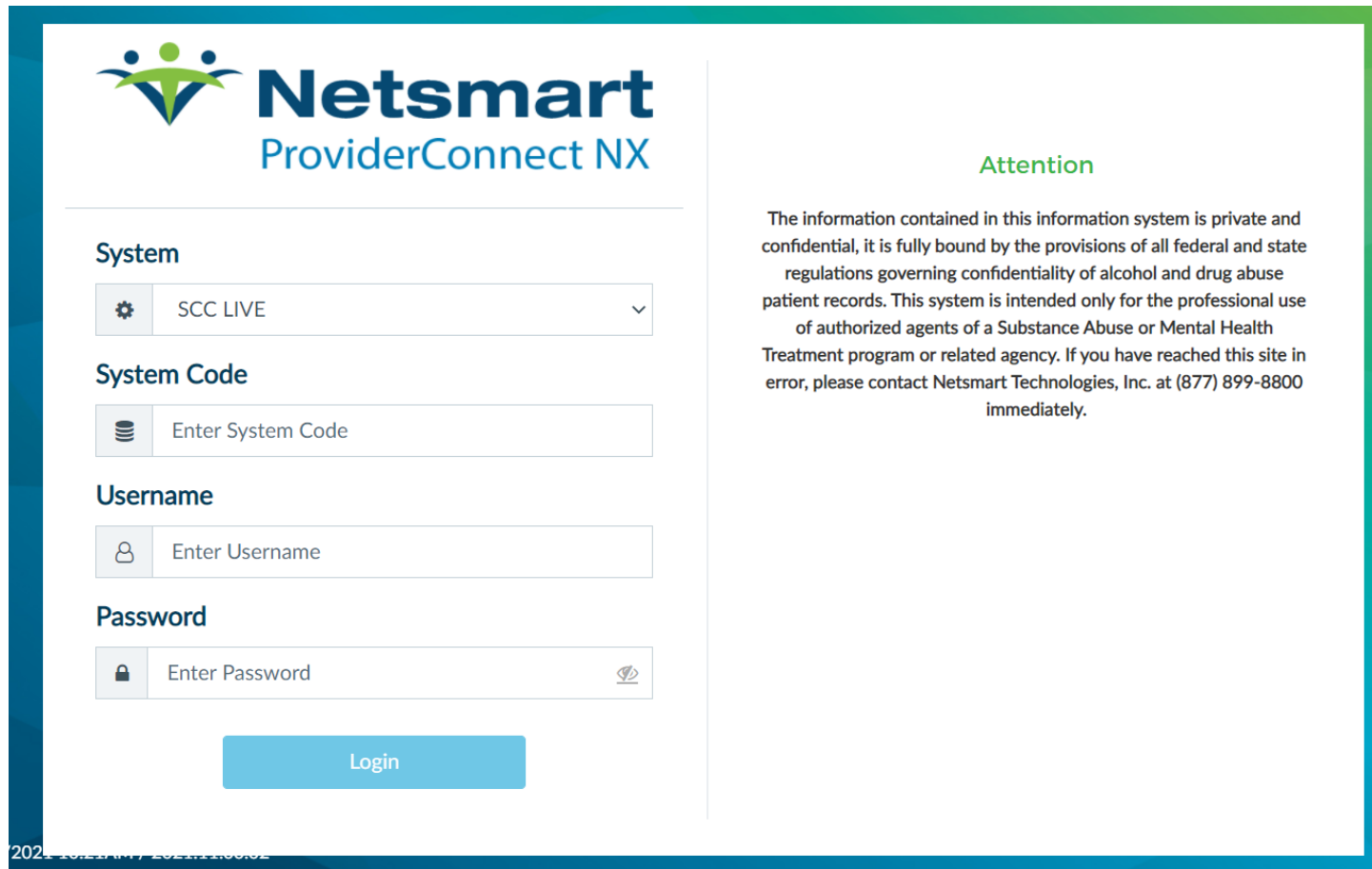
CSI ASSESSEMENT


Purpose of 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 a live form and can be submitted periodically.



SIGN ONTO PROVIDERCONNECTNX

Enter the System Code, Username, and Password that were provided to you.




 **Netsmart**
ProviderConnect NX


System

 SCC LIVE 



System Code

 Enter System Code

Username

 Enter Username

Password

 Enter Password 

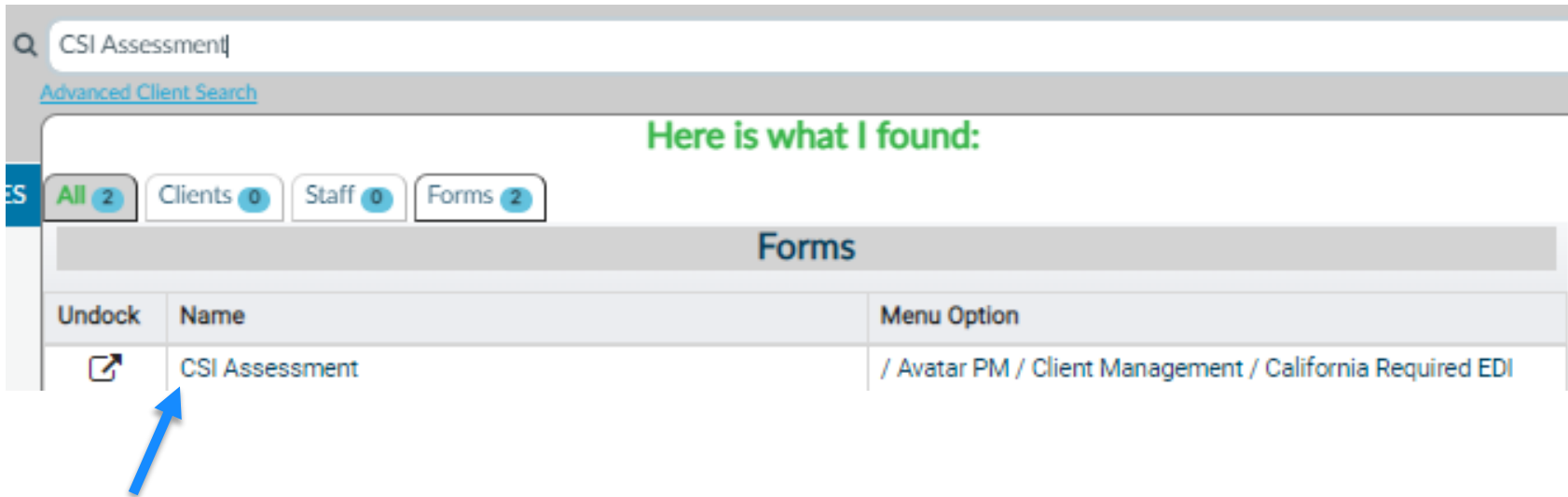
Login

Attention


The information contained in this information system is private and confidential, it is fully bound by the provisions of all federal and state regulations governing confidentiality of alcohol and drug abuse patient records. This system is intended only for the professional use of authorized agents of a Substance Abuse or Mental Health Treatment program or related agency. If you have reached this site in error, please contact Netsmart Technologies, Inc. at (877) 899-8800 immediately.

HOW TO ACCESS

After login, click on **Search** and type **CSI Assessment**



The screenshot shows a search interface with a search bar containing 'CSI Assessment'. Below the search bar, there is a link for 'Advanced Client Search'. The results are displayed under the heading 'Here is what I found:'. There are four filter buttons: 'All 2', 'Clients 0', 'Staff 0', and 'Forms 2'. The results are categorized under 'Forms' and presented in a table with columns for 'Undock', 'Name', and 'Menu Option'. A blue arrow points to the 'Undock' icon for the 'CSI Assessment' entry.


Undock	Name	Menu Option
	CSI Assessment	/ Avatar PM / Client Management / California Required EDI

After selecting the CSI Assessment form, enter Client's name in the Search bar, and select client.

Select Client

Q Test, Steph

Client Name / Client ID	Gender	Date Of Birth	Social Security Number
TEST,STEPH (000002790)	Female	01/01/1990	



Select corresponding Episode

✓ Selected Client : TEST,STEPH (000002790)

Select Episode

Name: STEPH TEST

ID: 2790

Sex: Female

Date of Birth: 01/01/1990

Episode	Program	Start	End
1	DTN SMH OP -Wellness	12/08/2021	



If client has an existing assessment, this page will come up.

To add a new assessment, click **Add**. (1)

To edit existing assessment, select assessment, and click **Edit**. (2)

Select Record

Name: STEPH TEST

ID: 2790

Sex: Female

Date of Birth: 01/01/1990

Date Of F. Contact To Req. Srv.	Appointment First Offer Date	Appointment Accepted Date
12/17/2021	12/20/2021	12/20/2021



Once in the CSI Assessment, complete **(1) Date Of First Contact To Request Services** (when client first contacts Call Center) and select the **(2) Referral Source** if applicable. Once the **(3) Assessment Appointment First Offer Date** is completed, the **(4) Assessment Appointment Second Offer Date** and **(5) Assessment Appointment Accepted Date** fields will become enabled.

1 Date Of First Contact To Request Services *
12/17/2021

2 Referral Source
Family Member

3 Assessment Appointment First Offer Date *
12/20/2021

4 Assessment Appointment Second Offer Date

5 Assessment Appointment Accepted Date
12/20/2021

Treatment Appointment Second Offer Date

Treatment Appointment Third Offer Date

Treatment Appointment Accepted Date

Treatment Start Date

Assessment Appointment Third Offer Date

Assessment Start Date

The **(1) Assessment Start Date** field will enable once a date is input in the **(2) Assessment Appointment Accepted Date** field; The Assessment Start Date must be greater than or equal to the Assessment Appointment Accepted Date field.

The screenshot shows a form with the following fields and values:

- Date Of First Contact To Request Services ***: 12/17/2021
- Referral Source**: Family Member
- Assessment Appointment First Offer Date ***: 12/20/2021
- Assessment Appointment Accepted Date**: 12/20/2021 (marked with a blue '2')
- Assessment Start Date**: 12/20/2021 (marked with a blue '1')

Other fields are disabled (greyed out):

- Treatment Appointment Second Offer Date
- Treatment Appointment Third Offer Date
- Treatment Appointment Accepted Date
- Assessment Appointment Second Offer Date
- Assessment Appointment Third Offer Date
- Treatment Start Date
- Assessment End Date
- Treatment Appointment First Offer Date

After completing the Assessment fields, complete the **(1) Treatment Appointment First Offer Date** (second and third offer date if applicable), **(2) Treatment Appointment Accepted Date**, and **(3) Treatment Start Date** (if applicable). Complete fields as appropriate. As fields are completed, the next applicable fields will become enabled. This form can be submitted and reentered as necessary to complete the assessment.

Date Of First Contact To Request Services * 12/17/2021	Treatment Appointment Second Offer Date [Calendar] [T] [Y]
Referral Source Family Member	Treatment Appointment Third Offer Date [Calendar] [T] [Y]
Assessment Appointment First Offer Date * 12/20/2021	Treatment Appointment Accepted Date 12/27/2021
Assessment Appointment Second Offer Date [Calendar] [T] [Y]	Treatment Start Date 12/27/2021
Assessment Appointment Third Offer Date [Calendar] [T] [Y]	
Assessment Appointment Accepted Date 12/20/2021	
Assessment Start Date 12/20/2021	
Assessment End Date 12/21/2021	
Treatment Appointment First Offer Date 12/27/2021	

2



3

If the assessment has been closed, select a **(1) Closure Reason**, and enter the **(2) Closed Out Date**. If 'Beneficiary did not meet medical necessity criteria' was selected for Closure Reason, **(3) Referred To** field will be enabled and required. Either Treatment Start Date or Closed out Date may be entered.

Closure Reason **1**

- 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.
- Beneficiary accepted offered treatment date but did not attend initial treatment appointment.
- Beneficiary did not meet medical necessity criteria.
- Out of county/presumptive transfer.
- Unable to contact (e.g. deceased or client unresponsive).
- Other

Closed Out Date **2**

Referred To * **3**

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

Referred To Other

The field **Include in CSI Submission** should only be set to 'Y' once a Treatment Start Date or Closed Out Date has been entered.

Include in CSI Submission? *

N

Y

IF CLIENT CANNOT BE CONTACTED

If the CCP is unable to contact the client/family and decided to close the client, the CCP would have to fill out the following fields: **Date of First Contact To Request Services** (1), **Assessment Appointment First Offer Date** (2), **Closure Reason** (3), and **Closed Out Date** (4). Since the client could not be contacted, **Assessment Appointment First Offer Date** is going to match the **Closed Out Date**.

CSI Assessment
Online Documentation

Date Of First Contact To Request Services * 1
01/02/2023

Referral Source
Select

Assessment Appointment First Offer Date * 2
02/02/2023

CSI Assessment
Online Documentation

Closure Reason 3

- 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.
- Beneficiary accepted offered treatment date but did not attend initial treatment appointment.
- Beneficiary did not meet medical necessity criteria.
- Out of county/presumptive transfer.
- Unable to contact (e.g. deceased or client unresponsive).
- Other

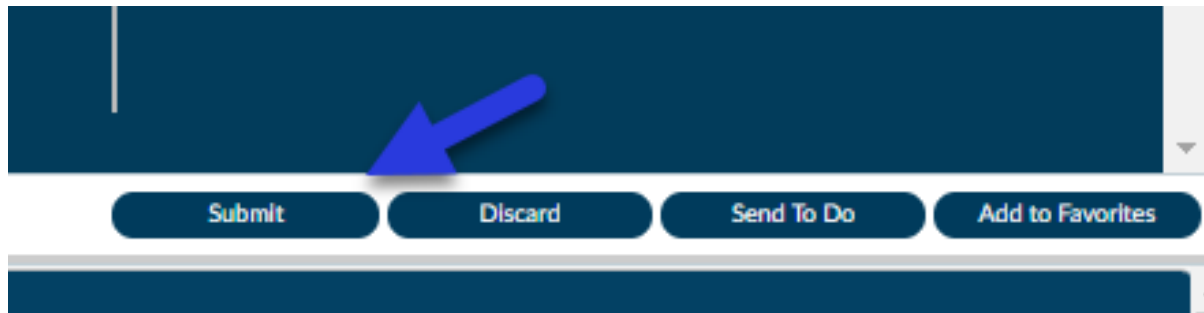
Closed Out Date 4
02/02/2023

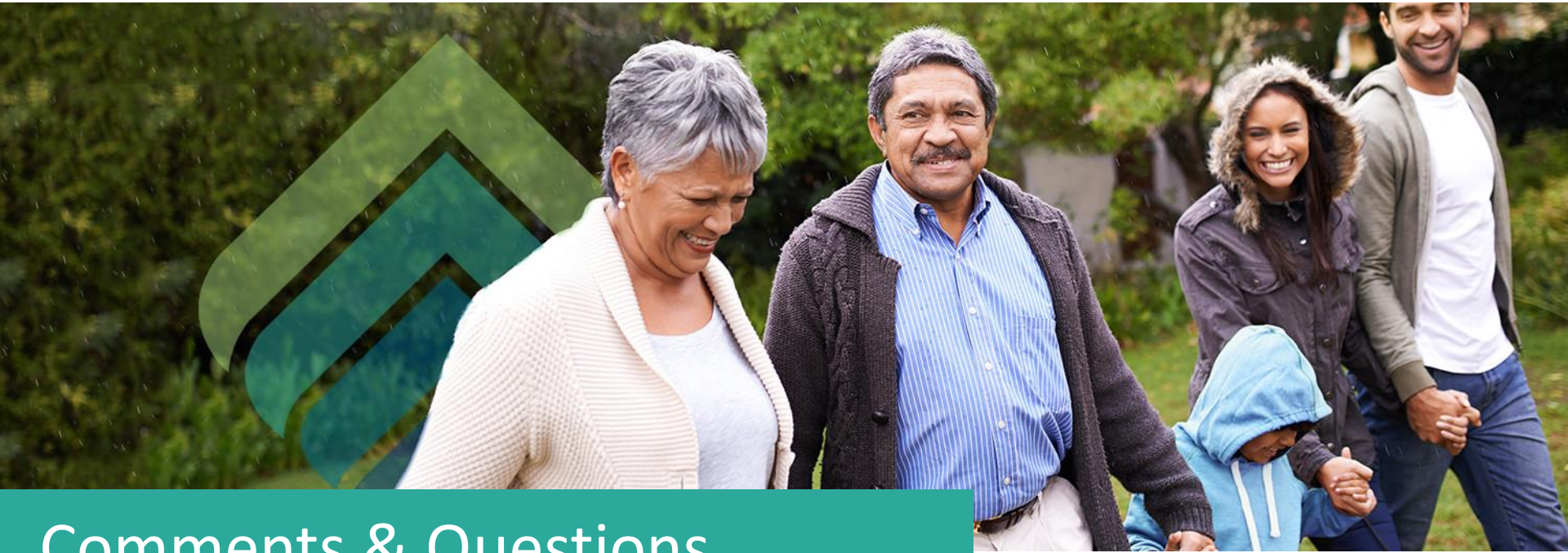
Referred To

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

Referred To Other

Click Submit when you are done.





Comments & Questions