

CSI Timeliness

NAME/MRN _____

Date of First Contact to Request Services: _____

Referral Source: _____

Assessment Appointment

1st offer Date _____ 2nd offer Date _____ 3rd offer Date _____

NOABD Issued? Yes No N/A

Accepted Date: _____ Assessment Start Date: _____

Treatment Appointment

1st offer Date _____ 2nd offer Date _____ 3rd offer Date _____

Accepted Date: _____ Assessment Start Date: _____

Psychiatry Appointment

1st offer Date _____ NOABD Issued Yes No N/A

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): _____