

Santa Cruz Avatar

Service Request and Disposition Log

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Service Request and Disposition Log (SRADL): General Concepts and Features

Purpose of Log

Per Medi-Cal regulations ([MHSUDS INFORMATION NOTICE NO.: 18-011](#)) when a Medi-Cal beneficiary calls, walks-in, or a written request for services is received, behavioral health plans must conduct an assessment of the beneficiary's condition, or at least make attempts to contact/schedule the assessment. After the assessment, if the client meets criteria for services, **follow-up appointments** must be scheduled within specific timeframes.

The required timeframe for the initial appointment varies depending on the service being requested as shown in the table below.

Behavioral Health Plans such as Santa Cruz County Behavioral Health Services, must measure these timeframes in a **log** to demonstrate that *timeliness standards* are being maintained.

Urgent Appointments		
Prior Authorization NOT Required  48 hrs	Prior Authorization Required  96 hrs	Urgent NTP (narcotic tx programs)  3 business days
Non-Urgent Appointments		
Routine Services  10 business days	Psychiatry  15 business days	

The Avatar Service Request and Disposition Log (SRADL) keeps track of these timeframes. In order to do this, the SRADL keeps a record of the following:

- The date of request from client or legal guardian
- The outcome of access assessment, i.e. whether or not the client was determined to meet criteria for services (medical necessity) and referred in for treatment
- The number of days from the request date until the appointment date for the initial assessment
- If psychiatry is requested, the number of days until the first psychiatry appointment
- If the client is referred elsewhere: the reason why the client did not meet medical necessity criteria for services and what resources/referrals were provided to the client

See [Appendix 3: Treatment Request Timeframes](#), for more information about specific timeframes for your program and the services your program provides.

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Measuring Timeliness and Timeliness Definitions

● What is Timeliness?

- 1) The amount of time from when a client (or parent/guardian) requests services to the first assessment appointment, AND THEN...
- 2) The time it takes from when the assessment is completed to the first treatment appointment.



● Why is Timeliness Important?

Keeping track of timeliness helps ensure that clients do not have long wait times before they can start needed services. The California Dept. of Healthcare Services (DHCS) requires Mental Health Plans (MHPs) keep track of the timeliness to monitor how effective we are at getting services to clients in a reasonable amount of time.

The timeframes are different depending on the type of service. For example, therapy or case management services must be provided within 10 days of the initial request by the client. For psychiatry appointments, we have 15 days.

For more information, see DHCS Info Notice 19-020-CSI Assessment Record.

https://www.dhcs.ca.gov/services/MH/Documents/MHSUDS_Info_Notice_19-020-CSI_Assessment_Record.pdf

● How is Timeliness Measured?

Timeliness is measured from the date of the initial service request, by the client or legal representative, to the first appointment.

The date/time of the initial service request is either, 1) the date/time of call, 2) the date/time a written request is received (email, fax, snail mail), or 3) the date/time when the client walks in requesting services.

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● When does the Timeliness “Clock” start?

To be an “official” service request, it must be initiated by either the beneficiary (client), or if the client is a minor or conserved, the legal guardian.

For minors, if the request is from a third party, such as probation, non-custodial relative of a minor, a school, or another treatment program, staff will make attempts to contact the client/legal guardian. These third-party requests and attempts to contact the client/guardian may be added to a SRADL, but until the client/legal guardian is contacted and verbalizes agreement around seeking services, the request is not “official.” (Note that there are some exceptions for minors, where minor consent is all that is required, and a parent/guardian is not needed.)

If others besides the client/legal guardian call about services, these individuals can be provided with general information about services. In addition, any relevant information they have may be noted in the SRADL, but this does not constitute an official request.

The “clock” doesn’t start ticking until the client or the client’s legal rep (parent, conservator, legal guardian) is contacted. Requests from third parties do not count.

Although you can receive information from these third parties, you cannot provide them with any information about the client without a release of information.

See section titled, “[I don’t have a release of information. Can I talk to a caller about a client?](#),” for more information.

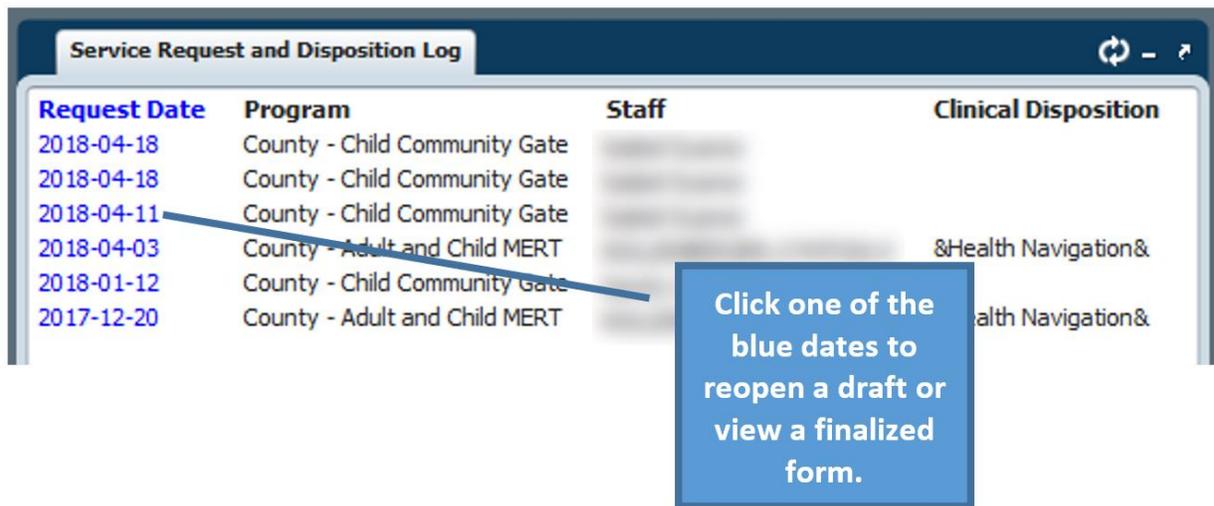
For more information about how Avatar collects Timeliness data, see [Appendix 1: How Avatar Measures Timeliness](#).

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Features of the Service Request and Disposition Log in Avatar

For each contact or request, a SRADL is filled out. In addition to the “official” request from the client/legal guardian, there may be other contacts noted.

Together, all of the unique SRADL entries for an individual client describe the client’s path into the system, culminating in the Access assessment and finally, the first treatment appointment(s).



Request Date	Program	Staff	Clinical Disposition
2018-04-18	County - Child Community Gate		
2018-04-18	County - Child Community Gate		
2018-04-11	County - Child Community Gate		
2018-04-03	County - Adult and Child MERT		&Health Navigation&
2018-01-12	County - Child Community Gate		
2017-12-20	County - Adult and Child MERT		alth Navigation&

There is an associated widget, The **Service Request and Disposition Log Widget** where all entries in the SRADL are shown for a particular client. Clicking on the “Request Date” widget opens a single log entry for viewing or, if the entry has not been finalized, for editing.

There are clerical and clinical sections on the SRADL form. If a clerical staff person is available, the clerk fills out the clerical section of the form and then saves the SRADL in draft for a clinician to reopen and complete.

Because the SRADL is used across a wide variety agencies and departments, there may be questions in this form that do not apply to your workflow. You should consult with your supervisor or the QI department if you are not sure if you need to answer a certain question.

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Which Program Do I Pick When Opening a SRADL?

The first step in opening a SRADL is picking a program.

When opening a SRADL to document a request for services (or an inquiry about services from a third party), you should pick a "gate" program.

A "gate" is a program that is authorized to provide, or refer for, an intake/Access assessment to determine if the client meets medical necessity criteria for services. If the client meets criteria, then the gate refers for various services. Some programs are their own gate and refer only to themselves. For example, all SUD programs are their own gates.

Crisis Service Documentation

The SRADL is used by some Crisis Programs to document crisis contacts for non-open clients. Although not gate programs, these programs are authorized to use the SRADL for their documentation. These programs do not assess for, or authorize, ongoing services.

- County - Adult and Child MERT
- County - Adult Jail Crisis
- County - Adult MH Liaisons
- Telecare - Santa Cruz Adult Crisis Stab

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Mental Health Gates

A Mental Health “gate” is a program authorized to assess potential new clients, determine medical necessity (whether client qualifies for services), and then refer to specialty mental health services. Not all MH programs are gates. In addition, each gate is only permitted to authorize services for specific programs. Finally, different MH gates receive referrals from various sources. The table below lists the MH Gates as well as the referrals in and out of the gate. (See the next section for information about SUDS Gates.)

Mental Health Gate Programs, Referral Sources and Programs They Refer To

For highlighted programs, you must speak to parent/guardian – DO NOT click “Request for Services” until you speak with parent/guardian (and they agree).

Gate Program	Receives Referrals from These Sources Only	Refers to These Program Only
County – Adult Access	<ul style="list-style-type: none"> • Self • Conservator/Legal Guardian 	<ul style="list-style-type: none"> • All Adult Mental Health Programs
County – Child Community Gate	<ul style="list-style-type: none"> • All programs • Parent/Legal Guardian • Child/Youth may self-refer for some services 	<ul style="list-style-type: none"> • All Childrens Mental Health Programs, both county and contractor
County – Child School	<ul style="list-style-type: none"> • Schools only 	<ul style="list-style-type: none"> • County – Child School
County – Child Education Gate	<ul style="list-style-type: none"> • Schools only 	<ul style="list-style-type: none"> • County – Child Education Gate
County – Child Social Services	<ul style="list-style-type: none"> • Family and Children’s Services 	<ul style="list-style-type: none"> • County – Child Social Services
County – Child Probation	<ul style="list-style-type: none"> • Probation • Juvenile Hall 	<ul style="list-style-type: none"> • County – Child Probation
Encompass – Youth Services North	<ul style="list-style-type: none"> • All programs including community referrals 	<ul style="list-style-type: none"> • Encompass – Youth Services North
Encompass – Youth Services South	<ul style="list-style-type: none"> • All programs including community referrals 	<ul style="list-style-type: none"> • Encompass – Youth Services South
Encompass – Families Together	<ul style="list-style-type: none"> • Family and Children’s Services (CPS) • CalWorks 	<ul style="list-style-type: none"> • Encompass – Families Together
Encompass – Child Fuerte Probation	<ul style="list-style-type: none"> • Probation 	<ul style="list-style-type: none"> • Encompass – Child Fuerte Probation

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Encompass – Child TAY ILSP	<ul style="list-style-type: none"> • Only clients who are connected with Family and Child’s Services (CPS), but can be self-referred 	<ul style="list-style-type: none"> • Encompass – Child TAY ILSP
Parent Ctr – Child North Outpatient	<ul style="list-style-type: none"> • All programs • Parent/Legal Guardian • Child/Youth may self-refer for some services 	<ul style="list-style-type: none"> • Parent Ctr – Child North Outpatient
PVPSA – Child Counseling Center-OP	<ul style="list-style-type: none"> • All programs • Parent/Legal Guardian • Child/Youth may self-refer for some services 	<ul style="list-style-type: none"> • PVPSA – Child Counseling Center-OP
PVPSA – Child Outpatient Clinic	<ul style="list-style-type: none"> • All programs • Parent/Legal Guardian • Child/Youth may self-refer for some services 	<ul style="list-style-type: none"> • PVPSA – Child Outpatient Clinic

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SUDS Gate Programs

All Substance Use Disorder Treatment Programs either provided by Santa Cruz County Behavioral Health, or contracted by Santa Cruz County Behavioral Health are gates. That is, each SUD program assesses their own clients and approves for services.

In Santa Cruz County Avatar, each SUDS program has a *sequestered* version and a *non-sequestered* version, that allows both Mental Health and SUDS programs to exist in the same EMR (Electronic Medical Records) system.

For more information about sequestration, see the next section.

There are too many SUDS programs to list here, but examples are below.

County - SUD Outpatient SEQ
County - SUD Outpatient

For SUD programs, the tricky part can be knowing which program to select when first opening a SRADL.

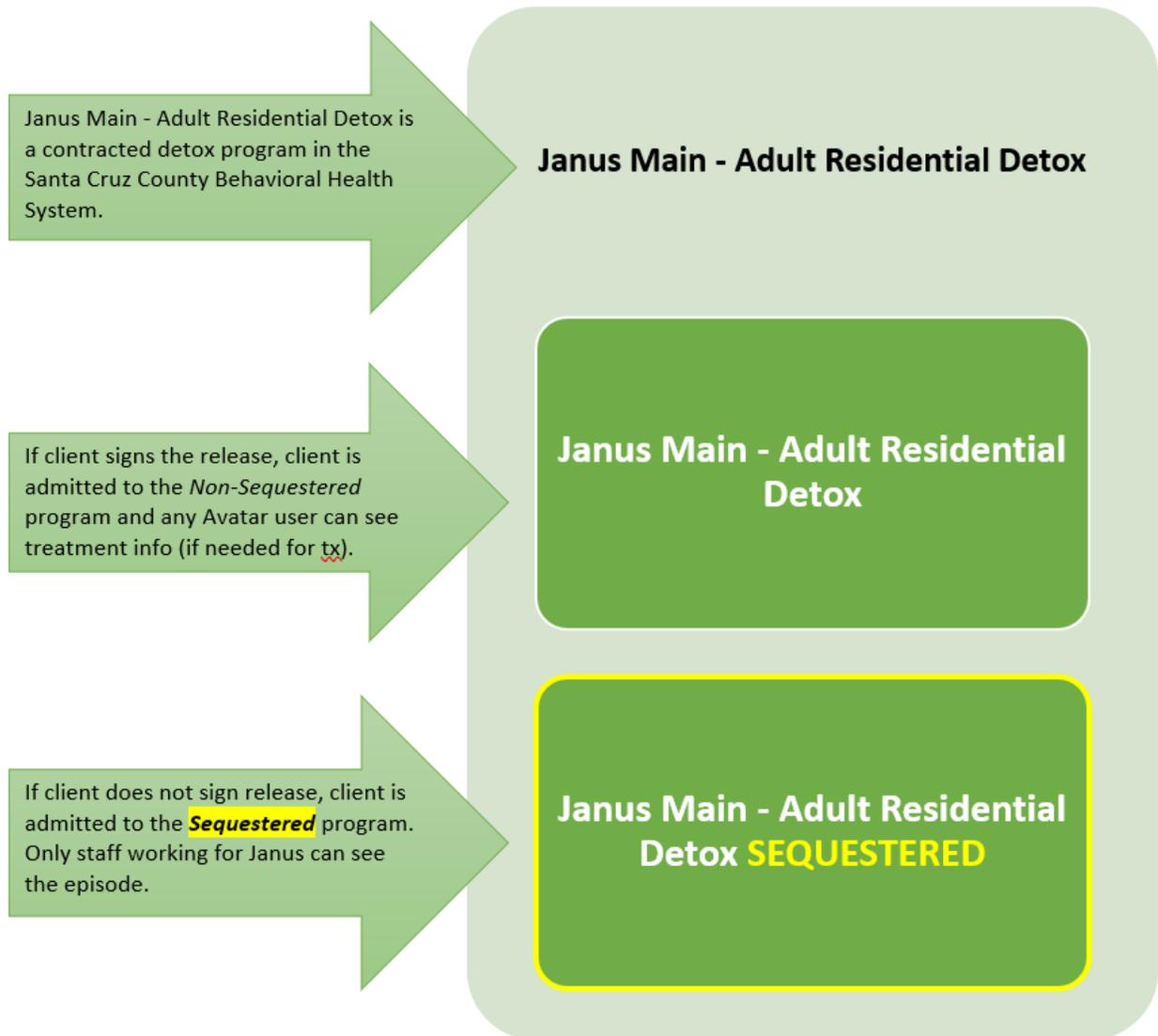
- The best practice for this type of situation is to select the program that was first contacted (i.e., where the phone is ringing or where the fax/e-mail was received).

System of Care	Adult or Children	Non-Sequestered Program	Sequestered Program	Program Description
SUDS	Adult	County – SUD Outpatient	County – SUD Outpatient SEQ	Santa Cruz County Behavioral Health SUDS Outpatient Services
SUDS	Adult	Encompass – Alto North-IOT (DayCare)	Encompass – Alto North-IOT (DayCare) SEQ	Encompass Community Services – This is the Daycare component of Alto, a Residential SUD tx program.
SUDS	Adult	Encompass – SCRR Adult Long Term Res	Encompass – SCRR Adult Long Term Res SEQ	Encompass Community Services – This is the residential component for Santa Cruz Residential Recovery, a SUDS residential program.
SUDS	Adult	Janus – Comm Clinic Methadone	Janus – Comm Clinic Methadone SEQ	Methadone treatment through Janus of Santa Cruz

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		Sobriety Works – Adult IOT	Sobriety Works – Adult IOT SEQ	Adult SUDS Intensive Outpatient Tx through Sobriety Works
SUDS	Youth	Encompass – ADP Youth Svc North IOT	Encompass – ADP Youth Svc North IOT SEQ	Youth Services provides a variety of services for youth. This is their North County Intensive Outpatient SUD program.

SUDS Sequestration: How SUDS Records are Kept Separate from Mental Health Records



In Santa Cruz County Avatar, each SUDS program has a *sequestered* version and a *non-sequestered* version. This allows both Mental Health and SUDS programs to exist in the same EMR (Electronic Medical Records) system while complying with the different confidentiality requirements for MH vs. SUDS. SUDS confidentiality rules are more restrictive than MH rules.

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When opening a new SRADL for a SUDS client, make sure you pick the "sequestered" program.

For more information about sequestered and non-sequestered programs, see the Avatar Clinicians Manual [Avatar Clinicians Manual](#) on the [Santa Cruz Avatar Resource Page](#).

Completing a Service Request and Disposition Log form

If at all possible, the client should be admitted to Avatar before filling out the Service Request and Disposition Log (SRADL).

You only need to open the client to the Client Registration and Financial program. You do not have to open the client to *your* program until you need to enter clinical documentation such as progress notes and assessments.

See the [Avatar Clinicians Manual](#) on the [Santa Cruz Avatar Resource Page](#) to see how to add a new client to Avatar, using the Admission form.

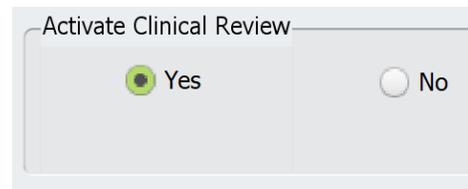
An admission requires three points of identification at minimum, so most clients can be admitted. Without an admission to Client Registration and Financial, it is very difficult to find any prior entries on the client across programs because the SRADL entries do not appear in the SRADL Widget. (There might be contacts noted in the SRADL for multiple programs across County Behavioral Health, not just in your program.)

Clerical Section Vs. Clinical Section of the Service Request and Disposition Log form

The SRADL has two main sections, one for questions that are essentially “clerical” and another section that has questions of a more clinical nature. The form is designed so that to different staff people, in different roles, can both add information to the form, starting with the clerical questions. After the clerical questions have been answered, the form can be saved as a draft for a clinical staff person to complete the clinical questions on the form.

If you are a clinician, and you don’t have a clerk starting the log for you, you will need to complete both the clerical and clinical questions on the form.

The clinical questions are “activated” by clicking “Yes” for the Activate Clinical Review question, which is about halfway down the form.



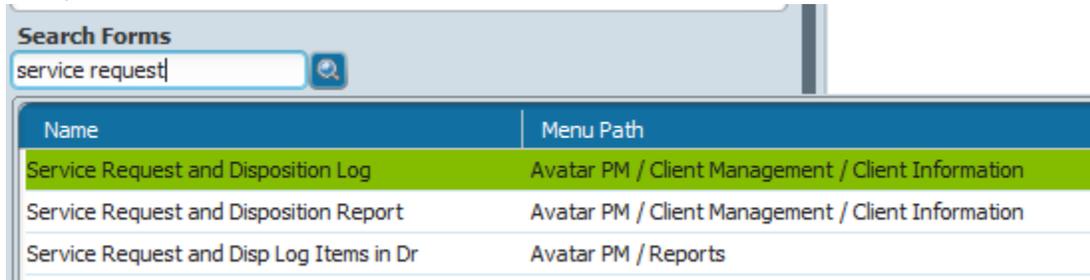
Activate Clinical Review

Yes No

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Completing the Clerical Portion of a Service Request and Disposition Log form

1. **Open the Service Request and Disposition Log form.** Search for the form in your Forms Widget. Then, double-click on the link to the SRADL.



The screenshot shows a 'Search Forms' widget with a search bar containing 'service request'. Below the search bar is a table with two columns: 'Name' and 'Menu Path'. The first row is highlighted in green.

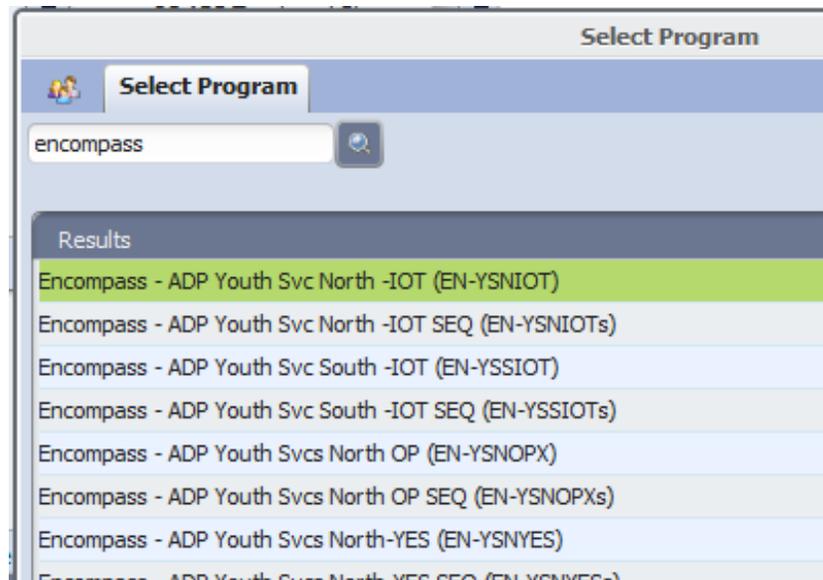
Name	Menu Path
Service Request and Disposition Log	Avatar PM / Client Management / Client Information
Service Request and Disposition Report	Avatar PM / Client Management / Client Information
Service Request and Disp Log Items in Dr	Avatar PM / Reports

2. **Select Program:**

Before opening the Service Request and Disposition Log you will see a pop-up asking you to select a program.

Type in your program and then double click to select. Note that the client does not have to actually be open to the program at this point.

If you are not sure about which program to choose, see the next section in this document.



The screenshot shows a 'Select Program' pop-up window with a search bar containing 'encompass'. Below the search bar is a 'Results' section with a list of programs. The first result is highlighted in green.

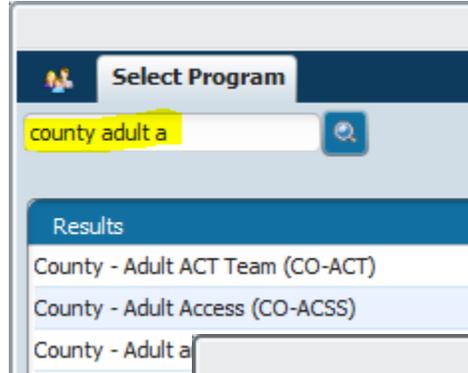
Results
Encompass - ADP Youth Svc North -IOT (EN-YSNIOT)
Encompass - ADP Youth Svc North -IOT SEQ (EN-YSNIOTs)
Encompass - ADP Youth Svc South -IOT (EN-YSSIOT)
Encompass - ADP Youth Svc South -IOT SEQ (EN-YSSIOTs)
Encompass - ADP Youth Svcs North OP (EN-YSNOPX)
Encompass - ADP Youth Svcs North OP SEQ (EN-YSNOPXs)
Encompass - ADP Youth Svcs North-YES (EN-YSNYES)
Encompass - ADP Youth Svc North-YES SEQ (EN-YSNYESs)

Typically, if multiple programs are requested by the client, or the client does not know, choose the program at the site where the request is received, i.e. “where the phone is ringing.”

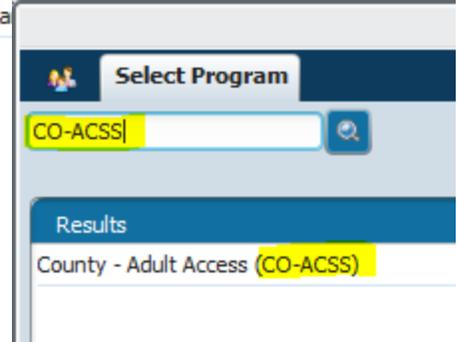
IMPORTANT: Pick the program carefully. Once you open the form, you cannot change the Program. If you make an error, redo the SRADL in the correct program, and then request that the SRADL with the wrong program be deleted. See the section titled, “[Request for a SRADL Entry be Put Back to Draft or Deleted](#),” for more information.

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TIP: When typing out the program name, skip the hyphens. Avatar doesn't "see" them.



TIP: If you type in the letters in parentheses at the end of the "result" this will pull up the program. If you use this shortcut, you WILL have to type all of the letters and the hyphen.



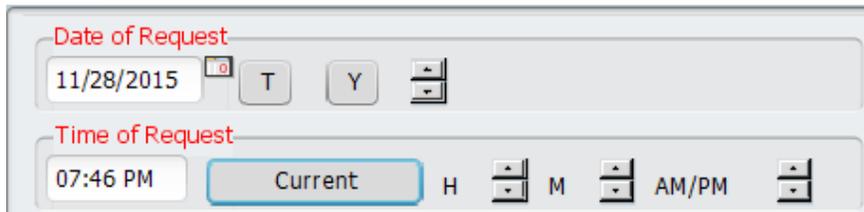
3. Click "Add" in the Pre-Display to open the form.

Pre-Display: You will now see a **Pre-Display** that shows all the other times the SRADL has been filled out for the program you have selected. Click "Add" (in the far lower left) to Open a new Service Request and Disposition Log form.

Date of Request	Clinical Staff filling out this form	Existing Client	Potential Client ...	Form Status
03/29/2019				Draft
03/22/2019				Final

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4. Fill in the current **Date of Request** and the **Time of Request**. These questions note the time and date of the actual request (or other contact), not the time/date you are entering the information in the log.



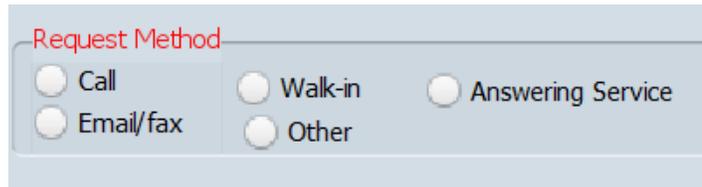
The screenshot shows two form fields. The first is labeled "Date of Request" and contains the date "11/28/2015" with dropdown menus for month, day, and year, and buttons for "T" and "Y". The second is labeled "Time of Request" and contains the time "07:46 PM", a "Current" button, and dropdown menus for hour, minute, and AM/PM.

- If you are entering information from a call picked up by an answering service, note the time and date the call came in, not the current time and date.
- If you are entering information received via e-mail, note the time and date stamp on the e-mail.
- If you are entering information from a fax, note the time and date stamp on the fax, not the current time and date.

IMPORTANT: Once you save a draft of the form, you cannot change the Date. If you make an error, redo the SRADL with the correct date, and then request that the SRADL with the wrong information be deleted. See the section titled, "[Request for a SRADL Entry be Put Back to Draft](#)," for more information.

5. Request Method

This question answers how we received this request for services, or if not a request, how the contact was made. For example, a clinician may be noting a crisis contact that was made, in the community, for a client who is not open to services.



The screenshot shows the "Request Method" form field with five radio button options: "Call", "Email/fax", "Walk-in", "Other", and "Answering Service".

6. Indicate Request Source.

Leave blank if "Referring Party Role" is "self."



The screenshot shows the "Request Source" dropdown menu with a lightbulb icon. The options listed are: "AB 109", "Access", "Adult Protective Services" (highlighted in green), "Beacon", and "CalWORKS".

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7. Enter the Reason for Inquiry.

IMPORTANT: Only click "Client/Legal Guardian Req for Services" to schedule an Access Assessment. That is, if you are speaking to the actual client or parent/legal guardian AND you are either making an appointment for an Access assessment, or referring the client to a program that will be making an appointment for an Access Assessment.

The reason why, is that when you click "Client/Legal Guardian Request for Services," Avatar uses the date of the SRADL to calculate "timeliness."

Reason for Inquiry

- Community Information Received
- Client/Legal Guardian Req for Services
- Req for 2nd opinion from client/guardian
- Request for Psychiatry
- NTP/MAT Req for Svcs (3-days)
- Engagement/Outreach Contacts
- Crisis Services
- Info requested or provided to
- SUD Interim Perinatal Services (48 hrs)
- CSP Lobby Contact

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Reason for Inquiry List Item Definitions / Instructions

- **COMMUNITY INFORMATION RECEIVED** - Information about client provided by third party. May also be a third party referral from sources such as school, probation, primary care.
 - **CLIENT/LEGAL GUARDIAN REQ FOR SERVICES** - Only click to schedule an Access Assessment and only if you are speaking to the actual client or parent/legal guardian and you are either making an appointment for an Access assessment, or referring the client to a program that will be making an appointment for an Access Assessment.
 - **REQ FOR 2nd OPINION FROM CLIENT/GUARDIAN** – Use only when client has been denied services (assessment already completed) and client/legal rep requests a second opinion.
 - **REQUEST FOR PSYCHIATRY** - Psychiatry is 15 days maximum to first appointment. If there is a simultaneous request for other services, make a separate log due to different timeframes.
 - **NTP/MAT REQ FOR SVCS (3 days)** - SUDS only, e.g. methadone, NTP (Narcotic Tx Program), MAT (Medication Assisted Tx)
 - **ENGAGEMENT/OUTREACH CONTACTS** - Outreach to clients not yet receiving services, e.g. downtown outreach, MH liaison. May be follow up outreach engagements.
 - **CRISIS SERVICES** - This may involve referring client on 5150 to the CSP or to the ER/ED; or Access clinicians may be called to help with a 5150 in another department. If the client is open to services already, also write a progress note.
 - **INFO REQUESTED OR PROVIDED TO** - Usually when a third party, not the legal rep, calls about services for someone else. May be a client calling about something other than services provided by the agency or workgroup, e.g. call to Access Mental Health about housing referrals only. Not a service request.
 - **SUD INTERIM PERINATAL SERVICES (48 hrs)** - SUDS Perinatal services only
 - **CSP LOBBY CONTACT** - For clients who present to the CSP, but do not meet criteria for admission. (Only for CSP use.)
- IF "CLIENT/LEGAL GUARDIAN REQ FOR SERVICES" IS SELECTED, YOU MUST ENTER APPONTMENT INFORMATION, if known, or if not known, at least enter the name of the program client is being referred to for assessment.
- ONLY use CLIENT/LEGAL GUARDIAN REQ FOR SERVICES for "official requests" from the legal representative, client, custodial parent, legal guardian, conservator, etc. Do not use if request is not from a legal rep. Instead, use "Info Request," or, "Community Information Received."
- People such as the probation officer, primary care physician, non-custodial family member, or the parent of a non-conserved adult, may call to request services for the client, but the request is not "official" unless the request is from the right person.
- FOR A SERIES OF CALLS ABOUT A SINGLE CLIENT, try to only click "Request for Svcs" once.
- The date of the Request for Svcs is used to calculate "Timeliness" information, i.e., the amount of time between the official request and when the client finally gets an appointment. We must collect this information and provide it to the State of California.

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8. Enter the **Caller Contact Number**, if this is a call. If the request comes through another method, you may also enter the contact information of the person making the request here.

Caller Contact Number

9. **Referring Party Role:** Depending on the answer to this question, other questions are enabled or disabled downstream.

Referring Party Role

- Self
- Relative (not legal guardian)
- Legal Rep (parent/guardian/conservator)
- Staff (person in SC Avatar)
- Outside Provider (not in BH SOC)
- Other

Referring Party Role List Item Definitions / Instructions

- **SELF:** Typically a non-conserved adult calling about services. May be a minor youth calling about SUDS or in some cases, MH services.
- **RELATIVE (NOT LEGAL GUARDIAN):** May be parent if client is in foster care or a ward of the court. This could be a relative caring for child, but not the legal guardian, such as a grandparent who does not have legal custody.
- **LEGAL REP (PARENT/GUARDIAN/CONSERVATOR):** Has ability to authorize services. For children, it may not be the parent. It could be a court representative, Social Worker, Foster Parent. Adults are typically their own Legal Guardian unless conserved.
- **STAFF (person in SC Avatar):** This is any staff person who has a practitioner role inside SCCBH Avatar. Find this person in the question, "Referring Staff," by typing the person's last name. Note a practitioner is someone who has the ability to write a progress note. Not all staff who use SCCMH Avatar are practitioners. If staff person cannot be found, use "Outside Provider" or "Other."
- **OUTSIDE PROVIDER (NOT IN BH SOC):** Treatment provider who is not in County Avatar, e.g. client's primary care physician.
- **OTHER:** Any other party with concerns about client/child who is not a legal rep, and not a treatment provider, e.g. teacher, probation officer, landlord, friend, court officer, spouse.

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Referring Party Role

- Self
- Relative (not legal guar
- Legal Rep (parent/guar
- Staff (person in SC Ava

Self: If the Referring Party is “Self” then the next several questions are disabled as they are only relevant to others contacting the agency on behalf of the client.

Referring Party Role

- Self
- Relative (not legal guardian)
- Legal Rep (parent/guardian/conservator)
- Staff (person in SC Avatar)
- Outside Provider (not in BH SOC)
- Other

Referring Staff (County Avatar)

mast

Name
NANCY MAST (001885)

Referring Staff: Use this field when the caller is a Santa Cruz Avatar practitioner (someone who can write progress notes). Search for the staff member’s name in the blank. Only use if you can find the name of the staff person to enter.

Relative, Representative, Outside Provider, Other:

If the Referring Party is anything other than self, then the next several questions are enabled.

Does the Referring Party prefer a Language Other Than English? Note the language of the **caller or referring party**. There is another question for the language preference of the client. In some cases, the caller language may be different than the client language. For example, a monolingual Spanish speaking parent calls about services for her bilingual son. The son’s preferred language is English.

Type of Role/Agency 

Primary Care/Santa Cruz Medical Clinic

Does the Referring Party Prefer a Language Other Than English

Yes No

Referring Party Preferred Language

Referring Party Last Name

Williams

Referring Party First Name

Janet

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Type of Role/Agency: Note the role, relationship, and/or agency.

Type of Role/Agency 

Primary Care at Doctors Medical Group/Dr. Williams

Type of Role/Agency List Item Instructions

Enter the role type, then a slash, then the agency as shown in the examples below.

- Navigator/United Way
- Counselor/The Camp
- Landlord/SC Property Management
- Receptionist/1080 Emeline
- Host/Downtown Host Program
- Priest/Our Lady of Sorrows Church
- Private Therapist/Capitola Therapy Assoc.

For family members who are not the legal guardian, enter the relationship to the client, such as:

- Aunt
- Maternal grandmother
- Mother (non-conserved adult)
- Spouse

Referring Party Last Name:
Note if available. Otherwise write "Anonymous."

Referring Party First Name:
Note if available. Otherwise write "Anonymous."

Referring Party Last Name

Anonymous

Referring Party First Name

Anonymous

10. Enter **Existing Client** or **Potential Client** information.

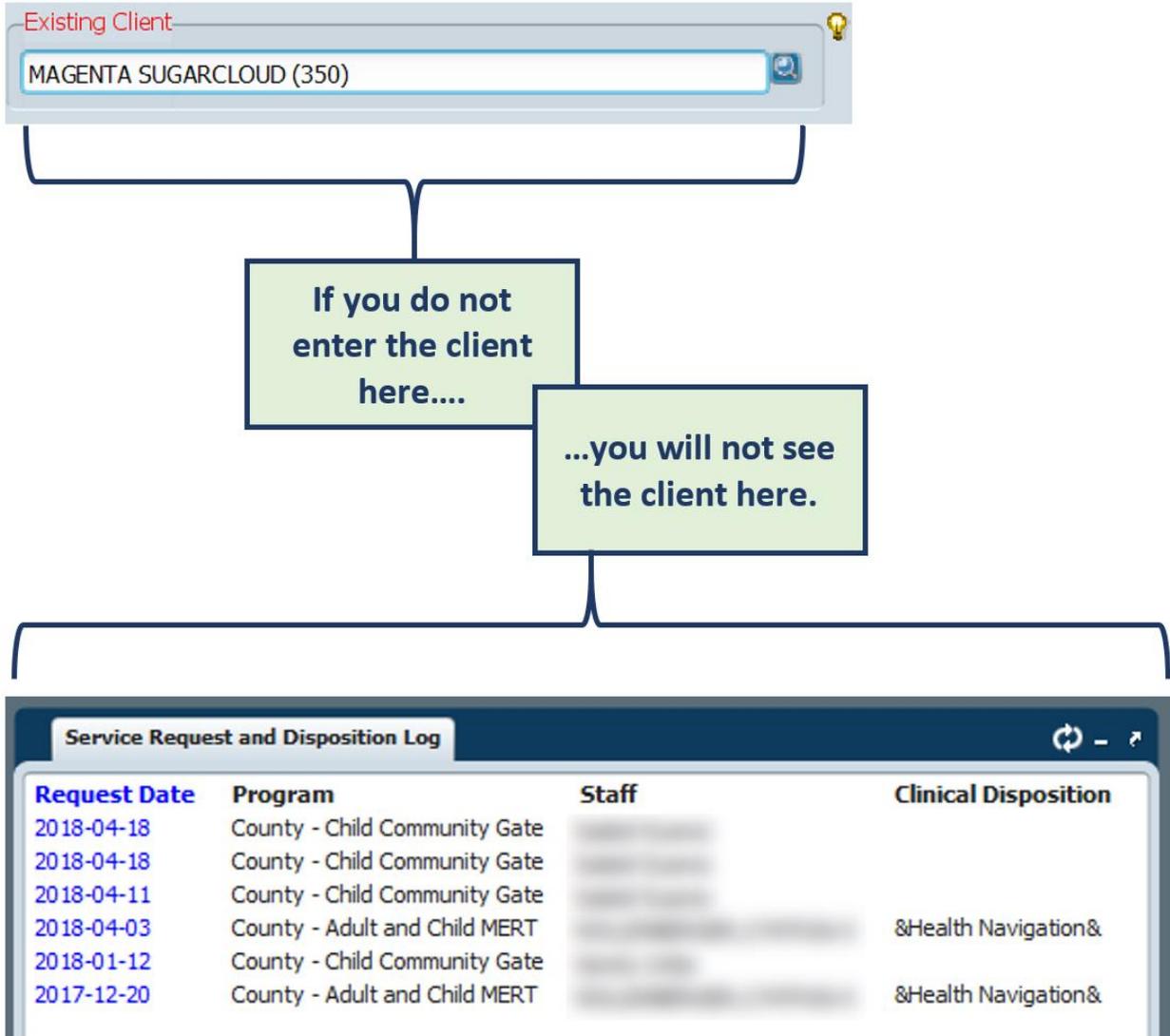
Existing Client - client is already in Avatar

This is a client that has at least been admitted to Client Registration and Financial and has a client number. It is preferred that the client is admitted first, because then all logs for the client will be connected in the SRADL Widget by the client number, and this information can be easily found by others.

Most individuals can be admitted. If so, **enter the client name in the Existing Client field.**

Existing Client 

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Potential Client:

Potential Client Instructions

Sometimes a client may prefer to be anonymous (or there is not enough client information for other reasons). In this case, fill in the "Potential Client" questions as completely as possible.

- Make every effort to gather enough info to admit client to Client Reg & Financial.
- If you cannot gather at least 3 ID points (e.g. last, first, DOB), then click "Yes" and enter as much as is known about the client in fields below.
- Note: You can reopen a draft SRADL later and change to "Existing Client" when/if you get more info and can admit the client.

Answer the Language question. If Yes, answer the next question about the **client's preferred language**.

Enter the **client's Language** if the client's primary language is something other than English. If the primary language is English, this question will be grayed out/disabled and you will not be able to answer it.

11. Enter the Clerical Disposition.

If no clerk, then enter **Direct**.

Potential Client - Refers to be anonymous - OR - insufficient info
 Yes

Potential Client First Name
[Text Input Field]

Potential Client Last Name
[Text Input Field]

DOB
[Text Input Field] [T] [Y] [Dropdown]

SSN [Text Input Field]

Phone Number [Text Input Field]

Address [Text Input Field]

Does the Client Prefer a Language Other Than English
 Yes No

Client Preferred Language

- American Sign Language
- R Cambodian
- Chinese Dialect

Clerical Disposition

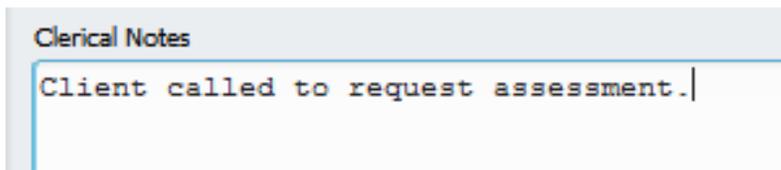
- Call not routed
- Clerical information given
- Direct
- Routed to clinician
- Routed to DMC provider for intake
- Routed to MH provider for intake

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Clerical Disposition List Item Definitions

- **Call not routed:** Caller hung up or call could not otherwise be connected. If walk-in client, client left before being seen.
- **Clerical information given:** Information, like directions or phone numbers provided to client who did not need any other help.
- **Routed to clinician:** Caller was referred to an Access Clinician from clerical support person.
- **Direct:** Use if you are a clinician who does not have clerical support, and you are filling out the entire form yourself.
- **Routed to DMC Provider for Intake:** Referral brokered to other DMC (SUDS) unit/agency for assessment and intake.
- **Routed to MH Provider for Intake:** Referral brokered to other MH unit/agency for assessment and intake.

12. Enter **Clerical Notes**. This is a brief (1 or two sentences) description of why the individual or representative is calling. There is a Clinical Notes field to elsewhere in this form to document the details of the call.



Clerical Notes

Client called to request assessment.

Clerical Notes should be brief and not contain clinical information. Just information about who called, why, and where the call/inquiry was directed.

13. **Save Form as a Draft IF TWO DIFFERENT PEOPLE ARE FILLING OUT THE FORM, OTHERWISE CONTINUE:** At this point, clerical staff will go to the end of the form, click **Draft**, and then click **Submit**. This saves a draft version of the form for the clinical staff person who completes the form.



Form Status

Draft Final

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Reopening a Draft Version of a Service Request and Disposition Log form

1. Return to your Home Console. In the Forms & Data Widget use the Search Forms field to find the Service Request and Disposition Log. Click on the form name.
2. In the Select Program window, select your Service Program. This will open a pre-display of SRADL entries.
3. You can search for your entry by Date of Request, Clinical Staff, Client Name (Existing Client), Potential Client Last Name and Form Status (Draft/Final). Click on the header at the top of each column to sort either ascending or descending order. For example, to sort by date, click on "Date of Request."
4. Find the draft you need to edit and double-click on the entry to reopen the Draft form.

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Home Service Request Preferences Lock Sign Out

County - Child Community Gate (CO-COMGATE)

Service Request and Disposition Log

Date of Request	Clinical Staff filling out this form	Existing Client	Potential Client ...	Form Status
03/29/2019				Draft
03/22/2019				Final

Add Edit Delete Cancel

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Completing the Clinical Portion of the Reopened Service Request and Disposition Log form

1. When you first open the SRADL form, all clinical questions on the lower half of the form will be grayed out or *disabled*. To *enable* the clinical questions (after answering the questions on the upper portion of the form) click **Yes** for the **Activate Clinical Review** question.

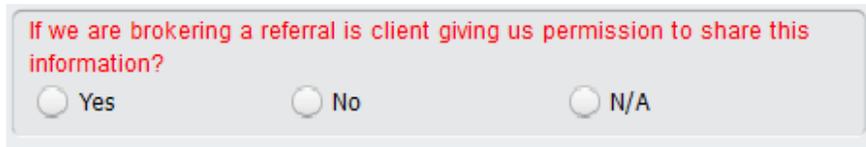


Activate Clinical Review

Yes No

The question *Activate Clinical Review* "opens up" all clinical questions below it. Click "Yes" to proceed.

2. If we are brokering a referral is client giving us permission to share this information? Select the appropriate item or click N/A if this does not apply to your workflow.



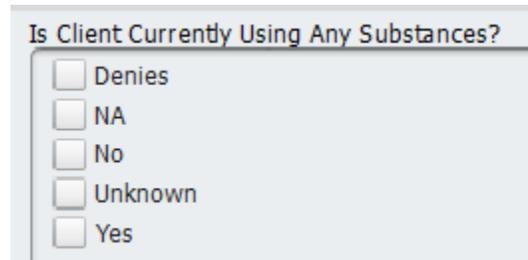
If we are brokering a referral is client giving us permission to share this information?

Yes No N/A

If your program accepts new clients based on third party referral information, enter "Yes" if you have a release for the third party. If you do not have a release, enter "No."

Click "Managed Care" to refer to Specialty Behavioral Health providers such as Eating Disorder Tx or a therapist who signs ASL. For all others, click either SUD Services or Mental Health.

3. Is Client Currently Using Any Substances?



Is Client Currently Using Any Substances?

Denies
 NA
 No
 Unknown
 Yes

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4. Indicate **Urgency Level** as appropriate.

Pick the Urgency Level carefully. Behind the scenes, Avatar is measuring whether or not clients get services in the promised timeframe. For example, if you click "Routine (10 days)" the client must be at least *offered* an appointment within 10 days. If the client declines, that is OK, but you will note the date of the offered appt later in the SRADL.

Urgency Level

- Urgent-Prior Auth Needed (96 hours)
- Urgent-Prior Auth Not Needed (48 hrs)
- Urgent NTP (3 days)
- Routine (10 days)
- Psychiatry (15 days)
- Emergent (immediate)
- NA - Information Only

Urgency Level List Item Definitions

- **URGENT-PRIOR AUTH NEEDED (96 hrs)** - Urgent appointment with non-physician or physician within 96 hours (4 calendar days) for a condition which requires prompt attention to ameliorate serious threat to health. Normal timeframe for the decision-making process would be detrimental to the client's health. Examples: Residential services; Emergency placement for child
- **URGENT-PRIOR AUTH NOT NEEDED (48 hrs)** - Urgent appointment with non-physician or physician within 48 hours (2 calendar days) for a condition which requires prompt attention to ameliorate serious threat to health. Normal timeframe for the decision-making process would be detrimental to the client's health. These are typically outpatient services that are NOT NTP's (narcotic treatment programs).
- **URGENT NTP (3 days)** - For medication assisted opioid tx (narcotic treatment) where imminent withdrawal will occur without medication.
- **ROUTINE (10 days)** - Routine appointment with non-physician must be scheduled within 10 business days of request. Includes SUD, other than opioid tx (NTP), which is 3 days.
- **PSYCHIATRY (15 days)** - Appointment with psychiatry must be scheduled within 15 business days of request.
- **EMERGENT (immediate)** - Referral for 72 hr. Psychiatric Eval for Hospitalization
- **NA-INFORMATION ONLY** - No request for services. Information provided or received.

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5. **Charitable Choice (SUDS Only): Is client requesting a religious accommodation?**

This question is for SUDS programs only.

Check "SUD Services" in the previous question to enable the Charitable Choice question.

The screenshot shows a form interface. At the top, there is a section titled "System of Service Requested" with a lightbulb icon. Below this title are three checkboxes: "SUD Services" (checked with a green checkmark), "Mental Health", and "Managed Care". Below the checkboxes is a red question: "Charitable Choice (SUD Only): Is client requesting religious accommodation?". Underneath the question is a dropdown menu with two options: "Client requests religious accommodation" and "No request for religious accommodation".

6. **Clinical Staff filling out this form:** If another person completed the clerical portion of the form, check to make sure that this is you. Change the name if necessary.

The screenshot shows a form field with a red header "Clinical Staff filling out this form". Below the header, the text "MAST, NANCY (001885)" is entered in the field.

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7. Clinical Disposition

This is the outcome of the call, contact or referral.

Remember that there may be multiple contacts in the log for the client. For each contact, there will be a new log and a new disposition.

Clinical Disposition

- Crisis Services
- CSP Only - Referral to County Resources
- Denied (no Medi-Cal)
- Health Navigation
- Medi-Cal NOABD-Delivery System Letter
- MH Assessment in Progress/Scheduled
- Provided/Received Information
- Referred for Services
- Referred to BEACON
- Referred to Community Resources/Supports

Clinical Disposition List Item Definitions

- **CRISIS SERVICES:** May involve referring client on 5150 to the CSP or ER. Only for clients not open to services. If open to services, write a progress note in the client's chart.
- **CSP ONLY REFERRAL TO COUNTY RESOURCES:** Only for CSP staff.
- **DENIED (no Medi-Cal):** Client does not qualify, is denied services but does not require a NOABD. (No county Medi-Cal.) Service denial based on client not meeting medical necessity criteria.
- **HEALTH NAVIGATION:** Helping clients who do not qualify for services navigate their own health systems, such as private insurance.
- **MEDI-CAL NOABD-DELIVERY SYSTEM LETTER:** Client does not qualify, is denied services, and is a Medi-Cal beneficiary. Service denial based on client not meeting medical necessity criteria.
- **MH ASSESSMENT IN PROGRESS/SCHEDULED:** Client has been referred for assessment to determine if they meet criteria, but determination has not yet been made.
- **PROVIDED/RECEIVED INFORMATION:** No request for services. Info provided and/or info received.
- **REFERRED (APPROVED) FOR SERVICES:** Client qualifies for, and is referred to, County BH or County BH contracted services. If you click this, you MUST complete referral info at end of the form. This item triggers "timeliness" measure (time from the date of initial request to offered appointment).
- **REFERRED TO BEACON:** Client was screened and does not qualify for Specialty MH Services. Cl. referred to Beacon Health Options for therapy and/or psychiatry.
- **REFERRED TO COMMUNITY RESEOURCES/SUPPORTS:** Client does not qualify or is requesting services not provided by BH and is referred to more appropriate resources (e.g. homeless shelter, physical health).
- **REFERRED TO INTEGRATED BH:** Client does not quality, is denied services, and is referred to IBH for therapy and/or psychiatry.
- **SUDS ONLY BEACON THERAPY:** Only for SUD programs referring to subcontracted therapy services.
- **SUDS ONLY REFERRAL TO COUNTY ACCESS:** Only for SUD programs referring to County Access.
- **UNABLE TO CONTACT:** Note attempts to contact. Try to contact more than once if possible. Includes clients hanging up, and walk-ins who leave before being seen.

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If the caller/contact is denied services:

IMPORTANT INFORMATION

If any of the items checked at right (and listed below) are checked, the **Clinical Notes must justify why the client did not meet**

medical necessity.

- ✓ Denied (no Medi-Cal)
- ✓ Medi-Cal NOABD
- ✓ Referred to BEACON
- ✓ Referred to Integrated BH
- ✓ Referred to Community Resources/Supports
- ✓ Unable to Contact

In your note, include information about Level of Functioning, Diagnosis and anything else that informed your decision to refer the client out.

If the Client is Referred (Approved) for Services:

IMPORTANT INFORMATION

Clicking, "Referred (Approved) for Services," or "MH Assessment in Progress/Scheduled," activates the question, Referring Client To.

Clinical Disposition 

- Crisis Services
- CSP Only - Referral to County Resources
- Denied (no Medi-Cal)
- Health Navigation
- Medi-Cal NOABD-Delivery System Letter
- MH Assessment in Progress/Scheduled
- Provided/Received Information
- Referred (Approved) for Services
- Referred to BEACON
- Referred to Community Resources/Supports
- Referred to Integrated BH
- SUDS Only - Beacon Therapy
- SUDS Only - Referral to County Access
- Unable to Contact

CLINICAL DISPOSITION

Clinical Disposition

- Health Navigation
- Denied (no Medi-Cal)
- SUDS Only - Beacon Therapy
- SUDS Only - Referral to County Access
- CSP Only - Ref'd to Community Resources
- Medi-Cal NOABD-Delivery System Letter
- Provided/Received Information
- Referred (Approved) for Services
- Referred to BEACON
- Referred to Integrated BH
- Referred to Community Resources/Supports
- Unable to Contact
- MH Assessment in Progress/Scheduled
- Crisis Services

IMPORTANT: This item also triggers the "timeliness measure." Avatar will search for a follow-up appointment to measure the number of days between the request and the appointment.

ONLY CLICK if the client will have a follow-up assessment appointment scheduled (or the appointment has already happened).

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8. Clinical Notes to support Disposition:

This question documents the outcome of the call/contact/inquiry. Add any helpful/informative information about the case for others who may be working with the client. Justify any clinical decision-making (referring in for authorized services or referring out if client does not meet criteria). If an Access Assessment or Intake Assessment was completed, refer the reader to the Assessment, noting the date of the assessment.

▼

Clinical Notes to support Disposition

Access Assessment completed. Client will be referred to case management/Recovery Team and psychiatry. Intake appointment with Dr. Smith on 01/05/16 at 2:30 PM. See Access Assessment for more information.

9. Referring Client To

Clicking “Referred to Services” as shown above, opens up this question. “Referring Client To.”

Referring Client To

Specific Program Managed Care Provider

Specific Provider

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Enter referral information as shown below.

REFERRAL 1

Referred to Program 1 

County - North FQHC Psychiatry

Referred to Provider 1

IMA DOCTOR (000003)

Appt Offered 1 

02/11/2020

Appt Offered Time 1

02:30 PM

Appt Scheduled 1

02/13/2020

Referred to Program: This is a required question if you are referring to services. You must refer to a program. Provider information is optional. Enter a specific provider if you have this information.

Referred to Program 1 

- Encompass - ADP Youth Svcs North OP SEQ
- Encompass - ADP Youth Svcs North OP
- Encompass - ADP Youth Svcs North-YES SEQ
- Encompass - ADP Youth Svcs North-YES
- Encompass - ADP Youth Svcs South-OP SEQ
- Encompass - ADP Youth Svcs South-OP
- Encompass - ADP YS South-Escuela SEQ
- Encompass - ADP YS South-Escuela

Referred to Provider: Enter if you know the name of the provider who will see the client for the Access assessment, intake, etc... This question is not required, so leave blank if you do not know the name of the person who will actually be seeing the client for assessment/intake.

Appt Offered: To help us keep track of timeliness standards, enter the first appointment you OFFER to the client, whether or not the client accepts the appointment. This way, the time to first appointment is not affected if the client cannot come to the first appointment offered.

Appt Offered Time: Enter the appointment time for the first appointment you OFFER to the client.

Appt Scheduled: Enter the date of the scheduled appointment.

The “Appt Offered” and “Appointment Scheduled” might be the same date or it might not. Either way, enter something in both date fields.

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What if I offer more than one appointment before one is scheduled?

There are three sets of referral fields at the bottom of the SRADL page. Use them to record multiple appointments offered to the client. Multiple appointments might be offered to the client/guardian before you settle on one that works. You can note up to three offered appointments in the Referral questions at the bottom of the SRADL.

If you are referring to multiple services (for example, psychiatry (15 days) and case management (10 days)) you will have to do two SRADLs.

▼ REFERRAL 1

Referred to Program 1 
County - North FQHC Psychiatry

Referred to Provider 1
IMA DOCTOR (000003)

Appt Offered 1
11/10/2020 T Y

Appt Offered Time 1
02:30 PM

Appt Scheduled 1
T Y

▼ REFERRAL2

Referred to Program 2
County - North FQHC Psychiatry

Referred to Provider 2
TEST,USER (004462)

Appt Offered 2
11/12/2020 T Y

Appt Offered Time 2

Appt Scheduled 2
T Y

▼ REFERRAL 3

Referred to Program 3
County - North FQHC Psychiatry

Referred to Provider 3
IMA DOCTOR (000003)

Appt Offered 3
11/14/2020 T Y

Appt Offered Time 3

Appt Scheduled 3
11/14/2020 T Y

At the end of this section, there is also a question to enter Managed Care referrals.

A Managed Care provider is an organization or individual providing managed care services, like those providing specialty services in our panel for eating disorders or psychological testing; Specific Providers or Programs are other than Managed Care providers.

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No Shows

If you are the clinician for the first appointment, and the client does not show, you want to document this. You should at least write a progress note documenting the no show, but if the SRADK is still open, also enter this information there. If you use the Avatar Scheduling Calendar, you can also mark the appointment as a no show.

I don't have a release of information. Can I talk to a caller about a client?

NO, but... you CAN do a couple of other things.

- **HIPAA won't allow you to talk specifically about the client without a release of information. This includes even saying that the client is getting, or has inquired about, services.** However, this doesn't mean you can't have a conversation with the person who is calling. Sometimes information from this type of call can be very helpful when assessing a client down the road. (Examples: Call from a concerned parent of an adult who is homeless and mentally ill, call from a probation officer, call from a family friend.)
- **You can provide general information about services** offered through your program, without talking about the client specifically. Be very careful to not reference the client. You may provide information such as, types of services provided, hours, etc....
- **You can receive information about a client**, as long as you don't let on that the client is or is not receiving services, or provide other information about the client. Tell the caller something like, "The law prevents me from giving you specific information about any client, including whether or not the client is even getting services, but if there is information you want to give me, in case the client shows up, I can take that information and note it in a log." Sometimes information from parents, friends, pastors, probation officers, etc... can be very helpful if/when the client does show up.

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Examples

These are some example workflows that show how a client might move into services from an initial request to first appointment.

Adult Mental Health Example

1. A new client calls, asking about services. The client is not currently getting services anywhere in the MH system of care. The client is admitted to the Client Registration & Financial *Program of Admission* to allow assignment of a client number and gathering of demographic data.
2. The client is not sure about moving forward with services at this point. A clinician completes the Service Request and Disposition Log (SRADL) with information about the call, checking “Info Request by, or provided to, caller” for the, “Reason for Inquiry,” question.
3. Later that week, the client’s provider at a medical clinic calls to provide information about the client's situation.
4. Before taking the call, the Access clinician uses the SRADL Widget to open the previous SRADL and reads over the information from the client's previous call.
5. There is a discussion with the provider about encouraging the client to request services. The clinician is careful to not reveal the client has already called because there is no release of information.
6. A second Service Request & Disposition Log form is completed to document the call from the provider. The clinician again checks “Info request” for the, “Reason for Inquiry,” question.
7. The client calls back, this time requesting services. The clinician taking the call is able to see the content of the prior calls using the Service Request and Disposition Log Widget.
8. The clinician opens the client to County – Pre Admit and makes an appointment in the Scheduling Calendar for an Access Assessment, and...
9. ...fills out another SRADL. This time, the clinician checks “Request for Services,” for the, “Reason for Inquiry,” question.
10. The clinician will also note the clinician with whom the appointment is scheduled and the date of the appointment in the SRADL.

Reason for Inquiry

- Community Information Received
- Client/Legal Guardian Req for Services
- Req for 2nd opinion from client/guardian
- Request for Psychiatry
- NTP/MAT Req for Svcs (3-days)
- Engagement/Outreach Contacts
- Crisis Services
- Info Request by, or provided to, caller
- SUD Interim Perinatal Services (48 hrs)
- CSP Lobby Screening/Triage

Reason for Inquiry

- Community Information Received
- Client/Legal Guardian Req for Services
- Req for 2nd opinion from client/guardian
- Request for Psychiatry
- NTP/MAT Req for Svcs (3-days)
- Engagement/Outreach Contacts
- Crisis Services
- Info Request by, or provided to, caller
- SUD Interim Perinatal Services (48 hrs)
- CSP Lobby Screening/Triage

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11. The client comes to the Access Assessment appointment.
12. The Access clinician completes the Access Assessment, under the County – Pre Admit *Program of Admission*.
13. The assessment services are billed (progress note/notes) under the appropriate Service Program. For example, County - Adult Access (CO-ACSS).
14. Client is determined to meet medical necessity, and the decision is made to refer the client in for services.
15. The Access clinician closes County – Pre Admit and opens to LE – 00044.
16. If the client is referred to psychiatry, the Access Clinician makes an appointment for a psychiatric intake in a doctor's calendar. The clinician completes a different SRADL to note the request for, and referral to, psychiatry.
17. The psychiatry appointment should be scheduled under LE – 00044, not County – Pre Admit.
18. If the client does not meet medical necessity and is not approved for services, this must be noted in a SRADL entry. The entry should include, 1) the reasons why the client was declined for services, (i.e., why client did not meet medical necessity), and referrals given to the client.
19. If the client has Medi-Cal, the clinician fills out a Notice of Action form and either mails this to the client or gives this to the client in person.

Child Example 1: Child Assessed by County

1. A parent calls requesting services and this information is entered in the SRADL. The Health Navigator taking the information informs that a clinician will call back.
2. The information is passed along to the appropriate team supervisor.
3. The team supervisor passes the referral along to a clinician for an assessment visit.
4. The family is contacted for an appointment.
5. At the point of the assessment visit, the client is opened to the County Outpatient Admission Program, and service provision begins. Services are billed under the appropriate program of service associated with the team. (County - Child Community Gate, or Encompass - Child TAY ILSP are examples.)
6. Alternately, the child may be opened to County Pre Admit to allow further assessment of the child to determine **medical necessity**. Once the child has been determined to meet medical necessity, the child is closed to County Pre Admit and opened to LE – 00044 MH County Outpatient.
7. At this point, the county clinician may continue to work with the child, or pass the case on to a contract agency who will take over the treatment.
8. Unlike adults, most children receiving services do not require psychiatry. If the child does need psychiatry, the clinician makes an internal referral and completes a second SRADL documenting the request for psychiatry.

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Child Example 2: Child Assessed by Contractor

1. A parent calls requesting services and this information is entered in the SRADL. The Health Navigator taking the information informs that clinician will call back.
2. The information is passed along to the appropriate team supervisor.
3. The team supervisor refers directly to a contract agency, instead of a county clinician.
4. The contract agency contacts the family for an appointment.
5. Because there is no “Pre-Admit” equivalent for contractors, the contractor opens the client to the agency LE (e.g. LE – 00656 PVPSA OUTPATIENT).
6. At the point of the assessment visit, the client is opened to the *Program of Admission* and service provision begins. Services are billed under the appropriate program of service associated with the team.
7. The clinician completing the Access Assessment is usually the same person who provides ongoing services.
8. Almost all children served by contractors do not need psychiatry, but if psychiatry services are needed, the treating clinician makes a referral through County Childrens Access.

Substance Use Disorder Services 1: Youth

1. Call from PO to county, to refer client to services. PO provides info about potential tx issues. A county MH Clinician is assigned to assess the client. The PO faxes in a referral. Two SRADL’s are done for the call from the PO and the faxed information. The information is noted in a SRADL. This is not a request for services and the “Reason for Inquiry” is “Info Request...” (Not a request for services until the actual client is contacted and agrees that they want services.)
1. During the assessment, the county clinician identifies some SUD issues and calls a contractor agency to refer the client. A SRADL is created by the contractor to document the referral. (Again, not an official request for services until the client is contacted.)
2. The case is assigned to a team supervisor at the contact agency who speaks with the client and arranges an intake appointment. The date of the intake appointment is noted in a SRADL.

Reason for Inquiry

- Community Information Received
- Client/Legal Guardian Req for Services
- Req for 2nd opinion from client/guardian
- Request for Psychiatry
- NTP/MAT Req for Svcs (3-days)
- Engagement/Outreach Contacts
- Crisis Services
- Info Request by, or provided to, caller
- SUD Interim Perinatal Services (48 hrs)
- CSP Lobby Screening/Triage

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Substance Use Disorder Services Example 2: Adult

2. Call from PO to refer client to services. Clinician explains that client needs to call to request services, but information is received from the PO. The information is noted in a SRADL. This is not a request for services and the “Reason for Inquiry” is “Info Request...”
3. The client is admitted to the Client Registration & Financial *Program of Admission* to allow assignment of a client number and gathering of demographic data.
4. Later in the day, the client calls asking about services. The client is not sure about moving forward because of scheduling issues with their job and childcare. The clinician provides the client with information about available services and the client says they will call back. The clinician completes another SRADL with information about the call, checking “Info Request by, or provided to, caller” for the, “Reason for Inquiry,” question.
5. Later that week, the client calls back, having worked out some logistics and asks for services, triggering the “official” request. Before taking the call, the Access clinician uses the SRADL Widget to read over the information from the client's previous call.
6. The clinician schedules an intake appointment, noting the appointment date and program in another SRADL.
7. The client comes to the Intake appointment.
8. The clinician opens the client to the appropriate Admission Program, and then completes the Assessment forms under that program.
9. Services commence.

Reason for Inquiry

- Community Information Received
- Client/Legal Guardian Req for Services
- Req for 2nd opinion from client/guardian
- Request for Psychiatry
- NTP/MAT Req for Svcs (3-days)
- Engagement/Outreach Contacts
- Crisis Services
- Info Request by, or provided to, caller
- SUD Interim Perinatal Services (48 hrs)
- CSP Lobby Screening/Triage

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Timeliness SRDL Report

The screenshot shows the 'Timeliness SRDL' report configuration interface. It includes a 'Process' button and a 'Program' list. The 'Begin Date' is 11/01/2020 and the 'End Date' is 11/30/2020. The 'Program' list includes 'County - ADP-Recovery Maint Pilot SEQ (CO-RMPs)', 'County - Adult Access (CO-ACSS)', 'County - Adult ACT Team (CO-ACT)', and 'County - Adult and Child MERT (CO-MERT)'. The 'County - Adult Access (CO-ACSS)' program is selected.

- 1) Select the report generator.
- 2) Enter the desired date range.
- 3) Select the desired programs
- 4) Click, "Process."

Note that it may take several minutes to generate the report.

Avatar will provide a list of all SRADL entries for the selected programs, within the selected date range.

The report sorts entries by level of urgency. Then, for each grouping, Avatar provides an average time to appointment or services.

Below the first few rows for a report run for the program, Adult Access. The first pages have rows from all SRADL entries where there was no Urgency level selected.

REVIEW: Are there any rows that have appointments? If so, you will need to investigate the data to see if there is a problem. If there was no urgency level selected on the SRADL, you should not see any appointments.

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Timeliness SRDL
Request Dates: 1/1/2018 - 1/10/2018
Status: Final

System of Service	Age Group	Initial Program	Data Entry By	ClientID	Client Name	Urgency Level	Reason for Inquiry	Clinical Disposition	Request Date	First Appt Offered	First Svc	Referred to Program	Days2 Appt
No Urgency Level													
	Adult	County - Adult Access	Services Liaison	000000	0000000000		Info requested or provided to	Unable to Contact	1/4/2018		1/9/2018		
&Mental Health&	Adult	County - Adult Access	Services Liaison	000000	0000000000		Client/Legal Guardian Request for Svcs	Provided/Received Information	1/4/2018	1/8/2018	1/8/2018		.
&Mental Health&	Adult	County - Adult Access	Services Liaison	000000	0000000000		Client/Legal Guardian Request for Svcs	Provided/Received Information-Ref	1/4/2018		1/4/2018		
&Mental Health&	Adult	County - Adult Access	Services Liaison	000000	0000000000		Info requested or provided to	Provided/Received Information-Ref	1/8/2018		1/8/2018		
&Mental Health&	Adult	County - Adult Access	Services Liaison	000000	0000000000		Info requested or provided to	Provided/Received Information-Ref	1/8/2018	1/23/2018			
&Mental Health&	Adult	County - Adult Access	Services Liaison	000000	0000000000		Info requested or provided to		1/5/2018		1/5/2018		
&Mental Health&	Adult	County - Adult Access	Services Liaison	000000	0000000000		Info requested or provided to		1/5/2018				

Subsequent sections will have information for requests that led to an assessment and services appointments. The picture below shows information from the section for Routine (10 day) requests.

The far right column shows the days to appointment.

System of Service	Age Group	Initial Program	Data Entry By	ClientID	Client Name	Urgency Level	Reason for Inquiry	Clinical Disposition	Request Date	First Appt Offered	First Svc	Referred to Program	Days2 Appt
Routine (10 days)													
&Mental Health&	Adult	County - Adult Access	Services Liaison	000000	0000000000	Standard	Client/Legal Guardian Request for Svcs	Provided/Received Information	1/29/2019	2/4/2019	2/4/2019		3
&Mental Health&	Adult	County - Adult Access	Services Liaison	000000	0000000000	Standard	Client/Legal Guardian Request for Svcs	Provided/Received Information	1/29/2019	1/31/2019	1/30/2019		0
&Mental Health&	Adult	County - Adult Access	Services Liaison	000000	0000000000	Standard	Client/Legal Guardian Request for Svcs	Provided/Received Information	1/3/2019	1/4/2019	1/3/2019		0
&Mental Health&	Adult	County - Adult Access	Services Liaison	000000	0000000000	Standard	Client/Legal Guardian Request for Svcs	Referred (Approved) for Services-MH	1/4/2019	1/10/2019	1/4/2019		3
&Mental Health&	Adult	County - Adult Access	Services Liaison	000000	0000000000	Standard	Info requested or provided to	Health Navigation-Provided/Received	1/10/2019				
&Mental Health&	Adult	County - Adult Access	Services Liaison	000000	0000000000	Standard	Info requested or provided to	Referred to Integrated BH	1/10/2019	1/23/2019	1/10/2019		7
&Mental Health&	Adult	County - Adult Access	Services Liaison	000000	0000000000	Standard	Info requested or provided to	Health Navigation-Provided/Received	1/11/2019		1/16/2019		
&Mental Health&	Adult	County - Adult Access	Services Liaison	000000	0000000000	Standard	Client/Legal Guardian	Provided/Received Information	1/15/2019	1/25/2019	1/25/2019		4

At the end of each section, there is a summary box that provides averages and totals, including information on the average time to first appointment.

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The percentage is for Client/Legal Guardian Req for Services logs only. % is the count of logs that are offered within 10 days (numerator) divided by the all the qualified logs (denominator); Mean is an average of the qualified logs.

Data Entry By	ClientID	Client Name	Urgency Level	Reason for Inquiry	Clinical Disposition	Request Date	First Appt Offered
---------------	----------	-------------	---------------	--------------------	----------------------	--------------	--------------------

Request Dates: 1/1/2019 - 3/1/2019

Total clients for Routine (10 days): 209

Total Unique clients: 161

Total Client/Legal Guardian Req for Services: 40

Percent Client/Legal Guardian Req for Services first appointment offered within 10 days: 95%

Mean: 0.90

Standard Deviation: . 2.34

You may find some errors in the data. Below are some issues to look for.

- The totals should match. If the Total clients for Routine (10 days) is less than Unique Clients, then there are “duplicated” client errors.
- If the Total clients for Routine (10-day) is greater than the Total Client/Legal Guardian Req for Services than there are miscoded “Information Only” logs.

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Request for a SRADL Entry be Put Back to Draft or Deleted

SRADL's can be reverted to draft. Once this is done, you can change any needed details, including the client name. The only things you cannot change in the draft SRADL are the Date of Request and the Program Name. Once your SRADL has been reverted to draft, you can also delete it from the pre-display. (See below.) Fill out the template below and then send it in a message to askqi@santacruzcounty.us to request that a SRADL get reverted back to draft for you.

SRADL Corrections Template (fill out completely)

Request: Revert to Draft - OR - Deletion

Service Program:

Client name & number:

Date of SRADL:

Clinician:

Reason:

To Delete a Draft SRADL from the Pre-Display

Follow the usual procedure to open a new SRADL, but stop when you get to the Pre-Display that shows all of the prior SRADL's for the program. Click on the SRADL you wish to delete, ONCE, to highlight, and then click "Delete" at the bottom of the form.

Note this will only work if the SRADL is in draft.

The screenshot shows the 'myAvatar 2018' application interface. At the top, there is a navigation bar with 'Home', 'Service Request', 'Preferences', 'Lock', and 'Sign Out'. Below this, the page title is 'County - Child Community Gate (CO-COMGATE)'. The main content area is titled 'Service Request and Disposition Log' and contains a table with the following columns: 'Date of Request', 'Clinical Staff filling out this form', 'Existing Client', 'Potential Client ...', and 'Form Status'. The first row of the table is highlighted in green. Below the table, there are four buttons: 'Add', 'Edit', 'Delete', and 'Cancel'. The 'Delete' button is circled in red. Two red boxes with white text and numbers are overlaid on the image. Box 1 points to the first row of the table and contains the text '1 Click ONCE to highlight the row.' Box 2 points to the 'Delete' button and contains the text '2 Click DELETE.'

Date of Request	Clinical Staff filling out this form	Existing Client	Potential Client ...	Form Status
03/29/2019				Draft
03/22/2019				Final

Santa Cruz Avatar

Appendix 1: How Avatar Measures Timeliness

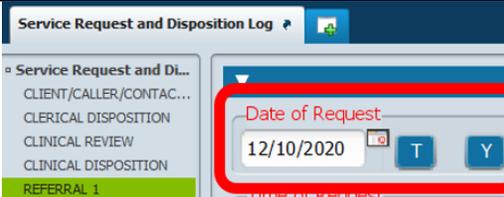
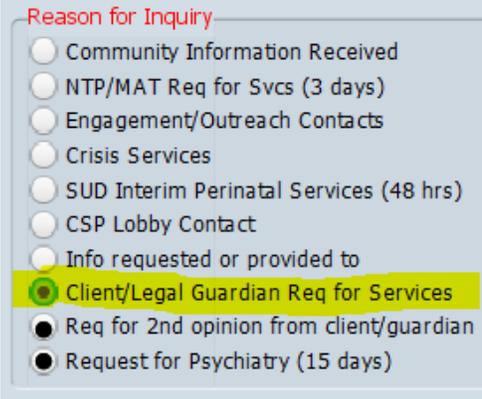
DHCS (California Dept. of Health Care Services) requires MHPs (Mental Health Plans) to submit assessment records for new clients in order to answer the following questions:

1. Does the MHP provide timely appointment offers and ultimately timely access to assessment?
2. Does the MHP provide timely access to treatment?

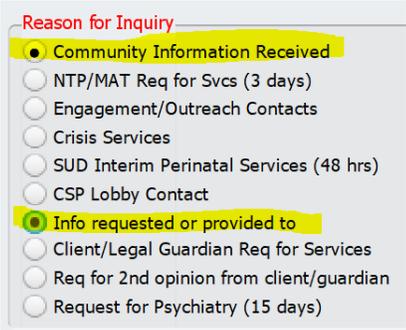
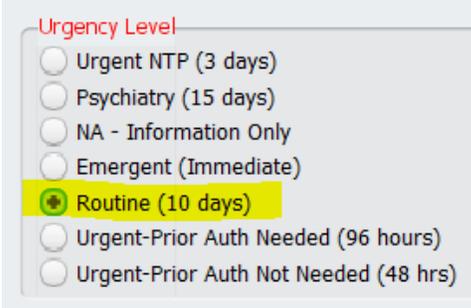
https://www.dhcs.ca.gov/services/MH/Documents/MHSUDS_Info_Notice_19-020-CSI_Assessment_Record.pdf

Google: DHCS Info Notice 19-020-CSI Assessment Record

Below is a explanation of each Data Item that DHCS monitors, along with an explanation of the data item, as well as where Avatar looks for this information.

	Data Item	Explanation of Data Item	Where Does Avatar Look for This Data Item?
1	Date of First Contact to Request Services	 <ul style="list-style-type: none"> • This is the “Date of Request” in the SRADL. • Not every contact is going to be a Request for services. • “Requester” needs to be the correct person to make it an “official” request. • For minors requesting mental health services, the first request is typically going to be from the parent or legal guardian (unless minor holds consent). • If your agency/program gets referrals from third parties, like a school or probation, the request is not “official” until the client/legal guardian is contacted. • For SUDS, minors are always going to be the person requesting the services for themselves. 	<ul style="list-style-type: none"> • “Request Date” on the SRADL, ONLY IF • “Client/Legal Guardian Req for Services” is clicked. • Or possibly “Req for 2nd Opinion” or “Req for Psychiatry”  <ul style="list-style-type: none"> • If One of these items is clicked, then Avatar starts searching around for appointment information.

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	Data Item	Explanation of Data Item	Where Does Avatar Look for This Data Item?
1	Date of First Contact to Request Services	<ul style="list-style-type: none"> For third party referrals, for example from a school or the probation department, use "Info Requested or Provided to" or "Community Information Received." Note that there can be all kinds of people contacting you about the client, but until you speak with the actual client or the parent/guardian, it's not an official request for services. 	<ul style="list-style-type: none"> ONLY click "Request for Services" if you talk to the actual client or legal guardian and will proceed to make an appointment for an assessment. Otherwise, use "Info requested or Provided to" or "Community Information Received." 
2	Assessment Appointment Offer Dates (#1, #2, #3)	<ul style="list-style-type: none"> We must have appointments available for the client within a certain timeframe, whether or not the person accepts the  <p>appointment.</p>	<ul style="list-style-type: none"> Avatar determines the acceptable timeframe by looking at the answer to the question, "Urgency Level." For most services, this is going to be "Routine (10 days)."  <ul style="list-style-type: none"> THEN...Avatar looks at the question, "Appt Offered 1" to see if the first offered appointment was within the required timeframe.

REFERRAL 1

Referred to Program 1

Encompass - ADP Youth Svcs South-OP

Referred to Provider 1

NANCY MAST (001885)

Appt Offered 1 (highlighted in red box)

11/10/2020

Appt Offered Time 1

02:30 PM

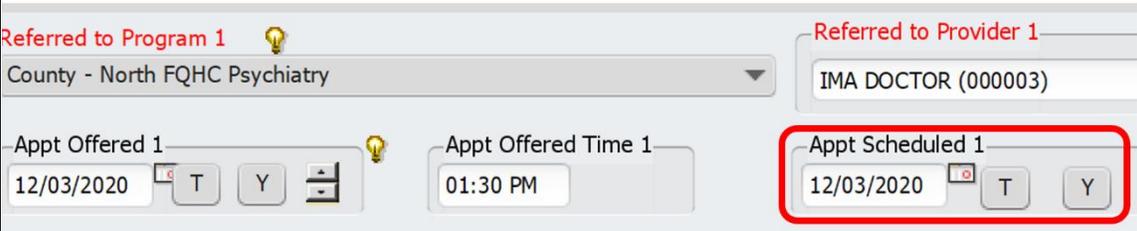
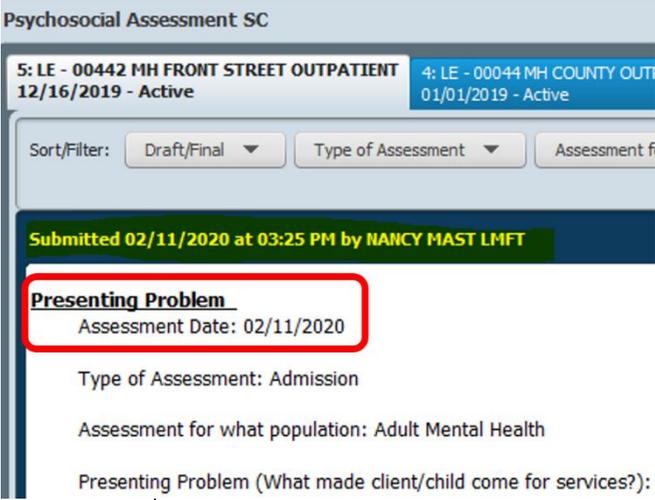
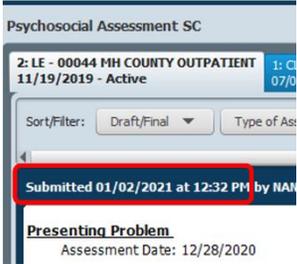
Appt Scheduled 1

11/12/2020

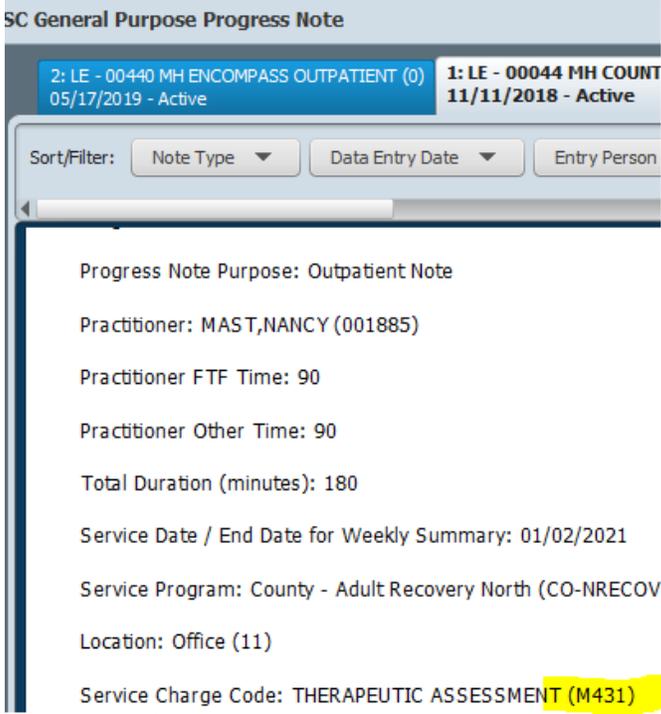
Santa Cruz Avatar

<p>2 Assessment Appointment Offer Dates (#1, #2, #3)</p>	<ul style="list-style-type: none"> Multiple appointments might be offered to the client/guardian before you settle on one that works. 	<ul style="list-style-type: none"> You can note up to three offered appointments in the Referral questions at the bottom of the SRADL. Avatar looks for this date in the SRADL question "Appt Offered" in the referral information at the bottom of the form.
<div style="border: 1px solid gray; padding: 5px;"> <p>REFERRAL 1</p> <p>Referred to Program 1 </p> <p>County - North FQHC Psychiatry</p> <p>Referred to Provider 1 IMA DOCTOR (000003)</p> <p>Appt Offered 1 11/10/2020 <input type="text"/> T Y <input type="text"/></p> <p>Appt Offered Time 1 02:30 PM</p> <p>Appt Scheduled 1 <input type="text"/> T Y <input type="text"/></p> <hr/> <p>REFERRAL 2</p> <p>Referred to Program 2 County - North FQHC Psychiatry</p> <p>Referred to Provider 2 TEST,USER (004462)</p> <p>Appt Offered 2 11/12/2020 <input type="text"/> T Y <input type="text"/></p> <p>Appt Offered Time 2 <input type="text"/></p> <p>Appt Scheduled 2 <input type="text"/> T Y <input type="text"/></p> <hr/> <p>REFERRAL 3</p> <p>Referred to Program 3 County - North FQHC Psychiatry</p> <p>Referred to Provider 3 IMA DOCTOR (000003)</p> <p>Appt Offered 3 11/14/2020 <input type="text"/> T Y <input type="text"/></p> <p>Appt Offered Time 3 <input type="text"/></p> <p>Appt Scheduled 3 11/14/2020 <input type="text"/> T Y <input type="text"/></p> </div>		
<div style="border: 1px solid gray; padding: 5px;"> <p>Clinical Disposition</p> <p><input type="checkbox"/> Health Navigation</p> <p><input type="checkbox"/> Denied (no Medi-Cal)</p> <p><input type="checkbox"/> SUDS Only - Beacon Therapy</p> <p><input type="checkbox"/> SUDS Only - Referral to County Access</p> <p><input type="checkbox"/> CSP Only - Ref'd to Community Resources</p> <p><input type="checkbox"/> Medi-Cal NOABD-Delivery System Letter</p> <p><input type="checkbox"/> Provided/Received Information</p> <p><input checked="" type="checkbox"/> Referred (Approved) for Services</p> <p><input type="checkbox"/> Referred to BEACON</p> <p><input type="checkbox"/> Referred to Integrated BH</p> <p><input type="checkbox"/> Referred to Community Resources/Supports</p> <p><input type="checkbox"/> Unable to Contact</p> <p><input checked="" type="checkbox"/> MH Assessment in Progress/Scheduled</p> <p><input type="checkbox"/> Crisis Services</p> </div>		<ul style="list-style-type: none"> Note that you can only fill out this question if you click one of the items shown at left in the "Clinical Disposition" question. <p style="text-align: center;"></p>

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Data Item	Explanation of Data Item	Where Does Avatar Look for This Data Item?
<p>3 Assessment Start Date</p>	<p>This is the date when the assessment appointment is actually scheduled (vs. when the appointment was OFFERED).</p>	<ul style="list-style-type: none"> Avatar first looks at the "Appt Scheduled" fields in the SRADL.  <p>IF THIS IS BLANK, THEN...</p> <ul style="list-style-type: none"> Avatar looks for the start date of the psychosocial assessment - OR - It looks for progress note service information. For example, the first progress note with the service code, M431 (Therapeutic Assessment). 
<p>4 Assessment End Date</p>	<ul style="list-style-type: none"> Once the assessment is completed, then treatment starts (hopefully)... ...BUT, if the client drops out at any time during this process, we also keep track. 	<ul style="list-style-type: none"> Avatar first looks for the assessment Final/Submit date is to determine the Assessment End Date.  <p>- OR -</p>

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Data Item	Explanation of Data Item	Where Does Avatar Look for This Data Item?
<p>Assessment End Date</p>  <p>The screenshot shows a progress note for a patient with two active LEs: '2: LE - 00440 MH ENCOMPASS OUTPATIENT (0) 05/17/2019 - Active' and '1: LE - 00044 MH COUNT 11/11/2018 - Active'. The note details include: Progress Note Purpose: Outpatient Note; Practitioner: MAST,NANCY (001885); Practitioner FTF Time: 90; Practitioner Other Time: 90; Total Duration (minutes): 180; Service Date / End Date for Weekly Summary: 01/02/2021; Service Program: County - Adult Recovery North (CO-NRECOV); Location: Office (11); Service Charge Code: THERAPEUTIC ASSESSMENT (M431).</p>		<ul style="list-style-type: none"> Avatar looks at progress notes for the last assessment appointment before the start of routine services. (If there is only one assessment appointment, then the Assessment Start and End date are the same.)
<p>5 First Treatment Appointment Offer Dates (#1, #2, #3)</p>	<ul style="list-style-type: none"> As with offered assessment appointments, we are allowed to keep track of this information to demonstrate that we have available treatment appointments within the required timeframe, even if the client doesn't accept the appointment. (At this time, we are not tracking treatment appointment offered dates, but may do this in the future.) 	<ul style="list-style-type: none"> Currently, we are not keeping track of <i>Treatment Offer Dates</i>, but instead look for the first appointment with certain service codes, such as M441 (Individual Therapy). The assumption is that the first treatment date is the same as the first treatment offered date.
<p>6 Treatment Appointment s Accepted Date</p>		<ul style="list-style-type: none"> Currently, we are not keeping track of <i>First Treatment Accepted Dates</i>, but instead look for the first appointment with certain service codes, such as M441 (Individual Therapy). The assumption is that the first treatment date is the same as the first treatment accepted date
<p>7 Treatment Start Date</p>		<ul style="list-style-type: none"> Avatar looks for the Treatment Start date, by finding the first progress note with service codes such as M441 (Individual Therapy).

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	Data Item	Explanation of Data Item	Where Does Avatar Look for This Data Item?
8	CLOSURE Reason	Closure Reason and Closed Out Date - information we have to provide if the client drops out.	<ul style="list-style-type: none"> • If Avatar finds that certain appointment or service information is missing, then the assumption is that the client has dropped out, and depending on other data in the system, selects an appropriate Closure Reason from the following. <ul style="list-style-type: none"> • Beneficiary did not accept any offered assessment dates. • Beneficiary accepts offered assessment date but did not attend initial assessment appointment. • Beneficiary attended initial assessment appointment but did not complete assessment process. • Beneficiary completes assessment process but declined offered treatment dates. • Beneficiary accepts offered treatment take but did not attend initial treatment appointment. • Beneficiary does not meet medical necessity criteria.
9	CLOSED OUT DATE		<ul style="list-style-type: none"> • Avatar chooses this date based on the last contact with the client in the SRADL, or in appointment information, whichever is later. If both pieces of information are missing, Avatar may try to find this date by looking at progress notes or the episode closing date.

Santa Cruz Avatar

Appendix 2: DMC-ODS Triage and Screening Appointments

For DMC-ODS episodes, there is no pre-admit episode available to record screening/triage functions prior to the client formally entering treatment.

The timeliness requirement is from the moment the client first contacts us for services to the screening.

The following procedure is a way to capture screening services as the first appointment. The screening will typically happen before the episode for the program where the client is requesting services. Therefore, use the procedure below. client is admitted to the Avatar program.

- 1) Complete the initial screening for the client and document the reasons why the client appears to meet criteria for the program in the question, **Clinical Notes to support Disposition** on the SRADL. Document the outcome of the screening. Add any helpful/informative information about the case for others who may work with the client. Justify any clinical decision-making and clinical impressions.
- 2) At the bottom of the form in the REFERRAL 1 section, enter the date and time of the screening as “Appt Offered 1” and “Appt Scheduled 1.”

The screenshot displays the SRADL form interface. The **CLINICAL DISPOSITION** section includes a list of checkboxes for various outcomes, with "Referred (Approved) for Services" selected. It also features a text input for "Clinical Staff filling out this form" (MAST,NANCY(001885)), radio buttons for "System of Service Requested" (SUD Services selected), and radio buttons for "Charitable Choice (SUD Only)". The "Referring Client To" section has "Specific provider" and "Specific Program" selected. Below this is a text area for "Clinical Notes to support Disposition" containing a detailed screening report. The **REFERRAL 1** section shows "Referred to Program 1" as "County - ADP Family + Children Svcs SEQ" and "Referred to Provider 1" as "USER TEST (004462)". At the bottom, there are date and time pickers for "Appt Offered 1" (04/18/2022, 01:30 PM) and "Appt Scheduled 1" (4/18/22).

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Appendix 3: Treatment Request Timeframes

The table below has information from the California Department of Health Care Services (DHCS) about required timeframes for providing services.

The “clock” starts from the date and time of the initial request for services from the client or legal guardian (it cannot be from anyone else). The timeframe is measured from the date of initial request to the first appointment **offered** to the client/legal guardian.

TYPE of REQUEST	REQUIRED TIMEFRAME	EXAMPLES
Specialty Mental Health ROUTINE requests	10 business days from request to first assessment	<ul style="list-style-type: none"> • New adult client, request for case management and therapy (Psychiatry request would be in a separate SRDL) • Referral from school for therapy, AFTER legal guardian / client is contacted and agrees to services • Parent calling for non-urgent services for their child
DMC-ODS (SUDS) ROUTINE requests	10 business days from request to first assessment	<ul style="list-style-type: none"> • New adult client request for OP / IOP SUD treatment. • Parent or youth calling for non-urgent services for youth. • Request for Residential or Withdrawal Management (client’s health will not deteriorate further in 10 days / client is not in imminent risk)
Specialty MH Urgent Condition – No Prior Authorization Needed	48 hours	<ul style="list-style-type: none"> • Without timely intervention, the condition is highly likely to result in an immediate emergency due to a psychiatric condition. • Client recently relocated from another county, needs urgent meds/services to avoid hospitalization. • Client demonstrating high symptoms or behaviors that are safety risk to self, other and/or significant decline in ability to care for self that leads to risk to self or others.

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DMC-ODS Urgent Condition – No Prior Authorization Needed	48 hours	<ul style="list-style-type: none"> Without timely SUD treatment services, the client’s health will deteriorate further / client is at imminent risk. Client is at risk for dangerous physical withdrawal symptoms as a result of SUD use.
DMC-ODS <u>Perinatal / Parenting Request</u> WM / IOP (No Prior Authorization Needed) Residential (Prior Authorization Needed)	48 hours – 10 business days from request to first assessment	<ul style="list-style-type: none"> If treatment cannot be offered within 48 hours of client request, Interim Services and appropriate referrals must be offered. See DHCS Perinatal Practice Guidelines FY 2018-2019: PPG FY 18-19 (ca.gov)
Specialty MH Urgent Condition – Prior Authorization Required	96 hours	<ul style="list-style-type: none"> MH minor client’s caregiver or provider requesting urgent IHBS or TBS services to help stabilize behaviors in home setting. Client or MH provider requesting urgent authorization of Crisis or Residential services to stabilize psychiatric condition or risk behaviors.
DMC-ODS Urgent Condition- Prior Authorization Required	96 hours	<ul style="list-style-type: none"> Client or DMC-ODS provider requesting medically necessary residential services; without SUD treatment, client likely to decompensate as a result of their SUD use, with adverse consequences such hospitalization or incarceration.
Specialty MH Psychiatry	15 business days	<ul style="list-style-type: none"> Client calls requesting psychiatry and meets criteria for specialty MH services Child receiving MH treatment but not psychiatry – treatment team would like client evaluated for psychiatry (Clock starts AFTER client / legal guardian is contacted and agrees.)
DMC-ODS Narcotic Treatment Programs (NTP) or Opioid Tx Programs (OTP)	3 business days	<ul style="list-style-type: none"> Client calls seeking NTP/OTP services and has history of/ or current opioid use

When required timeframes are **not** met, a Timely ACCESS NOABD *and attachments* are required to be sent to Medi-Cal beneficiaries within 2 business days.

Treatment Request Timeframe Definitions

Routine (10 business days): Routine appointments with non-physician for non-urgent conditions.

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Routine Psychiatry (15 business days): Routine appointment with psychiatrist for non-urgent conditions.

Urgent (48 hours if prior authorization is **NOT** required; **96 hours** if prior authorization **IS** required):

Urgent appointment with non-physician or physician for a condition which requires prompt attention, but is not life threatening, in order to prevent imminent or serious deterioration in one's health and/or could jeopardize the enrollee's ability to regain maximum function. The condition disrupts normal activities of daily living and requires urgent assessment by a healthcare provider. Delay in decision-making process could be detrimental to one's health.

MHP Services that require prior authorization: see MHP Policy & Procedure 3425, Prior Authorization for Outpatient Specialty Mental Health Services & MHP Policy & Procedure 3424, Prior & Concurrent Authorization for Medi0Cal Crisis Residential and Adult Residential Services.

DMC-ODS Services that require prior authorization: Residential settings.

Sources:

- DHCS Medicaid Managed Care Final Rule: Network Adequacy Standards [Managed Care Rule Network Adequacy Standards 3.26.18](#)
- DHCS Information Notice 18-011
- Assembly Bill 205
- County of Santa Cruz DMC-ODS Intergovernmental Agreement, Exhibit A, Attachment I:
 - I. Preamble, F (page 1)
 - CC. Quality Management (QM) Program #11(iv) (page 109)
- 42 CFR, section 438.68 (Network Adequacy Standards); and 438.206 (Availability of Services)
- California Code of Regulations, Title 28, section 1300.67.2.2
 - This regulation lists:
 - Urgent care appointments for services that do not require prior authorization = 48 hours
 - Urgent care appointments for services that require prior authorization = 96 hours
- DHCS Perinatal Practice Guidelines FY 2018-2019: [PPG FY 18-19 \(ca.gov\)](#)