



COUNTY OF SANTA CLARA
Behavioral Health Services

CSI ASSESSMENT

REV. 10/07/22

REVISIONS

Date	Slides	Revisions
10/07/2022	ALL	Made minor edits to help clarify instructions

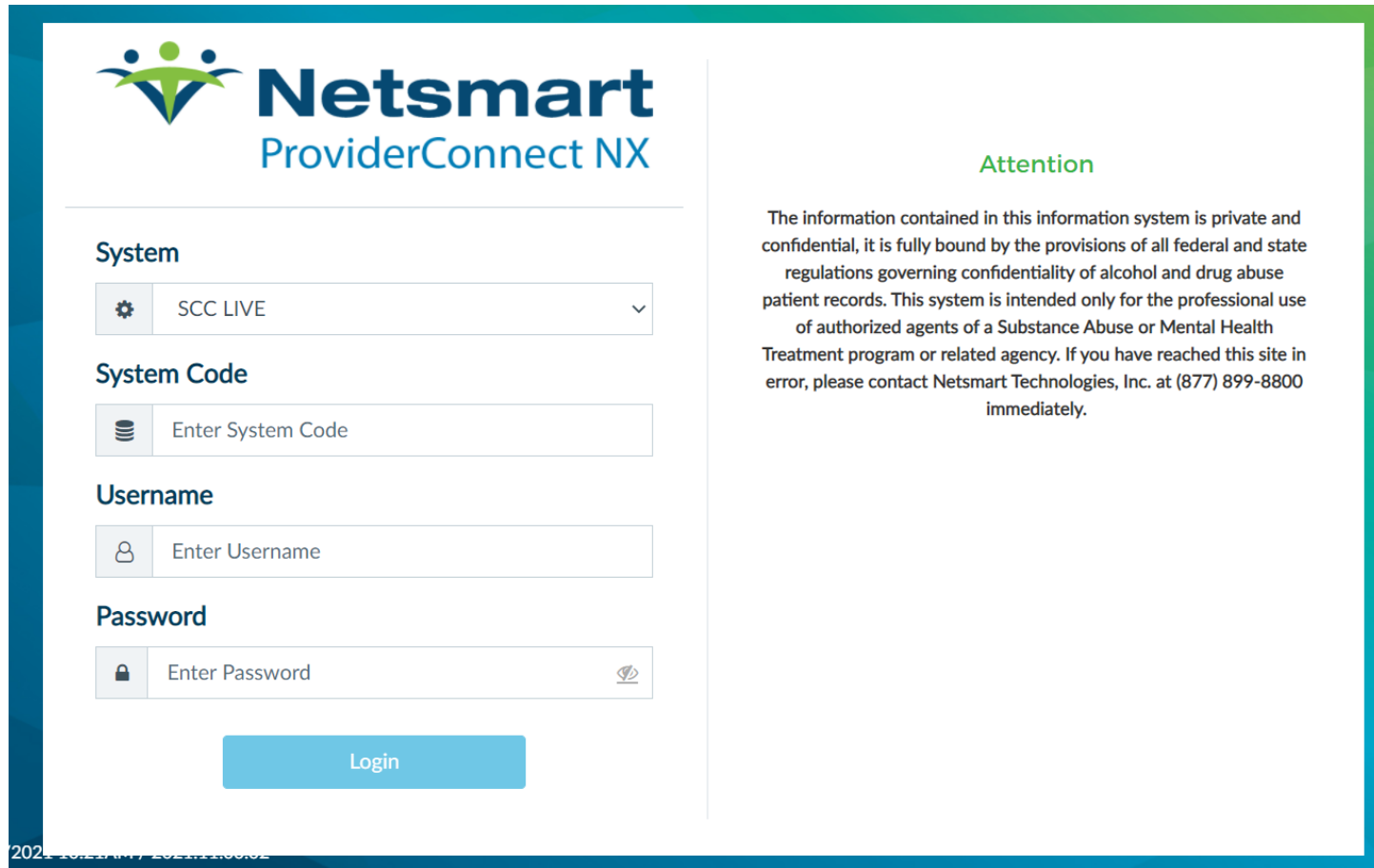
CSI ASSESSEMENT


Purpose of Form:

The CSI Assessment form is required for outpatient mental health providers. The form tracks timeliness from the moment of first contact with the client to their first treatment appointment. This is a live form and can be submitted periodically.



SIGN ONTO PROVIDERCONNECTNX

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




 **Netsmart**
ProviderConnect NX


System

 SCC LIVE 



System Code

 Enter System Code

Username

 Enter Username

Password

 Enter Password 

Login

Attention

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

HOW TO ACCESS

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

The screenshot shows a search bar with the text "CSI Assessment" and a magnifying glass icon. Below the search bar is a link for "Advanced Client Search". A green message says "Here is what I found:". Below this are filter buttons: "All 2", "Clients 0", "Staff 0", and "Forms 2". A section titled "Forms" contains a table with the following data:

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


A blue arrow points to the "CSI Assessment" entry in the table.

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

Select Client

Q Test, Steph

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



Select corresponding Episode

✓ Selected Client : TEST,STEPH (000002790)

Select Episode

Name: STEPH TEST
ID: 2790
Sex: Female
Date of Birth: 01/01/1990

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



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

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

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

Select Record

Name: STEPH TEST

ID: 2790

Sex: Female

Date of Birth: 01/01/1990

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



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

1 **Date Of First Contact To Request Services *** **T** **Y** **Treatment Appointment Second Offer Date** **T** **Y**

2 **Referral Source** **Treatment Appointment Third Offer Date** **T** **Y**

3 **Assessment Appointment First Offer Date *** **T** **Y** **Treatment Appointment Accepted Date** **T** **Y**

4 **Assessment Appointment Second Offer Date** **T** **Y** **Treatment Start Date** **T** **Y**

Assessment Appointment Third Offer Date **T** **Y**

5 **Assessment Appointment Accepted Date** **T** **Y**

Assessment Start Date **T** **Y**

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

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

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

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

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

2



3

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

Closure Reason **1**

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

Closed Out Date **2**

Referred To * **3**

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

Referred To Other

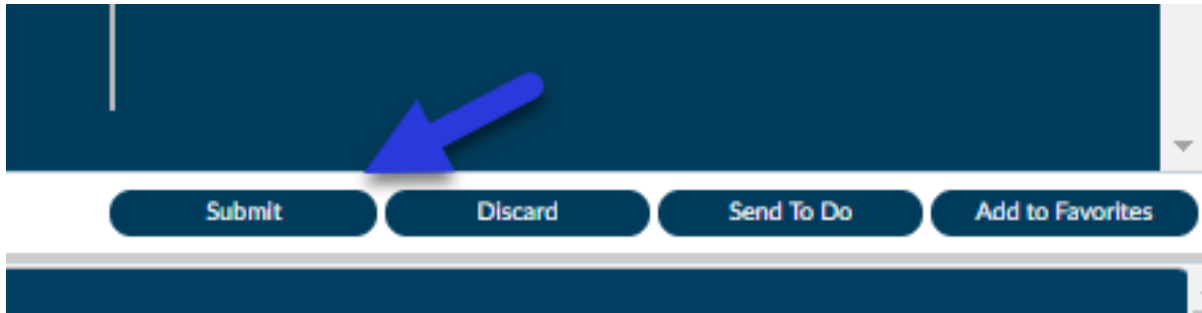
The field **Include in CSI Submission** should only be set to 'Y' once a Treatment Start Date or Closed Out Date has been entered.

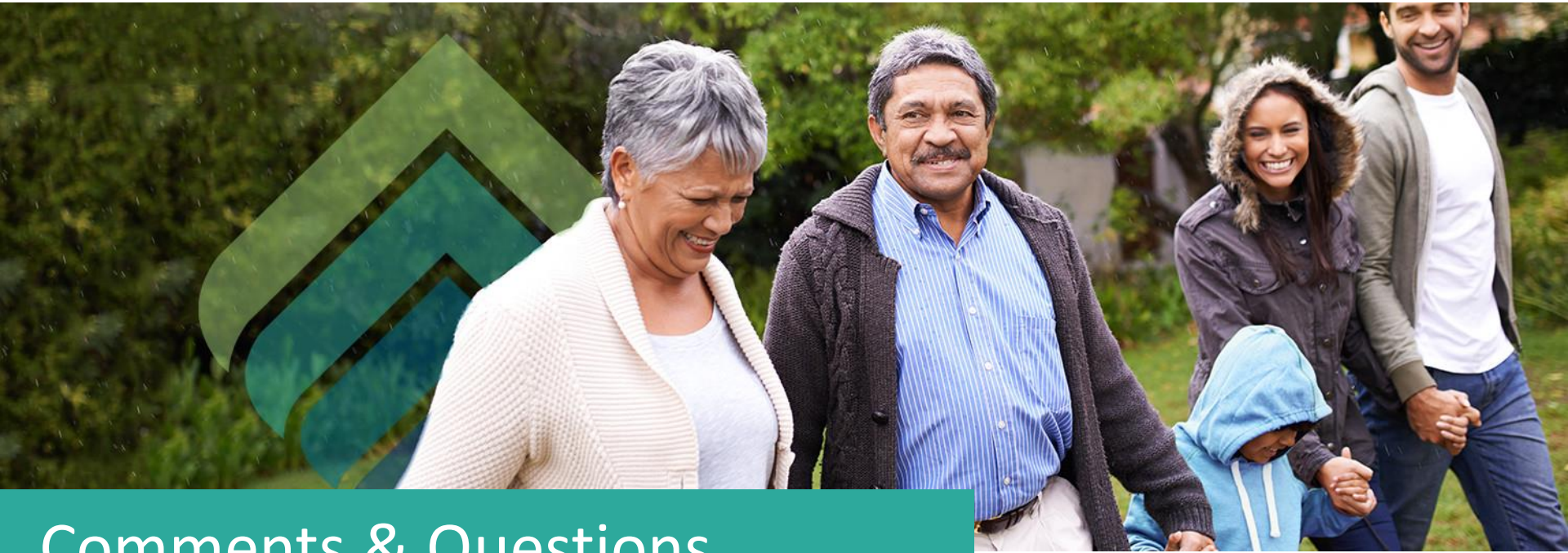
Include in CSI Submission? *

N

Y

Click Submit when you are done.





Comments & Questions