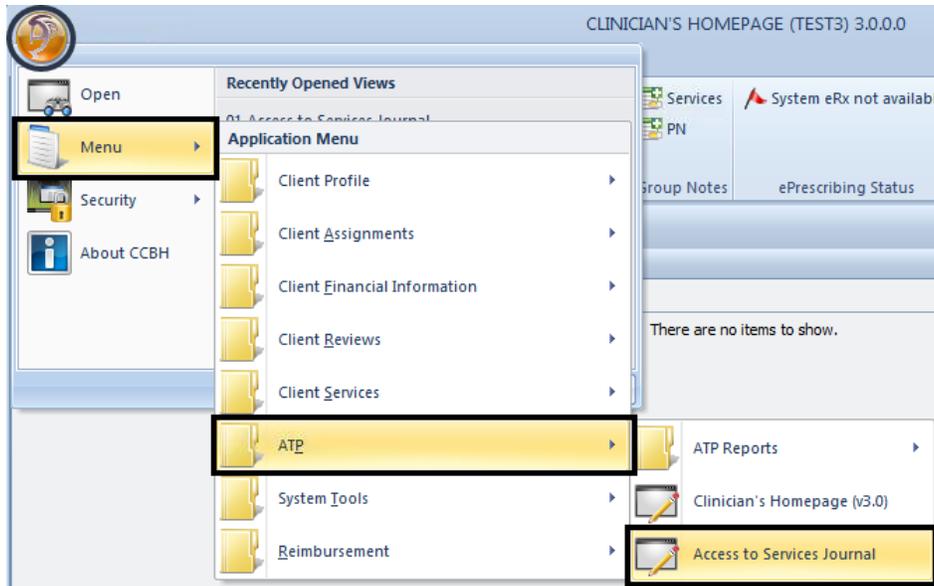


Access to Service Journal

****Please note that the journal is only filled out for clients who are requesting an appointment. It is completed whether or not they end up accepting an appointment. For clients who merely request information or are referred out, no action is necessary in the Journal.***

1. Open the Access to Services Journal
 - a. Select the Systems Button→ Menu→ ATP→ Access to Services Journal



2. The date and time of the contact will pre-populate to when the journal was opened. If needed, both can be back dated. It should reflect the first date of contact with the client. If administrative staff are entering from the paper form, be sure to match the date with the original date of contact. Fill in the Unit and SubUnit. These are required fields and will need to be filled out before the rest of the journal is completed.

Date of Contact	04/18/2018	Time	12:56 PM
Unit	TRAINING UNIT		9900
SubUnit	TRAINING SUBUNIT		9901

3. Fill in the Contact Type (the way in which the program was contacted), Contact Reason, and the Response Type (the urgency). These are required fields and will need to be filled out before the rest of the journal is completed.

Contact Type	Telephone	Q	T
Contact Reason	Mental Health	Q	M
Response Type	Routine	Q	R

Note: Pay close attention to the response codes. If the response code is anything but R – Routine, there are specific time requirements for the client to be seen.

*Title 9 defines “**Emergent (Access w/in 1 hour)**” as a condition in which the client, due to a mental disorder, is an imminent danger to self or others or is immediately unable to provide for or utilize food, shelter or clothing. This situation indicates an immediate need for psychiatric inpatient hospitalization or psychiatric health facility services. Client must be seen within one (1) hour of initial client contact/referral.*

*Title 9 defines “**Urgent (access w/in 48 hours)**” as a condition, which without timely intervention is certain to result in an immediate emergency psychiatric condition. Client must be seen within forty-eight (48) hours of initial client contact/referral.*

*When using response code H – “**D/C from IP (72 hour assess)**” - Patient Discharged from Inpatient Facility, be sure that the inquiry date reflects the actual discharge date of the client, not the date the hospital contacts the provider to let them know the client is being discharged. Client must be seen within 72 hours of discharge date.*

When coding a client E= Emergent, U=Urgent or H = D/C from IP, make sure the time requirements are adhered to. To indicate urgency for clients who do not meet the Title 9 definition, please use the Notes box or an internal tracking mechanism.

4. Click on the magnifier to search for the client.

Client	<input type="text"/>	Q	0	<input type="checkbox"/> Name Not Provided	
First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>
DOB	<input type="text"/>	Age	<input type="text"/>	Gender	<input type="text"/>

5. Search for the client. Feel free to use the filter settings. If the client is in the system, select the client and then select “OK.”

Sort Name	Case Number	S	E	DOB	SSN	Primary Unit	Primary Surt	Ext Case #	SAI
123ERROR, TEST		F	9	10/25/2011		9900 9901			7013
1CLIENT, 1TEST		M	1	01/01/1945		9900 9901			10970
226.03, CPPN		F	4	10/02/1917		9900 9901			800001
226.03, MEDS		F	9	10/18/1974		9900 9901			800005
226.03, PREINTAKE		F	4	11/23/1945		9900 9901			800001
226.03, TEST		F	4	09/21/1973		9900 9901		REJIS ##	7013
227.01, TEST		F	5	11/08/1999		9900 9901		REJIS #	7013
227.02, DHP		F	4	11/17/1949		9900 9901			800005
227.02, FAKE		M	5	05/18/1992		9900 9901		REJIS ##	7013

- a. **If the client is in CCBH**, most of the demographic information will prepopulate from the latest Demographic Form. Fill in the fields that do not pre-populate to the best of your ability.
- b. **If the client is not in CCBH, and he/she has requested an appointment**, the client must be added to CCBH before moving forward. After the CCI is added, select the client by inputting the case number in the “Client” field and tabbing out. Fill in the fields that do not pre-populate to the best of your ability.
- c. **The check box NAME NOT PROVIDED should never be utilized nor should you free text in client information.**

6. Select Add in the service container.

Service ID	Service Description	First Available Appointment	Access Days	Scheduled Appointment
			0	

7. Add the service by utilizing the magnifier. Enter in the First Appointment Available (if the client accepts it or not). If the client schedules an appointment, enter in the date of the appointment scheduled. *If an appointment was offered, but not accepted, leave Appointment Scheduled blank.* Access days will be calculated between the Date of Contact and the First Appointment Available. Select Save.

- a. Service Code 10 - Assessment- Psychosocial will be used for Mental Health Services
- b. Service Code 11- Medication Evaluation will be used for Psychiatric Services
- c. Service Code 30- Individual Psychotherapy will be used for the first treatment service, which is defined as the first appointment after medical necessity is determined

If the treatment service appointment is offered and scheduled at the same time as the assessment appointment/psychological evaluation appointment, feel free to add the treatment service offered and appointment accepted in the same journal. If it is your program's practice to schedule the treatment service appointment after the client has attended the assessment appointment, final approve the first journal with the assessment appointment/psychological evaluation appointment, and then enter a second journal entry once you are ready to offer and schedule a treatment service appointment.

8. Select the Disposition. Referred To/Referred From do not have to be filled in; they will be utilized in future prompts.

9. **Any access times over 5 (CYF) or 8 (AOA) days for Mental Health Assessments and over 30 days for Psychiatric Assessments must be addressed in Notes Box.** Note in this field if a client/caregiver elects to remain on the wait list even though they were offered a referral to another program. Also, any applicable comments used for individual clients may be placed here.
10. Select Final Approve. No signature/password is necessary.

Date of Contact	04/18/2018	Time	12:56 PM	Contact Type	Telephone
Unit	TRAINING UNIT		9900	Contact Reason	Mental Health
SubUnit	TRAINING SUBUNIT		9901	Response Type	Routine

Client	FAKE, TEST	<input type="checkbox"/> Name Not Provided	
First	TEST	Middle	
Last	FAKE		
DOB	10/11/1999	Age	18
Gender	Male		
Phone	999-999-9999	Alt. Phone	
Race	Chinese		D
Pref. Language	Unknown / Not Reported	U	
Ethnicity	Not Hispanic		1
Benefit Type	MediCal	MC	

Service ID	Service Description	First Available Appointment	Access Days	Scheduled Appointment
10	ASSESSMENT - PSYCHOSOCIAL 10	04/26/2018	8	04/26/2018

Disposition	Made Appointment		Notes
Referred To		Date	/ /
Referred From		Date	/ /

Please note: Clinical staff will continue to fill out the Access to Services Journal on paper or Excel. The Access to Services Log has been updated to match the CCBH Access to Services Journal and should be used by clinical staff who do not have access to the Journal. In the event of a system outage, programs should complete the Access to Services Log. Once programs are notified by the Optum Support Desk that the system has been restored, Access to Services Journal entry in CCBH can resume. Enter any paper/Excel log entries that were made during the outage into the Access to Services Journal in CCBH by next business day.