Mental Health Non-Psychiatric SMHS Timeliness Record

Psychotherapy Services

Fax or mail to: Optum Public Sector San Diego
PO Box 601370 San Diego, CA 92160-1370
Fax: (866) 220-4495 Phone: (800) 798-2254, option 3 then 4

*Indicates a required field.

Clear All

This form must be submitted to Optum by client's 3rd appointment. If the client does not return, please submit all information available.

*Client Name		*Medi-Cal #		*DOB	

Initial Request *(Date client first reached out to you)*

*Referral Source: _____

*Date of First Contact to Request Services: _____ Time: _____ ☐AM ☐PM

*Urgent (If **Yes**, time fields are required) ☐ Yes ☐ No

Initial Appointment *(This section required when client is still continuing services)*

First Service Appointment/Assessment Offered Date: _____ Time: _____ ☐AM ☐PM

First Service Appointment/Assessment Rendered Date: _____ Time: _____ ☐AM ☐PM

Was the client delayed access to services beyond 10 days? (exclude State holidays below) ☐Yes ☐No (If **Yes**, complete **Reason for Delay**)

Reason for Delay: _____

If other, explain:

Follow Up Appointment *(This section required when client is still continuing services)*

*Was the client offered a follow up appointment? ☐Yes ☐No ☐N/A

First Follow Up Appointment Offered Date: _____

First Follow Up Appointment Rendered Date: _____

Was the client delayed access to services beyond the 10 days?(exclude State holidays below) ☐Yes ☐No

Did the provider determine and document that the extended waiting time was clinically appropriate? ☐Yes ☐No

Comments:

Out-of-Network Referral *(An out-of-network provider is a provider who is not part of the Medi-Cal managed care organization network)*

*Was the client referred to an Out-of-Network provider? ☐Yes ☐No

Comments:

Service Record Closure *(Required if client discontinued services by the 3rd appointment)*

Closure Date: _____ Closure Reason: _____

If other, explain:

Provider Contact

*Printed Name & Licensure: _____ *Date: _____

If Group Practice, Name of Group: _____

Phone: _____

Fax:

General Comments

*An **Urgent Appointment** means health care is provided to a member when the member's condition is such that the member faces an imminent and serious threat to their health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or the normal time frame for the decision making process would be detrimental to the member's life or health or could jeopardize their ability to regain maximum function.*

*DHCS observes the following **State holidays**: New Year's Day, Martin Luther King Jr. Day, Presidents' Day, César Chávez Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, the Day After Thanksgiving, and Christmas Day.*

Funding for services is provided by County of San Diego Behavioral Health Services.

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