

Mid-South Substance Abuse Commission Prepaid Inpatient Health Plan (PIHP) Performance Indicators

(Attachment E)

Indicator #2

CareNet Client Assessment Appointment Information

(all corrections MUST be made by Provider)

Date of 1st Request
(MUST match log book, etc.)

Did recipient REFUSE appointment that would have occurred within 14 days*?

NO

YES

DATE offered and refused

Supply Comments explaining why

Did recipient RESCHEDULE an appointment?

NO

YES

DATE recipient requested a new appointment

DATE of rescheduled appointment (MUST match SARF date)

NOTE: If a recipient RESCHEDULED multiple times, use the reschedule date information that occurred nearest to the SARF date.

Enter all previous reschedule dates in the COMMENTS section.

Did recipient REQUEST an appointment outside of 14 days*?

NO

YES

CareNet SARF Form

(Provider MUST contact MSSAC to make corrections)

SARF Admission Information:

SARF Admission Date
(MUST match file documentation)

Additional Information:

TIME waiting for Assessment:
(days* since request made)
= Date of 1st Request to Date of SARF Admission

Indicate Reason for Delay
(MUST correlate with appt page if exceptions are used)

Timeliness:

Medicaid recipient URGENT STATUS:

Medicaid recipient ROUTINE STATUS:

NO, this is not a Medicaid recipient

Was recipient offered an assessment within 24 HOURS after Initial Contact?

Was recipient offered an assessment within 5 DAYS** after Initial Contact?

NO

YES

NO

YES

Recipient ACCEPTED

Recipient DECLINED

If recipient declined an appointment within 14 days* of initial contact, indicate on appointment page.

Did recipient REQUEST an appointment outside of 14 days*?

NO

YES

Provide Explanation

*CALENDAR DAYS
**WORKING DAYS