

E-form Guidelines

Detroit-Wayne County Community
Mental Health Agency

E-form Name: Non-Emergent Intake

Division: Quality Management

Approved By:

E-FORM TIPS:

An "E-form" is merely an electronic form that captures information about a member.

All e-forms **MUST** be linked to a specific member.

To begin with a blank e-form, go to the bottom of the e-form and select the "Clear Data" button.

When completing an e-form, use the "Tab" button to travel from line to line.

All date formats are MM/DD/YYYY.

All time formats use a 24-hour clock. So please refer to 3:10 PM as 15:10

- **NEVER HIT THE "ENTER" KEY WHILE IN THIS E-FORM. IF YOU DO, THE E-FORM WILL BE SAVED AND DATA SUBMISSION MAY BE INCOMPLETE.**

The entire provider network can view all of the data in every e-form submitted.

PURPOSE:

To record access to services for members requesting non-emergent services.

TARGET POPULATION:

Persons with Mental Illness or Developmental Disability who request non-emergent services.

STANDARDS:

1. First request is a telephone or walk-in request by the individual, family, legal guardian, or referral source that results in the scheduling of a face-to-face assessment with a professional. **A professional assessment is that face-to-face meeting with a professional that results in a decision whether to provide ongoing CMHSP service.**
2. If the individual requests a service, is given an intake appointment and does not show up for the appointment, the provider should continue e-form completion.
3. If the individual is rescheduled, the date of the scheduling is considered the date of request.
4. Persons who request an appointment outside the 14 calendar day period, may be excluded from the count (for State reporting).
5. Non-emergent assessment and services **exclude** pre-admission screening for and receipt of psychiatric in-patient care.

Date: 04/16/02 – revised 04/12/06

Page 1

E-form Guidelines

Detroit-Wayne County Community
Mental Health Agency

E-form Name: Non-Emergent Intake

Division: Quality Management

Approved By:

PROCEDURES:

GENERAL INFORMATION

If you have questions, please contact the Unit of Monitoring, Quality and Compliance at (313) 833-2481.

Provider Name:

Enter the Name of the provider agency/facility/entity completing this e-form.

Provider ID Number:

Enter the identification number representing the **provider** agency/facility/entity completing this e-form.

Provider Site ID Number:

Enter the identification number representing the **site** of the provider agency/facility completing this e-form.

Date of Request:

Date that the request for service for this individual was received by the provider (MM/DD/YYYY).

Patient Refused Appointment Within 14 Days:

Select and check the box.

Service Requested by Consumer:

This requires a succinct statement of the service requested that could be provided in an ongoing basis.

Assessment Dates Offered & Exclusion Reason:

Enter date(s) the individual was offered for new appointment. Enter reason(s) that individual would be excluded from date(s) offered e.g. appointment requested outside 14 day period, individual refused appointment offered.

No Show:

Select and check the box if the Person did not show up for the initial scheduled appointment.

Date of Request to Reschedule Assessment:

If the Person did not show up for the initial appointment but reschedules another appointment, enter mm/dd/yyyy of the date of that request. ***The date of the reschedule request is considered the new date of request.***

Date Initial Face-to-Face Professional Assessment Occurred:

Identify the date that the first assessment by a credentialed clinician occurred (MM/DD/YYYY).

Choose An Outcome:

Select from drop-down menu the outcome of the intake.

Approved:

Check this box if the individual was approved for services.

No Show for Ongoing Service:

Select and check the box if the Person did not show up for the initial scheduled appointment.

Date: 04/16/02 – revised 04/12/06

Page 2

E-form Guidelines

Detroit-Wayne County Community
Mental Health Agency

E-form Name: Non-Emergent Intake

Division: Quality Management

Approved By:

Date of Request to Reschedule Ongoing service:

If the Person did not show up for the initial appointment but reschedules another appointment, enter mm/dd/yyyy of the date of that request. ***The date of the reschedule request is considered the new date of request.***

Start Date of Ongoing Services:

Enter date the individual started the program or service he/she is being provided. (MM/DD/YYYY).

Recommended Services:

This field now inactive. No data required.

Service Dates Offered and Exclusion Reasons:

Enter date(s) the individual was offered new appointment. Enter reason(s) that individual would be excluded from date(s) offered e.g. appointment requested outside 14 day period, individual refused appointment offered.

Denied:

Check this box if the individual is found not eligible for or does not need specialty services and supports from the public mental health system.

Basis For Denial:

This requires a succinct rationale for not providing requested services. Select from the drop-down menu.

Date Denied:

Enter date the request for a service was denied (mm/dd/yyyy).

Request for 2nd Opinion:

Select from drop-down menu if individual requests a 2nd opinion.

(If Yes) Date of Request for 2nd Opinion:

If the individual was denied services, indicate the date that the 2nd opinion (reconsideration review) was requested. (MM/DD/YYYY).

Authorized Service Because of Second Opinion:

Check this box if the individual was approved for services based upon Second Opinion.

Patient Refused Services:

Select and check the box.

Referred Elsewhere:

Select and check the box.

Rationale For Referral:

This requires a succinct statement explaining the reason for making a referral to an alternative setting.

Date: 04/16/02 – revised 04/12/06

Page 3

E-form Guidelines

Detroit-Wayne County Community
Mental Health Agency

E-form Name: Non-Emergent Intake

Division: Quality Management

Approved By:

TO SUBMIT THE E-FORM, SELECT THE “SAVE AND BACK” BUTTON AT THE BOTTOM OF THE E-FORM.

To create a new form, select the “Save and New” button. To clear data from the form, select the “Reset” button.