



Behavioral Health

# **HOW TO UTILIZE THE INITIAL CONTACT LOG (ICL) FORM**



## Overview

### Introduction

California Code Regulations (CCR) Title 9, § 1810.405 - Access Standards for Specialty Mental Health Services requires the Department of Behavioral Health (DBH) to record certain information about the initial contact for service. DBH documents these initial contacts on the Initial Contact Log (ICL). The ICL is required for all initial requests for Specialty Mental Health Services (SMHS). The Mental Health Plan (MHP) must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. (CCR, Title. 9, § 1810.405, subd. (f)). This process is important for our department to capture the timeliness of appointment scheduling and timeliness for actual appointments. The ICL form is hosted on myAvatar, the county's electronic health record (EHR). The initial myAvatar ICL form replicated the original paper form process. The new revised ICL form will expand the level of detail captured and introduce a new section that will document interpreter services.

### About this Document

The "How to Utilize the Initial Contact Log (ICL) Form" is a publication of the Research and Evaluation Program (R&E) within the San Bernardino County Department of Behavioral Health (DBH). This document is designed to serve as a guide to aid in navigating all the changes made from the previous ICL form to our new and improved ICL form hosted on the myAvatar environment. This document will offer a step-by-step guide on how to utilize the new ICL Form.

The primary objectives of this document are to:

- Provide an outline for a job-aide and/or training of the ICL form.
- Provide examples of the new ICL form via screenshots and descriptions.
- Provide relevant information to how these changes affect interaction with the ICL forms.

### Background

Initial Contact Log Bundle vs. Initial Contact Log Form:

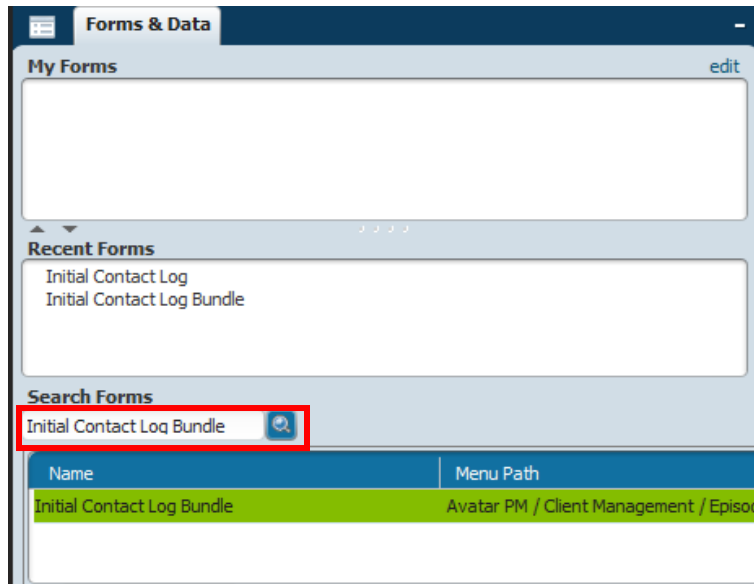
- If the client is not in myAvatar and does not have a "P" number, the Initial Contact Log Bundle should be used.
  - The Initial Contact Log Bundle consists of the Call Intake form and Initial Contact Log form.
  - The Call Intake form is completed first and then once this form is submitted, the Initial Contact Log form will come up next so it can be completed.
- If the client is in myAvatar and has either a "P" number or medical record (MR) number, the Initial Contact Log should be used.



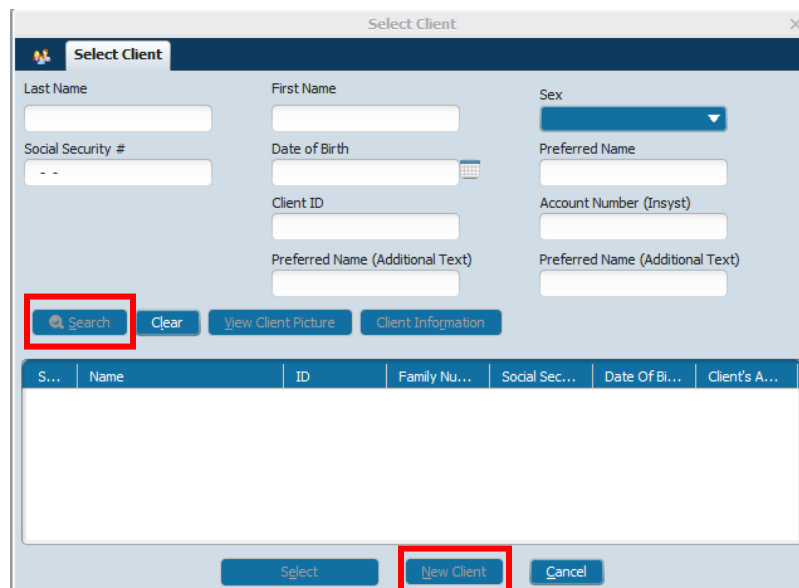
## Bundle Vs. Form

How to get to the Initial Contact Log Bundle:

1. Type "Initial Contact Log Bundle" in the **Search Forms** text box in the **Forms & Data** widget.
2. Double click on "Initial Contact Log Bundle" in the drop-down menu.



3. Enter client's information in the search fields. Three pieces of information are required to conduct search, unless you are searching by Social Security number or Client ID. Then, click on **Search**.
4. If no results are found, click **New Client**.

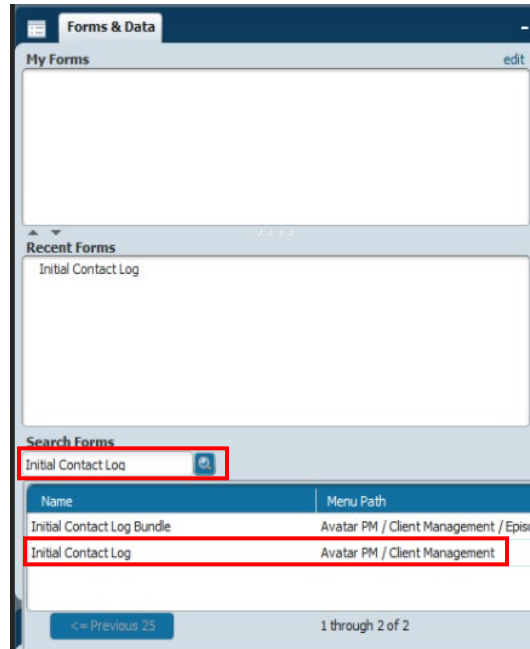




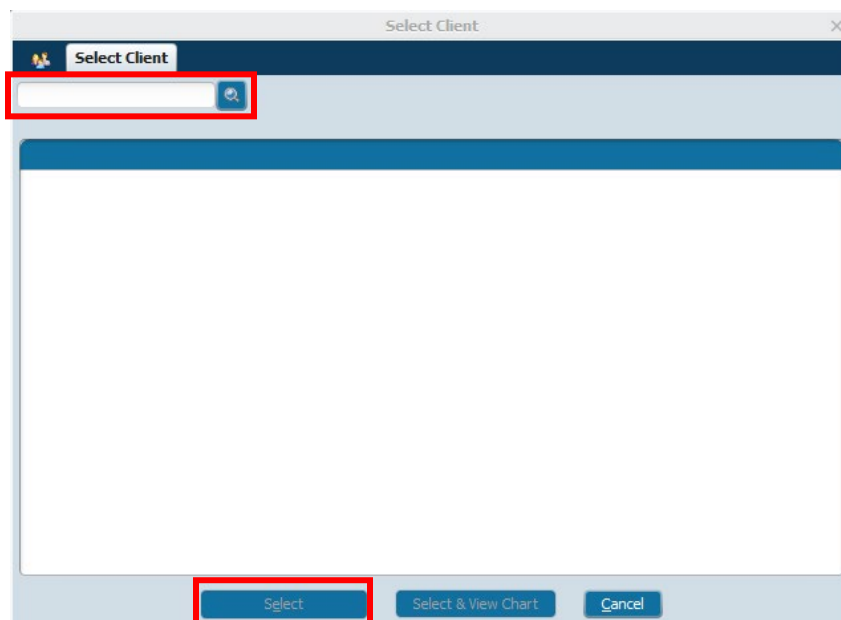
## Bundle Vs. Form, Continued

How to get to the Initial Contact Log Form:

1. Type "Initial Contact Log" in the **Search Forms** text box in the **Forms & Data** widget.
2. Double click on "Initial Contact Log" in the drop-down menu.



3. Enter client's name in the search field and click **Select**.





## New ICL Form

myAvatar LIVE ICL Form Preview of Screen one (1) of two (2)

TEST,TEST (000099999)  
F, 71, 11/08/51  
Preferred Name: Test Client

Ep: -  
DX P: -  
Attn. Pract.: -

Initial Contact Log  
P Caller Only  
Caller Information  
Interpreter Services

Submit

Date of Call: [Date Picker] - Call Time: [Time Picker] Current H M AM/PM

P Caller Only  
Select Call Date (P Caller only)

Caller Information  
Client Name (Regarding or Calling For) [Text Field] Caller Name [Text Field]  
Contact Method [Dropdown] Contact Type [Radio Client] [Radio Non-client]  
Program Type [Dropdown] Beneficiary SSN [Text Field]  
Program [Dropdown] Beneficiary Age [Text Field]  
Contact Reason [Dropdown] Beneficiary Insurance [Text Field]  
Priority [Dropdown] Beneficiary Name [Text Field]  
Contact is Beneficiary [Radio Yes] [Radio No] Beneficiary DOB [Date Picker]  
Contact Phone Number: [Text Field] Beneficiary Disposition [Dropdown]  
Contact's Relationship to Beneficiary [Dropdown]

Date of First Offered Appointment [Date Picker] Time of First Offered Appointment [Time Picker] Current H M AM/PM  
Date of Second Offered Appointment [Date Picker] Time of Second Offered Appointment [Time Picker] Current H M AM/PM  
Date of Third Offered Appointment [Date Picker] Time of Third Offered Appointment [Time Picker] Current H M AM/PM  
Date of Scheduled Appointment [Date Picker] Time of Scheduled Appointment [Time Picker] Current H M AM/PM

Contact Result [Dropdown]  
Notes [Text Area]

**Tip:**

- As shown above, there are many fields in red font. These red font fields are required fields. Additionally, there are some fields that require numeric entries only – this will be addressed within each section later in this manual.

# Research and Evaluation Program

303 E. Vanderbilt Way, San Bernardino, CA 92415

## HOW TO UTILIZE THE INITIAL CONTACT LOG (ICL) FORM



### New ICL Form, Continued

myAvatar LIVE ICL Form Preview of Screen two (2) of two (2)

Home test T

TEST,TEST (000099999)  
F, 71, 11/08/51  
Preferred Name: Test Client

Ep: -  
DX P: -  
Attn. Pract.: -

Chart Initial Contact Log

Initial Contact Log  
P\* Caller Only  
Caller Information  
Interpreter Services

Submit

Interpreter Offered  Yes  No

Interpreter Accepted  Yes  No

Interpreter Language

Arabic  Chinese  Hindi  Korean  Punjabi  Spanish  Vietnamese

Armenian  English  Hmong  Laotian  Russian  Tagalog  Other

Cambodian  Farsi  Japanese  Sign Language  Thai

Other language

Who provided the interpretation service?  
 DBH Staff  Vendor  Other

Other:



## How To

### Call Intake Form - "P" Caller Only


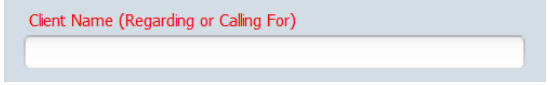
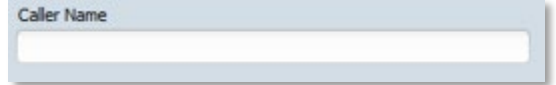

The Call Intake form is the first page of the Initial Contact Log Bundle:

A screenshot of a web-based form titled "Call Intake". The form is divided into several sections. On the left, there is a sidebar with a "Call Intake" tab, a "Initial Contact Log" section, a "Submit" button, and a "Online Documentation" link. The main form area contains several input fields: "Contact Method" (a dropdown menu), "Client Name (Regarding or Calling For)" (a text input), "Caller Name" (a text input), "Contact Type" (a dropdown menu), "Call Date" (a date picker with "T" and "Y" buttons), "Call Time" (a text input with a "Current" button), and "Program" (a dropdown menu).

For the purposes of this document "Caller" may refer to a person making contact through phone, writing, electronic communication, or in-person.



**How To, Continued**  
**Call Intake Form - "P" Caller Only**

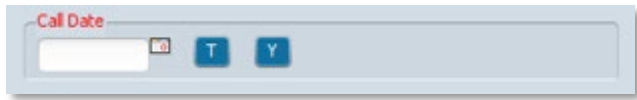
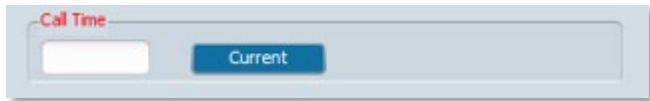

Step	Section	Field	Action
1	Call Intake	Contact Method	<p>Please enter the contact method of the call:</p>  <p>Tip: This is a <b>required</b> field.</p>
2	Call Intake	Client Name (Regarding or Calling For)	<p>In this field, if blank, please fill out the name of the client. This is the person who is the subject of the call, whether that is the caller calling on their own behalf or another person calling on behalf of someone seeking services.</p>  <p>Tip: The format is "LAST NAME, FIRST NAME." This is a <b>required</b> field.</p>
3	Call Intake	Caller Name	<p>Please enter the name of the person making the call if this is not the client:</p>  <p>Tip: The format is "LAST NAME, FIRST NAME."</p>
4	Call Intake	Contact Type	<p>Please enter the contact type of the call:</p>  <p>Tip:</p> <ul style="list-style-type: none"> <li>• This is a <b>required</b> field.</li> <li>• This is the type of contact that is calling, not the contact type of the myAvatar user staff completing the form.</li> </ul>





**How To, Continued**

**Call Intake Form - “P” Caller Only**

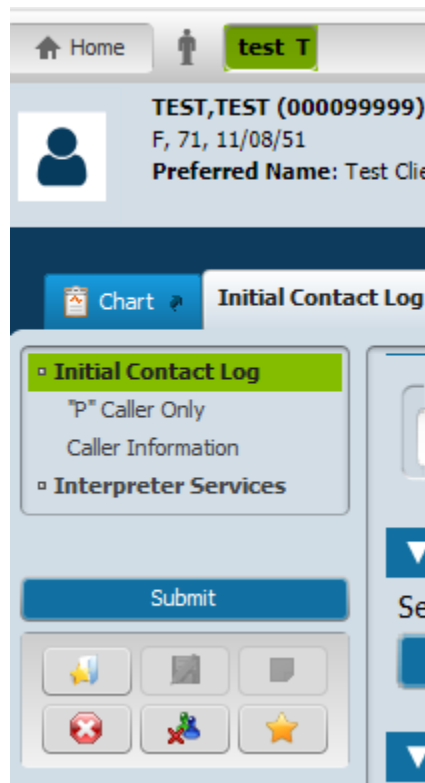
Step	Section	Field	Action
5	Call Intake	Call Date	<p>Please enter the call date of the call:</p>  <p>Tip:</p> <ul style="list-style-type: none"> <li>• This is a <b>required</b> field.</li> <li>• The “T” button in blue will auto populate today’s date. The “Y” button in blue will auto-populate yesterday’s date.</li> <li>• Click the calendar icon to open a new window where the call date can be selected from a calendar.</li> </ul>
6	Call Intake	Call Time	<p>Please enter the time of the call:</p>  <p>Tip:</p> <ul style="list-style-type: none"> <li>• This is a <b>required</b> field.</li> <li>• By clicking on “Current”, the current time will auto-populate into the field.</li> </ul>
7	Call Intake	Program	<p>Please enter the program of the call that the myAvatar user staff are in:</p>  <p>Tip: This is a <b>required</b> field.</p>



## How To

### Initial Contact Log, Different Pages

As noted previously, there are two (2) main pages to the new ICL form. On the upper left-hand side of the main screen of the ICL form, there is a highlighted portion in green. Upon opening the ICL form, the form will immediately navigate you to the "Initial Contact Log" page. This is automatically highlighted in green upon opening the form, which means you are currently viewing this page.

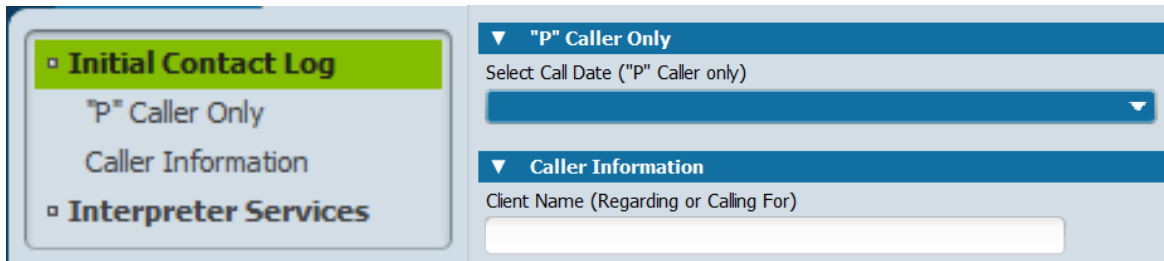




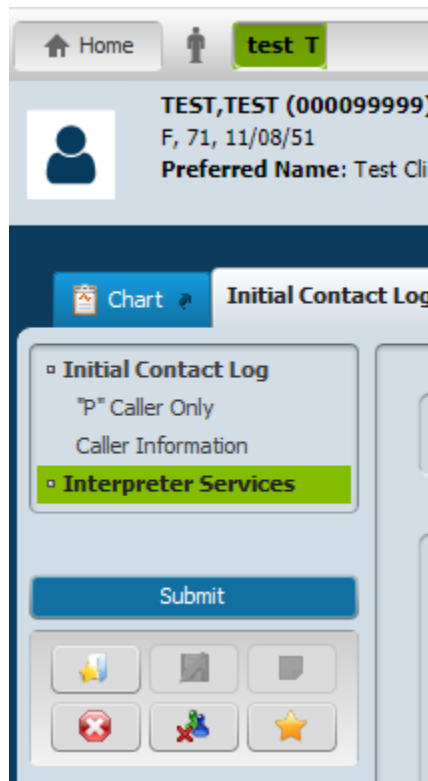
## How To, Continued

### Initial Contact Log, Different Pages

As seen below, there are smaller sections within the page “Initial Contact Log”. By clicking on these sections, it will take you to their respective sections.



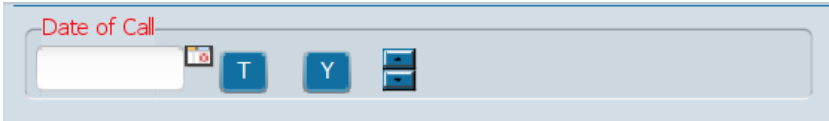
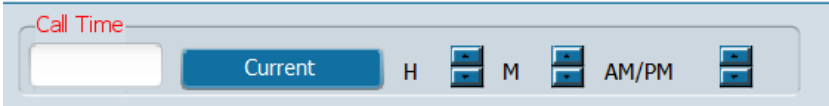

In the images above, those are page one (1) of two (2) of the ICL Form. To go to the next page, – page two (2) of two (2) –, click on the “Interpreter Services” line. In doing so, this will highlight the “Interpreter Services” in green:





**How To**, continued

**How to Navigate the Form**

Step	Section	Field	Action
1	N/A	Date of Call	<p>In this field, please enter the date of the call.</p>  <p>Tip: Please note that this is a <b>required</b> field.</p> <p>Tip: The “T” button in blue will auto populate today’s date. The “Y” button in blue will auto populate yesterday’s date.</p>
2	N/A	Call Time	<p>In this tab, please enter the time of the call.</p>  <p>Tip: Please note that this is a <b>required</b> field.</p> <p>Tip:</p> <ul style="list-style-type: none"> <li>• This entry is in the format HH:MM AM/PM.</li> <li>• If the blue box reading “Current” is selected, it will auto populate the current time.</li> <li>• The “H” blue button with arrows pointing up and down can quickly increase or decrease the hour. The “M” button with arrows pointing up and down can quickly increase or decrease the minutes.</li> <li>• The “AM/PM” blue button with arrows pointing up and down can shuffle between AM and PM options.</li> </ul>
3	N/A	P Caller Only	<p>If P caller only, please select the call date from the drop-down in “P Caller Only Section’.</p>  <p>Tip: If this caller is a “P” Caller Only, then the date of the call intake will be an option in the drop-down field.</p>



**How To**, continued

**How to Navigate the Form**

Step	Section	Field	Action
4	Caller Information	Caller Information	<p>In this section, the “Caller Information” banner allows you to quickly minimize or expand the entire section.</p> <p>This section with the white arrow pointing downward:</p> <div data-bbox="846 682 1252 768" style="text-align: center;"> </div> <p>Can minimize or expand the entire section below:</p> <div data-bbox="639 867 1459 1619" style="border: 1px solid #ccc; padding: 5px;"> </div>



**How To**, continued

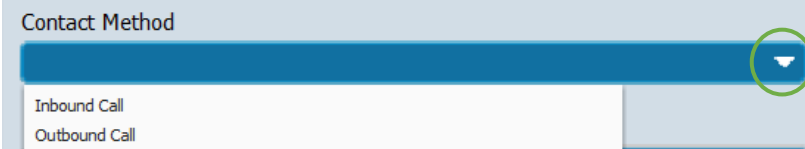
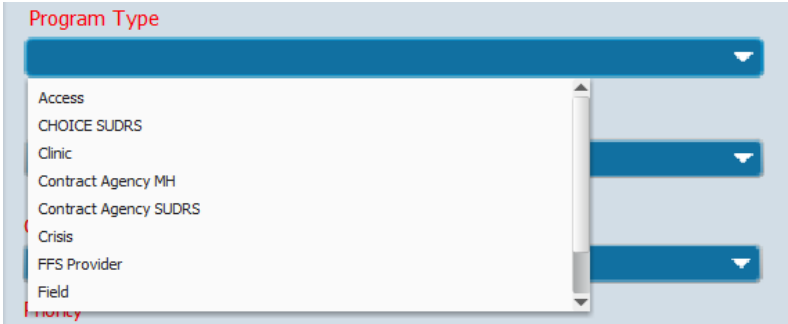
**How to Navigate the Form**

Step	Section	Field	Action
5	Caller Information	Client Name (Regarding or Calling For)	<p>In this field, please enter the name of the client. This is the person who is the subject of the call, whether that is the caller calling on their own behalf or another person calling on behalf of someone seeking services.</p> <div data-bbox="683 716 1414 810" style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Client Name (Regarding or Calling For)</p> <input style="width: 100%; height: 20px;" type="text"/> </div> <p>Tip: This text may not auto populate and may need to be entered manually. The format is "LAST NAME, FIRST NAME." There will be an error pop-up window if this format is not followed:</p> <div data-bbox="678 978 1422 1157" style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; font-size: small;">Format Error <span style="float: right;">X</span></p> <div style="display: flex; align-items: center;"> <p style="font-size: x-small;">Name format must be LASTNAME, FIRSTNAME</p> </div> <p style="text-align: center; margin-top: 5px;"><span style="border: 1px solid #0070c0; padding: 2px 5px; font-size: x-small;">OK</span></p> </div>
6	Caller Information	Caller Name	<p>In this field, enter the name of the person that is calling, if the caller is not the person seeking services. This is to be completed only if the caller is calling on behalf of someone else. This is not a required field if the caller is calling on their own behalf.</p> <div data-bbox="678 1356 1422 1444" style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Caller Name</p> <input style="width: 100%; height: 20px;" type="text"/> </div> <p>Tip: This is not auto populated and will need to be entered manually. The format is "LAST NAME, FIRST NAME."</p>
7	Caller Information	Contact Type	<p>Select whether the individual making the call is a registered client or a non-client of DBH services:</p> <div data-bbox="643 1671 1385 1766" style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Contact Type</p> <div style="display: flex; justify-content: space-around;"> <span><input type="radio"/> Client</span> <span><input type="radio"/> Non-client</span> </div> </div> <p>Tip: Please note there can only be one (1) Contact Type selection – either client or non-client.</p>



**How To**, continued

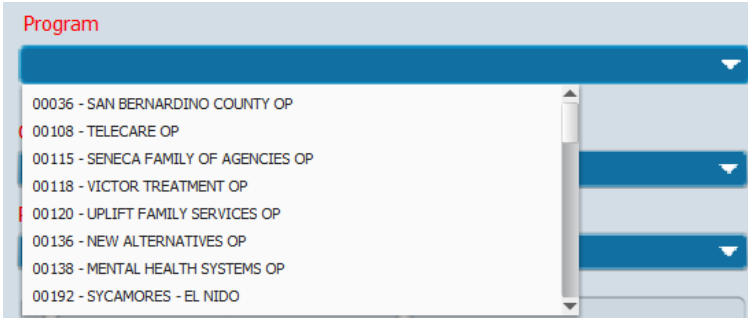
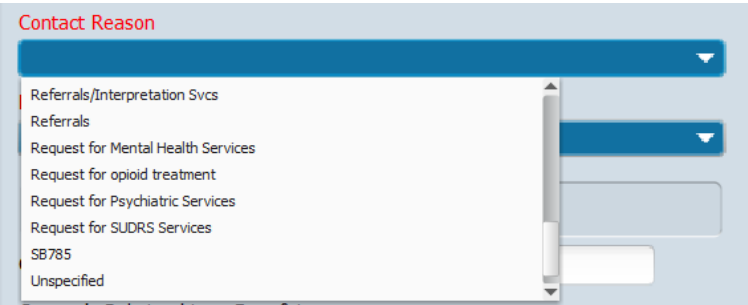
**How to Navigate the Form**

Step	Section	Field	Action
8	Caller Information	Contact Method	<p>In this field, please click on the drop-down menu to select the method of the call. Click on the white arrow pointing downward to see the options.</p>  <p>Tip: There can only be one (1) method of call selected at a time.</p>
9	Caller Information	Program Type	<p>Select the type of program that the myAvatar user staff are in:</p>  <p>Tip: Please note that this is a <b>required</b> field. There can only be one (1) program type selected.</p> <p>Important Note: Access should only be used for the DBH 24/7 Access Line calls.</p>



**How To**, continued

**How to Navigate the Form**

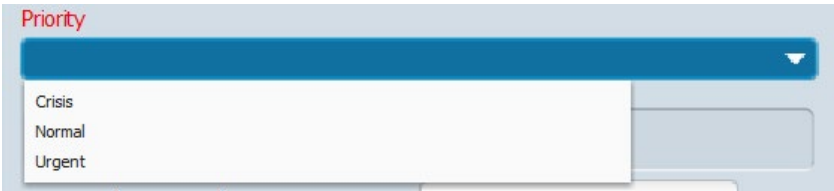
Step	Section	Field	Action
10	Caller Information	Program	<p>From the drop-down menu, select the program (Reporting Unit/Program Name) that the myAvatar user staff are in:</p>  <p>Tip: Please note that this is a <b>required</b> field. There can only be one (1) program selected.</p> <p>Important Note: The following Programs/Reporting Units should <b>not</b> be used:</p> <ul style="list-style-type: none"> <li>• 00036- San Bernardino County OP</li> <li>• MH Financial</li> <li>• SUD Financial</li> </ul> <p>Important Note: ACCESS CALLS should only be use used for the DBH 24/7 Access Line calls.</p>
11	Caller Information	Contact Reason	<p>In this field, please select the reason the call was made:</p>  <p>Tip: Please note that this is a <b>required</b> field. There can only be one (1) contact reason selected.</p>





**How To**, continued



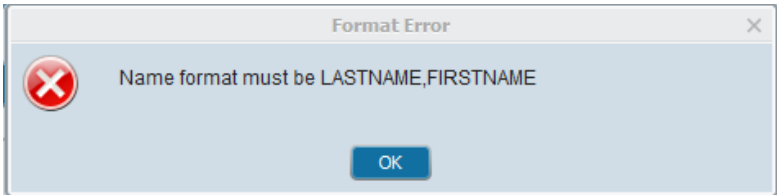
**How to Navigate the Form**

Step	Section	Field	Action
12	Caller Information	Priority	<p>In this drop-down menu, please select priority of the call:</p>  <p>Tip: Please note that this is a <b>required</b> field. There can only be one (1) priority selected.</p> <p>Tip:</p> <ul style="list-style-type: none"> <li>• For urgent calls for services that do not require prior authorization, an appointment must be offered within 48 hours.</li> <li>• For urgent calls for services that require a prior authorization, an appointment must be offered within 96 hours. In the Beneficiary Disposition field, select the appropriate corresponding urgent disposition.</li> </ul> <p>Tip: An urgent condition is defined as: When the beneficiary's condition is such that they face 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 timeframe for the decision making process would be detrimental to the beneficiary's life or health or could jeopardize their ability to regain maximum function, decisions to approve, modify, or deny requests by providers prior to, or concurrent with, the provision of health care services to enrollees, shall be made in a timely fashion appropriate for the nature of the enrollee's condition, not to exceed 72 hours.</p> <p>Tip: A crisis is defined as: an urgent condition that needs immediate attention.</p>



**How To**, continued

**How to Navigate the Form**

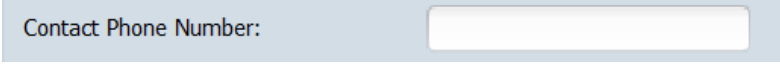
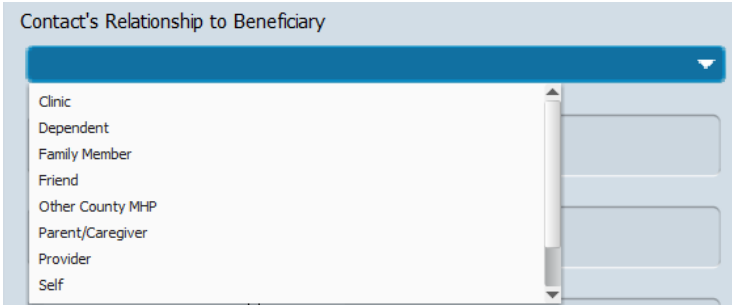
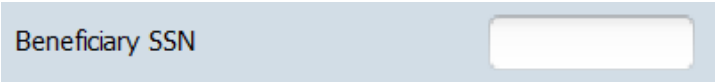
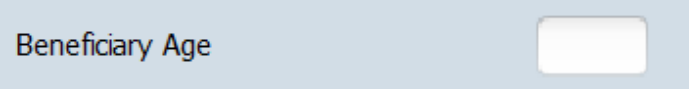
Step	Section	Field	Action
13	Caller Information	Contact is Beneficiary	<p>Please specify if the caller is the beneficiary* by selecting “yes” or “no”:</p>  <p>Tip: Please note that this is a <b>required</b> field. There can only be one (1) answer selected. If "No" is selected, the Beneficiary Name field becomes enabled. If "Yes" is selected, the Beneficiary Name field is disabled (grayed out).</p>
14	Caller Information	Beneficiary Name	<p>In this field, enter the name of the beneficiary:</p>  <p>Tip:</p> <ul style="list-style-type: none"> <li>In the previous field, “Contact Is Beneficiary”, if "No" is selected, the Beneficiary Name field becomes enabled. If "Yes" is selected, the Beneficiary Name field is disabled (grayed out).</li> <li>Please note that this is a manual entry field and is not auto populated. The format is "LAST NAME, FIRST NAME." There will be an error pop-up window if this format is not followed:</li> </ul> 

**\*For the purposes of this ICL Form, please note that “Beneficiary” and “Client” are interchangeable and have the same meaning.**



**How To**, continued



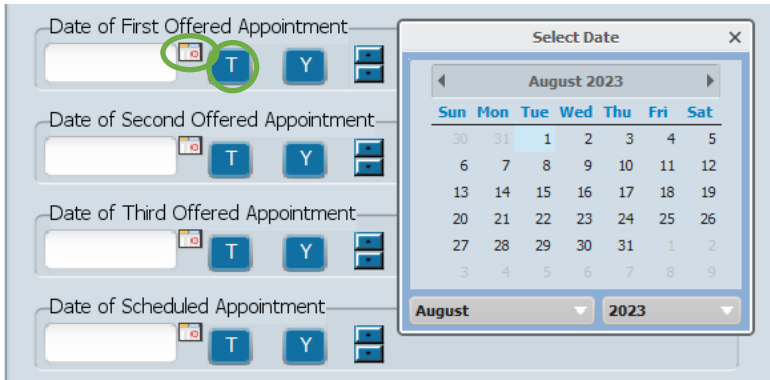
**How to Navigate the Form**

Step	Section	Field	Action
15	Caller Information	Contact Phone Number	<p>In this field, please enter the contact's phone number:</p>  <p>Tip: Please note that this entry is a numerical value. This field will auto populate to the format: ###-###-#### (123-123-1234).</p>
16	Caller Information	Contact's Relationship to Beneficiary	<p>In this drop-down menu, please select the caller's relationship to the beneficiary:</p>  <p>Tip: Please note that there can only be one (1) selection for a contact's relationship to a beneficiary.</p>
17	Caller Information	Beneficiary SSN	<p>Enter the social security number (SSN) of the person seeking services:</p>  <p>Tip: Please note that this is a numeric value entry. This field will auto populate to the format: ###-##-#### (123-12-1234).</p>
18	Caller Information	Beneficiary Age	<p>Enter the age of the person seeking services:</p>  <p>Tip: Please note that this is a numeric value entry. Please ensure that this reflects the date of birth (DOB) box in Step 20 of this manual.</p>



**How To**, continued

**How to Navigate the Form**

Step	Section	Field	Action																																																	
19	Caller Information	Beneficiary Insurance	<p>In this field, please enter the name of the insurance of the beneficiary. To select the beneficiary insurance, please begin typing the name of the insurance for results to populate. If nothing is typed in when the blue magnifying glass is clicked on, a prompt reading “No matches found, please refine search” will pop up. If any letter is typed out in the field, then all selections beginning with that letter will populate. Select the appropriate insurance.</p>  <p>Beneficiary Insurance</p> <p>Tip: This is a search tool that will pull-up a record of multiple insurance types.</p>																																																	
20	Caller Information	Beneficiary DOB	<p>In this field, please enter the date of birth of the beneficiary:</p>  <p>Beneficiary DOB</p> <p>Tip:</p> <ul style="list-style-type: none"> <li>• This entry is in the format DD/MM/YYYY.</li> <li>• The “T” button in blue will auto populate today’s date. The “Y” button in blue will auto-populate yesterday’s date.</li> <li>• The blue boxes with arrows pointing up and down will quickly shuffle through future and previous dates.</li> <li>• Click the calendar icon to open a new window where the date of birth (DOB) can be selected:</li> </ul>  <p>Date of First Offered Appointment</p> <p>Date of Second Offered Appointment</p> <p>Date of Third Offered Appointment</p> <p>Date of Scheduled Appointment</p> <p>Select Date</p> <p>August 2023</p> <table border="1"> <thead> <tr> <th>Sun</th> <th>Mon</th> <th>Tue</th> <th>Wed</th> <th>Thu</th> <th>Fri</th> <th>Sat</th> </tr> </thead> <tbody> <tr> <td>30</td> <td>31</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td>13</td> <td>14</td> <td>15</td> <td>16</td> <td>17</td> <td>18</td> <td>19</td> </tr> <tr> <td>20</td> <td>21</td> <td>22</td> <td>23</td> <td>24</td> <td>25</td> <td>26</td> </tr> <tr> <td>27</td> <td>28</td> <td>29</td> <td>30</td> <td>31</td> <td>1</td> <td>2</td> </tr> <tr> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> </tr> </tbody> </table> <p>August 2023</p>	Sun	Mon	Tue	Wed	Thu	Fri	Sat	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9
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**How To**, continued

**How to Navigate the Form**

Step	Section	Field	Standard
21	Caller Information	Beneficiary Disposition	<p>In this drop-down menu, please select the beneficiary disposition:</p> <div data-bbox="656 531 1471 884" style="border: 1px solid #ccc; padding: 5px; margin: 10px 0;"> <p style="color: red; margin: 0;">Beneficiary Disposition</p> <div style="background-color: #0070c0; color: white; padding: 2px; margin-bottom: 5px;"> <span style="float: right;">▼</span> </div> <ul style="list-style-type: none"> <li>Linked caller to SUD services</li> <li>Provided caller general information</li> <li>Provided caller info/grievance or appeal</li> <li>Provided caller info/non behav resources</li> <li>Scheduled appointment</li> <li>Urgent, prior authorization required, provided appointment within 96 hours</li> <li>Urgent, provided appointment within 48 hours</li> <li>Walk In</li> </ul> </div> <p>Tip: Please note that this is a <b>required</b> field. There can only be one (1) beneficiary disposition selected.</p> <ul style="list-style-type: none"> <li>If "Scheduled appointment" is selected, the Date and Time of First Offered Appointment, and Date and Time of Scheduled Appointment, <b>must</b> be documented and meet timeliness requirements.</li> <li>If "Caller declined to schedule appointment" is selected, the Date and Time of First Offered Appointment fields <b>must</b> be documented and meet timeliness requirements. Also, the Notes field <b>must</b> be completed explaining why the caller declined to schedule an appointment.</li> </ul> <p>Important Note: Options in drop-down menu that state "Access Call" should only be used for DBH 24/7 Access Line calls.</p>

Research and Evaluation Program

303 E. Vanderbilt Way, San Bernardino, CA 92415

**HOW TO UTILIZE THE INITIAL CONTACT LOG (ICL) FORM**



**How To**, continued

**How to Navigate the Form**

Step	Section	Field	Action
22	Caller Information	Date of First, Second, and Third Offered Appointment	<p>San Bernardino County Department of Behavioral Health (DBH) shall offer and make appointments that meet mandated timeframes.</p> <p>Mental Health Services:</p> <ul style="list-style-type: none"> <li>• Non-urgent appointments for non-physician services must be offered within ten (10) business days of the request for appointment.</li> <li>• Non-urgent appointments for psychiatry services must be offered within fifteen (15) business days of the request for appointment.</li> <li>• Urgent appointments that do not require prior authorization must be offered within 48 hours of the request for appointment.</li> <li>• Urgent appointments that require prior authorization must be offered within 96 hours of the request for appointment.</li> </ul> <p>This standard may be extended if the referring or treating licensed health care provider or the health professional providing triage or screening services, acting within the scope of their practice and consistent with professionally recognized standards of practice, has determined and noted in the relevant medical records that a longer waiting time will not have a detrimental impact on the health of the beneficiary.</p>



**How To**, continued

**How to Navigate the Form**

Step	Section	Field	Action																																																	
22 Continued	Caller Information	Date of First, Second, and Third Offered Appointment	<p>Please enter the date(s) that were offered as appointment availabilities to the beneficiary:</p> <div data-bbox="738 657 1453 1041" style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Date of First Offered Appointment: <input type="text"/> <span>T</span> <span>Y</span> <span>📅</span></p> <p>Date of Second Offered Appointment: <input type="text"/> <span>T</span> <span>Y</span> <span>📅</span></p> <p>Date of Third Offered Appointment: <input type="text"/> <span>T</span> <span>Y</span> <span>📅</span></p> <p>Date of Scheduled Appointment: <input type="text"/> <span>T</span> <span>Y</span> <span>📅</span></p> </div> <p>Tip:</p> <ul style="list-style-type: none"> <li>• If there was more than one appointment date offered, please note this in either the second and/or third offered appointment fields.                             <ul style="list-style-type: none"> <li>○ There may be more than one offered appointment because of the caller declining the original offered appointment. The second and third offered appointment dates should be entered as appropriate.</li> </ul> </li> <li>• The “T” button in blue will auto populate today’s date. The “Y” button in blue will auto populate yesterday’s date.</li> <li>• The blue boxes with arrows pointing up and down will quickly shuffle through future and previous dates.</li> <li>• Click the calendar icon to open a new window where the date of the offered appointment can be selected:</li> </ul> <div data-bbox="730 1572 1453 1923" style="border: 1px solid #ccc; padding: 5px;"> <p>Date of First Offered Appointment: <input type="text" value="08/01/2023"/> <span>T</span> <span>Y</span> <span>📅</span></p> <p>Date of Second Offered Appointment: <input type="text" value="08/02/2023"/> <span>T</span> <span>Y</span> <span>📅</span></p> <p>Date of Third Offered Appointment: <input type="text" value="08/03/2023"/> <span>T</span> <span>Y</span> <span>📅</span></p> <p>Date of Scheduled Appointment: <input type="text" value="08/03/2023"/> <span>T</span> <span>Y</span> <span>📅</span></p> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> <p>Select Date</p> <p>August 2023</p> <table border="1"> <thead> <tr> <th>Sun</th> <th>Mon</th> <th>Tue</th> <th>Wed</th> <th>Thu</th> <th>Fri</th> <th>Sat</th> </tr> </thead> <tbody> <tr> <td>30</td> <td>31</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td>13</td> <td>14</td> <td>15</td> <td>16</td> <td>17</td> <td>18</td> <td>19</td> </tr> <tr> <td>20</td> <td>21</td> <td>22</td> <td>23</td> <td>24</td> <td>25</td> <td>26</td> </tr> <tr> <td>27</td> <td>28</td> <td>29</td> <td>30</td> <td>31</td> <td>1</td> <td>2</td> </tr> <tr> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> </tr> </tbody> </table> <p>August 2023</p> </div> </div>	Sun	Mon	Tue	Wed	Thu	Fri	Sat	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9
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**How To**, continued

**How to Navigate the Form**

Step	Section	Field	Action
23	Caller Information	Time of First, Second, and Third Offered Appointment	<p>Please enter the time(s) that an appointment time was offered:</p> <div data-bbox="751 625 1442 982" style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <p>Time of First Offered Appointment</p> <div style="display: flex; align-items: center; border: 1px solid #ccc; padding: 2px;"> <input style="width: 60px; height: 20px; margin-right: 5px;" type="text"/> <div style="display: flex; gap: 5px;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">Current</div> <div style="font-size: 12px;">H</div> <div style="border-left: 1px solid #ccc; border-right: 1px solid #ccc; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;">↑ ↓</div> <div style="font-size: 12px;">M</div> <div style="border-left: 1px solid #ccc; border-right: 1px solid #ccc; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;">↑ ↓</div> <div style="font-size: 12px;">AM/PM</div> <div style="border-left: 1px solid #ccc; border-right: 1px solid #ccc; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;">↑ ↓</div> </div> </div> <p>Time of Second Offered Appointment</p> <div style="display: flex; align-items: center; border: 1px solid #ccc; padding: 2px;"> <input style="width: 60px; height: 20px; margin-right: 5px;" type="text"/> <div style="display: flex; gap: 5px;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">Current</div> <div style="font-size: 12px;">H</div> <div style="border-left: 1px solid #ccc; border-right: 1px solid #ccc; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;">↑ ↓</div> <div style="font-size: 12px;">M</div> <div style="border-left: 1px solid #ccc; border-right: 1px solid #ccc; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;">↑ ↓</div> <div style="font-size: 12px;">AM/PM</div> <div style="border-left: 1px solid #ccc; border-right: 1px solid #ccc; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;">↑ ↓</div> </div> </div> <p>Time of Third Offered Appointment</p> <div style="display: flex; align-items: center; border: 1px solid #ccc; padding: 2px;"> <input style="width: 60px; height: 20px; margin-right: 5px;" type="text"/> <div style="display: flex; gap: 5px;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">Current</div> <div style="font-size: 12px;">H</div> <div style="border-left: 1px solid #ccc; border-right: 1px solid #ccc; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;">↑ ↓</div> <div style="font-size: 12px;">M</div> <div style="border-left: 1px solid #ccc; border-right: 1px solid #ccc; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;">↑ ↓</div> <div style="font-size: 12px;">AM/PM</div> <div style="border-left: 1px solid #ccc; border-right: 1px solid #ccc; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;">↑ ↓</div> </div> </div> <p>Time of Scheduled Appointment</p> <div style="display: flex; align-items: center; border: 1px solid #ccc; padding: 2px;"> <input style="width: 60px; height: 20px; margin-right: 5px;" type="text"/> <div style="display: flex; gap: 5px;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">Current</div> <div style="font-size: 12px;">H</div> <div style="border-left: 1px solid #ccc; border-right: 1px solid #ccc; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;">↑ ↓</div> <div style="font-size: 12px;">M</div> <div style="border-left: 1px solid #ccc; border-right: 1px solid #ccc; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;">↑ ↓</div> <div style="font-size: 12px;">AM/PM</div> <div style="border-left: 1px solid #ccc; border-right: 1px solid #ccc; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;">↑ ↓</div> </div> </div> </div> <p>Tip: If there was more than one appointment time offered, please note that as well in either the second and/or third offered appointment fields. There may be more than one offered appointment time because of the caller declining the original offered appointment time. The second and third offered appointment times should be entered as appropriate.</p> <ul style="list-style-type: none"> <li>If the blue box reading “Current” is selected, it will auto populate the current time.</li> <li>The “H” blue button with arrows pointing up and down can quickly increase or decrease the hour. The “M” button with arrows pointing up and down can quickly increase or decrease the minutes.</li> <li>The “AM/PM” blue button with arrows pointing up and down can shuffle between AM and PM options.</li> </ul>





**How To**, continued

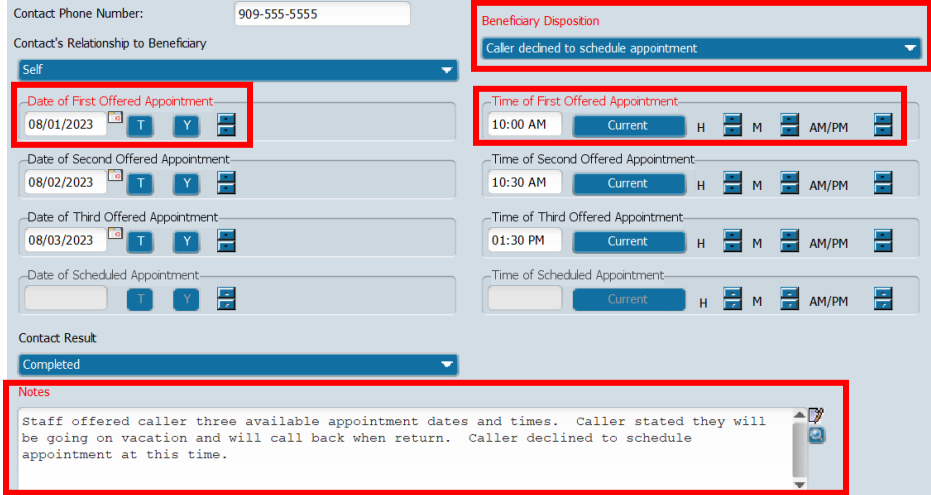
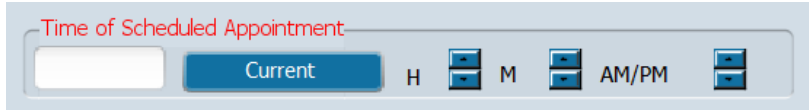
**How to Navigate the Form**

Step	Section	Field	Action
24	Caller Information	Date of Scheduled Appointment	<p>Enter the date of the actual scheduled appointment with the client.</p> <div data-bbox="656 659 1438 753" style="border: 1px solid #ccc; padding: 5px; margin: 10px 0;"> <p>Date of Scheduled Appointment</p> <input type="text" value="08/03/2023"/> <span>T</span> <span>Y</span> </div> <p>Tip:</p> <ul style="list-style-type: none"> <li>This entry is in the format DD/MM/YYYY.</li> <li>The “T” button in blue will auto populate today’s date. The “Y” button in blue will auto populate yesterday’s date.</li> </ul> <p>The blue boxes with arrows pointing up and down will quickly shuffle through future and previous dates.</p>
24.1	Caller Information	Date of Scheduled Appointment	<p>Please note that if the Beneficiary Disposition is selected as “Scheduled Appointment”, then the “Date of Scheduled Appointment” and “Time of Scheduled Appointment” fields become <b>required</b>:</p> <div data-bbox="581 1161 1511 1486" style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <p>Contact Phone Number: <input type="text" value="909-555-5555"/></p> <p>Contact's Relationship to Beneficiary: <input type="text" value="Self"/></p> <p>Beneficiary Disposition: <input style="border: 2px solid red;" type="text" value="Scheduled appointment"/></p> <p>Date of First Offered Appointment: <input type="text" value="08/01/2023"/> <span>T</span> <span>Y</span> <span>AM/PM</span></p> <p>Time of First Offered Appointment: <input type="text" value="10:00 AM"/> <span>Current</span> <span>H</span> <span>M</span> <span>AM/PM</span></p> <p>Date of Second Offered Appointment: <input type="text" value="08/02/2023"/> <span>T</span> <span>Y</span> <span>AM/PM</span></p> <p>Time of Second Offered Appointment: <input type="text" value="10:30 AM"/> <span>Current</span> <span>H</span> <span>M</span> <span>AM/PM</span></p> <p>Date of Third Offered Appointment: <input type="text" value="08/03/2023"/> <span>T</span> <span>Y</span> <span>AM/PM</span></p> <p>Time of Third Offered Appointment: <input type="text" value="01:00 PM"/> <span>Current</span> <span>H</span> <span>M</span> <span>AM/PM</span></p> <p>Date of Scheduled Appointment: <input type="text" value="08/03/2023"/> <span>T</span> <span>Y</span> <span>AM/PM" style="border: 2px solid red;"/&gt;</span></p> <p>Time of Scheduled Appointment: <input type="text" value="01:00 PM"/> <span>Current</span> <span>H</span> <span>M</span> <span>AM/PM" style="border: 2px solid red;"/&gt;</span></p> </div>



**How To**, continued

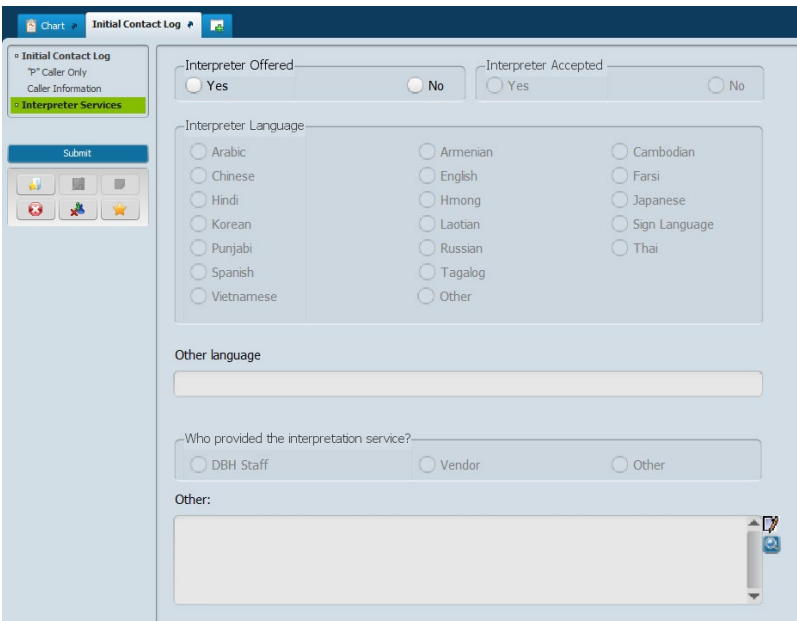


**How to Navigate the Form**

<p>24.2</p>	<p>Caller Information</p>	<p>Date of Scheduled Appointment</p>	<p>Please note that if the Beneficiary Disposition is selected as “Caller declined to schedule appointment”, then the “Date of First Offered Appointment” and “Time of First Offered Appointment” fields become <b>required</b>. Additionally, the “Notes” field becomes <b>required</b>. An example of the “Notes” can be: “Caller decided not to schedule appointment.”</p>  <p>Also note that the “Date of Scheduled Appointment” and the “Time of Scheduled Appointment” fields become greyed out and entries are prevented.</p>
<p>25</p>	<p>Caller Information</p>	<p>Time of Scheduled Appointment</p>	<p>Enter the time of the actual scheduled appointment with the client:</p>  <p>Tip:</p> <ul style="list-style-type: none"> <li>• This entry is in the format HH:MM AM/PM.</li> <li>• If the blue box reading “Current” is selected, it will auto populate the current time.</li> <li>• The “H” blue button with arrows pointing up and down can quickly increase or decrease the hour. The “M” button with arrows pointing up and down can quickly increase or decrease the minutes.</li> </ul> <p>The “AM/PM” blue button with arrows pointing up and down can shuffle between AM and PM options.</p>



**How To**, continued

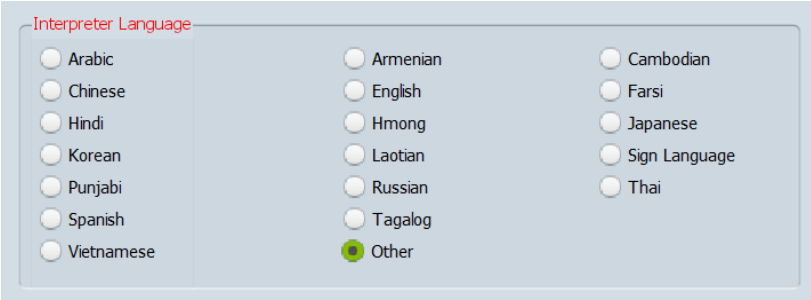
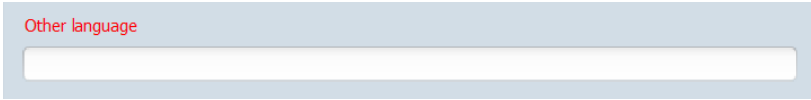

**How to Navigate the Form**

Step	Section	Field	Action
26	Interpreter Services	Interpreter Services	<p>In this section, there are a series of “if this, then that” selections. Please select the appropriate answers relative to the call made. The next steps in this manual will demonstrate the details.</p> 
27	Interpreter Services	Interpreter Offered	<p>Select if an interpreter was offered to the caller or not offered to the caller (includes language line):</p>  <p>Tip: This entry can only be one (1) answer – yes or no. Tip: If "Yes" is selected under "Interpreter Offered," "Interpreter Accepted" becomes <b>required</b>.</p>
28	Interpreter Services	Interpreter Accepted	<p>In this section, please select if the caller accepted interpreter services:</p> 



**How To**, continued

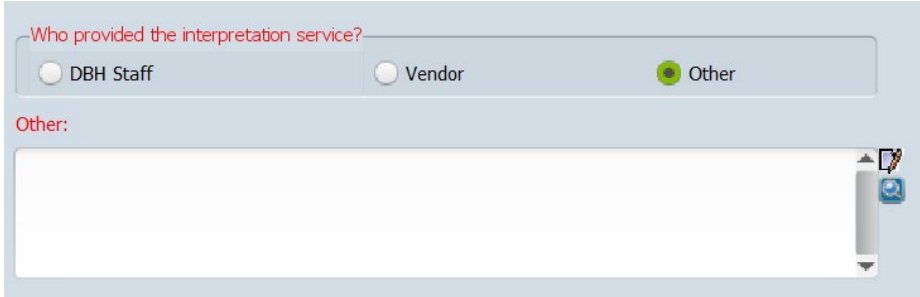
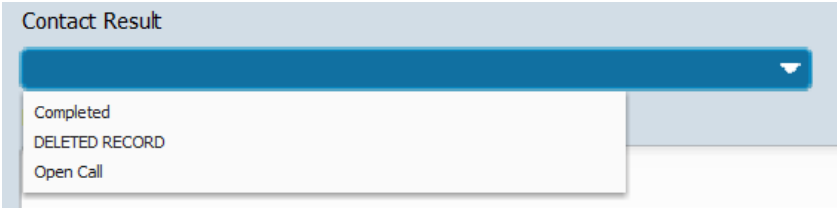
**How to Navigate the Form**

Step	Section	Field	Action
29	Interpreter Services	Interpreter Language	<p>If the interpreter services were offered (Yes), and the interpreter services were accepted (Yes) by the caller, please specify the language of the interpreter. If the language is not listed in the menu selections, please select “Other” and type it into the “Other Language” field. This “Other Language” field will be <b>required</b> if the “Other” box is selected.</p> 
30	Interpreter Services	Other Language	<p>In this field, please enter which other language the interpreter services were conducted in:</p>  <p>Tip: Please type this field out.</p>
31	Interpreter Services	Who provided the interpretation services?	<p>In this section, please select who provided the interpretation services:</p>  <p>Tip: Please note that this is a <b>required</b> section. If “Other” is selected, there will be an area below that becomes <b>required</b> that allows for a written description.</p>



**How To**, continued

**How to Navigate the Form**

Step	Section	Field	Action
32	Interpreter Services	Other:	<p>If the offered interpreter services were not listed, please write out the name of the contractor/vendor that provided the interpretation services.</p>  <p>Tip: Please type this field out. This is a <b>required</b> field.</p>
33	Caller Information	Contact Result	<p>In this section, please select the result of the call.</p>  <p>Tip:</p> <ul style="list-style-type: none"> <li>• If the call has ended and all information was provided, select “Completed” as the result.</li> </ul>



### Example of Completed ICL Form

Please see below for an **example** of an ICL form that is fully completed. Please note that the information in example form is for demonstration purposes only and is not meant to reflect any real person's personal information.

The screenshot displays the 'Initial Contact Log' form with the following fields filled out:

- Date of Call:** 08/01/2023
- Call Time:** 08:30 AM
- Caller Information:**
  - Client Name: TEST, TEST
  - Contact Method: Inbound Call
  - Program Type: Clinic
  - Program: 36911 - MESA COUNSELING SERVICES
  - Contact Reason: Request for Mental Health Services
  - Priority: Normal
  - Contact is Beneficiary: No
  - Contact Phone Number: 909-555-5555
  - Contact's Relationship to Beneficiary: Family Member
- Beneficiary Information:**
  - Beneficiary SSN: 999-99-9999
  - Beneficiary Age: [Empty]
  - Beneficiary Insurance: Medi-Cal MH (32765)
  - Beneficiary Name: TEST, TEST
  - Beneficiary DOB: 01/01/2012
  - Beneficiary Disposition: Scheduled appointment
- Appointment Information:**
  - Date of First Offered Appointment: 08/01/2023
  - Time of First Offered Appointment: 10:00 AM
  - Date of Second Offered Appointment: 08/02/2023
  - Time of Second Offered Appointment: 10:30 AM
  - Date of Third Offered Appointment: 08/03/2023
  - Time of Third Offered Appointment: 01:30 PM
  - Date of Scheduled Appointment: 08/03/2023
  - Time of Scheduled Appointment: 01:30 PM
- Contact Result:** Completed
- Notes:** [Empty text area]



## Example of How to Correct an Incorrect ICL Form

Please see below for an **example** of how to correct an ICL Form that was submitted. This would be the case if something was entered incorrectly when the ICL form was completed, for example the wrong date or program was entered. Under “Contact Result”, change from “Completed” to “Deleted Record.” In the “Notes,” add a note explaining what was entered incorrectly. For example, if the wrong date was entered, include the following in the “Notes”: “Date of call incorrectly entered, new ICL entered with Date of Call mm/dd/yyyy. User’s Name, Date Completed.”

The screenshot shows the 'Initial Contact Log' form with the following fields and values:

- Client Name (Regarding or Calling For):** TEST,TEST
- Contact Method:** Inbound Call
- Program Type:** Clinic
- Program:** 36911 - MESA COUNSELING SERVICES
- Contact Reason:** Request for Mental Health Services
- Priority:** Normal
- Contact is Beneficiary:** Yes
- Contact's Relationship to Beneficiary:** (Empty)
- Date of First Offered Appointment:** 08/01/2023
- Date of Second Offered Appointment:** (Empty)
- Date of Third Offered Appointment:** (Empty)
- Date of Scheduled Appointment:** (Empty)
- Contact Result:** DELETED RECORD
- Notes:** Date of call inadvertently entered. New ICL entered with Date of Call mm/dd/yyyy. User name, Date

The image shows a close-up of the 'Contact Result' dropdown menu. The menu is open, showing three options: 'Completed', 'DELETED RECORD', and 'Open Call'. 'DELETED RECORD' is highlighted in blue, indicating it is the selected option.



## Conclusion

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### Conclusion

This document was created by the DBH Research and Evaluation Program (R&E) to outline a training manual that will demonstrate how to navigate the new ICL Form going live 08/01/2023.