

Initial Contact Log (ICL) Cheat Sheet

Field	Action/Tip
Date of Call	<p>Enter the date of the call/initial request for services.</p> <ul style="list-style-type: none"> If entering the ICL late, make sure to enter the date the request was received.
Call Time	<p>Enter the time of the call/initial request for services.</p> <ul style="list-style-type: none"> If entering the ICL late, make sure to enter the time the request was received.
Client Name (Regarding or Calling For)	<ul style="list-style-type: none"> Enter the caller's name if they are requesting services for themselves. Enter the name of the person the services are being requested for if someone is calling on behalf of someone else.
Caller Name	Enter the name of the caller if they are calling on behalf of someone else.
Program Type	<p>Select the type of program that the staff completing the form is in.</p> <ul style="list-style-type: none"> Clinic: should only be used by staff in DBH clinics. Contract Agency MH: should only be used by staff in contract agencies that provide specialty mental health services. Contract Agency SUDRS: should only be used by staff in contract agencies that provide substance use disorder services. SUDRS: should only be used by staff in DBH substance use disorder programs. CHOICE SUDRS: should only be used by staff in CHOICE SUDRS. Access: should only be used for DBH 24/7 Access Line calls. Crisis: should only be used by staff in crisis programs. FFS Provider: should only be used by Fee-For-Service providers or staff working in a Fee-For-Service providers office. Homeless: should only be used by staff in DBH homeless programs.
Program	<p>Select the program name/Reporting Unit (RU) that the staff completing the form is in.</p> <ul style="list-style-type: none"> The following Programs/RUs should not be used: <ul style="list-style-type: none"> 00036 San Bernardino County OP MH Financial SUD Financial ACCESS CALLS should only be used for DBH 24/7 Access Line calls.
Contact Reason	<ul style="list-style-type: none"> If the caller is requesting specialty mental health services for themselves or on behalf of someone else, select "Request for Mental Health Services." If the caller is requesting psychiatry services for themselves or on behalf of someone else, select "Request for Psychiatric Services." If the caller is requesting substance use disorder services for themselves or on behalf of someone else, select "Request for SUDRS Services." If the call is disconnected prior to determining the reason for the call, select "Unspecified."
Priority	<ul style="list-style-type: none"> Normal: select for any calls that are not urgent or crisis. Urgent: 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. <ul style="list-style-type: none"> For urgent requests for services that do not require prior authorization, an appointment must be offered within 48 hours. For urgent requests 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. Crisis: a crisis is defined as an urgent condition that needs immediate attention.

Beneficiary Disposition	<ul style="list-style-type: none"> • Scheduled appointment: select if scheduled an appointment for services. • Caller declined to schedule appointment: select if offered caller appointment, but caller declined appointment(s) offered. <ul style="list-style-type: none"> ○ If selected, the Date and Time of First Offered Appointment fields must be documented and meet timeliness requirements. Also, the notes field must be completed explaining why the caller declined to schedule an appointment. • Caller disconnected call: select if caller disconnected call prior to being able to offer appointment. • Clinics inadvertently disconnected call: select if DBH clinic inadvertently disconnected call prior to being able to offer appointment(s). • Crisis, transferred to crisis services: select if transferred call to crisis services. • Linked caller to SUD services: select if linked caller to substance use disorder services. • Urgent, provided appointment within 48 hours: select for urgent requests that do not require prior authorization. • Urgent, prior authorization required, provided appointment within 96 hours: select for urgent requests that require prior authorization. The following services require prior authorization: Intensive Home-Based Services, Therapeutic Behavioral Services, Therapeutic Foster Care, Day Treatment Rehabilitation, and Day Treatment Intensive. • Access Call, provided info how to access SMHS: select for DBH 24/7 Access Line calls only that provided resources for mental health services or completed warm hand off after completing Screening Tool. • Access Call, inadvertently disconnected call: select for DBH 24/7 Access Line calls only that got disconnected prior to providing resources.
Date of First Offered Appointment	<p>Enter date of first offered appointment.</p> <ul style="list-style-type: none"> • Appointment date must be on or after the Date of Call. • Non-urgent appointments for non-physician services must be offered within ten (10) business days of the request for services. • Non-urgent appointments for psychiatry services must be offered within fifteen (15) business days of the request for services.
Date of Second Offered Appointment	<p>Enter the date of the second offered appointment if the caller declined the first offered appointment.</p> <ul style="list-style-type: none"> • Appointment date must be on or after the Date of First Offered Appointment. • If the caller accepted the first offered appointment date, this field should be left blank.
Date of Third Offered Appointment	<p>Enter the date of the third offered appointment if the caller declined the second offered appointment.</p> <ul style="list-style-type: none"> • Appointment date must be on or after the Date of Second Offered Appointment. • If the caller accepted the first or second offered appointment date, this field should be left blank.
Date of Scheduled Appointment	<p>Enter the date the appointment was scheduled.</p> <ul style="list-style-type: none"> • This should be the date of the appointment the caller accepted.
Time of First, Second, and Third Offered Appointments	<ul style="list-style-type: none"> • Enter the time of the first offered appointment. • Enter the time of the second offered appointment if the caller declined the first offered appointment time. • Enter the time of the third offered appointment if the caller declined the second offered appointment time.
Time of Scheduled Appointment	<p>Enter the time of the scheduled appointment.</p> <ul style="list-style-type: none"> • This should be the time of the appointment that the caller accepted.
Contact Result	<ul style="list-style-type: none"> • If the call has ended and all information was provided, select “Completed” as the result. • If the ICL was previously submitted and later discovered there was an error, select “DELETED RECORD.”
Notes	<p>Enter any notes that may be needed to further explain the details of the call.</p> <ul style="list-style-type: none"> • If Beneficiary Disposition has “Caller declined to schedule appointment” selected, a note must be completed explaining why the caller declined to schedule an appointment. • If the Contact Result field has “DELETED RECORD” selected, a note must be completed explaining what was completed incorrectly, what was corrected (if applicable), and the name and date of the staff completing the form.