

Twenty-One Day Service Tracking Bi-Monthly Report REFERRAL LOG LAYOUT FOR PROVIDERS

Revised 6-22-17

All fields are required unless otherwise noted

Purpose of Report: ACOM 449 (Jacob's Law) requires that all children in the custody of DCS and those who are adopted receive their first medically necessary service within 21 days of the request documented on the Service Plan. If not scheduled to begin, at 14 days after the request was documented on the service plan, escalation of a medically necessary service must be made to Mercy Care RBHA by emailing the information to DCS@MercyCareAZ.org . This report is meant to track services that have been escalated to Mercy Care RBHA, trend service timelines and bring awareness to leadership at the Provider agency.

When to Submit: The 5th and 20th of each month to DCS@MercyCareAZ.org

Steps to be completed prior to submitting escalation report to Mercy Care RBHA:

1. Submit and document referrals to all applicable providers that provide the medically necessary service (See DSP and Specialty Directory);
2. Exploration of all Internal resources;
3. Follow-up phone calls to ALL providers that provide recommended service;
4. Double check that referrals were submitted to all providers that provide the recommended service;
5. Review by Leadership.

Field Name	Definition	Format	Entering Instructions
Client Last Name		TEXT FORMAT	
Client First Name		TEXT FORMAT	
Date of Birth		DATE FORMAT: mm/dd/yyyy	
AHCCCS ID# (if available) (text format)	Assigned AHCCCS ID	TEXT FORMAT: 6 characters	6 digit AHCCCS ID number
CMDP Y/N	Is member currently CMDP active?	TEXT FORMAT: 3 characters	Y = Yes, N = No
Adopted Y/N	Is member adopted?	TEXT FORMAT: 3 characters	Y = Yes, N = No
Service Recommended (text format)	Medically Necessary service recommendation from the Child and Family Team.	TEXT FORMAT	
Date of Service Recommendation	Date of recommended service on Individual Service Plan.	DATE FORMAT: mm/dd/yyyy	
Date of Internal Escalation	If medically necessary service is not scheduled to begin within 21 days of the service being documented on the Service Plan, enter the date staff initiated internal escalation process of notifying leadership of potential service delay.	DATE FORMAT: mm/dd/yyyy	

Date of Escalation to Mercy Care RBHA	If medically necessary service is not scheduled to begin within 21 days of the service being documented on the Service Plan, enter the date staff initiated escalation process to Mercy Care RBHA, not exceeding 14 days after service documentation on service plan. *Note: Providers should ONLY document youth that will not have services begin within 21 days OR the time agreed upon/requested by guardian. (Example: If guardian requests services to begin in 30 days and a provider will be in place, provider to monitor internally but do not submit to Mercy Care RBHA)	DATE FORMAT: mm/dd/yyyy	
Has a Provider Accepted the Referral?	Name of Provider that accepted the referral and anticipated date of first service.	TEXT FORMAT AND DATE FORMAT: mm/dd/yyyy	
Resolution: Date Service Provided	Date of first service for the recommended service. *Note* Once service has been provided if within 21 days, name should be removed from report.	DATE FORMAT: mm/dd/yyyy	
Resolution: Need Met Through Another Service, an Informal Support or in the Community	Description of informal/non-paid service that meets service plan need. *Note* This column is for internal Provider tracking ONLY; if member has need met, this should not be included in escalation to Mercy Care RBHA. (Example: Referred for a Mentor through behavioral health but located a Mentor volunteer through AASK or a CASA)	TEXT FORMAT	
Notes/Barriers: List all Providers referred to and reported challenges experienced in getting services in place		TEXT FORMAT:	

DATE FIELDS: Format these fields BEFORE you enter the data. General formatting or Text formatting will not automatically change to a date unless it is re-entered.

TEXT FIELDS: Format these fields BEFORE you enter the data. If the field is not formatted for text, it will drop leading zeroes.