Behavioral Health Department
Alameda County Health

ACBHD Timely Access Data Collection Definitions for FY 24-25

On an annual basis, the Department of Health Care Services (DHCS) issues new requirements and guidance related to Network Adequacy data collection. For services rendered to members in FY 24-25, Timely Access data reporting is required for:

- **Non-Psychiatry SMHS appointments**: Non-Psychiatry SMHS appointment data collection is required for **new member requests only.** "New members" means:
  - **New**: Medi-Cal and Medi-Cal-eligible members who are new to the Mental Health Plan (MHP)
  - **New Returning:** Medi-Cal and Medi-Cal eligible members who have not received outpatient services in the past 12 months through the MHP.
- **New Psychiatry SMHS appointments**: Psychiatry appointments data collection is required for **all new appointment** requests for all MHP members (new and existing/ established).
- **SUD appointments:** All Medi-Cal and Medi-Cal-eligible members requesting SUD services, across the continuum of care.

SMHS Service Types/Modalities

- **Non-Psychiatry SMHS:** Mental Health Services (Assessment, Treatment Planning, Therapy, Rehabilitation), Targeted Case Management (TCM), Intensive Care Coordination (ICC), Crisis Intervention, Crisis Stabilization, Peer Support Services, Adult Residential Treatment (ART), Crisis Residential Treatment (CRT), Psychiatric Health Facility Services.
- **Prior Authorization Services:** Intensive Home-Based Services (IHBS), Day Treatment Intensive (DTI), Day Rehabilitation (DR), Therapeutic Behavioral Services (TBS), Therapeutic Foster Care, Short-Term Residential Treatment Program (STRTP), *outpatient* Electroconvulsive Therapy (ECT).
- **Psychiatry Services:** Medication support services (prescribing, dispensing, administering) rendered by psychiatrists/physicians (MD, DO), physician assistants (PA), pharmacists (RPH, APH), or licensed nurse types (PMHNP, APN, NPF, NP, CNS).

DMC-ODS Modalities

- **Outpatient:** Early Intervention Services (EIS 0.5), Outpatient (OS 1.0), Intensive Outpatient Services (IOS 2.1), Opioid Treatment Programs (OTP 1), Recovery Support Service (RSS)
- **Withdrawal Management:** ASAM Level of Care (LOC) 3.2-WM (Residential Withdrawal Management)

- **SUD Residential:** ASAM LOCs 3.1, 3.3, 3.5. SUD Residential 3.1, 3.3, and 3.5 require prior authorization.

Timely Access Data Collection Definitions

Currently, Timely Access data is captured differently for SUD and SMHS services, however, the required data reporting elements are practically the same for both groups. The following are definitions for the required data elements:

REFERRAL SOURCE

- This is the person, program, or organization who referred the member to services.
- The ACBHD e-form and Clinician's Gateway (CG) dropdown menus include the DHCS standard referral source response options.

URGENCY

- Determination of URGENCY is required for all appointments.
- SMHS requests are considered urgent if at least one of the following is true for the member:
    - Is pregnant or suffering a severe medical condition and at risk of complications if mental health symptoms are not addressed within the next 48-96 hours (i.e. 2-4 days).
    - Appears to be at imminent risk of suicide, homicide, grave disability, significant property destruction, loss of housing, or risk of incarceration in the next 48-96 hours.
    - Indicates they are running out of antipsychotics, mood stabilizers, or benzodiazepines within the next 7 days.
    - Indicates they are in urgent need of mental health service due to a crisis or other life event.
- SUD requests are considered urgent if at least one of the following is true for the member:
    - Requires withdrawal management services (ASAM LOC 3.2-WM).
    - Is pregnant and appearing to require withdrawal management services.
    - Appears to be at imminent risk of overdosing on any substance in the next few hours or days.
    - Indicates they are running out of any anti-craving medication such as naltrexone, buprenorphine, or methadone.
    - Indicates that they are in urgent need of substance use treatment service due to a crisis or other life event.
- Additionally, see CA Health & Safety Code 1367.01 (h)(2) for DHCS's definition of urgent services.

PRIOR AUTHORIZATION

- Applicable for Service Types/Modalities that require county review and approval prior to service rendering. See above for Prior Authorization Service Types/Modalities.

REFERRED TO AN OUT-OF-NETWORK PROVIDER

- If ACBHD is unable to provide necessary services to a member using an in-network provider, the county must allow beneficiaries to access services out-of-network.
- Required only for appointments referred to an out-of-network provider.
- For information about the out-of-network referral process, contact ACCESS (SMHS) or Center Point (SUD).
- See DHCS BHINs 19-024, 21-008 for more information about out-of-network requirements.

DATE OF FIRST CONTACT TO REQUEST SERVICES

- This is the date a member first requests services from a program, either by contacting the program directly or through a county access point, whichever date is earlier. For example:
    - A member presents at the program or calls the program requesting services.
    - A member's legal guardian contacts ACCESS to request services.
- Required for all appointment requests.
- If a referral is made on behalf of a member and with the member's consent, the date of the referral is the DATE OF FIRST CONTACT TO REQUEST SERVICES. A referral that is made without the member or their legal guardian's consent is not considered the DATE OF FIRST CONTACT TO REQUEST SERVICES.

TIME OF FIRST CONTACT TO REQUEST SERVICES

- This is the time of day of the member's FIRST CONTACT TO REQUEST SERVICES
- Only required for URGENT appointment requests.
- Hours from first contact to request services to first service appointment offer is required when the appointment request is deemed URGENT.

FIRST SERVICE APPOINTMENT OFFER DATE

- This is the date of the first offered appointment. It refers to the initial intake, assessment, admission, or screening appointment and not the completed clinical assessment.
- Required for all appointment requests.
- FIRST SERVICE APPOINTMENT OFFER DATE *cannot* be after FIRST SERVICE APPOINTMENT RENDERED DATE.

FIRST SERVICE APPOINTMENT OFFER TIME

- This is the actual time of day of the first offered appointment.
- Only required for URGENT appointment requests.

FIRST SERVICE APPOINTMENT RENDERED DATE

- This is the date when the program first provides non-administrative clinical services (assessment, crisis, treatment, etc.). It may or may not be the date the clinician starts or completes the assessment.
- If a first service appointment was not rendered, the provider should document the reason and the date the member was closed to the program.
- Required when the first service appointment is rendered.

WAIT LIST AND WAIT LIST REASON

- A Yes or No response is required for all appointments.
- A Yes response indicates the waiting time for the appointment was extended beyond the standard and requires a reason be provided, with the following options:
    - Member choice: Treatment modality unavailable (e.g. evidence-based practices model, therapy modality, etc.).
    - Member choice: Preferred MHP provider unavailable.
    - Member choice: Preferred service medium unavailable (e.g. requested in-person services in lieu of telehealth).
    - No available provider.
    - Another reason (please specify).

FOLLOW-UP APPOINTMENT

- A follow-up appointment is the second service appointment. It may be a continuation of the assessment or a treatment session.
- A Yes or No response is required for all requests.
- A Yes response indicates a follow-up appointment was offered to the member.
- No response indicates the member was not offered a follow-up appointment.
- If a follow-up appointment was *not* offered, the provider must document the reason and date the member was closed to the program.

FIRST FOLLOW-UP APPOINTMENT OFFER DATE

- The FIRST FOLLOW-UP APPOINTMENT OFFER DATE should be *after* the first service appointment offer and rendered dates.
- Required whenever a first follow-up appointment was offered.

FIRST FOLLOW-UP APPOINTMENT RENDERED DATE

- This is the second service appointment that the member attends, whether an assessment or a treatment session.
- The FIRST FOLLOW-UP APPOINTMENT RENDERED DATE should be *after* the first service appointment offer and rendered dates.
- Required whenever a follow-up appointment was rendered.
- If a first follow-up appointment was not rendered, the provider should document the reason and the date the member was closed to the program.

FOLLOW-UP APPOINTMENT WAIT TIME EXTENDED

- A Yes or No response is required for all appointments.
- A Yes response indicates the wait time for a follow-up appointment was extended.
- Extension determination must be done by the referring or treating provider acting in their scope of practice and the provider must document that the extended wait time was clinically appropriate.
- See CA Health & Safety Code 1367.03 and 28 CCR § 1300.67.2.2 for more information.

CLOSURE DATE

- CLOSURE DATE is required whenever a member does not attend an initial or follow-up appointment.
- CLOSURE DATE is the date the client record was closed out; not necessarily the final date the member was seen.

CLOSURE REASON

- If the member did not attend an initial or follow-up appointment, CLOSURE DATE and CLOSURE REASON are required.
- CLOSURE REASON allows for identification of service access issues, such as gaps in member supports (e.g. transportation, childcare) and lends to system improvement opportunities.
- Closure reasons include:
    - Member did not accept any offered appointment dates.
    - Member accepted offered appointment date but did not attend initial appointment.
    - Member attended initial appointment but did not complete assessment process.
    - Member attended first service appointment but declined treatment.
    - Member did not meet medical necessity criteria.
    - Out-of-county/presumptive transfer.
    - Unable to contact (e.g. deceased or unresponsive).
    - Other (please specify)