

Network Adequacy Mental Health Timely Access Training

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Alameda County Health

Learning Objectives

1. Understand the purpose and requirements of Timely Access data reporting.
2. Identify and define the data being collected for the Timely Access Data Tool (TADT).
3. Understand how to provide Alameda County Behavioral Health Department (ACBHD) with Timely Access data and the plans for future collection processes.



What is Network Adequacy and how does Timely Access fit in?

- General Overview of Federal Managed Care Rule (aka Final Rule) Network Adequacy Standards and Network Certification Requirements.
- Centers for Medicare and Medicaid Services (CMS) network adequacy standards and certification requirements apply to MHP and DMC-ODS counties.
- Network Adequacy is comprised of 1) Network composition and capacity, and 2) Timely access.
- Annual DHCS Network Adequacy Certification.
- Annual DHCS BHIN updates: [BHIN 24-020 Network Cert Req for MHP & DMC-ODS.pdf](#)
- Today's training will focus on timely access.
- [BHIN 23-060 Timely Access Submission Requirements for Mental Health Plans.pdf](#) indicates DHCS shift to the Timely Access Data Tool (TADT), to collect timely access data effective August 2023.

DHCS Timely Access Tracking Requirements

Purpose:

- Evaluate a delivery system's ability to offer and provide timely access to services. Provides informed improvement opportunities related to service availability and accessibility, and member experience.

Authority:

- DHCS timely access compliance percentage thresholds: 80% of requests should be within the required timeframe.

MHP/DMC-ODS Requirements:

- Develop and implement mechanisms for data collection, monitoring, analysis, and reporting.
- Report timely access data via the DHCS Timely Access Data Tool (TADT).



Timely Access Standards

Timely Access Standards Mental Health Plan		
Service Type	Non-Urgent Services	Urgent Services
Psychiatry	Within 15 business days of request for service	Within 48 hours
Non-psychiatry outpatient mental health services	Within 10 business days of request for service	Within 48 hours if prior auth is not required Within 96 hours if prior auth is required.
Non-physician follow up appointment	Within 10 business days of the initial appointment offered	NA

How Have We Been Doing?



FY23/24 MHP Timely Access Results

Timely Access Standard % Met Reporting Period: July 1, 2022- March 31, 2023		
Service Type	Non-Urgent Services	Urgent Services
Psychiatry Adult (21+)	88%	Pass. Zero records submitted. Attested to zero during reporting period.
Non-psychiatry Adult (21+)	51%	100%
Non-psychiatry follow-up Adult (21+)	80%	NA
Psychiatry Child/Youth (0-20)	53%	Pass. Zero records submitted. Attested to zero during reporting period.
Non-psychiatry Child/Youth (0-20)	74%	61%
Non-psychiatry follow-up Child/Youth (0-20)	76%	NA

Required Corrective Action: TADT submission for reporting period: October 1, 2024 – December 31, 2024, by February 6, 2025.

FY23/24 MHP Findings Summary

- **Non-psychiatry** timely access deficiencies **across age span** (Children/Youth - Adult)
- **Psychiatry** timely access deficiencies for **Children/Youth**.
- **Non- psychiatry follow up** timely access deficiencies for **Children/Youth**.
- **No-low count of urgent** timely access records.



Psychiatry Resources

Eastmont Mall-Oakland Community Support Center

- 7200 Bancroft Ave, Suite 125A (across from social security)
- 510-777-3800
- Accepts walk-ins M-F 10-4, they prefer a call in advance.
- Can take uninsured individuals and out of county Medi-Cal.

Tri-City and Valley Community Support

- Nurse floats between these two agencies.
- Clients can call the nurse at 510-254-1089 to arrange to meet at one of these clinics.

Sausal Creek

- They have walk-in intake times but must have a referral from ACCESS to be seen during those times.

NOTE: These clinics have some limitations as to what they can prescribe. For example, most cannot prescribe stimulants or benzodiazepines.

Psychiatry Resources

Urgent Medication Service options for child/youth:

- Primary Care Physician
- Prior prescriber
- Urgent Care

And Now Some Polls



Poll #1

In your experience what are the factors contributing to missing access standards (Our score = 61%, Target = 80%) for urgent non-psychiatry appointments for child/youth (0-20 yo)?

Choose from the following options:

1. Network Issues: Not enough child/youth providers to serve need
2. Appointment Availability: Not enough providers with availability
3. Accessibility: Difficulty navigating system
4. Other?

Access Tracking Requirements



Poll #2

In your experience what are the factors contributing to missing access standards (Our score = 74%, Target = 80%) for non-urgent non-psychiatry appointments for child/youth (0-20 yo)?

Choose from the following options:

1. Network Issues: Not enough child/youth providers to serve need
2. Appointment Availability: Not enough providers with availability
3. Accessibility: Difficulty navigating system
4. Other?

Clients in Scope for Access Tracking

- We are required to track access data for new and new returning clients seeking specialty mental health services.
- **Definitions:**
 - **New:** A brand-new client to the MHP (no prior services in this County) requesting an ACBHD service
 - **New Returning:** A client who has not been seen within the system in the past 12 months.
 - **New Psychiatry Services:** An existing/established MHP client requesting psychiatry services for the first time.



Definitions of Service Types to Track

Non-Psychiatry:

- Outpatient SMHS: Assessment, therapy, rehabilitation, plan development, targeted case management, intensive care coordination, crisis intervention, in-home based services, and therapeutic behavioral services (TBS) rendered by Licensed Mental Health Professionals (LMHPs) or others within their scope of practice.

Prior Authorization Services:

- Intensive home-based services, Day Treatment Intensive, Day Rehabilitation, Therapeutic Behavioral Services (TBS), Therapeutic Foster Care (TFC), Short Term Residential Treatment Program (STRTP), Electroconvulsive Treatment (ECT).

Psychiatry definition:

- 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).

Urgent vs Non-Urgent Services

Urgent services have different timeliness requirements based upon whether prior authorization is required.

- **Psychiatry:** 48 hours from service request
- **Outpatient when prior authorization is not required:** 48 hours from service request
- **Outpatient when prior authorization is required:** 96 hours from service request



What is an Urgent Service?

The questions below are ACBHD operational definitions/questions to determine urgency. **One “yes” response to any of the following questions means the service is urgent.**

1. Is the client pregnant or suffering a severe medical condition and at risk for complications if mental health symptoms are not addressed within the next 48-96 hours (i.e. 2-4 days)?
2. Does the client appear to be at imminent risk, or rapidly approaching serious risk, of the following in the next 48-96 hours (i.e. 2-4 days): Suicide, homicide, grave disability, significant property destruction, loss of housing, incarceration.
3. Is the client indicating they are running out of antipsychotics, mood stabilizers, and/or benzodiazepines within the next 7 days? Reference [ATTACHMENT 1: Medication List](#) (Antipsychotics, Mood Stabilizers, Benzodiazepine)
4. Does the client indicate that they are in urgent need of mental health service, for any reason?

Poll #3

In your experience what are the factors contributing to missing access standards (Our score = 76%, Target = 80%) for non-psychiatry follow up appointments for child/youth (0-20 yo)?

Choose from the following options:

1. Network Issues: Not enough child/youth providers to serve need
2. Appointment Availability: Not enough providers with availability
3. Accessibility: Difficulty navigating system
4. Difficulty engaging family or youth
5. Other?

Changes to Timely Access Data Labels and Requirements

- Per DHCS [BHIN 24-020](#) there have been some changes to the data that need to be tracked.
- We are no longer required to track second and third appointment offers.
- We are now also required to track wait list, prior authorization and out of network referral information.
- Data elements must be captured for psychiatry and non-psychiatry services.



Changes to Timely Access Data Labels and Requirements

Previous Data Requirements/Labels	New Data Requirements/Labels for Psychiatry and Non-Psychiatry Services
Assessment Appointment 1st Offered Date	First Service Appointment Offer Date
Assessment Appointment 2nd Offered Date	N/A
Assessment Appointment 3rd Offered Date	N/A
Assessment Appointment Accepted Date	N/A
Assessment Start Date	First Service Appointment Rendered Date
Assessment End Date	N/A

Changes to Timely Access Data Labels and Requirements

Previous Data Requirements/Labels	New Data Requirements/Labels for Psychiatry and Non-Psychiatry Services
Treatment Appointment 1st Offered Date	First Follow up Appointment Offer Date This may be 2 nd assessment or first treatment appointment offered
Treatment Appointment 2nd Offered Date	Was the Follow up Appointment Wait Time Extended?
Treatment Appointment 3rd Offered Date	N/A
Treatment Appointment Accepted Date	N/A
Treatment Start Date	First Follow up Appointment Rendered Date
N/A	Wait List
N/A	Wait List Reason

Definitions of New Data Elements

New Data Requirements/Labels for Psychiatry and Non-Psychiatry Services	Definition
First Service Appointment Offer Date	Date of first offered assessment appointment
First Service Appointment Rendered Date	This is the assessment start date, or first assessment service that the client attends
First Follow up Appointment Offer Date	This is the second service appointment that is offered to the client. It may be the continuation of the assessment or a treatment session.
First Follow up Appointment Rendered Date	This is the second service appointment that the client attends, whether an assessment or a treatment session.
Was the Follow up Appointment Wait Time Extended?	The second question only populates if the answer to the first question is YES.
Did the referring or treating licensed health care provider determine and document that the extended waiting time was clinically appropriate?	Extension determination must be done by the referring or treating provider acting in their scope of practice.
Wait List	Was the member delayed access to services?
Wait List Reason	<p>01 = Member choice: Treatment modality unavailable (e.g. evidence-based practices model, therapy modality, etc.)</p> <p>02 = Member choice: Preferred MHP provider unavailable.</p> <p>03 = Member choice: Preferred service medium unavailable (e.g. requested in-person services in lieu of telehealth.)</p> <p>04 = No available provider.</p> <p>05 = Other</p>

Referred to Out-of-Network Provider

- One of the new data points that must be tracked is whether a client was referred to an out-of-network provider.
- Out-of-network providers are those who are not contracted with the Mental Health Plan.
- Providers must provide referrals to out-of-network provider in cases where appointments with an ACBHD provider is not available within timely access standards.
- If client was referred out of network, indicate whether it was due to the timeliness of available appointments, or another reason (please describe, if another reason).



Closure Date & Reason

- Closure date and reason are required when there is a loss of service connection (i.e. no first service or follow up service).
- If the client does not attend the first service appointment or follow up appointment, and no additional outreach is planned to engage the client, the Closure Date and Reason should be added.
- This date may be different than the last date the client was seen.
- Closure Reason allows for identification of service access issues, such as gaps in client supports (e.g. transportation, childcare) and lends to system improvement opportunities.
- Closure reasons available for selection:
 - 01 = Beneficiary did not accept any offered appointment dates.
 - 02 = Beneficiary accepted offered appointment date but did not attend initial appointment.
 - 03 = Beneficiary attended initial appointment but did not complete assessment process.
 - 04 = Beneficiary attended first service appointment but declined treatment.
 - 05 = Beneficiary did not meet medical necessity criteria.
 - 06 = Out of county/presumptive transfer.
 - 07 = Unable to contact (e.g. deceased or client unresponsive).
 - 08 = Other (please specify in the “Description of Facts” column)

Poll #4

In your experience what are the factors contributing to missing access standards (Our score = 51%, Target = 80%) for non-urgent non-psychiatry appointments for adult (21+)?

Choose from the following options:

1. Network Issues: Not enough child/youth providers to serve need
2. Appointment Availability: Not enough providers with availability
3. Accessibility: Difficulty navigating system
4. Difficulty engaging client
5. Other?

How and Where Does the Data Get Entered?



Data Submission

- ACBHD MH timely access data collection is done via the **TADT eForm ONLY**.
- This was formerly known as the CSI Assessment e-form.
- The TADT Reporting eForm is available now.
- SmartCare Timely Access data tracking is in development and will replace this eForm some time in the future.
- Data previously entered in the CSI e-form does not have to be re-entered in the TADT.
- Data that was captured on paper and not already entered in the CSI e-form should be entered in the TADT using the Crosswalk provided.
- Since the next report due to the State is for **October 1, 2024- December 31, 2024**, providers should prioritize entry of these services into TADT. These dates refer to the Date of First Contact to Request Services.

Date of First Contact

Timely Access Data Tool (TADT) Reporting

New/New Returning Clients and New Psychiatry Service Requests

Please complete this form and allow 3 business days for processing. NOTE: Timely Access Data submission is required for new clients, clients that have not received a Mental Health service in the past 12 months, and for established Mental Health clients seeking psychiatry services for the first time. Timely Access standards refer to the number of business days, or hours (for urgent service requests) in which a Behavioral Health Plan provider must make an appointment available to a beneficiary from the date the beneficiary, or a provider acting on behalf of the beneficiary, requests a medically necessary service.

Use the TAB key to navigate through each field. Click on the GREEN circles for help on each field. When you have completed the form, click on the "Submit TADT Request" button at the bottom of the form. The completed form will be sent to the Information Support group (HCSASupport@acgov.org) and you will receive a copy for your records. Note: To process another request, simply press the Refresh icon or the F5 key to reload the form.

● Date of First Contact to Request Services: 12/11/2024

Contact Information

● Today's Date: ex. - 11/25/2024

● Contact Person's First Name: ex. - Jane

● Contact Person's Last Name: ex. - Doe

● Contact Person's Phone / Ext: ex. - 510.555.1212 x1234

● Contact Person's Email: ex. - jane.doe@acgov.org

● Select Provider Name (dba) - acronyms not used: ex. - Select Response from drop-down menu

Let's Try It Out Together



E-Form Demo

Resource Documents

- eforms3.acbhcs.org/lincdoc/doc/run/alameda/CSI_Timeliness
- [Accessing the Timely Access Data Reporting Tool \(TADT\)](#)
- [TADT Printable Form](#) and [fillable form](#)
- [Timely Access Data Collection Definitions for FY 24-25](#)
- [Section 5 QA Manual](#)
- [Crosswalk to TADT from CSI eform](#)

Moving Forward: Timely Access Data Monitoring



- ACBHD monitors the system and providers for compliance with timeliness standards.
- Client level records are provided to DHCS annually on the Timely Access Data Tool (TADT), as part of Network Adequacy Certification.
- Timely access to services methodologies and rates are validated by the External Quality Review Organization (EQRO).
- Every year ACBHD will receive a report card on the State website.
- Deficiencies lead to sanctions and penalties.
- We look forward to partnering with you to ensure that access standards are met, and clients receive needed services in a timely way.

Thank You

Please reach out to us at QATA@acgov.org with any questions anytime or attend our [Monthly Brown Bag Meetings](#).

