

Substance Use Disorder Services Timeliness Tracking FY 2025/2026

Portal Screener

Alameda County Behavioral Health Department (ACBHD)

Presented by:

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Audience: Cherry Hill

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Learning Objectives

- Review the requirements for timely access tracking.
- Learn about the new timely access data elements that must be tracked.
- Review new and updated templates in Clinician's Gateway.
- Discuss timeliness tracking workflows.
- Demo the updated and new templates.



Timeliness Tracking Requirements

Timeliness Tracking Requirements

- To ensure that Behavioral Health Plans (BHPs) provide timely access to services, Department of Health Care Services (DHCS) requires each BHP to have a system in place to track and measure **first service appointment offered and rendered** and **first follow up appointment offered and rendered**.
- BHPs are required to utilize the uniform data collection tool, Timely Access Data Tool (TADT), to document service requests from:
 - **All Medi-Cal and Medi-Cal-eligible members requesting Substance Use Disorder treatment services, across the continuum of care.**



Timely Access Standards

Timely Access Standards Drug Medi-Cal Organized Delivery System (DMC-ODS)	
Modality Type	Standard
Outpatient Services – Outpatient Substance Use Disorder	Offered an appointment within 10 business days of request for services.
Residential	
Opioid Treatment Program	Offered an appointment within 3 business days of request for services.
Non-urgent Follow-up Appointments with a Non-Physician	Offered an appointment within 10 business days of the prior appointment for those undergoing a course of treatment for an ongoing mental health or substance use disorder condition.
All Urgent SUD Appointments	48 hours for services that do not require prior authorization 96 hours for services that require prior authorization

Urgent Appointments

- ACBHD has defined Urgency per below.
- A “yes” response to **any** of these questions, indicates an urgent need for services.

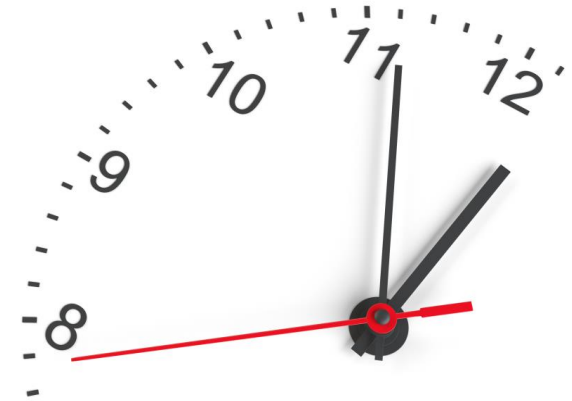
Determining urgent services. *If the answer to any of the following questions is “yes”, connect member to appropriate substance use treatment services within: 1) 48 hours for services that do not require prior authorization or 2) 96 hours for services that require prior authorization (e.g. residential).*

- | | | |
|---|---------------------------|--------------------------|
| a. Does the member require withdrawal management services? | ☐ Yes | ☐ No |
| b. Is the member pregnant? | ☐ Yes | ☐ No |
| c. Does the member appear to be at imminent risk of overdosing on any substance in the next few hours or days? | ☐ Yes | ☐ No |
| d. Is the member indicating that they are running out of any anti-craving medication (e.g. naltrexone, buprenorphine or methadone)? | ☐ Yes | ☐ No |
| e. Is there indication that the member needs urgent substance use treatment services for other reasons? | ☐ Yes | ☐ No |

- Date and Time must be captured for all Urgent requests.

Timely Access Requirements (Continued)

- Timely access or “appointment waiting time” means the time from the **initial request** for behavioral health care services to the **earliest date offered** for the appointment for services.
- 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.
- When it is necessary to reschedule an appointment, the appointment shall be promptly rescheduled to ensure continuity of care consistent with good professional practice.
- Interpreter services shall be coordinated with scheduled appointments in a manner that ensures timely access.



Timely Access Data Tool (TADT)

Required Data Elements for SUD Providers

- Referral Source
- Appointment Type: Outpatient/Residential
- Was Withdrawal Management provided? Yes/No
- Urgency: Yes/No
- Hours Elapsed from request for services to first offered appointment (for urgent).
- Prior Authorization? Yes/No
- Referred to an Out of Network Provider? Yes/No
- Date of First Contact to Request Services
- First Service Appointment **Offer** Date
 - This is the Intake appointment
- First Service Appointment **Rendered** Date
- Was the member delayed access to services beyond the timely access standard? Yes/No
- Why was the member delayed access to services beyond the timely access standard?
- First Follow up Appointment **Offer** Date
 - This is the second service appointment.
- First Follow up Appointment **Rendered** Date
- Was the Follow up Appointment Wait Time Extended?
- Closure Date
- Closure Reason
- Description of Facts & Circumstances

Menu Options for Referral Source

- Self
- Family Member
- Significant Other Agency
- Friend/Neighbor
- School
- Fee-For-Service Provider
- Medi-Cal Managed Care Plan
- Federally Qualified Health Center
- Mobile Crisis Unit
- Emergency Room
- Mental Health Facility/Community Agency
- Social Services Agency
- Substance Abuse Treatment Facility/Agency
- Faith-based Organization
- Other County/Community Agency
- Homeless Services
- Street Outreach
- Juvenile Hall/Camp/Ranch/Division of Juvenile Justice
- Probation/Parole
- Jail/Prison
- State Hospital
- Crisis Services
- Other Referral

Changes to Cherry Hill Process

Change to CG Templates and Flow

With the launch of the new process and templates, the following changes will be implemented:

- 1) The ***Timeliness Tracking template (Walk-in)*** will continue to be used for direct referrals; This includes all referrals from CH Sobering.
- 2) The CG template titled ***Intake Assessment Withdrawal Management*** will be used to document assessment information and rationale for residential WM within 72 hours of a member's admission.
- 3) The ***Portal Screener*** has been updated with the new data elements and should be used to document:
 - Level of care assessment and referral information for members who discharge from CH WM to another program
 - ***The Portal Screener-ALOC Update*** template will no longer need to be used.

Tracking First Appointments Rendered

- With the launch of the new timeliness templates, **Portals** will be responsible for documenting **first appointments offered, accepted and rendered** dates using the *Portal Screener* template.
- Providers receiving the referral will be required to contact the referring Portal regarding the status of the intake appointment.
- This means that if an initial appointment is offered to the member, either when initially assessed and referred out, or at step down from WM, the *Portal Screener* should be saved as **DRAFT until disposition is received from the provider who received the referral for the Actual ASAM Level of Care.**
- In those situations, the *Portal Screener* is Finalized once the provider has notified the Portal of the status of the initial appointment.

Tracking 2nd and 3rd Appointments is Not Needed

- There is no longer a need to track second and third service appointments that are offered.
- The new **Portal Screener** template allows Portals to document the date of the **First Offered Appointment** (whether or not it is accepted) and the **Accepted Appointment** date, which may be different.
- If the appointment does not meet the timeliness access standards, this section also needs to be completed.

The screenshot shows the 'Portal Screener' form. At the top, a section titled 'Actual ASAM Level of Care to which referred' contains instructions for Portals and Providers. Below this is a 'Select One' dropdown menu. The 'First Offered Appointment' section includes a date and time field, and an 'Appointment Status' section with 'Accepted' and 'Declined' radio buttons. A red arrow points from the 'Accepted' radio button to a blue callout box that reads: 'If appointment is accepted it populates to the Accepted Appointment fields. If declined the below fields clear and user has to enter the final accepted appointment'. Another red arrow points from the 'Yes' radio button in the 'Was the member delayed access to services beyond the Timeliness Access Standards?' section to a blue callout box that reads: 'If this is marked Yes, dropdown appears. If Other is selected, text box appears'. The 'Accepted Appointment' section at the bottom has a blue callout box that reads: 'Accepted Appointment information auto-populates from above fields after clicking the respective Accepted button. Click the respective Accepted button again to apply any changes.'

Was the member delayed access to services beyond the Timeliness Access Standards? ☒ Yes ☐ No

Why was the member delayed access to services beyond the Timeliness Access Standards?

Other: Please specify

Actual ASAM Level of Care to which referred

Portals: Select the ASAM level of care and program name of referral

Providers: For referrals to a different level of care, please refer client to SUD Helpline for a level of care determination 1-844-682-7215. For referrals to a different level of residential treatment within the same program, please indicate which level of care and which program. For clients staying in the same level of care, please indicate which level of care, and which program the client is staying at.

Select One

Contact Person:

Appointment was offered through 3 way call between Portal, Client, & Referred Provider ☐ Yes ☐ No

First Offered Appointment: Time:

Appointment Status: ☐ Accepted ☐ Declined

Accepted Appointment information auto-populates from above fields after clicking the respective Accepted button. Click the respective Accepted button again to apply any changes.

Contact Person:

Appointment was offered through 3 way call between Portal, Client, & Referred Provider ☐ Yes ☐ No

Date: Time:

If this is marked Yes, dropdown appears. If Other is selected, text box appears

If appointment is accepted it populates to the Accepted Appointment fields. If declined the below fields clear and user has to enter the final accepted appointment

Tracking Referrals on the Portal Screener

Portal Screener Template

- As noted, the ***Portal Screener*** has been updated with the new data elements and should be used at the time of discharge from CH WM to determine:
 - Next level of care needed
 - Referral information and timeliness data for the new program to which the member is referred.



Referrals to Multiple ASAM Levels of Care

Actual ASAM Level of Care to which referred

Portals: Select the ASAM level of care and program name of referral

Providers: For referrals to a different level of care, please refer client to SUD Helpline for a level of care determination 1-844-682-7215. For referrals to a different level of residential treatment within the same program, please indicate which level of care and which program. For clients staying in the same level of care, please indicate which level of care, and which program the client is staying at.

Select One ▼

Contact Person:

Appointment was offered through 3 way call between Portal, Client, & Referred Provider ☐ Yes ☐ No

First Offered Appointment: Time:

Appointment Status: ☐ Accepted ☐ Declined

Accepted Appointment information auto-populates from above fields after clicking the respective Accepted button. Click the respective Accepted button again to apply any changes.

Contact Person:

Appointment was offered through 3 way call between Portal, Client, & Referred Provider ☐ Yes ☐ No

Date: Time:

If referring to an additional ASAM program or Level of Care, check here to open additional fields: ☒

Select One ▼

Contact Person:

Appointment was offered through 3 way call between Portal, Client, & Referred Provider ☐ Yes ☐ No

Appointment Status: ☐ Accepted ☐ Declined

Example: Referral to Outpatient services and Narcotic Treatment Program

If appointment is accepted it populates to the Accepted Appointment fields. If declined the below fields clear and user has to enter the final accepted appointment

If this box is checked, two additional referral sections appear

Referrals to Interim Services

- This section is not generally used by Cherry Hill.

Interim Services	
Interim ASAM Level of Care: 1 Outpatient	
AHS Highland Hospital Oakland , 1411 E. 31st Street Oakland CA 94602 , 510-437-5122 , 0109K0	
Contact Person:	First Offered Appointment: Appointment Status:
	Time: ☒ Accepted ☐ Declined
Appointment was offered through 3 way call between Portal, Client, & Referred Provider ☐ Yes ☐ No	
a. Counseling and Education:	☐ About HIV and TB
	☐ Risks of needle sharing and other mod
b. Referral for:	☐ HIV and TB testing and pre- and post-test counseling, and
	☐ If necessary, treatment for same.
c. For Pregnant Women:	☐ Counseling on the effects of alcohol and other drug use on their fetus and
	☐ Referral for perinatal care.

Dropdown only allows Outpatient options. Only one appointment section is used here

Non-ASAM Level of Care Referrals

This section can be used for referrals to Recovery Incentives or contracted Sober Living homes.

Non ASAM Level of Care SUD Services to which referred			
Portals: Select the level of care and program name of referral			
Providers: For referrals to a different level of care, please refer client to SUD Helpline for a level of care determination 1-844-682-7215. For referrals to a different level of residential treatment within the same program, please indicate which level of care and which program. For clients staying in the same level of care, please indicate which level of care, and which program the client is staying at.			
Select One			
Contact Person:		First Offered Appointment:	
		Intake Appointment Date:	
			Time:
Appointment was offered through 3 way call between Portal, Client, & Referred Provider ☐ Yes ☐ No			
Select One			

Other External Referrals

- Any other external referrals use the section below per current protocols.

Purpose and Action	
Main Purpose of Call:	Select One
Additional Referrals: (Select all that Apply)	☐ No additional referrals provided
	☐ Community Support Group
	☐ Mental Health Crisis (John George PES)
	☐ Other Social Services (211)
	☐ Managed Care Plan
	☒ Out of Network SUD Treatment
	Sally's Place
SUD Referral:	Select One
Beneficiary did not accept any additional referrals ☐ Yes ☐ No	

Closure Reasons

- Closure date and reason are only required if when members do not engage in services.
- The updated Closure reason menu includes the following:
 - 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
 - Other (specify in the next section)

Closure Details

Complete this section only if the member is not connected to the Actual ASAM level of care

Closure Date: 05/23/2025

Closure Reason: Other

Please specify: test

If Closure Reason is set to Other, additional text box appears

Cherry Hill Workflows

Timeliness Tracking Workflows

As per current protocols, CH Sobering does not bill Medi-Cal and is not required to track timeliness.

Scenario	Workflow
1) Member is at Sobering Center and does not accept a referral at discharge.	No timeliness tracking is needed.
2) Member is at Sobering Center and is referred to a residential provider at discharge.	- Sobering Center makes a 3-way call to Center Point for a referral to another provider. Center Point will capture timelines using Portal Screener. - Sobering Center doesn't have to do any timeliness tracking.
3) Member is at Sobering Center and is referred to an outpatient provider at discharge.	- Sobering makes a 3-way call to an outpatient provider to make an appointment. - The outpatient provider will capture timeliness using a Timeliness Tracking/Walk-in template. - Sobering doesn't have to do any timeliness tracking.

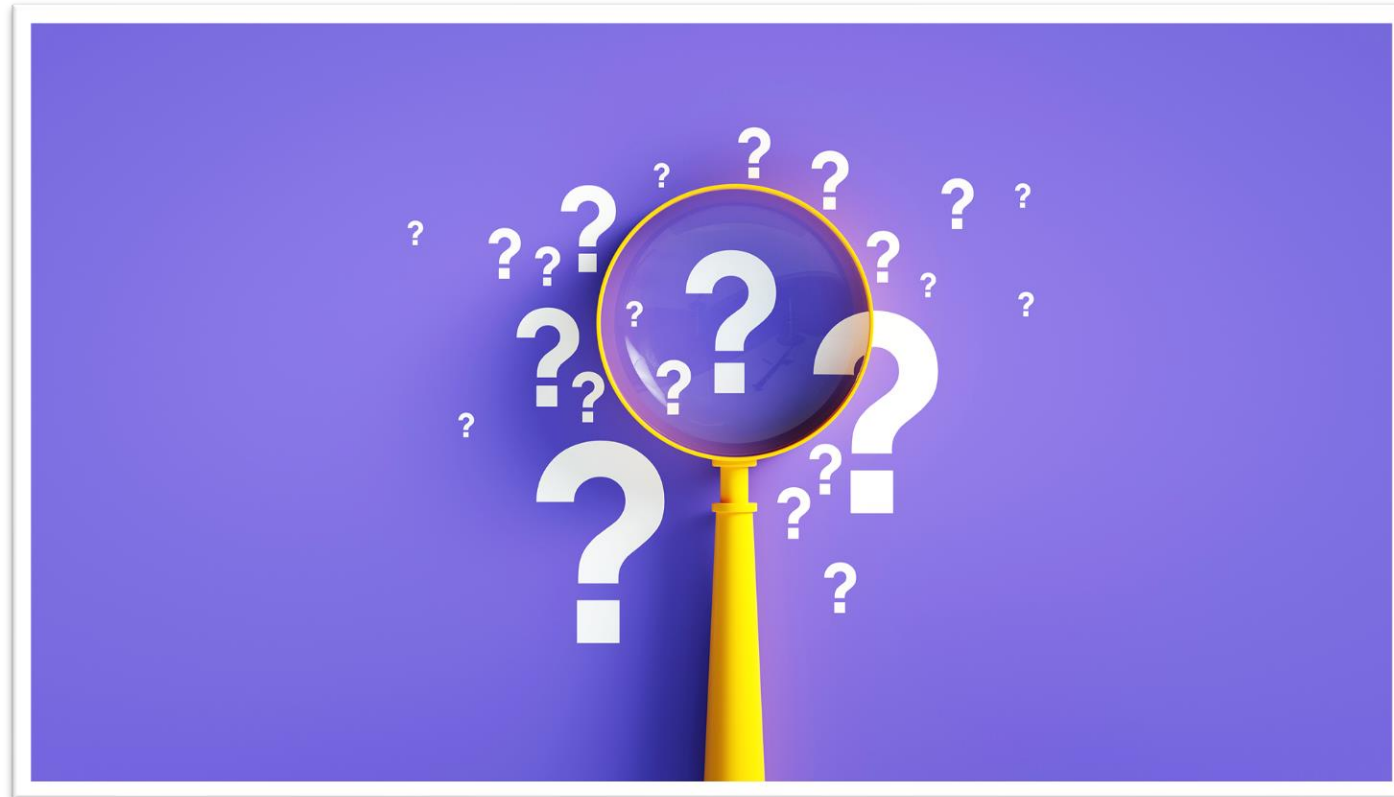
Timeliness Tracking Workflows

Scenario	Workflow
4) Member is at Sobering Center and referred to Cherry Hill (CH) WM.	- CH WM completes a Timeliness Tracking Walk-in template. - Date of First Contact to Request Services = Date CH Detox screens the person at the CH Sobering Center - First Offered and Rendered Appointment and First Offered and Rendered Follow up Appointments are all the date of admission to CH Detox. - CH WM completes Intake Assessment Withdrawal Management (WM) within 72 hours of admission.
4a) Member discharges from CH WM to another provider.	- CH WM completes the Portal Screener template, establishing the next level of care needed for the member. - Finds and schedules an appointment with provider and enters that information into the Portal Screener. - Saves Portal Screener as DRAFT until the provider notifies CH WM regarding status of the initial appointment. - CH WM updates and finalize Portal Screener once this information is received. - Completes Closure Details if member does not engage with provider.

References and Resources

- [BHIN 25-023](#): Enforcement Actions: Administrative and Monetary Sanctions and Contract Termination for Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Plans
- [BHIN 25-013](#): 2025 Network Certification Requirements for County Mental Health Plans (MHPs), Drug Medi-Cal Organized Delivery System (DMC-ODS) Plans, Drug Medi-Cal (DMC) State Plan Counties, Integrated Behavioral Health Plans (IBHPs) and Integrated DMC Behavioral Health Delivery Systems (DMC-IBHDS)
- [Timely Access Definitions FY25-26](#)

Timeliness Tracking Template Demo



Thank you!

