Substance Use Disorder Services Timeliness Tracking FY 2025/2026

Portal Screener

Alameda County Behavioral Health Department (ACBHD)

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Audience: Cherry Hill
Date: July 2025

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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.

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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.**

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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 appointmen**t 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

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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.

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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.

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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

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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

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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.

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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.

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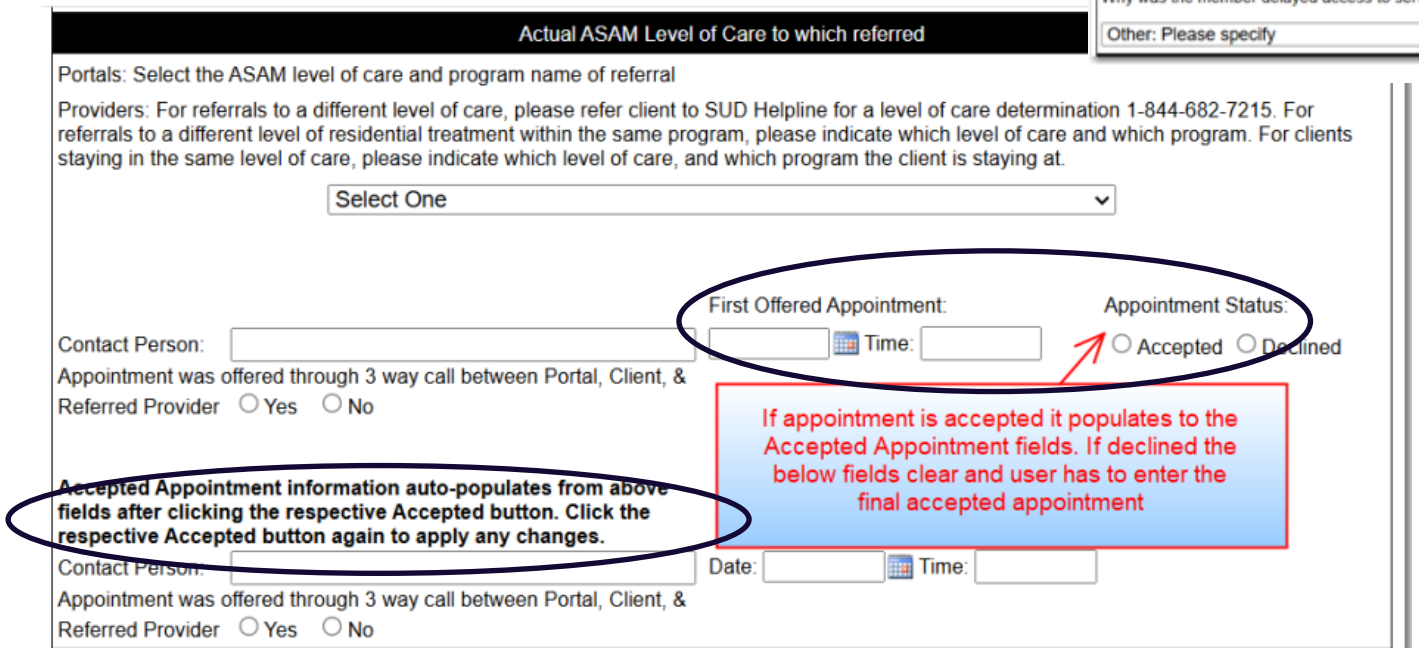
Tracking 2nd and 3rd Appointments is Not Needed

- 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.



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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.

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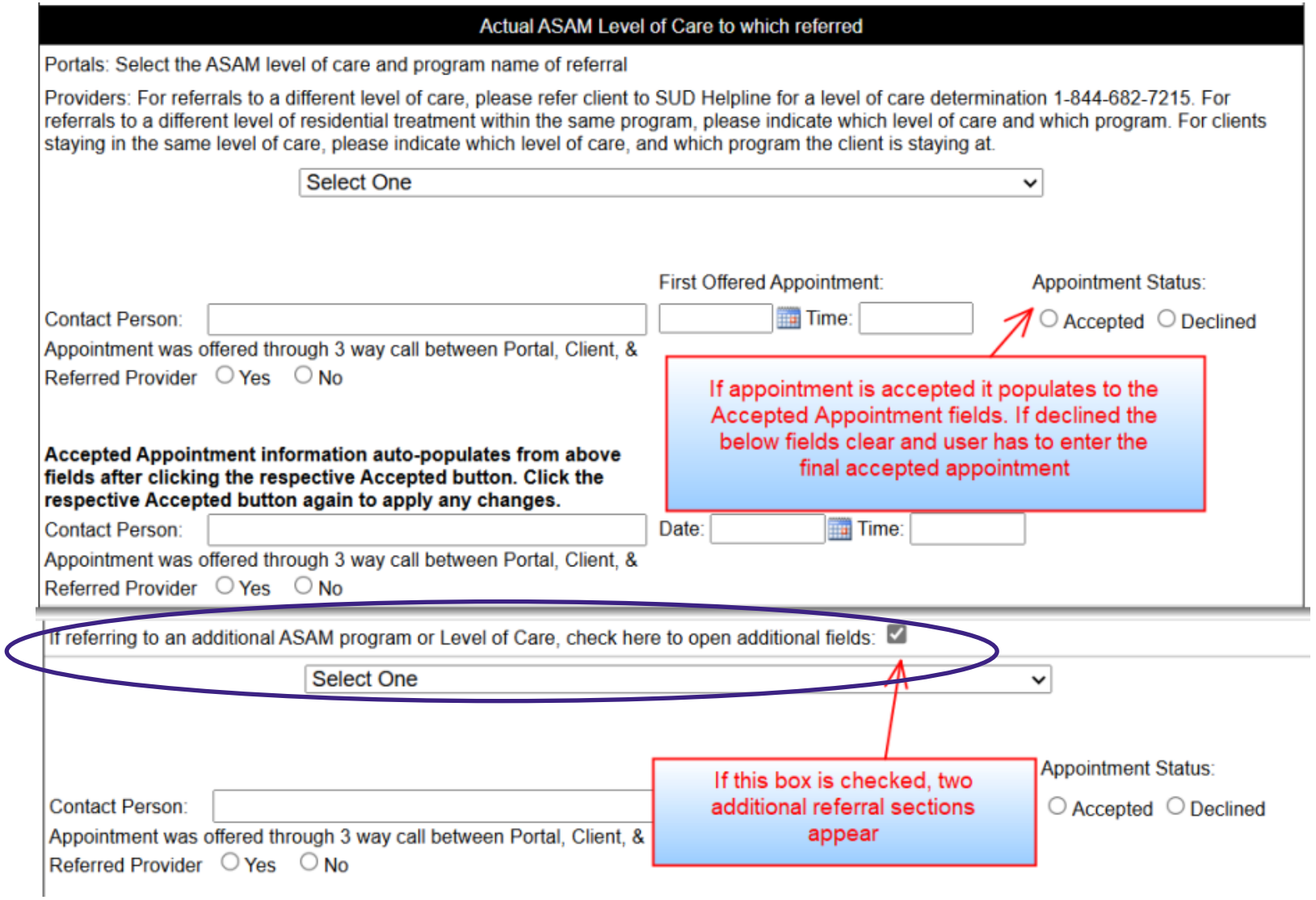
Referrals to Multiple ASAM Levels of Care



Example: Referral to Outpatient services and Narcotic Treatment Program

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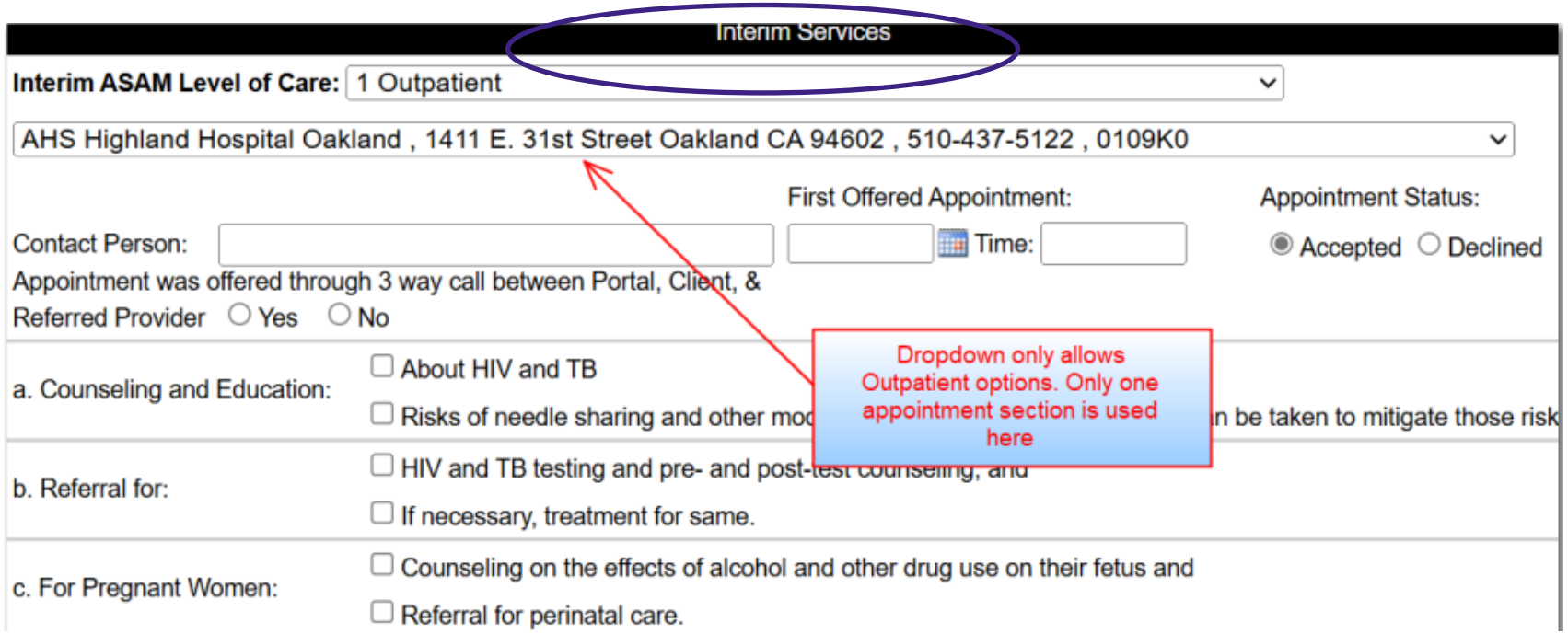
Referrals to Interim Services

- This section is not generally used by Cherry Hill.



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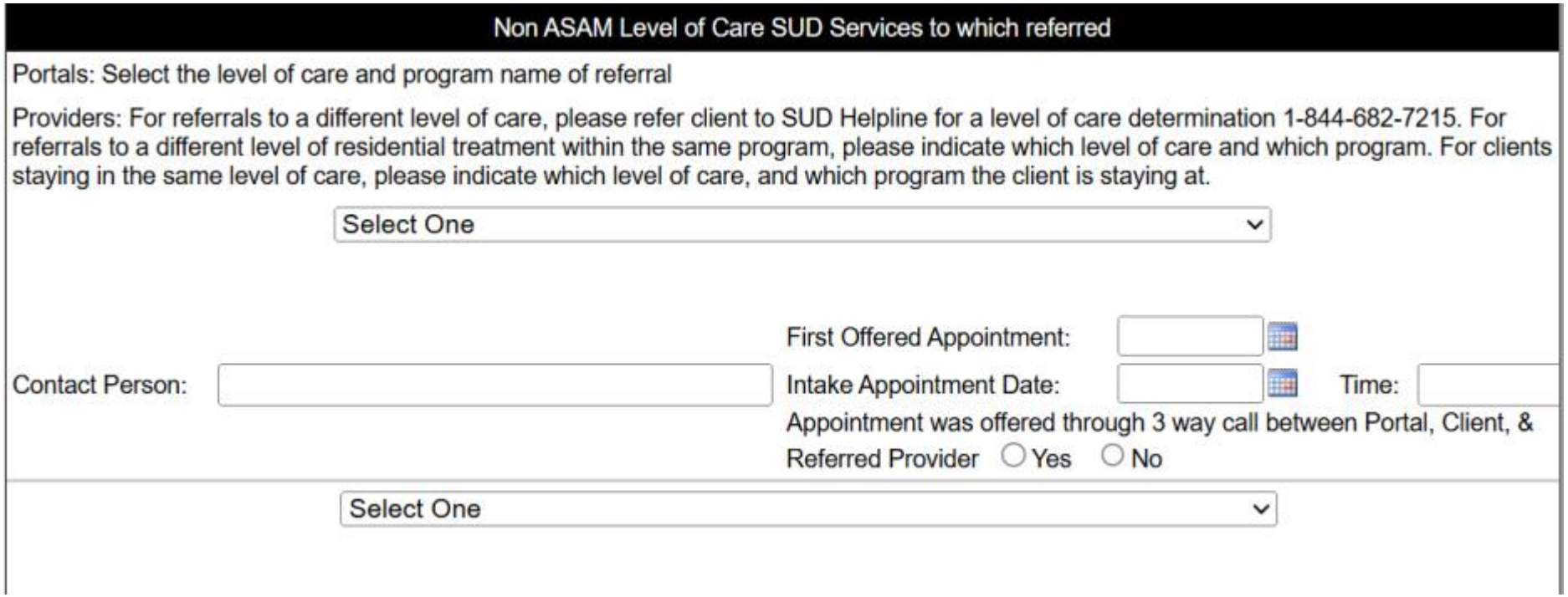
Non-ASAM Level of Care Referrals

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



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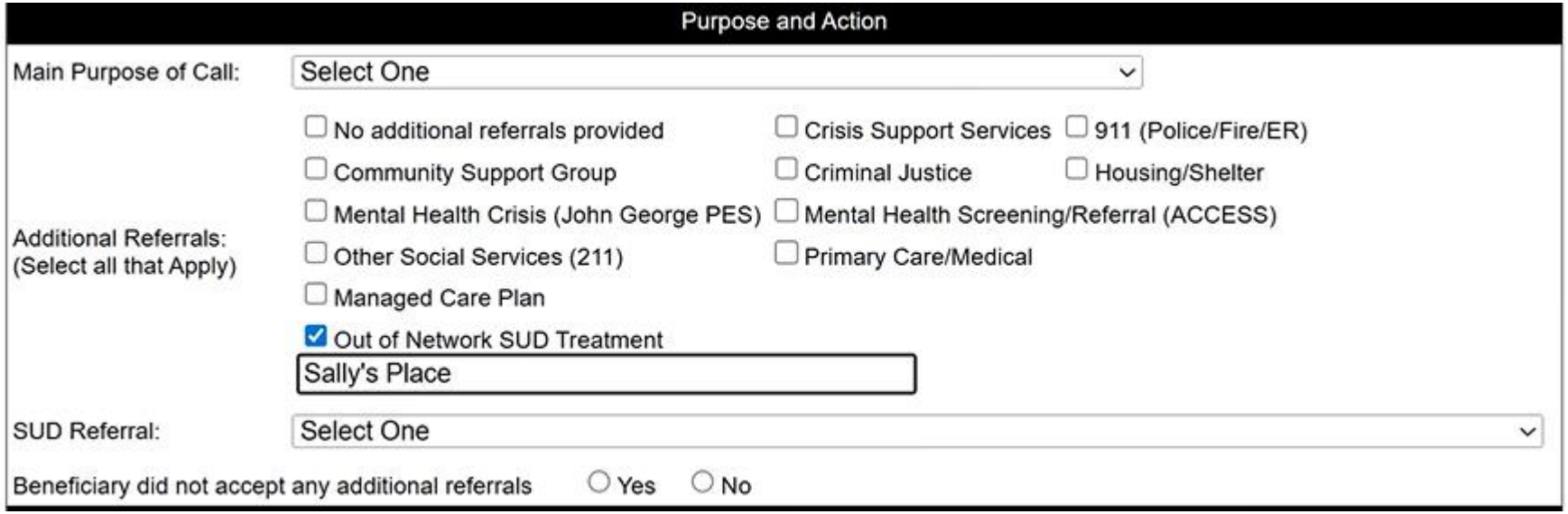
Other External Referrals

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



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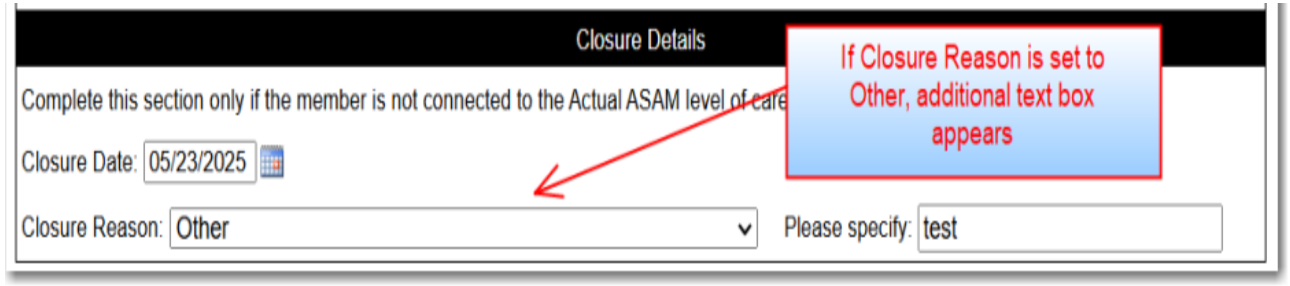
Closure Reasons

- 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)



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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.

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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.

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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

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Thank you!

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