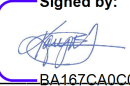| **Behavioral Health Department** Alameda County Health	Signed by: By:_____ BA167CA0C0D444A... **Karyn L. Tribble, PsyD, LCSW, Director**
POLICY TITLE **Timely Access to Service Standards, and Tracking and Monitoring Requirements**	**Policy No: 100-2-3** **Date of Original Approval**: 06/06/19 **Date(s) of Revision(s):** 9/18/2025

PURPOSE

This policy clarifies timely access to service standards, including tracking and monitoring requirements, in accordance with Federal and State laws and regulations. This applies to Specialty Mental Health Services (SMHS) in the Mental Health Plan (MHP) and Substance Use Disorder (SUD) services in the Drug Medi-Cal Organized Delivery System (DMC-ODS), collectively known as the Behavioral Health Plan (BHP).

AUTHORITY

- Centers for Medicare and Medicaid (CMS) Medicaid and CHIP Managed Care Final Rule (Final Rule)

- California Health & Safety Code § 1367.01

- Title 42, Code of Federal Regulations (CFR), Part 438.68: Network Adequacy Standards, Part 438.206: Availability of Services, and Part 438.207: Assurances of Adequate Capacity and Services.

- Title 28, California Code of Regulations (CCR) §1300.67.2.2: Timely Access to Non-Emergency Health Care Services

- California Mental Health Plan (MHP) Contract

- California Drug Medi-Cal Organized Delivery System (DMC-ODS) Intergovernmental Agreement (IA)

- Annual Department of Health Care Services (DHCS) Network Certification Requirements for County Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Plans Behavioral Health Information Notices (BHINs)

SCOPE

All county-operated and subcontracted entities (individuals, organizations, and agencies) who provide and/or support referrals into SMHS and DMC-ODS in Alameda County are required to adhere to this policy.

BACKGROUND

In 2016 Centers for Medicare and Medicaid (CMS) issued the [Medicaid Managed Care Final Rule](#), commonly referred to as "Final Rule," which aligns many of the governing rules for Medicaid managed care delivery systems. This results in the broad applicability of Federal Managed Care Regulations (i.e. 42 CFR Part 438) to physical health, SMHS, DMC-ODS, and dental services for the Medi-Cal member.

Network Adequacy standard requirements are part of the Federal Managed Care Regulations. The Managed Care Final Rule directs states to develop and enforce standards that meet federal requirements and DHCS fulfils this role by providing guidance and certification for the State of California.

POLICY

Network adequacy standard requirements are intended to ensure a managed care plan's covered services are *available* and *accessible* to Medi-Cal members in a *timely manner*.

This policy specifically addresses timely access to services. Network service availability and accessibility is also addressed in [ACBHD Policy 100-2-8 Network Adequacy Standard Requirements, Data Collection, Monitoring, and Reporting](#).

The entire BHP provider network, including both county-operated facilities/providers and contracted facilities/providers, are to comply with the timely access to services standards and reporting requirements.

Timely access to services data is collected and measured for:
- All new members who request a non-psychiatry SMHS;
- All members requesting psychiatry services (i.e. medication support services);
- All members requesting a SUD service.

Further measurement disaggregation is by appointment type (i.e. first offered appointment/service and first follow-up appointment/service) and age group (i.e. youth, adult). Please note the age group differences for MHP and DMC-ODS below.

	Mental Health Plan (MHP)	**Drug Medi-Cal Organized Delivery System (DMC-ODS)**
Age Group	Youth (0-20)	Youth (0-17)
	Adult (21+)	Adult (18+)

Out-of-Network (OON) Provider Services

If the BHP is found by DHCS to not meet network adequacy requirements and the provider network is unable to provide timely access to necessary services, the BHP shall adequately and timely

cover these services with an OON provider for the member. OON services are available for as long as the BHP's provider network is unable to provide the services in accordance with the standards.

Methodology for Determining Timeliness Compliance

The DHCS methodology to determine compliance with timely access standards is using the "Date of First Contact to Request Services" and the number of business days between that date and the date of the first offered available appointment. An 80% compliance threshold is utilized, meaning 80% of members must have been offered an appointment date/time that is within the applicable time frame.

Timely Access Standards

Mental Health Plan (MHP)/ Specialty Mental Health Services (SMHS) Timely Access Standards	
Service Type	**Standard**
Outpatient Non-Urgent Non-Psychiatry	Offered appointment is within 10 business days of request for services
Psychiatry	Offered appointment is within 15 business days of request for services
All Urgent SMHS Appointments	Urgent Appointments* 48 hours without prior authorization 96 hours with prior authorization**
Non-urgent Follow-up Appointments	Offered follow-up appointment with a non-physician is within 10 business days of the prior appointment
* Reference Definitions section and Procedure section for ACBHD Urgent Service Operational Questions *** Reference Definitions section*	

Drug Medi-Cal-Organized Delivery System (DMC-ODS) Timely Access Standards	
Service Type	**Standard**
Outpatient SUD Services	Offered appointment is within 10 business days of request for services
Residential	Offered appointment is within 10 business days of request for services
Opioid Treatment Program (OTP)***	Within 3 business days of request
All Urgent SUD Appointments	Urgent Appointments* • 48 hours for services not requiring prior authorization • 96 hours for services requiring prior authorization**
Non-urgent Follow-up Appointments with a Non-Physician	Offered follow-up appointment with a non-physician is within 10 business days of the prior appointment

* Reference Definitions section and Procedure section for ACBHD Urgent Service Operational Questions
** Reference Definitions section
*** For OTP members, the OTP standards apply equally to both buprenorphine and methadone where applicable.

PROCEDURE

A. Data Collection:

Requests for services may occur through various pathways, to include but not limited to access/information and referral helplines and member self-initiation to a BHP service provider. All BHP service access points are required to collect and submit the following timely access data in accordance with ACBHD tools and processes.

Required SMHS/DMC-ODS Timely Access Data Elements:
- Referral Source
- Urgency Level
- Referred to Out of Network provider, as applicable
- Date of First Contact to Request Services
- First Service Appointment Offered Date
- First Service Appointment Rendered Date
- Delay Reason, if applicable
- First Follow-up Appointment Offered Date
- First Follow-up Appointment Rendered Date
- Extended Follow-up Appointment Reason, if applicable
- Closure Date and Reason, if applicable

BHP Urgent Service Operational Questions:
To provide BHP standardized guidance, the following are urgent service operational questions. One (1) "yes" response to any of the below questions indicates a service request is urgent.

SMHS Urgent Service Operational Questions:
1) Is the member 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 member appear to be at imminent risk of suicide, homicide, grave disability, significant property destruction, loss of housing, risk of incarceration in the next 48-96 hours?

3) Is the member indicating running out of antipsychotics, mood stabilizers, and/or benzodiazepines within the next 7 days?
   Reference ATTACHMENT 1: Medication List (Antipsychotics, Mood Stabilizers, Benzodiazepines)
4) Is there indication the member needs urgent mental health treatment services for other reasons?

DMC-ODS Services Urgent Service Operational Questions:
1) Does the member require withdrawal management services?
2) Is the member pregnant?
3) Does the member appear to be at imminent risk of overdosing on any substance in the next few hours or days?
4) Is the member indicating that they are running out of any anti-craving medication such as naltrexone, buprenorphine, or methadone?
5) Is there indication that the member needs urgent substance use treatment services for other reasons?

Data Submission Requirements
Timely access data shall be finalized and submitted within no more than 30 calendar days of having all required data elements, whether or not the member engaged with treatment.

Timely Access Data Guidance

The BHP developed guidance, available on the ACBHD Provider Website in the QA Manual, to define all required data elements. Notably, the "Date of First Contact to Request Services" is the date when a member requests service(s). If requests for services route through ACCESS/referral Portals, then the "Date of First Contact to Request Services" is the date when minimum necessary member-identifying and clinical information is received to determine that Access and Medical Necessity criteria are met for requested services.

The "First Service Appointment Offer Date," another critical element, is the first available appointment date that is offered to a member, even when a member chooses a different and future appointment date. This includes provider-member engagement instances when asynchronous connection occurs (e.g. provider leaves a voicemail with first available appointment date). The same is true for the "First Follow-Up Appointment Offer Date."

Data Collection Tracking and Monitoring
The BHP utilizes a combination of information system technologies (i.e. application software, electronic health record, push reports, and business intelligence software and tools) to collect timely access data and monitor compliance.

B.   Timely Access Standards Monitoring:

The BHP monitors compliance with timely access standards utilizing business intelligence

software and tools, to identify timely access to service issues (e.g. service type, age population) and ensure network ability to provide timely services.

C.   Reporting and Improvement

DHCS requires the BHP to report timely access data via the Timely Access Data Tool (TADT) for the reporting period spanning July 1 to March 31.

BHP Quality Management (QM)/Quality Improvement and Data Analytics (QIDA) Division coordinate BHP internal-reporting and improvement activities.

QM/QIDA facilitate a monthly internal Network Adequacy Committee meeting, which includes broad agency and departmental leadership. This committee is utilized for bi-directional communication; to relay timely access findings; and develop, implement, and monitor improvement activities (e.g. Performance Improvement Projects).

The BHP Quality Improvement Committee (QIC) is utilized for broad stakeholder (e.g. community based organizational providers, peers) bi-directional communication. Clinical operations provider meetings and direct provider outreach are further leveraged, as needed.

D.   Non-Compliance with Timely Access Standards

1. If any timely access to service standard is not met for a member, the member will be sent a *"Notice of Adverse Benefit Determination (NOABD) - Timely* Access" per [ACBHD Policy 300-1-2 Notices of Adverse Benefit Determination](#).
2. NOABD - Timely Access shall be issued as follows:
   a. The member or the parent or legal guardian will be sent a *NOABD - Timely Access* by the provider responsible for providing the services.
   b. The issuing provider shall fax or send via US Mail a copy of the NOABD - Timely Access to the ACBHD Quality Assurance Office immediately upon issuance to the member:

Mail:	2000 Embarcadero, Suite 400
	Oakland, CA 94606
FAX:	(510)639-1346

NON-COMPLIANCE

In accordance with the ACBHD contract, providers are required to follow this policy. Any failure to comply with this policy may result in formal actions including and up to sanctions as outlined in [ACBHD Policy 1302-1-1 Contract Compliance & Sanctions](#).

- Non-compliance is defined as BHP service access points and providers not acting in accordance with this policy, with emphasis on submitting timely access data and in a timely manner.
- Any non-compliance with this policy shall be reported to ACBHD within 15 days of reasonable awareness of non-compliance.
- Staff shall not face retribution for submitting a notice of non-compliance.
- Staff can notify their immediate supervisor about non-compliance, and the immediate supervisor can report the non-compliance to ACBHD as soon as possible. Alternatively, staff can notify the appropriate ACBHD staff directly.
- Communication that contains protected health information or otherwise confidential information should be sent through secure methods such as email with secure encryption.

CONTACT

ACBH Office	Current As Of	Email
• Information Systems Help Desk	8/29/2025	ACHSupport@acgov.org
• Quality Improvement and Data Analytics	8/29/25	QITeam@acgov.org
• Quality Assurance Office	8/29/25	QAOffice@acgov.org

DISTRIBUTION

This policy will be distributed to the following:
- ACBHD Staff
- ACBHD Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Barbara Saler, LCSW, ACCESS Program Clinical Manager; Natalie Courson, Information Systems Deputy Director

Original Date of Approval: 6/6/2019 by Carol F. Burton, Interim Behavioral Health Director

Revision Author	Reason for Revision	Date of Approval by (Name, Title)
Karen Capece, QM Program Director	Updated in accordance with DHCS new/revised timely access data requirements; added ACBHD urgent service operational questions.	9/18/2025 by Dr. Karyn Tribble, Behavioral Health Director

DEFINITIONS

Term	Definition
Behavioral Health Plan (BHP)	Alameda County Behavioral Health Department (ACBHD) and ACBHD-contracted providers are collectively referred to as the Behavioral Health Plan (BHP). BHP providers and services are inclusive of both Medi-Cal delivery systems: Mental Health Plan (MHP) for Specialty Mental Health Services (SMHS) and Drug Medi-Cal-Organized Delivery System (DMC-ODS) for Substance Use Disorder (SUD) services.
Medi-Cal	The name of California's Medicaid program which provides health coverage to people with low-income, the aged or disabled and those with asset levels who meet certain eligibility requirements.
Medical Necessity	Per Medi-Cal, a service is medically necessary if it is needed to address a particular health condition and the following criteria are met: 1) the diagnosis is included/covered, 2) the condition results in a functional impairment, 3) the proposed intervention addresses the impairment, and 4) the condition would not be responsive to treatment by a physical health care provider. For Specialty Mental Health Services the member's impairments, as a result of their mental health condition, must fall in the moderate-severe range.
Member	For the purpose of this policy, a member means anyone eligible for a BHP service.
New Members	Any Medi-Cal member requesting an ACBHD service that was not served within that system in the last 6 months.
Prior Authorization	Approval of a specified service in advance of the provision of that service based upon a determination of medical necessity. (W&IC §14133) Services that require Prior Authorization: • Day Treatment Intensive (DTI) • Day Rehabilitation (DR) • Intensive Home-Based Services (IHBS) • Therapeutic Behavioral Services (TBS) • Therapeutic Foster Care (TFC) • SUD Residential Treatment Services
Specialty Mental Health Services (SMHS)	Medi-Cal services provided under county Mental Health Plans (MHPs) by mental health specialists, both licensed and unlicensed, such as psychiatrists, psychologists, licensed clinical social workers, licensed marriage and family therapists, licensed professional clinical counselors, and peer support providers.

Substance Use Disorder Treatment (SUD) Services	Medi-Cal services provided under county Drug Medi-Cal-Organized Delivery System (DMC-ODS) Intergovernmental Agreement (IA) by substance use disorder treatment specialists, both licensed and unlicensed, such as Licensed Practitioners of the Healing Arts (LPHA) and SUD counselors
Urgent Services	A request for service shall be considered urgent when the member's condition is such that the member faces an imminent and serious threat to his or her health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or the normal timeframe for the decision making process, would be detrimental to the member's life or health or could jeopardize the enrollee's ability to regain maximum function. (H&SC 1367.01)

APPENDICES

ATTACHMENT 1: Medication List (Antipsychotics, Mood Stabilizers, Benzodiazepines)

ANTIPSYCHOTICS/MOOD STABILIZERS

Active Ingredient	*Brand Name*
aripiprazole	Abilify Maintena
aripiprazole lauroxil	Aristada
aripiprazole	Abilify
chlorpromazine	Thorazine
clozapine	Clozaril
fluphenazine	Prolixin
fluphenazine decanoate	Prolixin Decanoate
haloperidol	Haloperidol
haloperidol decanoate	Haldol Decanoate
loxapine	Loxitane
lurasidone	Latuda
molindone	Moban
olanzapine	Zyprexa
paliperidone palmitate	Invega Hafyera
paliperidone palmitate	Invega Sustenna
paliperidone palmitate	Invega Trinza
perphenazine	Trilafon
pimozide	Orap
quetiapine	Seroquel
risperidone	Perseris
risperidone	Risperdal
risperidone	Risperdal Consta
thioridazine	Mellaril
thiothixene	Navane
trifluoperazine	Stelazine
ziprasidone	Geodon

BENZODIAZEPINES

Active Ingredient	Brand Name
alprazolam	Xanax
clonazepam	Klonopin
diazepam	Valium
flurazepam	Dalmane
lorazepam	Ativan
temazepam	Restoril
triazolam	Halcion