

ACBH Timely Access Data Collection Definitions For Specialty Mental Health and Substance Use Disorder (SUD) Services

On an annual basis, Department of Health Care Services (DHCS) issues new requirements and guidance related to Network Certification, inclusive of timely access data. Timeliness data reporting is required for:

- **SMHS:** All new and returning beneficiaries across the continuum of care:
 - **New:** Medi-Cal and Medi-Cal eligible beneficiaries who are new to the MHP (Mental Health Plan)
 - **New Returning:** Medi-Cal and Medi-Cal eligible beneficiaries who have not received outpatient services in the past 12 months through the MHP.
- **SUD:** All Medi-Cal and Medi-Cal eligible beneficiaries requesting SUD services, across the continuum of care.

Currently, timeliness data is captured differently for SUD and SMHS services, however, the required timeliness data reporting elements are the same for both groups. The following are definitions for some of the required data elements.

DATE OF FIRST CONTACT TO REQUEST SERVICES

- This is the date a beneficiary first requests services from a program, either by approaching the program directly or through a county access point, whichever date is earlier. For example:
 - A beneficiary presents at the program or calls the program requesting services.
 - A beneficiary calls ACCESS or Center Point requesting services.
- If a referral is made on behalf of a beneficiary and with the beneficiary's consent, the date of the referral is the Date of First Contact. A referral that is made without the beneficiary or their legal guardian's consent is not considered the DATE OF FIRST CONTACT TO REQUEST SERVICES.

ASSESSMENT APPOINTMENT FIRST OFFER DATE or FIRST OFFERED INTAKE/ASSESSMENT APPOINTMENT

- This information refers to the initial screening appointment and not the completed clinical assessment.
- It is the first Intake/Assessment option offered to the beneficiary at the program. The beneficiary may or may not accept this option, in which case, the provider will document the 2nd and 3rd options provided.

ASSESSMENT APPOINTMENT SECOND OFFER DATE or SECOND OFFERED INTAKE/ASSESSMENT APPOINTMENT

- This information is required if the first offered intake/assessment appointment date is not accepted by the beneficiary, or if that appointment is missed.
- Multiple offered dates may be provided in the same conversation with the beneficiary.

ASSESSMENT APPOINTMENT THIRD OFFER DATE or THIRD OFFERED INTAKE/ASSESSMENT APPOINTMENT

- If the second offered assessment appointment date is not accepted by the beneficiary, or if that appointment is missed, providers must offer another appointment date.
- Beneficiaries may be offered more than three (3) assessment appointment dates, but data collection is only required for the first three.

ASSESSMENT APPOINTMENT ACCEPTED DATE

- This is the first Intake/assessment appointment date that is accepted by the beneficiary, even if the beneficiary later misses or reschedules the appointment.
- The accepted date may be after the first three offered appointments (e.g., fourth offered date).

ASSESSMENT START DATE or INTAKE/ASSESSMENT START DATE

- This is the date of the first Intake/assessment appointment at the program.
- This may or may not be the date the clinician starts the assessment form.

ASSESSMENT END DATE or INTAKE/ASSESSMENT END DATE

- Assessing a beneficiary usually takes multiple sessions to complete.
- The ASSESSMENT END DATE is the last of the initial assessment appointment dates.
- This may or may not be the date the clinician completes the assessment form.
- It is acceptable if the ASSESSMENT END DATE is after the TREATMENT APPOINTMENT START DATE.

TREATMENT APPOINTMENT FIRST OFFER DATE or FIRST OFFERED TREATMENT APPOINTMENT

- Following the Intake/Assessment appointment, if the beneficiary is accepted to the program, the provider offers a treatment start date.
- The beneficiary may or may not accept the first treatment start date that is offered, in which case data for up to three offered appointments must be captured.
- In some cases, the ASSESSMENT START DATE and TREATMENT APPOINTMENT FIRST OFFER DATE and TREATMENT START DATE may be the same date. For example, a beneficiary is seen for their initial Intake/assessment appointment and begins attending treatment groups the same day.

TREATMENT APPOINTMENT SECOND OFFER DATE

- If the first offered treatment appointment date is not accepted by the beneficiary, or if that treatment appointment is missed, providers must offer another treatment appointment date.
- Note that multiple dates may be offered in the same conversation with the beneficiary.

TREATMENT APPOINTMENT THIRD OFFER DATE

- If the second offered treatment appointment date is not accepted by the beneficiary, or if that treatment appointment is missed, providers must offer another treatment appointment date.

- Programs may offer more than three treatment appointment dates, but data collection is only required for the first three.

TREATMENT APPOINTMENT ACCEPTED DATE

- This is the first treatment appointment date that is accepted by the beneficiary, regardless of whether the client attends or reschedules the appointment.
- The accepted date may be after the first three offered appointments (e.g., fourth offered date).

TREATMENT START DATE

- This is the date treatment is started.
- Some providers consider completing an assessment as “treatment,” however, for the purpose of timely access tracking, TREATMENT START DATE refers to the start of non-assessment/treatment planning services, following initiation of services.
- When clinically appropriate, “treatment” can start before completing the assessment, thus the TREATMENT START DATE may be before the ASSESSMENT END DATE. For example, a beneficiary starts attending group counseling services prior to completion of the initial assessment.
- For residential services the TREATMENT START DATE is the first day of residential services.

CLOSURE REASON

- This field must be completed when the assessment or treatment process is discontinued, and a beneficiary does NOT start treatment.
- The options for this field include the following:
 - 01 = Beneficiary did not accept any offered assessment dates.
 - 02 = Beneficiary accepted offered assessment date but did not attend initial assessment appointment.
 - 03 = Beneficiary attended initial assessment appointment but did not complete assessment process.
 - 04 = Beneficiary completed assessment process but declined offered treatment dates.
 - 05 = Beneficiary accepted offered treatment date but did not attend initial treatment appointment.
 - 06 = Beneficiary did not meet medical necessity criteria.
 - 07 = Out of county/presumptive transfer.
 - 08 = Unable to contact (e.g. deceased or client unresponsive).
 - 09 = Other

CLOSE OUT DATE

- A CLOSE OUT DATE is required when a CLOSURE REASON is entered and vice versa.
- This field is only required when a beneficiary does NOT start treatment.
- This may or may not be the date the beneficiary was last seen.