Behavioral Health Department
Alameda County Health

Crosswalk from CSI to TADT E-Form

DHCS is required by federal regulations to monitor and certify the adequacy of each Behavioral Health Plan's (BHP) network annually. In May 2024, DHCS issued BHIN 24-020 expanding and clarifying network adequacy certification submission requirements for the state fiscal year (FY) 2024-25 certification period.

To ensure that BHPs provide timely access to services, DHCS requires each BHP to have a system in place for tracking and measuring timeliness of services and reporting the data using the Timely Access Data Tool (TADT), a uniform data collection tool.

The tool must be used to report data on:

- **Non-psychiatry SMHS Appointments**: Data collection is required for new member requests defined as:
    - New: Medi-Cal and Medi-Cal-eligible members who are new to the Mental Health Plan (MHP).
    - New Returning: Medi-Cal and Medi-Cal eligible members who have not received outpatient services in the past 12 months through the MHP.
- **Psychiatry SMHS Appointments**: Data collection is required for any new or established member requests for psychiatry services.
- **Substance Use Disorder (SUD) Appointments**: Data collection is required for all Medi-Cal and Medi-Cal-eligible members requesting SUD services, across the continuum of care.

Timely Access Standards

Service Type	Standard
Outpatient Non-Urgent Non-psychiatric Specialty Mental Health Services (SMHS)	Appointment offered within 10 business days of request for services
Psychiatric Services	Appointment offered within 15 business days of request for services
Non-urgent Follow-up Appointments with a non-physician	Appointment offered within 10 business days of the prior appointment
All SMHS Urgent Appointments	48 hours without prior authorization 96 hours with prior authorization

New Data Elements and Crosswalk

The TADT e-form includes some new data elements. Please use the following definitions and crosswalk to inform data entry into the TADT e-form:

Old CSI Fields	NEW TADT Fields	Crosswalk and Definitions
N/A	Client Index Number (CIN)	• The first nine characters of the identification number located on the front of the member's Medi-Cal Benefits Identification Card (BIC).

Old CSI Fields	NEW TADT Fields	Crosswalk and Definitions
		• For old data, if information is not available, it is ok to leave this field blank.
Referral Source	Referral Source	• Same
Urgent Appointment Request	Urgency	• Same
Prior Authorization	Prior Authorization	• Applicable for Service Types/Modalities that require county review and approval prior to service rendering.
Date of First Contact to Request Services	Date of First Contact to Request Services	• This is the date a member first requests services from a program, either by contacting the program directly or through a county access point, whichever date is earlier. • 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 for 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.
Time of Request	Time of First Contact	• For urgent requests, the timing is in hours, not days.
First *Offered* Assessment Appointment Date/Time	First Service Appointment *Offer* Date/Time	• This is the date/time of the first offered appointment. It refers to the initial intake, assessment or screening appointment and not the completed clinical assessment. • First *Offered* Assessment Appointment Date/time = First Service Appointment *Offer* Date/Time. • For urgent requests, time is required.
Assessment Start Date	First Service Appointment *Rendered* Date	• This is the date when the program first provides non-administrative clinical services (assessment, crisis, treatment, etc.). It may or may not be the date the clinician starts or completes the assessment.
N/A	Follow Up Appointment (Yes/No)	• A follow up appointment is the second service appointment. It may be a continuation of the assessment or a treatment session. • If a follow up appointment was not offered to the member, document reason and date the member was closed to the program.
First *Offered* Treatment Appointment Date	First Follow Up Appointment *Offer* Date	• This is the second service appointment that is offered to the member. It may be a continuation of the assessment or a treatment session. • First *Offered* Treatment Appointment Date = First Follow-up Appointment *Offer* date.
Treatment Start Date	Follow Up Appointment *Rendered* Date	• This is the second service appointment that the member attends. It may be a continuation of the assessment or treatment session. • Treatment Start date= Follow-up Appointment *Rendered* date.

Old CSI Fields	NEW TADT Fields	Crosswalk and Definitions
N/A	Was the Follow Up Appointment Wait Time Extended? (Yes/No)	• If the wait time for a follow-up appointment is extended beyond the standard, a licensed health care provider documents whether the extended waiting time was clinically appropriate. • For old data, if information is not available, it is ok to leave this field blank.
N/A	Referred to Out-of-Network Provider (Yes/No)	• Required only for appointments referred to an out-of-network provider. • For old data, if information is not available, it is ok to leave this field blank.
Closed out Date	Closure Date	• This is the date the client record was closed out, not necessarily the final date the member was seen. • This field is only required in certain circumstances.
Closure Reason	Closure Reason	• If the member did not attend an initial or follow-up appointment, Closure Date and Reason are required. • This field is only required in certain circumstances.

Data Elements No Longer Needed

The following fields that were previously tracked in the CSI e-form **are not required** on the TADT e-form:

- Age group
- County Client Number (CCN)
- Assessment Appointment 2nd Offer Date
- Assessment Appointment 3rd Offer Date
- Assessment Appointment Accepted Date
- Assessment End Date
- Treatment Appointment 2nd Offer Date
- Treatment Appointment 3rd Offer Date
- Treatment Appointment Accepted Date
- Referred to

Resource Documents

See Section 5 of the QA Manual for other helpful resources related to timely access data reporting.

For questions, please contact QATA@acgov.org.