

Substance Use Disorder Services Timeliness Tracking FY 2025/2026

Portal Screener – Collaborative Court

Alameda County Behavioral Health Department (ACBHD)

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**Behavioral Health
Department**
Alameda County Health

Learning Objectives

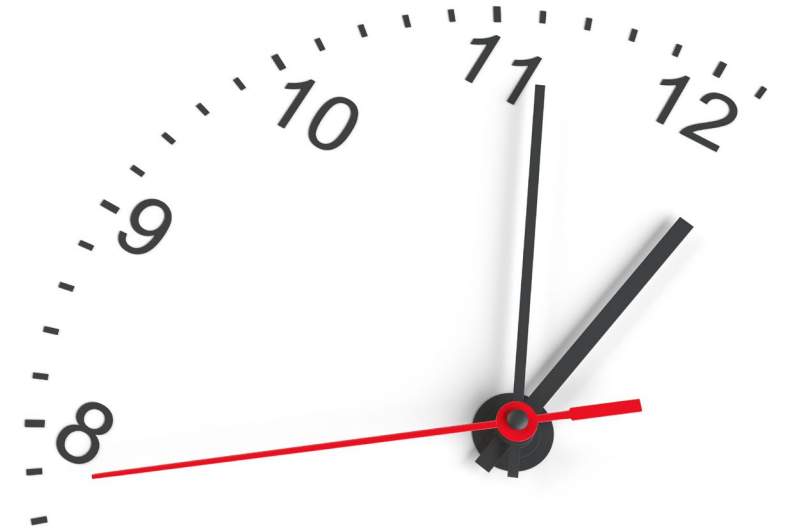
- Review the requirements for timely access tracking.
- Learn about the new timely access data elements that must be tracked.
- Review the updates to Clinician's Gateway *Portal Screener* template.
- Discuss timeliness tracking workflows.
- Demo the updated *Portal Screener* template.



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? | <input type="radio"/> Yes | <input type="radio"/> No |
| b. Is the member pregnant? | <input type="radio"/> Yes | <input type="radio"/> No |
| c. Does the member appear to be at imminent risk of overdosing on any substance in the next few hours or days? | <input type="radio"/> Yes | <input type="radio"/> No |
| d. Is the member indicating that they are running out of any anti-craving medication (e.g. naltrexone, buprenorphine or methadone)? | <input type="radio"/> Yes | <input type="radio"/> No |
| e. Is there indication that the member needs urgent substance use treatment services for other reasons? | <input type="radio"/> Yes | <input type="radio"/> 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.
- When it is necessary for a provider or member to reschedule an appointment, the appointment shall be promptly rescheduled in a manner that is appropriate for the member’s behavioral health care needs and ensures 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)

Timely Access Data Tool (TADT)

- TADT is the uniform data collection tool provided by DHCS to all Behavioral Health Plans (BHPs).
- BHPs are required to report on these data elements to DHCS quarterly to demonstrate compliance with access standards.
- The timeliness templates built in Clinician's Gateway include these required data fields, allowing Portals and providers to capture them for reporting purposes.

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

TADT Details

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

Date of First Contact to Request Services

- Timely access is captured starting with the 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.
- For Collaborative Court, the Date of First Contact to Request Services is the date the judge issues an OR and the team begins looking for an appointment for the member.



Questions Related to Delayed Access to Services

- 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?
 - **Member choice:** Treatment modality unavailable (e.g. evidence-based practices model, therapy modality, etc.)
 - **Member choice:** Preferred SUD provider unavailable
 - **Member choice:** Preferred service medium unavailable (e.g. requested in-person services in lieu of telehealth)
 - **No available provider**
 - **Other** (please specify)

Reason for ASAM LOC Difference

If Actual LOC to which referred differed from the indicated A

Other

If Other, additional Dropdown appears

Instructions: Complete this section if the Assessed ASAM LOC is not available within the Timeliness Access Standards (check box to view standards) ☒

Service Type	Urgency	Timely Access Standard (starting from date of service request)
Outpatient and Intensive Outpatient Services	Routine	10 business days
Outpatient and Intensive Outpatient Services	Urgent	48 hours
Residential Treatment Services	Routine	10 business days
Residential Treatment Services	Urgent	96 hours
Opioid Treatment Program (OTP) Services	Routine	3 business days
Opioid Treatment Program (OTP) Services	Urgent	48 hours
Withdrawal Management Services	Always Urgent	48 hours

Was the member delayed access to services beyond the Timeliness Access Standards?

☒ Yes

☐ No

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

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

Other: Please specify

test

First Service Appointment Offered and Accepted

- Portals are no longer required 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.

The screenshot displays a web form titled "Actual ASAM Level of Care to which referred". It includes instructions for portals and providers, a dropdown menu for ASAM level, and fields for contact person, appointment date, and status. Annotations include a red arrow pointing to the "Accepted" radio button, a blue box with instructions about accepting appointments, and a black oval around the "Accepted Appointment" section.

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

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

First Offered Appointment: Time:

Appointment Status: ☐ Accepted ☐ Declined

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

Closure Reasons

- 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)
- Description of Facts & Circumstances
 - If Other is selected, details are noted in this 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

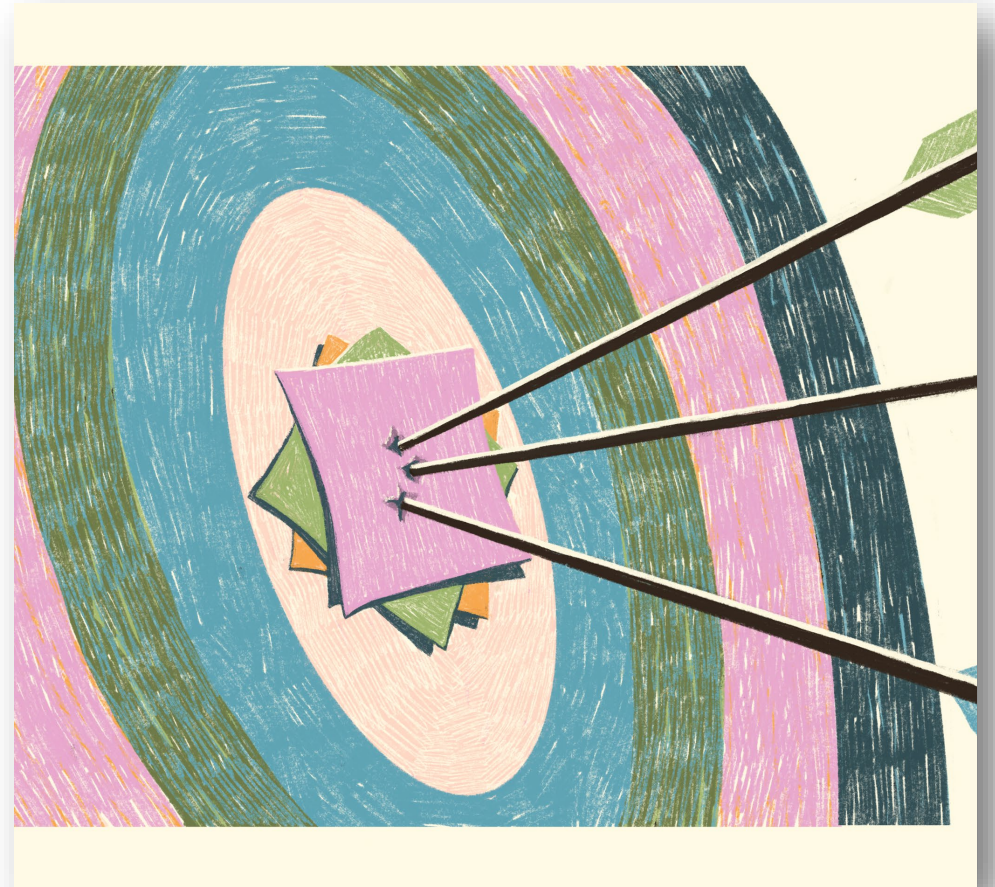
Please specify: test

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

Tracking Referrals on the Portal Screenener

Documenting Referrals on Portal Screener

- To assist with accurate tracking and reporting of the timeliness data, there are rules for how different sections of the *Portal Screener* should be completed.
- The following slides describe how to document the following information on the *Portal Screener*:
 - Referrals to multiple ASAM levels of care
 - Referrals to out of network providers
 - Non ASAM referrals
 - Other external referrals



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 Out of Network Providers

If ACBHD is unable to provide necessary services to a member using an in-network provider, the county must allow beneficiaries to access services out-of-network.

Additional Assessed ASAM LOC:	Select One
Actual ASAM Level of Care to which referred	
Portals: Select the ASAM level of care and program name of referral	
1 Outpatient	
Out of Network	
First Offered Appointment Information:	
Contact Person:	test
First Offered Appointment Date:	06/21/2025
First Offered Appointment Time:	2:00 pm
Status:	<input type="radio"/> Accepted <input checked="" type="radio"/> Declined
Appointment was offered through 3 way call between Portal, client and referred provider: <input checked="" type="radio"/> Yes <input type="radio"/> No	
Accepted Appointment Information:	
Note: If first offered appointment was declined, indicate Accepted Appointment date and time below:	
Contact Person:	test
Accepted Appointment Date:	06/23/2025
Accepted Appointment Time:	2:00 pm
Appointment was offered through 3 way call between Portal, client and referred provider: <input checked="" type="radio"/> Yes <input type="radio"/> No	
If referring to an additional ASAM program or Level of Care, check here to open additional fields: <input type="checkbox"/>	
Select One	

Referrals to Interim Services

- For some Portals, when the wait for the **Actual ASAM Level of Care to Which Referred** is more than a couple of days, a referral to an Interim Service is also required. The Interim services section of the template is used for these referrals.

The screenshot shows a form titled "Interim Services" with a purple oval around the title. Below the title is a dropdown menu for "Interim ASAM Level of Care:" with "1 Outpatient" selected. A red arrow points from a text box to the "Interim ASAM Level of Care:" dropdown. Below this is a dropdown for the location, "AHS Highland Hospital Oakland , 1411 E. 31st Street Oakland CA 94602 , 510-437-5122 , 0109K0". To the right are fields for "First Offered Appointment:" and "Appointment Status:" with radio buttons for "Accepted" and "Declined". Below these are three sections: "a. Counseling and Education:", "b. Referral for:", and "c. For Pregnant Women:", each with checkboxes. A red box with text "Dropdown only allows Outpatient options. Only one appointment section is used here" is overlaid on the form, with a red arrow pointing to the "Interim ASAM Level of Care:" dropdown.

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: [] Time: [] Appointment Status: ☒ 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 [] can be taken to mitigate those risk

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

Note: When referring to an Interim Service, but the wait time for the Actual ASAM Level of Care Referred is within access timeliness standards, select **No** for “Was the member delayed access to services beyond the timeliness access standards.”

The screenshot shows a form titled "Timeliness Access Standards" with a red arrow pointing from a text box to the "Was the member delayed access to services beyond the Timeliness Access Standards?" question. Below this is a dropdown for "Why was the member delayed access to services beyond the Timeliness Access Standards?" with "Other: Please specify" selected. A red box with text "If this is marked Yes, dropdown appears. If Other is selected, text box appears" is overlaid on the form, with a red arrow pointing to the "Yes" radio button.

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 [] test

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

Non-ASAM Level of Care Referrals

- For referrals to non ASAM levels of care, continue to use the section below.
- Referrals to Recovery Residences are captured in this section.

Purpose and Action	
Main Purpose of Call:	<div>Select One</div>
External Referrals: (Select all that Apply)	<div><div><input type="checkbox"/> No external referrals provided</div><div><input type="checkbox"/> Crisis Support Services</div><div><input type="checkbox"/> 911 (Police/Fire/ER)</div></div>
	<div><div><input type="checkbox"/> Community Support Group</div><div><input type="checkbox"/> Criminal Justice</div><div><input type="checkbox"/> Housing/Shelter</div></div>
	<div><div><input type="checkbox"/> Mental Health Crisis (John George PES)</div><div><input type="checkbox"/> Mental Health Screening/Referral (ACCESS)</div></div>
	<div><div><input type="checkbox"/> Other Social Services (211)</div><div><input type="checkbox"/> Primary Care/Medical</div></div>
	<div><div><input type="checkbox"/> Managed Care Plan</div></div>
	<div><div><input type="checkbox"/> Out of Network SUD Treatment</div></div>
SUD Referral:	<div>Select One</div>
Beneficiary did not accept any external referrals <div><input type="radio"/> Yes <input type="radio"/> No</div>	

Other External Referrals

- Any other external referrals should be documented in the section below per current protocols.

Purpose and Action	
Main Purpose of Call:	<div>Select One</div>
External Referrals: (Select all that Apply)	<div><div><input type="checkbox"/> No external referrals provided</div><div><input type="checkbox"/> Crisis Support Services</div><div><input type="checkbox"/> 911 (Police/Fire/ER)</div></div>
	<div><div><input type="checkbox"/> Community Support Group</div><div><input type="checkbox"/> Criminal Justice</div><div><input type="checkbox"/> Housing/Shelter</div></div>
	<div><div><input type="checkbox"/> Mental Health Crisis (John George PES)</div><div><input type="checkbox"/> Mental Health Screening/Referral (ACCESS)</div></div>
	<div><div><input type="checkbox"/> Other Social Services (211)</div><div><input type="checkbox"/> Primary Care/Medical</div></div>
	<div><div><input type="checkbox"/> Managed Care Plan</div></div>
	<div><div><input type="checkbox"/> Out of Network SUD Treatment</div></div>
SUD Referral:	<div>Select One</div>
Beneficiary did not accept any external referrals <div><input type="radio"/> Yes <input type="radio"/> No</div>	

Workflows

Workflow Changes

- With the launch of the new timeliness templates, Portals will be responsible for documenting **first appointments offered, accepted and rendered dates**.
- Providers receiving the referral will be trained to contact the referring Portal to notify them of the status of the intake appointment.
- This means that if an initial appointment is offered to the member, the *Portal Screener* template 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.

Timeliness Tracking Workflows

- Closure reason menu:
 - 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)

Scenario	Workflow	Closure Reason Option
1) Member accepts appointment offered by Portal to Actual ASAM LOC.	<ul style="list-style-type: none"> • Save <i>Portal Screener</i> as DRAFT until provider calls with disposition. 	<ul style="list-style-type: none"> • N/A
2) Member does not accept appointment offered by Portal to Actual ASAM LOC or does not meet Medical Necessity for SUD treatment services.	<ul style="list-style-type: none"> • Add Closure Date and Reason • Finalize <i>Portal Screener</i> • Send NOABD if does not meet Medical necessity. 	<ul style="list-style-type: none"> • <i>Member did not accept any offered appt dates or</i> • <i>Member did not meet medical necessity criteria.</i>
3) Member accepts appointment from Portal to Actual ASAM LOC. Provider notifies Portal that the member attended an initial appointment.	<ul style="list-style-type: none"> • Save <i>Portal Screener</i> as Draft until provider calls with disposition. • Finalize <i>Portal Screener</i> without Closure Date and Reason. 	<ul style="list-style-type: none"> • N/A
4) Member accepts appointment from Portal to Actual ASAM LOC. Provider notifies Portal that the member did not attend any of the initial appointments offered.	<ul style="list-style-type: none"> • Save <i>Portal Screener</i> as Draft until provider calls with disposition. • Add Closure Date and Reason • Finalize <i>Portal Screener</i> 	<ul style="list-style-type: none"> • <i>Member accepted offered appointment date but did not attend initial appointment.</i>

Timeliness Tracking Workflows

Scenario	Workflow	Closure Reason Option
5) Member accepts appointment offered by Portal to Interim Service and another provider for Actual ASAM LOC.	<ul style="list-style-type: none"> Save <i>Portal Screener</i> as Draft until provider who received the Actual ASAM LOC referral calls with disposition. Then update and Finalize the template. 	<ul style="list-style-type: none"> N/A
6) Member accepts appointment to Interim Service but appointment to Actual ASAM LOC has not been offered yet.	<ul style="list-style-type: none"> Save <i>Portal Screener</i> as Draft. Continue to follow up until an Actual ASAM LOC appointment has been offered and accepted. Save <i>Portal Screener</i> as Draft until provider who received the Actual ASAM LOC referral calls with disposition. 	<ul style="list-style-type: none"> N/A
6A) Appointment to Actual ASAM LOC is available but member cannot be reached to notify of appointment date.	<ul style="list-style-type: none"> Add Closure Reason and Date Finalize template 	<ul style="list-style-type: none"> <i>Unable to Contact</i>
6B) Appointment to Actual ASAM LOC is available. Member is reached but wants to continue in Interim Service.	<ul style="list-style-type: none"> Add Closure Reason and Date Finalize template 	<ul style="list-style-type: none"> <i>Other</i> Add details in Description of Facts & Circumstances field

Documenting Referrals to Outpatient and Recovery Residence

- If the actual ASAM Level of Care needed is residential but a residential program is not available, a clinician may determine that the member might benefit from a referral to an outpatient program plus a recovery residence.
- In that case, add the in or out of network outpatient provider information in the Actual ASAM LOC Referred section and Recovery Residence in the Non ASAM LOC section per below:

Additional Assessed ASAM LOC:

Actual ASAM Level of Care to which referred

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

First Offered Appointment Information:

Contact Person:

First Offered Appointment Date: First Offered Appointment Time: Status: ☐ Accepted ☒ Declined

Appointment was offered through 3 way call between Portal, client and referred provider: ☒ Yes ☐ No

Accepted Appointment Information:

Note: If first offered appointment was declined, indicate Accepted Appointment date and time below:

Contact Person: Accepted Appointment Date: Accepted Appointment Time:

Appointment was offered through 3 way call between Portal, client and referred provider: ☒ Yes ☐ No

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

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.

Contact Person:

First Offered Appointment: Time:

Intake Appointment Date:

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

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!

