Substance Use Disorder Services Timeliness Tracking FY 2025/2026

Portal Screener/Center Point

Alameda County Behavioral Health Department (ACBHD)

Presented by:

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Audience: Center Point

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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 the updates to Clinician's Gateway *Portal Screener* template.

- Discuss timeliness tracking workflows.

- Demo the updated *Portal Screener* template.

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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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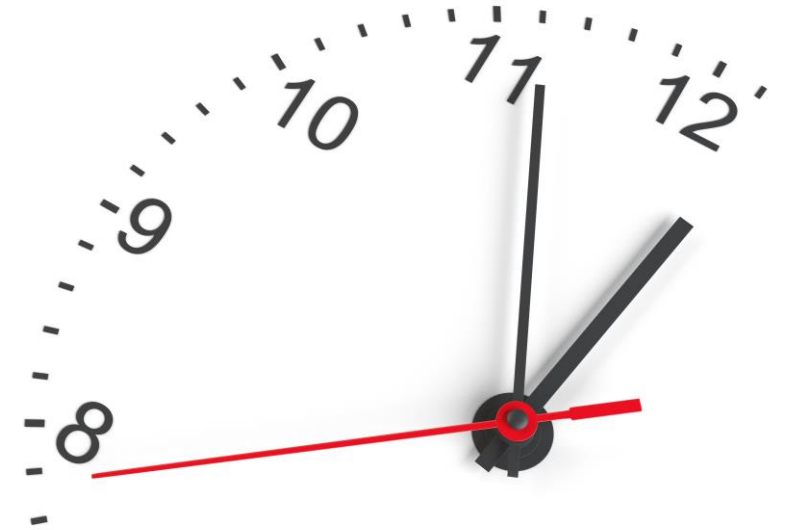
Timely Access Standards

Timely Access Standards Drug Medi-Cal Organized Delivery System (DMC-ODS)	
Modality Type	**Standard**
Outpatient Services – Outpatient Substance Use Disorder Residential	Offered an appointment within **10 business days** of request for services.
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

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, by a member or the member's treating provider, 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.

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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.

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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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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

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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

- 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.

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)

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.

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

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Tracking Referrals on the Portal Screener

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 Interim services
  - Non ASAM referrals
  - Other external referrals

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Referrals to Multiple ASAM Levels of Care

Example: Referral to Outpatient services and Narcotic Treatment Program

Referrals to Interim Services
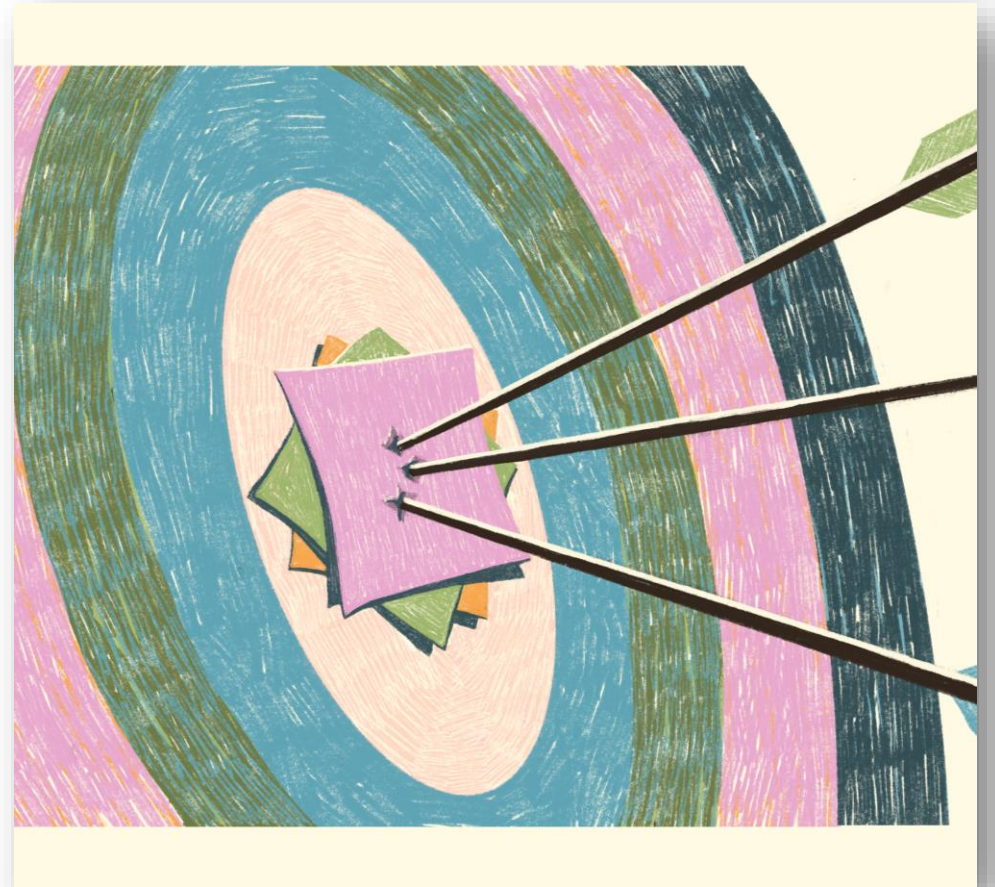
- When the wait for the **Actual ASAM Level of Care to Which Referred** is more than a couple of days and a referral to an Interim Service is required, use the Interim services section of the template.

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."

Non-ASAM Level of Care Referrals

- For referrals to non ASAM levels of care, continue to use the section below.

Other External Referrals

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

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 regarding the status of the intake appointment.

- This means that if an initial appointment is offered to the member, 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 Center Point 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
1) Member accepts appointment offered by Center Point to Actual ASAM LOC.	• Save Portal Screener as DRAFT until provider calls with disposition.	• Not needed.
2) Member does not accept appointment offered by Center Point to Actual ASAM LOC **or** does not meet Medical Necessity for SUD treatment services.	• Add Closure Date and Reason • Finalize Portal Screener • Send NOABD if does not meet Medical necessity.	• *Member did not accept any offered appt dates* **or** • *Member did not meet medical necessity criteria.*
3) Member accepts appointment from Center Point to Actual ASAM LOC. Provider notifies Center Point that the member attended an initial appointment.	• Save Portal Screener as Draft until provider calls with disposition. • Finalize Portal Screener.	• Not needed.
4) Member accepts appointment from Center Point to Actual ASAM LOC. Provider notifies Center Point that the member did not attend any of the initial appointments offered.	• Save Portal Screener as Draft until provider calls with disposition. • Add Closure Date and Reason • Finalize Portal Screener	• *Member accepted offered appointment date but did not attend initial appointment.*

Timeliness Tracking Workflows

Scenario	Workflow	Closure Reason
5) Member accepts appointment offered by Center Point to Interim Service **and** another provider for Actual ASAM LOC.	• Save Portal Screener as Draft until provider who received the Actual ASAM LOC referral calls with disposition.	• Not needed
6) Member accepts appointment to Interim Service but appointment to Actual ASAM LOC has not been offered yet.	• Save Portal Screener as Draft. • Continue to follow up until an Actual ASAM LOC appointment has been offered and accepted. • Save Portal Screener as Draft until provider who received the Actual ASAM LOC referral calls with disposition.	• Not needed
6A) Appointment to Actual ASAM LOC is available but member cannot be reached to notify of appointment date.	• Add closure reason and Finalize template.	• *Unable to Contact*
6B) Appointment to Actual ASAM LOC is available. Member is reached but wants to continue in Interim Service.	• Add closure reason and Finalize template	• *Other* • Description of Facts & Circumstances

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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

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Timeliness Tracking Template Demo

Thank you!