

Substance Use Disorder Services Timeliness Tracking - FY 2025/2026

Alameda County Behavioral Health Department (ACBHD)

Presented by:

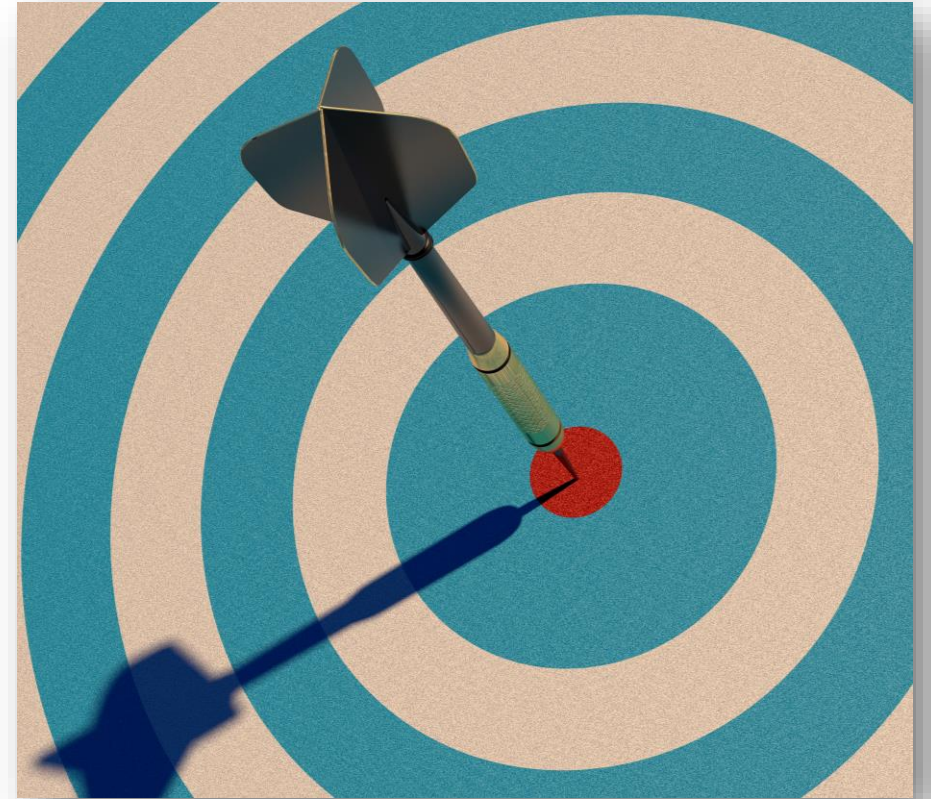
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Audience: Outpatient providers

July 2025

Learning Objectives

- Review the requirements for timely access tracking.
- Learn about the new timely access data elements that must be tracked.
- Review the new Clinician's Gateway *Timeliness Tracking* template.
- Discuss timeliness tracking for different scenarios.
- Demo the new *Timeliness Tracking* 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.**



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.



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.



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 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 providers to capture them for reporting purposes.
- The next few slides show the required TADT data elements.

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?
 - 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)

Required Data Elements for SUD Providers

- 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?
 - If yes, did the referring or treating licensed health care provider determine and document that the extended waiting time was clinically appropriate?
- Closure Date. Required when:
 - First service appointment is not offered or accepted
 - First service appointment is not rendered (does not occur).
 - A follow-up appointment is not offered or accepted
 - A follow-up appointment is not rendered (does not occur).
- Closure reason:
 - 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

Changes to TADT

- Providers are no longer required to track second and third service appointments that are offered.
- The new Timeliness Tracking template allows providers to document the date of the **offered** appointment (whether or not it was accepted) and the date the appointment **occurred**, which may be different.
- If wait time for a follow up appointment (the second service date) is more than 10 business days from the initial service, the licensed health care provider must document that the follow up appointment wait time was clinically appropriate.

Follow-Up Appointment Information

Note: Follow-up appointment is the second service date.

Was a Follow-up Appointment Offered: ☒ Yes ☐ No

First Follow up Appointment Offered Date: 05/19/2025

☐ Follow-up wait time was clinically appropriate

Name and credentials of referring or treating provider making this determination: _____

Follow-up Appointment Outcome

Follow-up Appointment Status (Select one):

Note: The first follow-up appointment that occurs may be different from the one the member was initially offered.

☒ Follow-up Appointment Occurred Date Follow-up Appointment Occurred: _____

☐ Member did not attend any of the follow-up appointments offered. Timeliness Tracking template is being closed.

Follow-Up Appointment Information

Note: Follow-up appointment is the second service date.

Was a Follow-up Appointment Offered: ☒ Yes ☐ No

First Follow up Appointment Offered Date: 05/19/2025

☒ Follow-up wait time was clinically appropriate

Name and credentials of referring or treating provider making this determination: _____

Scenarios

Referrals from a Portal

- Portals are Center Point (includes Criminal Justice Case Management), Collaborative Court, Cherry Hill 3.2-WM.
- Portals complete a *Portal Screener* template when they receive a request for services.
- Portals will leave the *Portal Screener* template open until they have confirmed that the member has/has not connected to services.
- Providers who receive referrals from a Portal:
 - Are not required to complete a *Timeliness Tracking* template for members who **do not** attend their first service appointment (Intake) despite multiple attempts to engage the member.
 - **Are required to contact the Portal, via email or phone, to notify them regarding the member's status, e.g., whether the member has or has not kept their initial appointment, so that timeliness can be captured through the *Portal Screener*.**

Walk-ins and Calls

- Outpatient SUD providers may accept direct referrals including walk-ins and calls.
- Only perinatal/parenting residential programs may accept direct referrals, such as walk-ins.
- The CG *Timeliness Tracking* Template allows providers to select whether the member was referred through a portal or was a walk-in.
- The fields on the *Timeliness Tracking* Template change based on the above selection.
- For Portal referrals, the initial referral and appointment information import from the *Portal Screener* into the *Timeliness Tracking* Template.

Screening

Was member referred to the program by the Portal?

☐ Yes

☒ No



Scenarios

- 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	Portal Referral	Walk-ins
A member attends the initial service/ Intake appointment , or a subsequent Intake appointment offered.	<ul style="list-style-type: none">• Notify the referring Portal that the member attended an Intake appointment. Portal will finalize their <i>Portal Screener</i>.• Complete a <i>Timeliness Tracking</i> template.• Offer the member a follow up appointment and continue to track details on the <i>Timeliness Tracking</i> template	<ul style="list-style-type: none">• Use <i>Timeliness Tracking template</i> to track the needed data.
A member does not attend the initial service/ Intake appointment , or any subsequent Intake appointments offered.	<ul style="list-style-type: none">• Notify the referring Portal that the member did not attend any Intake appointments. Portal will add the Closure Date and Closure Reason and finalize their <i>Portal Screener</i>.• There is no need to complete a <i>Timeliness Tracking</i> template.	<ul style="list-style-type: none">• Complete the appropriate fields on <i>Timeliness Tracking</i>, including the Closure Date and Closure Reason.• Finalize the template.

Scenarios

- 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	Portal Referral	Walk-in
A member attends the initial service/Intake appointment, but a follow up appointment does not occur (e.g. appt is not offered due to Medical Necessity, or appointment is offered but not accepted, or appointment is accepted but doesn't occur.	<ul style="list-style-type: none">• Notify the referring Portal that the member attended an Intake appointment. Portal will finalize their <i>Portal Screener</i>.• Complete the appropriate fields on <i>Timeliness Tracking</i>, including the Closure Date and Reasons.• Finalize the template.	<ul style="list-style-type: none">• Complete the appropriate fields on <i>Timeliness Tracking</i>, including the Closure Reasons.• Finalize the template.
A member attends the initial service/Intake and follow up appointment .	<ul style="list-style-type: none">• Notify the referring Portal that member attended an Intake appointment. Portal will finalize their <i>Portal Screener</i>.• Complete the appropriate fields on the <i>Timeliness Tracking and Finalize</i> template.• Closure Date and Reason are not needed.	<ul style="list-style-type: none">• Complete the appropriate fields on <i>Timeliness Tracking</i>.• Finalize the template.

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!

