

ACCESS Integration and Timeliness Tracking Requirements

Alameda County Behavioral Health Department (ACBHD)

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Audience: Substance Use Disorder Providers – DMC-ODS Providers

September 2026

Training Outline

- What is Changing
- What is Not Changing
 - Timely Access Requirements
- Overview of Workflows
 - Provider is Available
 - Provider is Unavailable
- Provider Workflows-Initial Appointment Scenarios
- Notice of Adverse Benefit Determinations (NOABDs)
- Clinician's Gateway *Timeliness Tracking* Demos



What is Changing

What is Changing Effective October 1, 2026

- **ACCESS will:**
 - Have a new name: **First Step: Behavioral Health Connection, Screening, and Referral.**
 - Become single point of access for individuals seeking Mental Health or Substance Use Disorder services, calling the 24/7 line: 1-800-491-9099.
 - Keep track of residential bed availability.
- **Center Point will:**
 - Conduct screening for individuals in custody at Santa Rita jail.
 - Work directly with some SUD residential providers to place clients from Santa Rita jail.
 - Provide Close the Loop services for individuals who are referred by First Step to SUD services.
- **Cherry Hill and Collaborative Court will:**
 - Continue to provide screening and referrals as they do today but will reach out to First Step to determine residential bed availability, if needed.

What is Changing (Continued)

- A new Screening Tool will be utilized by all Portals.
- The tool incorporates the BQulP to assess the level of care needed.
- [BQulP](#) is a fast and free web-based screening tool developed by UCLA.
- It relies on electronic algorithms to help inform the initial placement decision-making process based on limited information.
- It is intended to direct callers to the most appropriate provisional “RIGHT” door where a full assessment can occur.

BQulP
3.1

The Brief Questionnaire for Initial Placement

Training for BQulP Users	Implementation Resources	Access BQulP Tool	Contact UCLA ▾	
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About the BQulP

***In October 2024, The BQulP 3.1 screening tool was launched. It includes 2 new features:

1. Spanish language questions and response options, and
2. collection of the treatment setting where BQulP is being conducted

The BQulP 3.1 screener will be found at the same link (below) so as not to disrupt ongoing access to the tool.

https://www.isapdmc.org/FORMS/Screeners/BQulP_V3.asp?SUPASS=51JG*J*aT

The BQulP tool is a fast and free web-based tool designed to generate recommendations for initial placement for individuals seeking treatment for substance use disorders (SUD). The BQulP is intended for potential recipients of Adult SUD services.

These are preliminary recommendations based on limited information, and are meant to provide initial placement options for the user's consideration. Ultimately, the initial placement decision must be made according to the clinical judgement of the individual using this tool and the county policy. The BQulP tool is not a replacement for a full assessment, and the appropriateness of the provisional placement decision made as a result of using this tool must be confirmed via a comprehensive American Society of Addiction Medicine (ASAM) assessment as soon as possible. The BQulP tool has not been created or endorsed by ASAM.

What is Not Changing: ASAM LOC Data Collection

ACBHD is required to submit ASAM LOC data noted below to DHCS/UCLA whenever an ASAM assessment is completed, including a BQuIP screener. This data is tracked using CG templates.

- **Date of Screening/Assessment** (Collected automatically)
- **Client Name, Medi-Cal Client Index Number (CIN), and Date of Birth:** (Collected automatically)
- **Type of Screening/Assessment:** (Collected automatically)
- **All Indicated Levels of Care/WM**
 - These are the assessed LOCs, not necessarily the referred LOCs.
 - Members may be assessed as needing multiple LOCs (e.g., SUD residential and NTP/OTP)
- **All Actual LOC/WM Placement Decision**
 - These are the actual LOCs the individual is being referred to. They may be the same or a lower LOC than was assessed. Members may be referred to multiple LOCs when medically necessary.
- **Reason for difference when referring to a LOC/WM that was different from the one assessed.**
 - When there is a difference between the assessed LOC and referred LOC, select the reason for the difference in the dropdown.
- **Delay reason if referral is expected to be delayed**
 - When there is an expected delay in admission to a referred LOC, indicate the delay reason in the dropdown. Note this is the same dropdown that is used for timeliness tracking of the same requirement.

Source: DHCS BHIN 18-046

What is Not Changing: Timely Access to Services

- Department of Health Care Services (DHCS) has set standards for timely access to both mental health and substance use disorder services.
- Timeliness tracking is required for all Medi-Cal and Medi-Cal-eligible members requesting SUD services.
- Timeliness tracking is not required for step-up or step-down transitions of care. For example, a member transition from Residential ASAM 3.5 to 3.1 within the same agency.
- Timely access data is tracked by Portals (Cherry Hill, Collaborative Court, First Step), providers offering the service, and Center Point, using appropriate templates in CG.

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

Required Timely Access Data

The following required data may be captured by *First Step in BQULP Portal Screener* template:

- **Referral Source**
- **Urgency:** Yes/No
- **Date and Time of First Contact to Request Service**
- **If applicable, why was the member delayed access to services beyond the timely access standard?**
 - **Closure Date**
 - **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)

Select One

- No Available Provider/Waiting for level of care availability
- No Available Provider/Waiting for language-specific services
- No Available Provider/Waiting for other special popn-specific svcs
- No Available Provider/Waiting for ADA Accommodation
- No Available Provider/No Geographic accessibility
- Patient preference/Preferred treatment modality unavailable
- Patient preference/Preferred DMC-ODS provider unavailable
- Patient preference/Preferred service medium unavailable
- Other/Incarcerated
- Other/Hospitalized
- Other: Member not appropriate for service at this time
- Other: Member not ready for placement
- Other: Family responsibility
- Other: Referred to Helpline Call Center for evaluation and referral
- Other: Please specify

Required Timely Access Data (Continued)

For **First Step referrals** and **walk-ins**, the following required data may be captured by **providers** using the *Timeliness Tracking* template

- **First Service Appointment Offer Date**
 - This is the date of the first Intake appointment offered.
- **First Service Appointment Rendered Date**
 - This is the date of the first Intake (or other Medi-Cal billable) appointment that occurs.
- **If applicable, why was the member delayed access to services beyond the timely access standard?**
- **First Follow up Appointment Offer Date**
 - This is the date of the first follow up appointment that is offered.
- **First Follow up Appointment Rendered Date**
 - This is the date of the first (Medi-Cal billable) follow up appointment that occurs.
- **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**
 - This is the date Closure Reason is determined, and timeliness tracking is no longer required.
- **Closure Reason:**
- **Description of Facts & Circumstances**

Timely Access Tracking

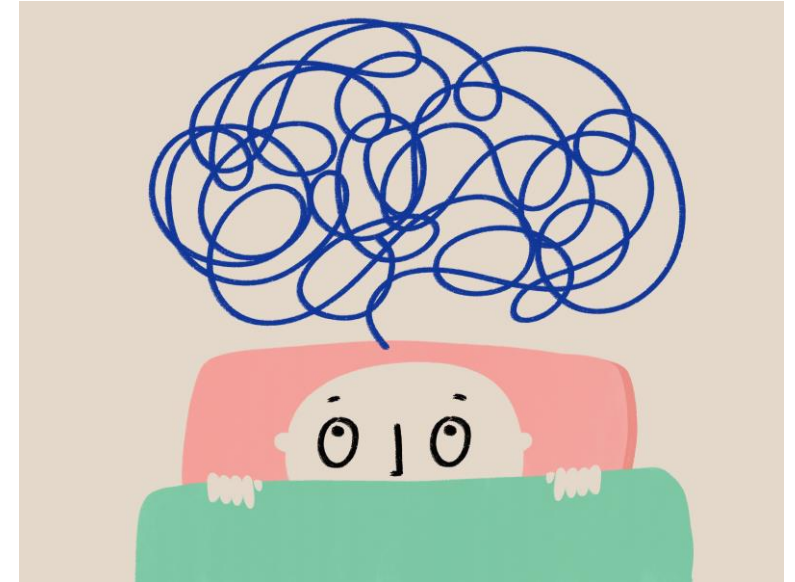
- Providers are responsible for documenting required timely access data elements in the *Timeliness Tracking* template in Clinician's Gateway when a member engages with their program.
- **In situations when a member does not follow through with a referral made to a provider by First Step, Center Point will capture the Closure Details in their Close the Loop template.**
- Closure Details are only required when members do not accept or engage with services.



Knowledge Check #1- Question

Who is responsible for documenting *First Service Appointment Offered* and *First Service Appointment Rendered* dates when a referral is made by First Step?

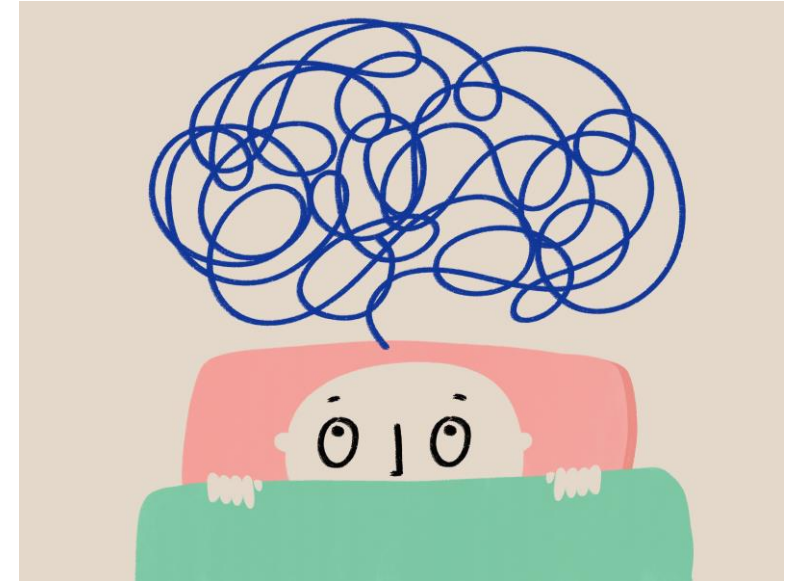
- A. First Step is responsible for documenting this information in their *BQulP Portal Screener*.
- B. The provider documents this information in the *Timeliness Tracking* template for members who engage with services.
- C. Center Point documents all required timeliness data when offering *Close the Loop* support.



Knowledge Check #1- Answer

Who is responsible for documenting *First Service Appointment Offered* and *First Service Appointment Rendered* dates when a referral is made by First Step and the member engages with services?

- A. First Step is responsible for documenting this information in their *BQulP Portal Screener*.
- B. The provider documents this information in the *Timeliness Tracking* template for members who engage with services.
- C. Center Point documents all required timeliness data when offering *Close the Loop* support.



Overview of Workflows- Provider is Available

First Step Workflows: Provider is Available

- First Step creates a new *BQulP Portal Screener* in Clinician's Gateway and determines the level of care.
- Identifies an appropriate provider.
- Offers member the provider's contact information.
- Informs the member that the provider will contact them to schedule an initial intake appointment and invites them to also reach out to provider.
- Issues a Referral Letter to the provider with copy to Center Point.
- Finalizes template.



Open a BQulP
Portal Screener
and determine
the level of care.

Offer member
the provider's
contact
information.

Issue a Referral
letter to provider
with copy to
Center Point.

Finalize the
BQulP Portal
Screener.

Timeliness Tracking Template

- For Portal referrals, information completed by the Portal will import into the *Timeliness Tracking* template.
- The level of care recommended through the BQulP screening will be visible in the *BQulP Initial Placement Recommendation* section.
- The referral provided to the member will be visible in the *Primary ASAM Services* section.

BQulP - INITIAL PLACEMENT RECOMMENDATION	
Initial Placement LOC:	Intensive outpatient setting
Additional Initial Placement LOC:	
Additional Initial Placement LOC:	
Primary ASAM Services to Which Referred/Connected	
Instructions: If the primary ASAM LOC is not available, select the LOC in the drop down menu and leave the Provider name blank until the service becomes available.	
	2.1 Intensive Outpatient
	Options Recovery Oakland , 1630 10TH ST OAKLAND CA 94607 , 510-666-9501 , A007L0
	Select One
	Select One

Timeliness Tracking: Non-ASAM Options

- If non-ASAM referrals were made by First Step or another Portal, they will be visible in this section.

Non ASAM Level of Care SUD Services to which referred

Standalone services are available through non-OTP outpatient programs. If the individual requesting the standalone service meets criteria for an ASAM LOC indicate that above.

Select One

Select One

Bridge Clinic

BACS Care Coordination

Recovery Residence

Sober Living Environment (private pay)

Standalone Recovery Incentives

Standalone Recovery Support Services

Community Support Group

Mental Health Crisis (John George PES)

Mental Health Screening/Referral (ACCESS)

Other Social Services (211)

Primary Care/Medical

Managed Care Plan

Out of Network SUD Treatment

Main Purpose of Call:

Additional Referrals: (Select all that Apply)

Member did not accept any additional referrals ☐ Yes ☐ No

Closure Details

Complete this section only if the member is not connected to the Actual ASAM level of care provider that is offered.

Closure Date:

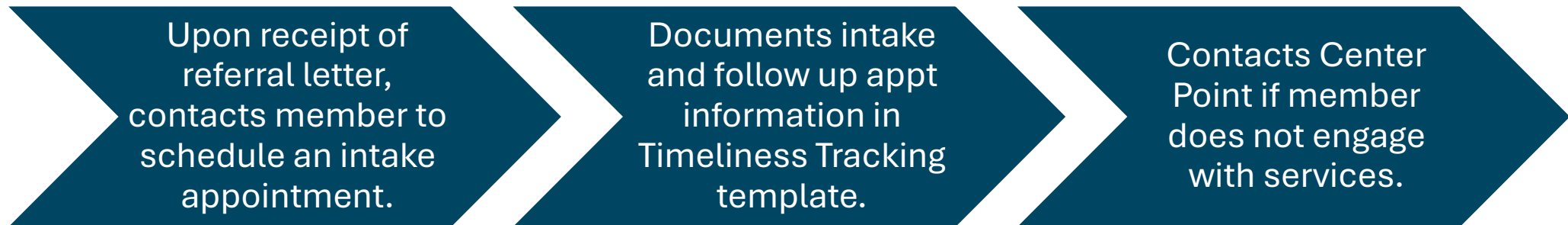
Closure Reason:

Example of Referral Letter

 ALAMEDA COUNTY Behavioral Health Care Services			
BQUIP PORTAL SCREENER			
Please send a copy of this form to the following program:		CURA , 37437 Glenmore DR Fremont CA 94536 , 510-706-6177 , 01QIM0	
Prepared By:	Madrid, Matt	Date/Time of First Contact:	09/09/2026 2:00 pm
Client Name:	TEST, ADAM	Referral Source:	Self
BQUIP Results			
RISK LEVELS Withdrawal: Severe Medical: Severe Mental Health: Mild Readiness for Change: None Potential for Continued Use: Severe Recovery Environment: Mild CRITICAL ISSUES - Need for immediate intervention assessed (withdrawal) and is determined to be non-emergent. High-priority for follow-up. - Withdrawal Management - Injection drug use reported in the last year. High priority for medical follow up regarding injury and illness associated with injection drug use. - Homeless. High priority for follow-up. WITHDRAWAL MANAGEMENT - Appropriate level of care for withdrawal management services should be determined through a medical assessment. URGENT priority for a withdrawal management medical assessment is recommended. ADDITIONAL RECOMMENDED SERVICES - Medical evaluation is recommended. BQUIP-INITIAL PLACEMENT RECOMMENDATION* Residential setting * Referred treatment setting should have the capability to address all critical issues and additional recommended services. DISCLAIMER: These are preliminary recommendations based on limited information, and are meant to provide initial placement options for the user's consideration. Ultimately, the initial placement decision must be made according to the clinical judgement of the individual using this tool and the county policy. The BQUIP tool is not a replacement for a full assessment, and the appropriateness of the provisional placement decision made as a result of using this tool must be confirmed via a comprehensive American Society of Addiction Medicine (ASAM) assessment as soon as possible. The BQUIP tool has not been created or endorsed by ASAM.			
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
If so, state the reason(s):			
BQUIP - INITIAL PLACEMENT RECOMMENDATION			
Initial Placement LOC:		Residential setting	
Additional Initial Placement LOC:			
Additional Initial Placement LOC:			

Provider Workflows

- Upon receipt of the referral letter, the provider reaches out to the member, the same day or within 24 hours.
- Schedules initial intake and follow up appointments.
- Adds timeliness tracking elements into the *CG Timeliness Tracking* template.
- Contacts Center Point to notify if member cannot be reached or doesn't engage with services.



Center Point Workflows- Outpatient Providers



Provider Follow Up

- Upon receipt of Referral Letter, reaches out to provider **one day following the access standards** to see if member has engaged with services.

Member Follow Up

- If member has not engaged with services, makes 3 call attempts to member at least once weekly for 3 weeks.
- Once reached, offers resources to remove barriers, and 3-way call to provider to schedule an intake appointment.

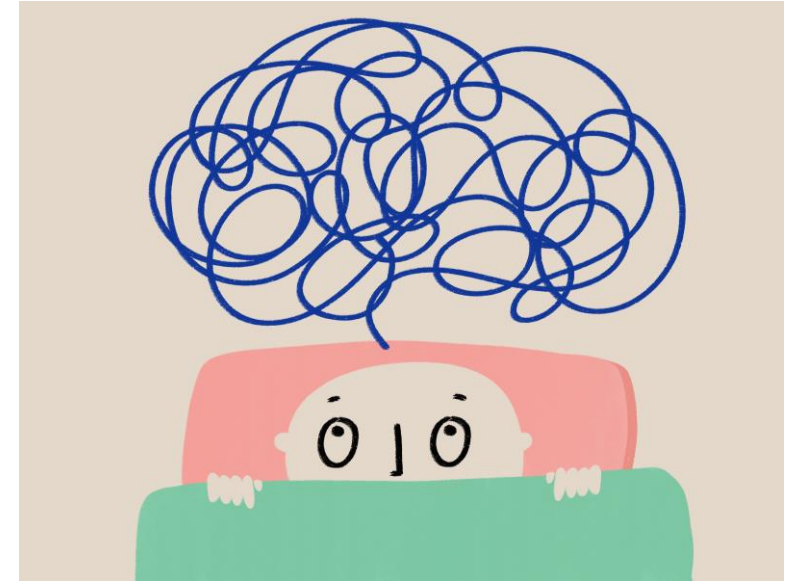
Provider Follow Up

- Calls provider **10 business day after the intake appointment** to find out if member engaged with services.
- Documents all attempts in Close the Loop template.

Knowledge Check #2- Question

How will providers receive referrals from First Step? (check all that apply)

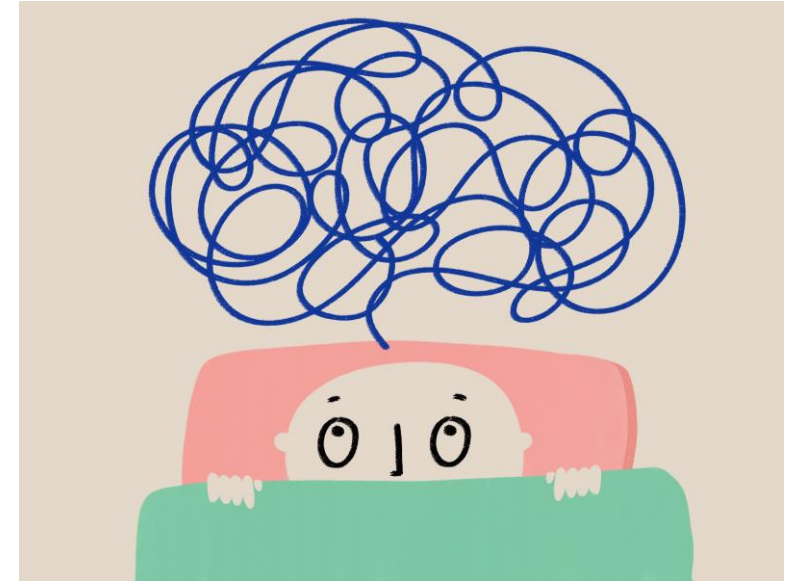
- A. First Step will issue a Referral Letter to provider.
- B. Center Point will reach out to the provider to notify them of the referral.
- C. First Step will make a 3-way call to the provider to schedule an intake appointment.



Knowledge Check #2- Answer

How will providers receive referrals from First Step? (check all that apply)

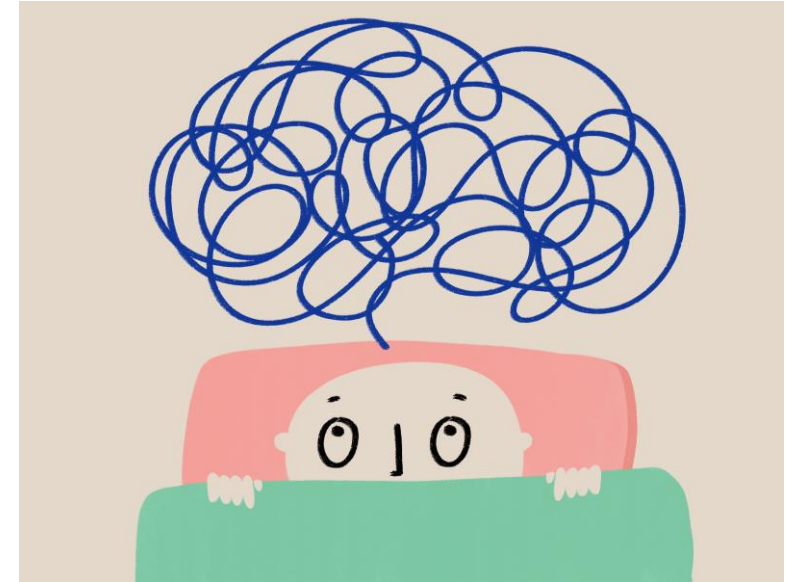
- A. **First Step will issue a Referral Letter to provider.**
- B. Center Point will reach out to the provider to notify them of the referral.
- C. First Step will make a 3-way call to the provider to schedule an intake appointment.



Knowledge Check #3- Question

What should providers do when they receive a referral from First Step? (check all that apply)

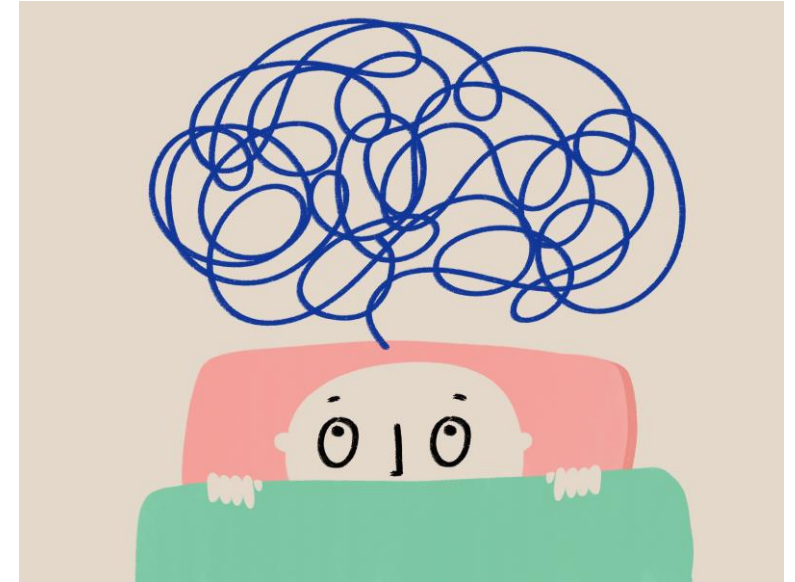
- A. Contact Center Point to request Close the Loop support.
- B. Contact the member to schedule an intake appointment.
- C. Contact First Step to confirm that a referral was made.



Knowledge Check #3- Answer

What should providers do when they receive a referral from First Step? (check all that apply)

- A. Contact Center Point to request Close the Loop support.
- B. **Contact the member to schedule an intake appointment.**
- C. Contact First Step to confirm that a referral was made.



Provider Workflows- Initial Appointments

Best Practices

To ensure compliance with timely access standards, please make note of the following best practices:

- Please contact the member as soon as possible upon receipt of the referral.
- If multiple referrals are received or resources are limited, prioritize member outreach based on the timely access standards (e.g. urgent services and those with shorter timely access standards).
- Make multiple outreach attempts to the member well before the access standards are reached.
- If unable to contact the member despite multiple attempts, make note of the initial appointment time that was available.
 - Provide the initial appointment time to Center Point if the member does not engage with services and a *Timeliness Tracking* template is not completed.

Provider Workflows- Initial Appointment Scenario 1

Scenario 1:

- Provider can't reach the member right away when a referral is made.
- Contact is eventually made, and the provider offers an appt for the next day (e.g. 9/23).
- Although the initial available appointment was much earlier, 9/23 is still within timeliness standards.

Intake Appointment Information	
First Offered Intake Appointment Date:	Time:
Accepted Intake Appointment Date:	Time:
Date Intake Appointment Occurred:	
Reason for Delay to Outpatient Services	
If referral to your program was made by First Step, did the number of days from "Date of First Contact to Request Services" to "First Offered Intake Appointment Date" exceed the timeliness standards?	
☒ Yes ☐ No	
Why was the member delayed access to outpatient services?	
Choose an item.	If Other:

NOTE: In situations where a provider is able to leave appointment information on the member's voicemail, the initial offered appointment date should be entered in the "First Offered Intake Appointment Date" field.

- **First Offered Intake Appt Date:** 9/23/26
- **Accepted Intake Appt Date:** 9/23/26

Provider Workflows- Initial Appointment Scenario 2

Scenario 2:

- Provider can't reach the member right away when a referral is made.
- When they do make contact, timeliness standards have passed.
- Appt is offered for 9/30, but the first one was available on 9/20.
- **First Offered Intake Appt Date:** 9/30/26
- **Accepted Intake Appt Date:** 9/30/26
- **Was Timeliness Exceeded:** Yes
- **Reason for Delay:** "Other: Engagement Delay. Timely appointment available"
 - This option will be added to the dropdown menu

Intake Appointment Information	
First Offered Intake Appointment Date:	Time:
Accepted Intake Appointment Date:	Time:
Date Intake Appointment Occurred:	
Reason for Delay to Outpatient Services	
If referral to your program was made by First Step, did the number of days from "Date of First Contact to Request Services" to "First Offered Intake Appointment Date" exceed the timeliness standards?	
☒ Yes ☐ No	
Why was the member delayed access to outpatient services?	
Choose an item.	If Other:

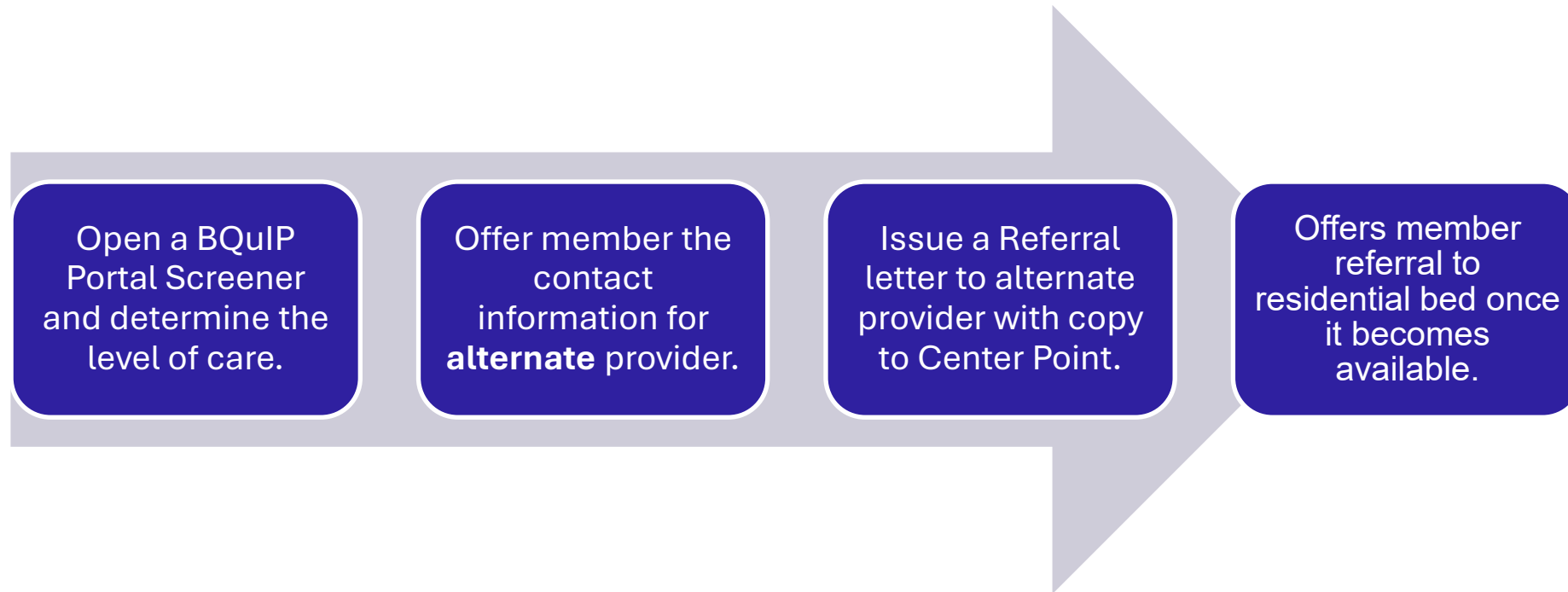
Select One

- No Available Provider/Waiting for level of care availability
- No Available Provider/Waiting for language-specific services
- No Available Provider/Waiting for other special popn-specific svcs
- No Available Provider/Waiting for ADA Accommodation
- No Available Provider/No Geographic accessibility
- Patient preference/Preferred treatment modality unavailable
- Patient preference/Preferred DMC-ODS provider unavailable
- Patient preference/Preferred service medium unavailable
- Other/Incarcerated
- Other/Hospitalized
- Other: Member not appropriate for service at this time
- Other: Member not ready for placement
- Other: Family responsibility
- Other: Referred to Helpline Call Center for evaluation and referral
- Other: Please specify

Overview of Workflows- Provider is Unavailable

First Step Workflows: Provider is Unavailable

- When a provider for the indicated level of care is not initially available (e.g. residential bed), First Step offers appropriate **alternative options** to the member and requests that the member call back daily to check on provider availability.
- Offers a residential referral once a bed becomes available.
- Beds are held for 72 hours by residential providers.



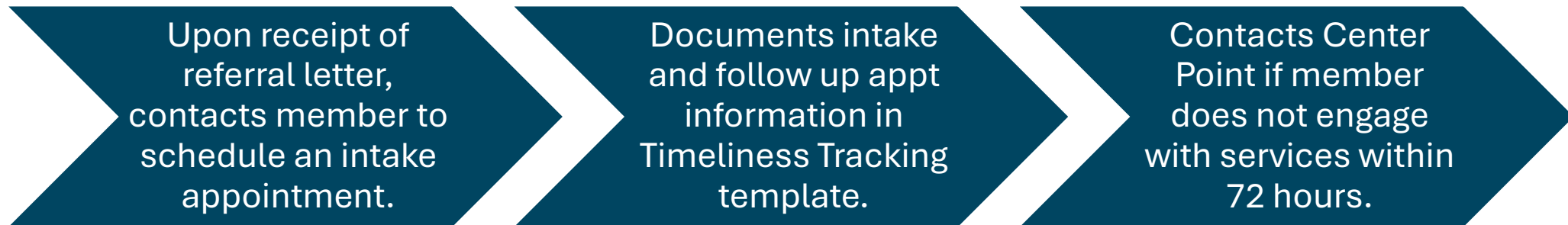
Timeliness Tracking Template- Alternate Referral

- The indicated level of care is visible in the *Primary ASAM Services* section.
- If the level of care is not available (e.g. residential bed), the provider information is left **blank**, until a bed becomes available and a referral is made.
- Alternate service options offered to the member are visible in *Other ASAM Services* section.

BQuIP - INITIAL PLACEMENT RECOMMENDATION	
Initial Placement LOC:	Residential setting
Additional Initial Placement LOC:	
Additional Initial Placement LOC:	
Primary ASAM Services to Which Referred/Connected	
Instructions: If the primary ASAM LOC is not available, select the LOC in the drop down menu and leave the Provider name blank until the service becomes available.	
	3.3 Clinically Managed Popn-Specific High-Int Residential
	Select One
	Select One
	Select One
Other ASAM Services to Which Referred/Connected	
Other ASAM Level of Care:	2.1 Intensive Outpatient
Options Recovery Oakland , 1630 10TH ST OAKLAND CA 94607 , 510-666-9501 , A007L0	

Provider Workflows- Residential Provider

- Upon receipt of the referral letter, the residential provider reaches out to the member.
- Schedules initial intake and follow up appointments.
- Adds timeliness tracking elements into the *CG Timeliness Tracking* template.
- Notifies Center Point if member cannot be reached or doesn't engage with services within 72 hours.



Center Point Workflows- Residential Providers



- Center Point offers Close the Loop support each time a referral letter is issued.
- Initially to alternate outpatient provider using protocols noted earlier.
- Then to residential provider as noted below:

Provider Follow Up

- Upon receipt of Referral Letter, reaches out to provider **4 calendar days** after the referral to see if member has engaged with services.
- **Residential beds are held for up to 72 hours once referral is received.**

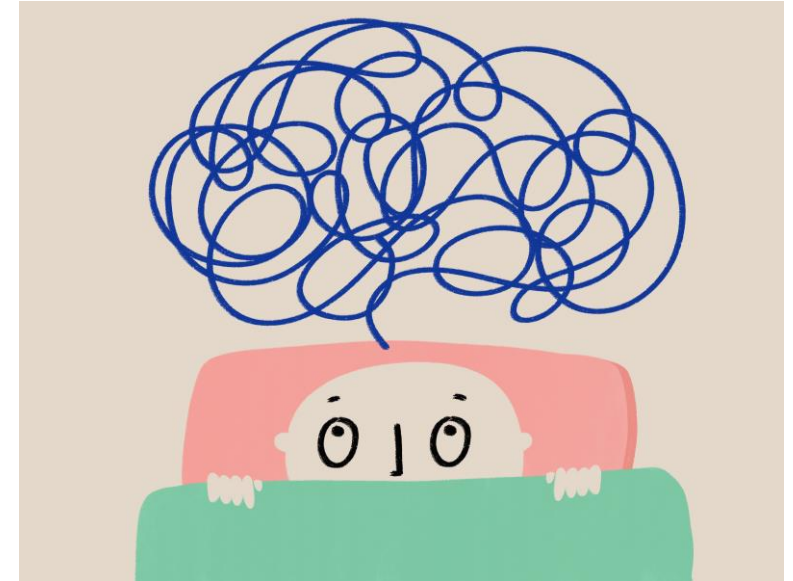
Member Follow Up

- If member has not engaged with services, makes 3 call attempts to member at least once weekly for 3 weeks.
- If member is still interested in services, **refers member back to First Step for a new screening and referral.**
- Documents all attempts in Close the Loop template.

Knowledge Check #4- Question

For how long should residential providers hold a bed open when they receive a referral from First Step?

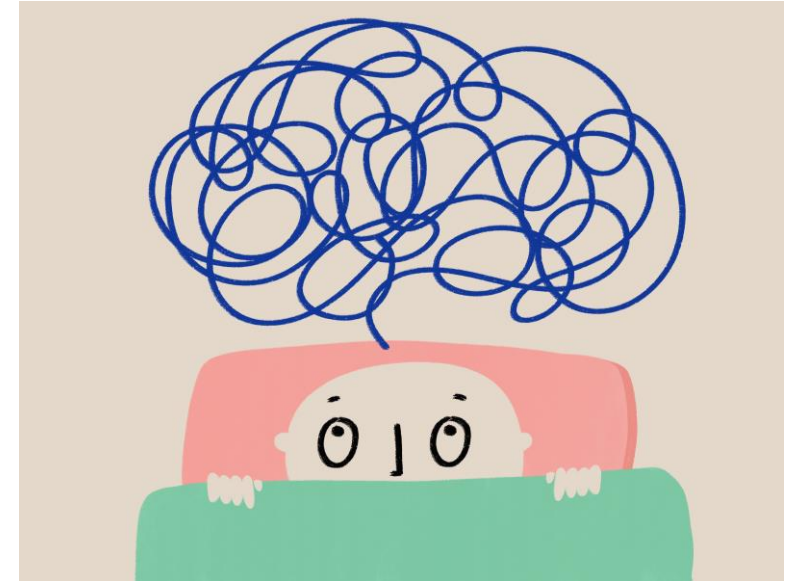
- A. 10 business days from receipt of referral.
- B. It depends on the urgency level identified at initial screening.
- C. 72 hours from service request.
- D. 72 hours from receipt of referral.



Knowledge Check #4- Answer

For how long should residential providers hold a bed open when they receive a referral from First Step?

- A. 10 business days from receipt of referral.
- B. It depends on the urgency level identified at initial screening.
- C. 72 hours from service request.
- D. **72 hours from receipt of referral.**



Notice of Adverse Benefit Determinations (NOABD)



- Notice of Adverse Benefit Determinations (NOABD) should continue to be issued within 2 business days of the decision per DHCS requirements.
- Examples include:
 - A member walks into an outpatient program requesting services and is not offered an initial appointment within the timely access standards.
 - A member's request for a service is denied or modified by the provider.
 - A member is terminated after having engaged in services.
- More information about NOABDs, including required NOABD templates can be found on the [provider website](#).

Demo: Timeliness Tracking Template



Thank you!

