Behavioral Health Department
Alameda County Health

Memo

Date: December 6, 2024

To: Alameda County Specialty Mental Health Services (SMHS) Providers and Fee for Service Individual Practitioners

From: Torfeh Rejali, Quality Assurance Division Director *Torfeh Rejali*

Subject: Timely Access Reporting Requirements and New Timely Access Data Tool (TADT) E-form

This memo is to inform Alameda County Behavioral Health Department (ACBHD) SMHS providers and Fee for Service individual practitioners of a new TADT Reporting Form that includes updated fields to comply with Department of Health Care Services (DHCS) reporting requirements.

Background

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 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.

The next TADT report to the State is due on 2/6/25 for October 1, 2024-December 31, 2024 services.

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

Timely Access Data Tool (TADT)

To comply with new DHCS data reporting requirements, ACBHD has replaced the CSI e-form with the TADT e-form. A document titled Accessing the Timely Access Data Reporting Tool (TADT) has been posted in Section 5 of the QA Manual on the provider website and should be utilized to access the new e-form.

As with the CSI e-form, information should be entered in the TADT at one time, when all needed data is available. This requires providers to track the data outside the e-form until all information has been collected. ACBHD has created a TADT Printable Form to assist with this process. This document is also posted in Section 5 of the QA Manual. The use of this form is encouraged but not required.

The TADT e-form cannot be revised once submitted. If changes need to be made to data previously submitted, a new TADT e-form needs to be completed.

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). • 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.

Old CSI Fields	NEW TADT Fields	Crosswalk and Definitions
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.
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.
Closure Reason	Closure Reason	• If the member did not attend an initial or follow-up appointment, Closure Date and Reason are required.

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

In addition to the [Accessing the Timely Access Data Reporting Tool (TADT)](#) and [TADT Printable Form](#), a new [Timely Access Data Collection Definitions FY 24-25](#) document has been posted in Section 5 of the [QA Manual](#) and includes additional information about the new data fields. Outdated documents related to CSI timeliness tracking will be removed from that section in the coming days.

Action Required

Effective immediately, providers should enter timeliness data into the TADT e-form, prioritizing entry of October 1, 2024- December 31, 2024 data. Data previously entered in the CSI e-form does not need to be re-entered into the TADT e-form.

Training and Support

The Quality Assurance (QA) Division will be providing two live training sessions to review the Timely Data Reporting requirements and tool. A recording of the training will be posted on the [QA Training](#) page following the live sessions. This training is required for all clinical and administrative team members who are involved in tracking timeliness data. Registration is required using the links below.

Timely Access Reporting Requirements and New Timely Access Data Tool (TADT) E-form

Wednesday, December 18, 2024,

3:00-4:00 PM

Registration Link: https://attendee.gotowebinar.com/register/8306780005215090014

Timely Access Reporting Requirements and New Timely Access Data Tool (TADT) E-form

Monday, January 13, 2025,

11:00 AM -12:00 PM

Registration Link: https://attendee.gotowebinar.com/register/2945157787411963487

Additionally, providers are invited to join monthly QA Brown Bag meetings where this and other relevant information are discussed. Meeting details and links can be found on the [QA Training page](#).

For questions, please contact QATA@acgov.org.