

Timely Access Forms

Avatar NX Guide

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Form #1

Form Name: Timely Access Request Info

- Use this form to record information about the initial request for service and to indicate which program will be providing the service requested.
- This is a non-episodic form (as in, it is not tied to a specific episode)

Associated Widget: Timely Access Request Info Recent Records

Form #2

Form Name: Timely Access Appointment Info

- Use this form to record information about the offered and attended appointments.
- This is an episodic form (as in, the form is tied to a specific episode and therefore can be traced back to a particular program/episode based on the episode in which the form was started).

Associated Widget: Timely Access Request Info Recent Records

Note about Widgets:

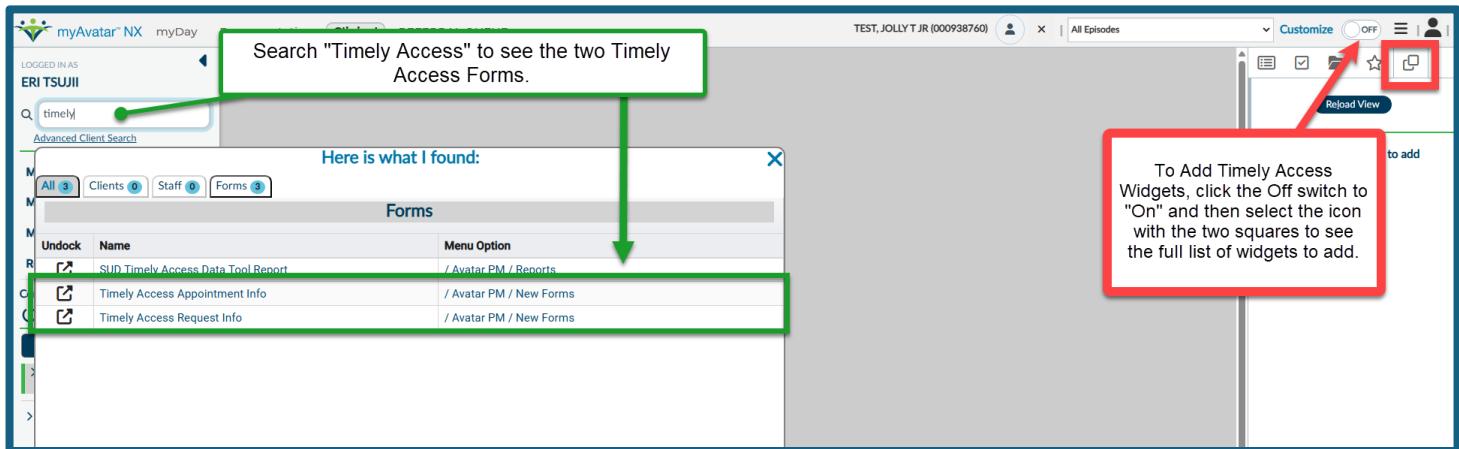
- There is currently no way to remove completed forms from the widget, but we're working on it and hope to have the ready soon before your lists get too long!
- We are working on more widgets by caseload, etc.

Timely Access

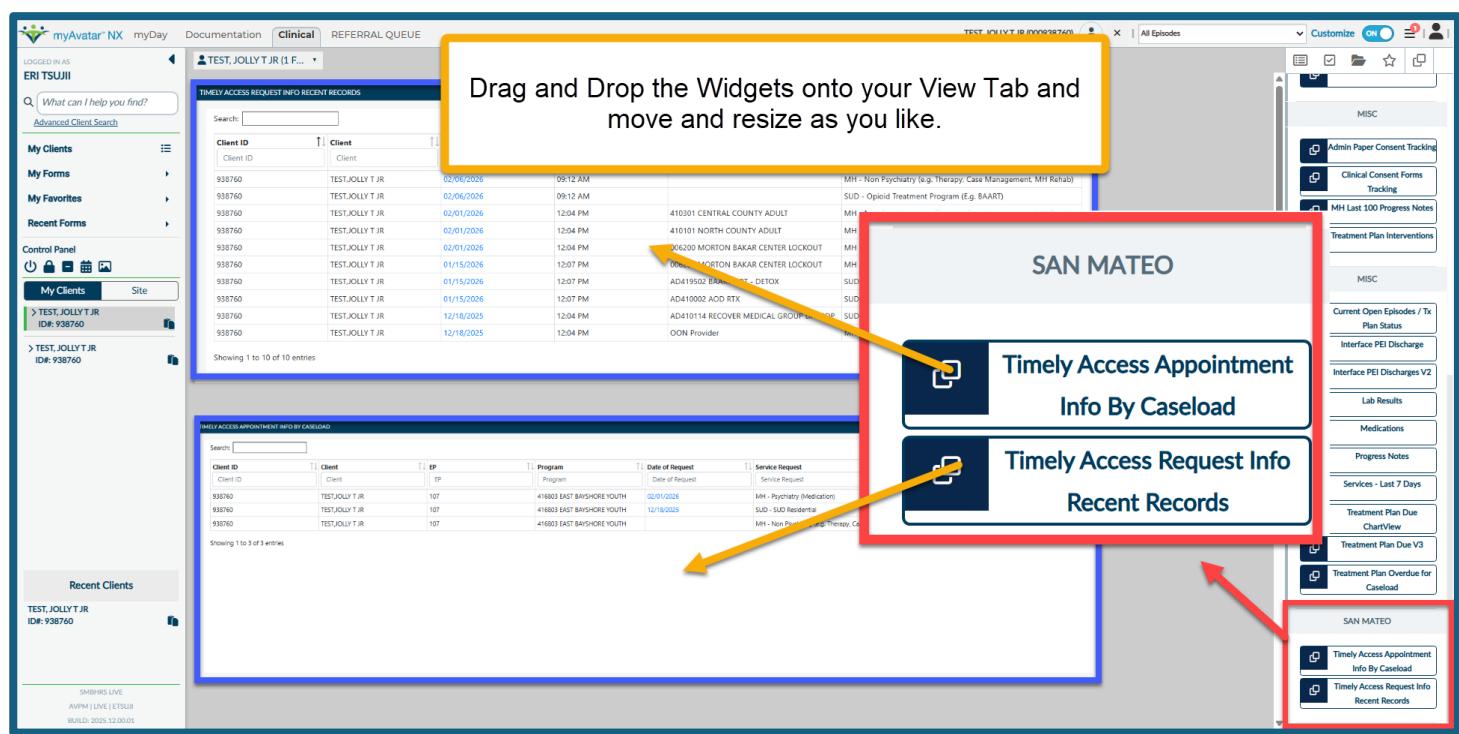
Form and Widget

Basics

Finding the Forms and Widgets



Adding the Timely Access Widgets



Using the Timely Access Request Info Widget

This pulls the most recent Timely Access forms that were completed and is NOT by caseload.

TIMELY ACCESS REQUEST INFO RECENT RECORDS

Search:

Client ID	Client	Date of Request	Time of Request	Referred To	Service Requested
Client ID	Client	Date of Request	Time of Request	Referred To	Service Requested
938760	TEST.JOLLY T JR	02/06/2026	09:12 AM		MH - Non Psychiatry (e.g. Therapy, Case Management, MH Rehab)
938760	TEST.JOLLY T JR	02/06/2026	09:12 AM		SUD - Opioid Treatment Program (E.g. BAART)
938760	TEST.JOLLY T JR	02/06/2026	12:04 PM	410301 CENTRAL COUNTY ADULT	MH - Non Psychiatry (e.g. Therapy, Case Management, MH Rehab)
938760	TEST.JOLLY T JR	02/01/2026	12:04 PM	410101 NORTH COUNTY ADULT	MH - Psychiatry (Medication)
938760	TEST.JOLLY T JR	02/01/2026	12:04 PM	006200 MORTON BAKAR CENTER LOCKOUT	MH - Psychiatry (Medication)
938760	TEST.JOLLY T JR	01/15/2026	12:07 PM	006200 MORTON BAKAR CENTER LOCKOUT	MH - Non Psychiatry (e.g. Therapy, Case Management, MH Rehab)
				AD419502 BAART OPT - DETOX	SUD - Opioid Treatment Program (E.g. BAART)
				AD410002 AOD RTX	SUD - SUD Residential
				AD410114 RECOVER MEDICAL GROUP DAY/IOP	SUD - SUD Residential
				OON Provider	MH - Non Psychiatry (e.g. Therapy, Case Management, MH Rehab)

Click the blue date link here to open the Timely Access Form Menu.

Remember the Date of Request so you can select the correct form to open.

Opening: Timely Access Request Info

Home > Select Client >

Selected Client : TEST.JOLLY T JR (000938760)

Select Record

Date of Request	Time of Request	Program filling out this form	Data Entry Date	Data Entry By (Login)
02/06/2026	09:12 AM	004200 CRESTWOOD REDDING IMD WELLNESS_RE	02/09/2026	For use of SCRIPTLINK
02/01/2026	12:04 PM	410199 NORTH CO. BRIEF TREATMENT	02/09/2026	ERI TSUJII
12/18/2025	12:04 PM	AD410002 AOD RTX	02/10/2026	ERI TSUJII
02/01/2026	12:04 PM	415301 LONG TERM CARE-CONS. ADMIN	02/10/2026	ERI TSUJII
01/15/2026	12:07 PM	41CU00 PSYNERGY OPT - GREENFIELD	02/10/2026	ERI TSUJII

Add Edit Delete Cancel

Opening: Timely Access Request Info

Home > Select Client >

Selected Client : TEST, JOLLY T JR (000938760)

Select Record

Date of Request	Time of Request	Program filling out this form	Data Entry Date	Data Entry By (Login)
02/06/2026	09:12 AM	004200 CRESTWOOD REDDING IMD WELLNESS_RE	02/09/2026	For use of SCRIPTLINK
02/01/2026	12:04 PM	410190 NORTH CO. BRIEF TREATMENT	02/09/2026	ERI TSUJII
12/18/2025	12:04 PM	AD410002 AOD RTX	02/10/2026	ERI TSUJII
02/01/2026	12:04 PM	415301 LONG TERM CARE-CONS. ADMIN	02/10/2026	ERI TSUJII
		41CU00 PSYNERGY OPT - GREENFIELD	02/10/2026	ERI TSUJII

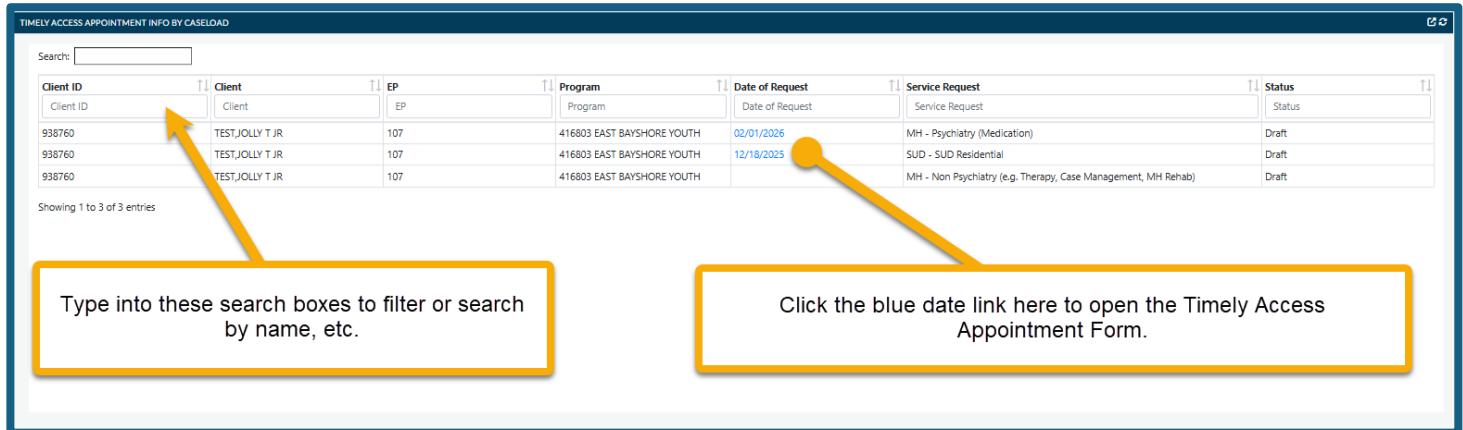
Click "Add" to create a new form for a new request.

Click "Edit" if you want to edit an existing request.

Add **Edit** **Delete** **Cancel**

Using the Timely Access Appointment Info Widget

This widget is by CASELOAD so make sure that a client has been assigned to your caseload in Avatar to have the form for a specific client show up on your widget.



The screenshot shows a table titled "TIMELY ACCESS APPOINTMENT INFO BY CASELOAD". The table has columns for Client ID, Client, EP, Program, Date of Request, Service Request, and Status. There are three entries in the table. A yellow box highlights the "Search" input field at the top left. A yellow arrow points from this box to the "Client" column header. Another yellow arrow points from the "Client" column header to the "Date of Request" column, specifically to the date "12/18/2025" in the second row. A yellow box highlights this date link.

Client ID	Client	EP	Program	Date of Request	Service Request	Status
938760	TEST,JOLLY T JR	107	416803 EAST BAYSHORE YOUTH	02/01/2026	MH - Psychiatry (Medication) SUD - SUD Residential	Draft
938760	TEST,JOLLY T JR	107	416803 EAST BAYSHORE YOUTH	12/18/2025	MH - Non Psychiatry (e.g. Therapy, Case Management, MH Rehab)	Draft

Showing 1 to 3 of 3 entries

Type into these search boxes to filter or search by name, etc.

Click the blue date link here to open the Timely Access Appointment Form.

Timely Access Request Info Form

TEST, JOLLY T JR (1 ...)

▲ TEST, JOLLY T JR (000938760)

TEST, JOLLY T JR (000938760)
M, 65, 12/20/1960
Ht: 5' 11.2", Wt: 250 lbs, BMI: 34.7Ep: -
Problem P: -
DX P: -Location: -
Attn. Pract.: -
Adm. Pract.: -1. Alert QM of billable diagnosis.
2. STOP - THIS IS A STAND ALONE EPISO...
3. HIGH PRIORITY-Please review the Uc...Allergies (19)
Allergies Reviewed=Yes (02/21/2024)
1) TYLENOL - Active
2) PENICILLINS (CLASS) - Active
3) ATORVASTATIN - Active
4) CODEINE - Active
5) AMoxicillin - Active

TIMELY ACCESS REQUEST INFO

Submit

Discard

Add to Favorites

Initial Request Information

Incoming Details
Initial Request Information
Contact Information
Services Requested

Update Client Data
BHRS Client Relationships
Interface PEI V2

Incoming Details

Program filling out this form *
Select

Was the original request received by Access Call Center *
 Yes No

Linked ICI
Select

004200 CRESTWOOD REDDING IMD WELLNESS_RE
004201 CRESTWOOD REDDING SNF AUG WELLNES
006200 MORTON BAKAR CENTER LOCKOUT
410000 NORTH COUNTY YOUTH
410101 NORTH COUNTY ADULT
410102 BRIDGES CASE MGMT NORTH ADULT

Initial Request Information

Date of Request *
Select

Time of Request *
Select Current Time H M AM/PM

Was this Request Initially Received as an Urgent Request? *
 No Yes

Was the urgency of the referral changed after reviewing the referral?
 Yes No

Updated Urgent Status
 Urgent Standard

Reason for Change in Urgent Status
+

Discharge/Release from
 Custody (Justice Involved) Emergency Department Inpatient

Date of Actual or Projected Discharge/Release
Select

Will client be referred to a BHRS program/agency? *
 No Yes

If the client is requesting SUD or SMHS services, click on the "Services Requested" tab on the left side of this form to indicate services requested.

If client will not be referred to BHRS, indicate closure reason.

Closure Reasons
 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 (e.g. deceased or client unresponsive).
 Other (please specify)

Other
+

Contact Information

Client Information

Home
650-123-4557

Cell
415-123-4567

Work
415-123-1234

OK to Contact/Leave Message (Home Phone)
 Yes No

OK to Contact/Leave Message (Cell Phone)
 Yes No

If prepopulated information is incorrect, update client's info in "Update Client Data" form.

Requestor Information

Requestor's Relationship to Client
Select

Requestor Name
Select

Requestor Phone Number
Select

Requestor Email Address
Select

If requestor will be an ongoing contact for the client, then add requestor information to "BHRS Clients Relationships" form.

Services Requested *

Service Requested	Additional Service Specified (If applicable)	Will the client be referred to a BHRS Prog...	BHRS Program/Agency to which client wi...	Please specify OON provider
No records.				

Add New Item Edit Selected Item Delete Selected Item

Service Requested *
Select

Additional Service Specified (If applicable)
All Clear Search

Medication Assisted Treatment (MAT)
 SUD Perinatal

MH Services that require pre-authorization should not be processed through this Timely Access form. MH services that require pre-authorization should follow the UM process.

Will the client be referred to a BHRS Program/Agency or an OON Provider?
 BHRS Agency OON Provider

Please specify OON provider
Select

documentation Clinical REFERRAL QUEUE | Customize OFF

TEST, JOLLY T JR (1 ... ▾ TEST, JOLLY T JR (000938760)

TEST, JOLLY T JR (000938760)
M, 65, 12/20/1960
Ht: 5' 11.2", Wt: 250 lbs, BMI: 34.7

Ep: - Problem P: - DX P: - Location: - Attn. Pract.: - Adm. Pract.: -

TIMELY ACCESS REQUEST INFO

Initial Request Information

Incoming Details
Initial Request Information
Contact Information
Services Requested

If the request for service came directly to the Access Call Center, then the information in the red boxes can pre-populate from the Access Call Center ICI Form.

Make sure that "Yes" is selected for "Was the original request received by Access Call Center," then select the correct ICI record from which to pre-populate using the "Linked ICI" drop down menu.

Incoming Details

Program filling out this form *
Select
Was the original request received by Access Call Center *
Yes No
Linked ICI
Select

Initial Request Information

Date of Request *
Time of Request *
Was this Request Initially Received as an Urgent Request? *
No Yes
Was the urgency of the referral changed after reviewing the referral?
Yes No
Updated Urgent Status
Urgent Standard
Reason for Change in Urgent Status

Discharge/Release from
Custody (Justice Involved)
Emergency Department
Inpatient

Date of Actual or Projected Discharge/Release

Will client be referred to a BHRS program/agency? *
No Yes

If the client is requesting SUD or SMHS services, click on the "Services Requested" tab on the left side of this form to indicate services requested.

If client will not be referred to BHRS, indicate closure reason.

Closure Reasons

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 (e.g. deceased or client unresponsive).
Other (please specify)

Other

Contact Information

Client Information

Home
650-123-4557

Cell
415-123-4567

Work
415-123-1234

OK to Contact/Leave Message (Home Phone)
Yes No

OK to Contact/Leave Message (Cell Phone)
Yes No

If prepopulated information is incorrect, update client's info in "Update Client Data" form.

Requestor Information

Requestor's Relationship to Client
Select

Requestor Name

Requestor Phone Number

Requestor Email Address

If requestor will be an ongoing contact for the client, then add requestor information to "BHRS Clients Relationships" form.

Services Requested

Service Requested
Additional Service Specified (if applicable)
Will the client be referred to a BHRS Program/Agency to which client will be referred
BHRS Program/Agency to which client will be referred
Please specify OON provider

No records.

Add New Item Edit Selected Item Delete Selected Item

Service Requested *
Select

Additional Service Specified (if applicable)
All Clear Search
Medication Assisted Treatment (MAT)
SUD Perinatal

MH Services that require pre-authorization should not be processed through this Timely Access form. MH services that require pre-authorization should follow the UM process.

Will the client be referred to a BHRS Program/Agency or an OON Provider?
BHRS Agency OON Provider

BHRS Program/Agency to which client will be referred
Select

Please specify OON provider

TEST, JOLLY T JR (1 ... ▲ TEST, JOLLY T JR (000938760)

TEST, JOLLY T JR (000938760)
M, 65, 12/20/1960
Ht: 5' 11.2", Wt: 250 lbs, BMI: 34.7

Ep: -
Problem P: -
DX P: -
Location: -
Attn. Pract.: -
Adm. Pract.: -

1. Alert QM of billable diagnosis.
2. STOP - THIS IS A STAND ALONE EPISO...
3. HIGH PRIORITY-Please review the Us...

Allergies (19)
Allergies Reviewed-Yes (02/21/2024)
1) TYLENOL - Active
2) PENICILLINS (CLASS) - Active
3) ATORVASTATIN - Active
4) CODEINE - Active

TIMELY ACCESS REQUEST INFO

Initial Request Information

Incoming Details
Initial Request Information
Contact Information
Services Requested

Update Client Data
BHRS Client Relationships
Interface PEI V2

Incoming Details

Program filling out this form *
Select

Was the original request received by Access Call Center *
 Yes No

Linked ICI
Select

Initial Request Information

Date of Request *
Time of Request *
Was this Request Initially Received as an Urgent Request?
 No Yes

Was the urgency of the referral changed after reviewing the referral?
 Yes No

Updated Urgent Status
 Urgent Standard

Reason for Change in Urgent Status
This text box will activate if "Yes" is marked for "Was the urgency of the request changed..."

Discharge/Release from
 Custody (Justice Involved) Emergency Department Inpatient

Will client be referred to a BHRS program/agency? *
 No Yes

If the client is requesting SUD or SMHS services, click on the "Services Requested" tab on the left side of this form to indicate services requested.

If client will not be referred to BHRS, indicate closure reason.

Closure Reasons
 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 (e.g. deceased or client unresponsive).
 Other (please specify)

Other
This text box will activate if "Other" is selected from the "Closure Reason" drop down list.

Contact Information

Client Information
Home: 650-123-4557
Cell: 415-123-4567
Work: 415-123-1234
OK to Contact/Leave Message (Home Phone)
 Yes
OK to Contact/Leave Message (Cell Phone)
 Yes

If prepopulated information is incorrect, update client's info in "Update Client Data" form.

If these information needs to be updated, remember to also update the information via the "Update Client Data" form so that the client's medical record has the most updated information.

Requestor Information

Requestor's Relationship to Client
Select

Requestor Name
Requestor Phone Number
Requestor Email Address

If requestor will be an ongoing contact for the client, then add requestor information to "BHRS Clients Relationships" form.

If this individual will have ongoing involvement in the client's care, remember to enter their information in the "BHRS Client Relationships" form.

Service Requested

Service Requested *
Select

Additional Service Specified (If applicable)
Add New Item
Edit Selected Item

1
2
3
4

Service Requested *
Select

Additional Service Specified (If applicable)
All (Clear) Search
 Medication Assisted Treatment (MAT)
 SUD Perinatal

MH Services that require pre-authorization should not be processed through this Timely Access form. MH services that require pre-authorization should follow the UM process.

Will the client be referred to a BHRS Program/Agency or an OON Provider?
 BHRS Agency OON Provider

BHRS Program/Agency to which client will be referred
Select

This drop down box will activate if "BHRS Program/Agency" is selected for the question "Will the client be referred to a BHRS Program/Agency or an OON Provider?"

Please specify OON provider

This text box will activate if "OON Provider" is selected for the question "Will the client be referred to a BHRS Program/Agency or an OON Provider?"

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Timely Access Appointment Info Form

TEST, JOLLY T JR (938760)

TEST, JOLLY T JR (000938760)
M, 65, 12/20/1960
Ht: 5' 11.2", Wt: 250 lbs, BMI: 34.7

Ep: 49 : 417003 COASTSIDE YOUTH
Problem P: Depressed affect
Attn. Pract.: -
Attn. Pmt: -
Attn. Pmt: -

Location: HOMELESS, Anatone, WA
Attn. Pract.: -
Attn. Pmt: -
Attn. Pmt: -

1. Alert QM of billable diagnosis.
2. STOP - THIS IS A STAND ALONE EPISODE.
3. HIGH PRIORITY - This is a stand alone episode.

Allergies (19)
Allergies Reviewed=Yes (02/21/2024)
1) TYLENOL - Active

TIMELY ACCESS APPOINTMENT INFO

Appointment Information
Appointment Information

The items in the red boxes will pre-populate from the Timely Access Request form if you select the corresponding form from the "Linked Timely Access" drop down list.

Linked Timely Access *

Date of Request

Time of Request

Service Requested

Additional Service Specified (if applicable)

Medication Assisted Treatment (MAT)
SUD Perinatal

Prior Authorization

Date of Authorization Determination

Time of Authorization Determination

Determination

Comments

This section will generally only need to be filled out by Programs that do prior authorizations for SUD Residential treatment.

Initial Appointment

First Offered Appointment Date

First Offered Appointment Time

If offered appointment was beyond standard, select reason for delay

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)
No delay. The appointment met the timely access standard for this service

If Other is selected, please specify

This text box will activate if "Other" is selected from the "Reason for Delay" drop down list.

First Attended Initial Appointment

Days

Hours

This is auto-calculated as the difference between the request date/time and the first offered appointment for the initial appointment.

"Days" shows the time from date of request to first offered appointment as measured in business days.

"Hours" shows the time from date of request to first offered appointment as measured in calendar hours.

Follow Up Appointment

First appointment after initial attended appointment

First Offered Follow Up Appointment Date

First Offered Follow Up Appointment Time

Did the offered appointment exceed the Timely Access standard for this service?

No Yes

Did a Licensed health care provider determine that the extended waiting time was clinically appropriate?

No Yes

Reason that the delay was clinically appropriate

This text box will activate if "Yes" is selected for "Did the Licensed Clinician determine..."

First Attended Follow Up Appointment Date

Days

This is auto-calculated as the difference between the initial ATTENDED appointment and the first offered follow-up appointment for the follow-up appointment.

"Days" shows the time from date of attended initial appointment to first offered follow-up appointment as measured in business days.

Closure Information

Closure Date

Closure Reason

If Other is selected, please specify

This text box will activate if "Other" is selected from the "Closure Reason" drop down list.

Draft/Final *

Draft Final

This form should be saved as DRAFT until one of the following conditions is met:

- 1) For MH non-psychiatry or SUD non-residential services: If the client attends their follow up appointment
- 2) For MH psychiatry or SUD residential services: If the client attends their initial appointment
- 3) If the client does not meet either condition 1 or 2 above AND the closure reason and closure date are filled out.

Last Updated: 02/10/2026