

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

myAvatar^{NX} myDay

TEST, JOLLY T JR (000938760)

All Episodes

Customize OFF

Reload View

LOGGED IN AS ERI TSUJII

timely

Advanced Client Search

Here is what I found:

All 3 Clients 0 Staff 0 Forms 3

Forms

Undo

Name

Menu Option

SUD Timely Access Data Tool Report

/ Avatar PM / Reports

Timely Access Appointment Info

/ Avatar PM / New Forms

Timely Access Request Info

/ Avatar PM / New Forms

To Add Timely Access Widgets, click the Off switch to "On" and then select the icon with the two squares to see the full list of widgets to add.

Adding the Timely Access Widgets

myAvatar^{NX} myDay

TEST, JOLLY T JR (000938760)

All Episodes

Customize ON

LOGGED IN AS ERI TSUJII

What can I help you find?

Advanced Client Search

My Clients

My Forms

My Favorites

Recent Forms

Control Panel

My Clients Site

TEST, JOLLY T JR ID#: 938760

Recent Clients

TEST, JOLLY T JR ID#: 938760

SMDSHRS LIVE

AVPM | LIVE | ETSUJII

BUILD: 2025.12.00.05

Documentation clinical REFERRAL QUEUE

TEST, JOLLY T JR (1 F...)

Search:

Client ID

Client

SP

Program

Date of Request

Service Request

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 12:04 PM SUD - Opioid Treatment Program (E.g. BAART)

938760 TEST, JOLLY T JR 02/01/2026 12:04 PM 410301 CENTRAL COUNTY ADULT MH

938760 TEST, JOLLY T JR 02/01/2026 12:04 PM 410101 NORTH COUNTY ADULT MH

938760 TEST, JOLLY T JR 02/01/2026 12:04 PM 056200 MORTON BAKAR CENTER LOCKOUT MH

938760 TEST, JOLLY T JR 01/15/2026 12:07 PM 056200 MORTON BAKAR CENTER LOCKOUT MH

938760 TEST, JOLLY T JR 01/15/2026 12:07 PM AD419502 BAKAR CENTER - DETOX SUD

938760 TEST, JOLLY T JR 01/15/2026 12:07 PM AD410002 AOD RTK SUD

938760 TEST, JOLLY T JR 12/18/2025 12:04 PM AD410114 RECOVER MEDICAL GROUP SUD

938760 TEST, JOLLY T JR 12/18/2025 12:04 PM OON Provider SUD

Showing 1 to 10 of 10 entries

Search:

Client ID

Client

SP

Program

Date of Request

Service Request

938760 TEST, JOLLY T JR 12/18/2025 12:07 PM 416603 EAST BAYSHORE YOUTH MH - Psychiatry (Medication)

938760 TEST, JOLLY T JR 12/18/2025 12:07 PM 416603 EAST BAYSHORE YOUTH SUD - SUD Resident

938760 TEST, JOLLY T JR 12/18/2025 12:07 PM 416603 EAST BAYSHORE YOUTH MH - Non Psychiatry (e.g. Therapy, Case Management, MH Rehab)

Showing 1 to 3 of 3 entries

Drag and Drop the Widgets onto your View Tab and move and resize as you like.

SAN MATEO

Timely Access Appointment Info By Caseload

Timely Access Request Info Recent Records

San Mateo

Timely Access Appointment Info By Caseload

Timely Access Request Info Recent Records

Last Updated: 02/10/2026

Page 3 of 12

Using the Timely Access Request Info Widget

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

TYPE YOUR PROGRAM NAME HERE TO FILTER BY PROGRAM.

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	02/05/2026	09:12 AM		SUD - Opioid Treatment Program (E.g. BAART)
938760	TEST,JOLLY T JR	02/05/2026	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	02/01/2026	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	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
		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.

Search:

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)	Draft
938760	TEST,JOLLY T JR	107	416803 EAST BAYSHORE YOUTH	12/18/2025	SUD - SUD Residential	Draft
938760	TEST,JOLLY T JR	107	416803 EAST BAYSHORE YOUTH		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

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 *

T

Y

Time of Request *

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

Referral Source *

Select

If Other Referral selected, please specify

Request Received Via

Call

Mail

Email

EHR

Fax

Walk-in

Additional Comments About this Request for Service(optional)

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

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 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

BHRS Program/Agency to which client will be referred

Select

Linked ICI *

Select

Date of Original Request: 01/15/2026 - Time: 12:07 PM - ICI Type: 1 - Name of Requestor: Eri Test 2

Date of Original Request: 02/01/2026 - Time: 12:04 PM - ICI Type: 1 - Name of Requestor: Eri Test 1

Date of Original Request: 02/06/2026 - Time: 09:12 AM - ICI Type: 1 - Name of Requestor: dsfd

Date of Original Request: 02/09/2026 - Time: 01:02 PM - ICI Type: 1 - Name of Requestor: Joe Smith-Test

Date of Original Request: 12/18/2025 - Time: 12:00 PM - ICI Type: 1 - Name of Requestor: Eri Test 5

Date of Request

Time of Request

Name of Requestor

Last Updated: 02/10/2026

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documentationClinicalREFERRAL QUEUE

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

Epi: -
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) ALBENDAZOLE - 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

Program filling out this form *

Select

Was the original request received by Access Call Center *

Yes

No

Linked ICI

Select

Date of Request *

TY

Time of Request *

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

Referral Source *

Select

If Other Referral selected, please specify

Call

Email

Fax

Mail

EHR

Walk-In

Additional Comments About this Request for Service(optional)

Date of Actual or Projected Discharge/Release

TY

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

OK to Contact/Leave Message (Cell Phone)

Yes

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

Services Requested *

Select

Service Requested

Additional Service Specified (If applicable)

Will the client be referred to a BHRS Prog...

No records.

1

2

Add New Item

Edit Selected Item

Service Requested *

Select

Additional Service Specified (If applicable)

All | Clear

Search

Medication Assisted Treatment (MAT)

SUD Perinatal

MH Services requiring 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

Type program name here to search

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

This drop down will activate if "Other" is selected for "Referral Source"

Call

Email

Fax

Mail

EHR

Walk-In

This text box will activate if "Yes" is marked for "Was the urgency of the request changed..."

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

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.

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

To get to the "Services Requested" Section, click "Services Requested" on the Left Side menu bar at the top of this form.

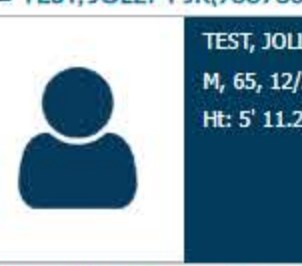
Services Requested are required to be inputted if you select "Yes" to the question "Will Client be referred to a BHRS Program/Agency?" (This includes OON providers)

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?"

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 (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
DX P: 311 Depressive disorder NOS

Location: HOMELESS, Anatone, WA
Attn. Pract.: -
Adm. Pract.: INGALL BULL

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 APPOINTMENT INFO

Draft

Submit

Discard

Add to Favorites

Appointment Information

- Appointment Information
- Prior Authorization
- Initial Appointment
- Follow Up Appointment
- Closure Information

Appointment Information

Linked Timely Access *

Select

X

▼

Date of Request



T

Y

Time of Request

Current Time

H

M

AM/PM

Service Requested

Select

X

▼

Additional Service Specified (If applicable)

All | Clear

Search



- ☐ Medication Assisted Treatment (MAT)
- ☐ SUD Perinatal

Updated Urgent Status(If updated from original urgent request)

☐ Standard

☐ Urgent

Was this Request Initially Received as an Urgent Request?

☐ Yes

☐ No

Prior Authorization

Date of Authorization Determination



T

Y

Time of Authorization Determination

Current Time

H

M

AM/PM

Determination

☐ Administratively Closed

☐ Denied

☐ Approved

Comments



Initial Appointment

First Offered Appointment Date



T

Y

First Offered Appointment Time

Current Time

H

M

AM/PM

Days

Hours

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



First Attended Initial Appointment



T

Y

Follow Up Appointment

First appointment after initial attended appointment

First Offered Follow Up Appointment Date



T

Y

First Offered Follow Up Appointment Time

Current Time

H

M

AM/PM

Days

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



First Attended Follow Up Appointment Date



T

Y

Closure Information

Closure Date



T

Y

Closure Reason

Select

X

▼

If Other is selected, please specify



Draft/Final *

☒ Draft

☐ Final

