

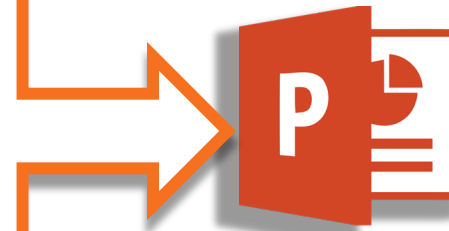


Timely Access (SUD and SMHS)

Download the PPT from the QM Website:

<https://www.smchealth.org/bhrs/qm>

Click on the “Webinar Recording & PPTs” Tab



January 15, 2026

Meet Your QM TEAM



Annina Altomari



Claudia Tinoco-Elizondo



Eri Tsujii



Elaina Acosta-Ford



Laurie Bell



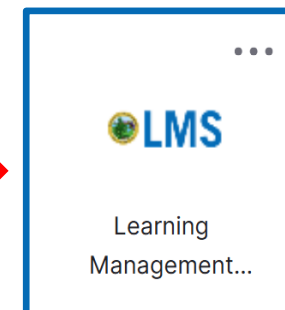
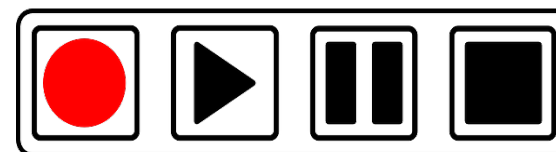
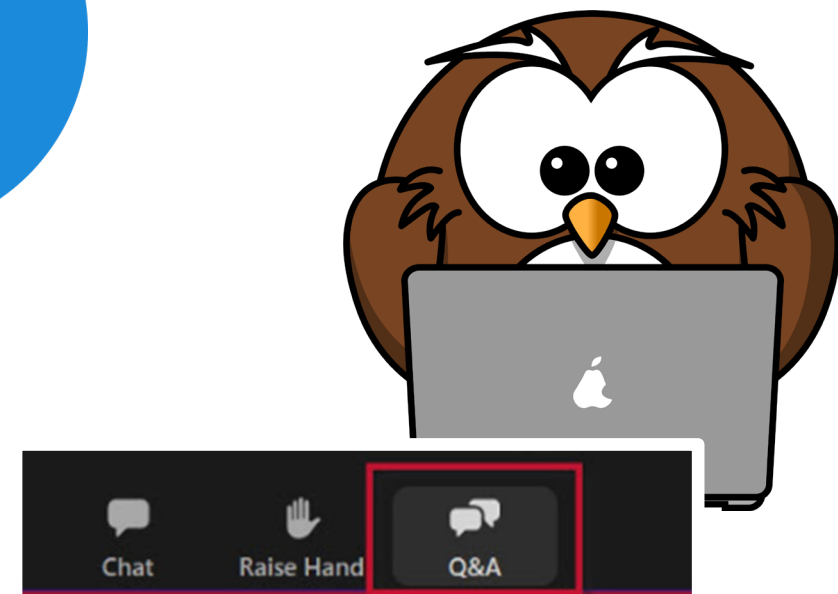
Mercedes Medal



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**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

Housekeeping

- Reminder- Please keep your mic muted
- Type your questions using the Q&A button.
- Attendance is tracked automatically in Zoom
- Today's session will be recorded.





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BEHAVIORAL HEALTH & RECOVERY SERVICES

Agenda

At the conclusion of this training, participants will have a better understanding of the following:

- The importance of Timely Access to services
- The standard timelines for Timely Access
- Data collection elements for Timely Access
- The new workflow for collecting and reporting Timely Access

The Basics

Timely Access Tracking



Why Track Timely Access?

Delays in Access to health care can:

- ✗ Negatively impact prognosis and motivation to address behavioral health struggles.

Timely Access to health care can:

- ✓ Support individual's functioning and trust in the behavioral health care system.
- ✓ Help to keep people motivated to address their needs.
- ✓ Ensure services are provided equitably across various populations.
- ✓ Help assess the overall health of our system and support identification of staffing or service needs.



Where do these requirements come from?

What's a DHCS BHIN?

The Department of Health Care Services (DHCS) issues guidance on new regulations, mandates, etc. for counties through their **Behavioral Health Information Notices (BHINs)**.



- DHCS BHIN: Network Certification Requirements for County Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Plans
- This BHIN gets updated annually.
- BHIN 23-041 (published in 2023) included many significant changes to the previous Timely Access requirements; usually the annual updates are minimal with simple updates to reporting instructions.



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Why Now for Timely Access?



BHRS is at risk of receiving **financial sanctions** for deficiencies related to Timely Access Data collection.



We need to improve:

- The accuracy of our data collection and reporting
- Our ability to meet the 80% marker for Timely Access



Timely Access Forms



Timely Access Forms

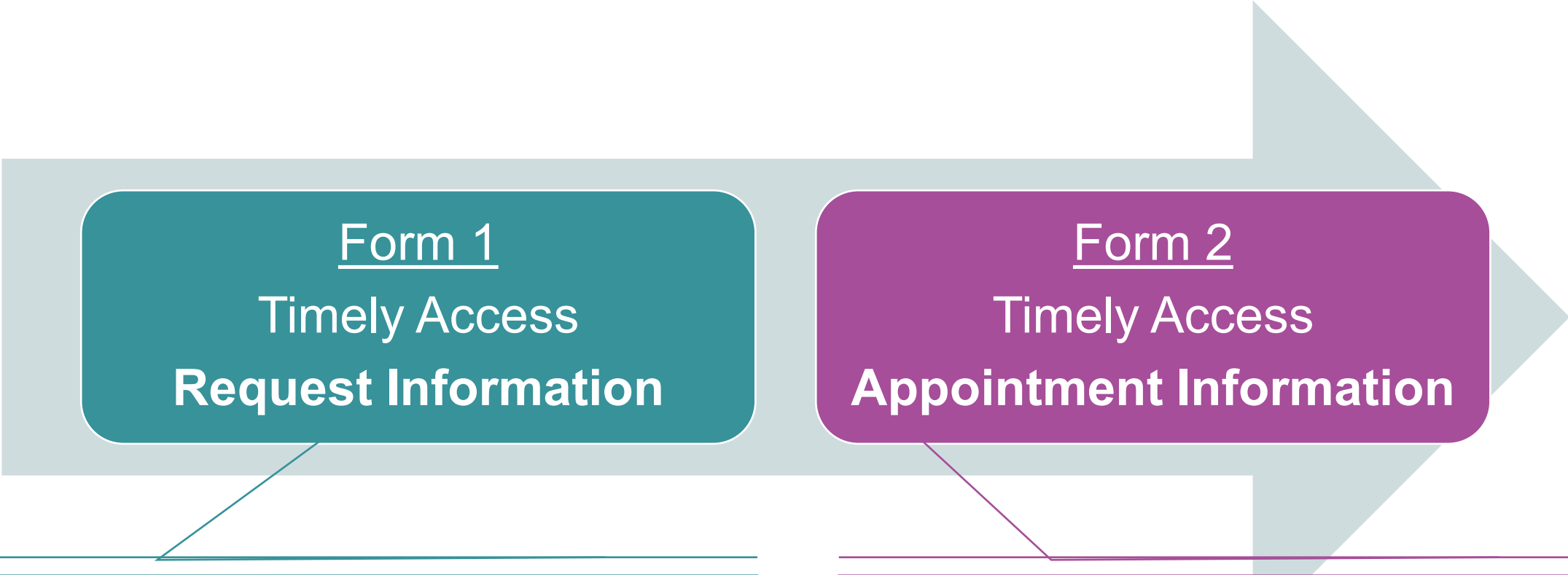
Form 1
Timely Access
Request Information

Used by the programs that received the request for service to record the request information.

Form 2
Timely Access
Appointment Information

Used by the programs that offer and/or provide the first and second appointments.

Timely Access Forms



Form 1
Timely Access
Request Information

Only one Request Information form needs to be completed if multiple service came at the same time for the same client.

Form 2
Timely Access
Appointment Information

A separate form needs to be filled out for each service that was requested.

Timely Access Forms

The new Timely Access Forms replace the use of several forms that have been used in the past to track Timely Access.

New Forms

- **Timely Access Request Information Form**
- **Timely Access Appointment Information Form**

Retired Forms

- **CSI Assessment Form**
- **SUD Initial Referral Form**
- **SUD Referral Follow Up Form**
- **SUD ICI Form**

Timely Access Process

For MH programs, the new Timely Access Forms **do NOT replace** existing referral processes required to refer a client to a specific program. This is because...

- not all programs use Avatar
- not all programs that use Avatar use it on a daily basis (only for billing purposes, etc.)
- some programs require specific information that is NOT included in the Timely Access form to process referrals.



Please continue to use existing processes (e.g., email/fax) to send referrals to MH programs.





Poll 1

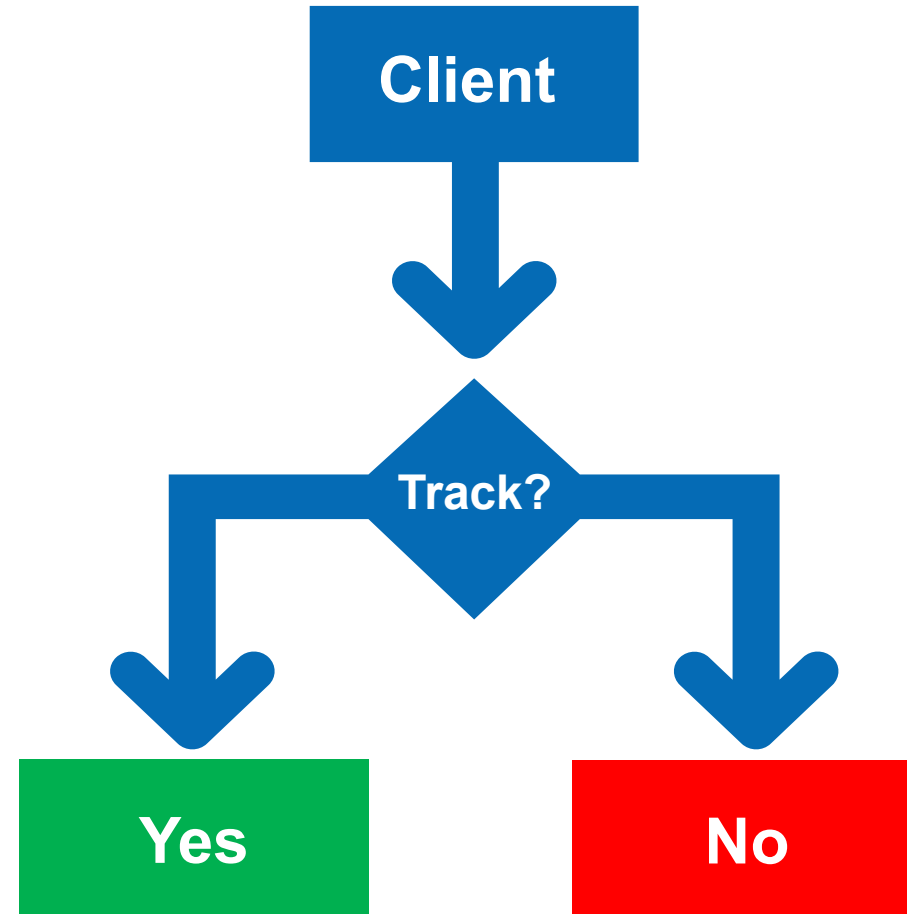
The Timely Access Forms replace all existing referral process in BHRS.

A. True

☒ False



Clients included in Timely Access



Tracked for New or Existing Clients



While DHCS only requires Timely Access data submission for Medi-Cal beneficiaries, **all** clients (regardless of insurance) must receive services in a timely manner.

To ensure equity across all our clients regardless of insurance, data must be captured for all clients regardless of insurance

Network Adequacy for Timely Access – DHCS standard (for California)

SMHS
Non-Psychiatry

- New Clients

SMHS
Psychiatry

- New Clients
- Existing Clients

SUD Services

- New Clients

HEDIS – national

Inpatient and ED
Follow-Up

- New Clients
- Existing Clients

Who is a “New” Client?



A **new client** is an individual who is not open to any BHRS treatment program (including contract agencies) at the time of the request.

Determination is based on the client's service history **within the MH or SUD system** (including BHRS contracted agencies) **depending on the service being requested.**

	Description	New Client?
Request for SMHS	Client is currently open to a BHRS MH program.	Not a New Client
	Client is currently open to a BHRS SUD program but not a MH program.	New Client
Request for SUD	All new requests for any service are treated as a new request for a new client. Why? Due to 42 CFR Part 2 restrictions, programs are not able to see if clients have or are currently receiving services SUD services outside of their own agency.	New Client

Documenting Request Information



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Referral Source



Referral Source

Who referred the member/client?

- | | | |
|--|--|--|
| <input type="checkbox"/> Self | <input type="checkbox"/> Mental Health Facility/Community Agency | <input type="checkbox"/> Juvenile Hall/Camp/Ranch/Division of Juvenile Justice |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Social Services Agency | <input type="checkbox"/> Probation/Parole |
| <input type="checkbox"/> Significant Other | <input type="checkbox"/> Substance Abuse Treatment Facility/Agency | <input type="checkbox"/> Jail/Prison |
| <input type="checkbox"/> Friend/Neighbor | <input type="checkbox"/> Faith-based Organization | <input type="checkbox"/> State Hospital |
| <input type="checkbox"/> School | <input type="checkbox"/> Other County/Community Agency | <input type="checkbox"/> Crisis Services |
| <input type="checkbox"/> Fee-For-Service Provider | | <input type="checkbox"/> Mobile Evaluation |
| <input type="checkbox"/> Medi-Cal Managed Care Plan | | <input type="checkbox"/> Other Referred |
| <input type="checkbox"/> Federally Qualified Health Center | | |
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Homeless Services | |
| | <input type="checkbox"/> Street Outreach | |



Referral Source Examples Resource



Referral Source



Timely Access Referral Source Definitions

Referral Source	Definition and/or Examples
Crisis Services	
Emergency Room	Examples: PES, Hospital Emergency Room (e.g., Stanford, Mills-Peninsula, etc.)
Faith-based Organization	
Family Member	Examples: Parent, Sibling
Federally Qualified Health Center	Examples: SMMC Clinics; Some community health clinics (e.g., Ravenswood, FairOaks Health Center, etc.); Some hospital clinics (e.g. Stanford, Mill-Peninsula). <i>For a list of FQHCs: http://findahealthcenter.hrsa.gov/</i>
Fee-For-Service Provider	Examples: Non-FQHC medical providers.
Friend / Neighbor	
Homeless Services	Examples: LifeMoves
Jail / Prison	Examples: Correctional Health Services (CHS)
Juvenile Hall / Camp / Ranch / Division of Juvenile Justice	Examples: YSC
Medi-Cal Managed Care Plan	Examples: HPSM providers, Kaiser-Medi-Cal providers.
Mental Health Facility / Community Agency	Examples: BHRS Programs; Contracted MH Agencies; Non-BHRS Community Mental Health Agencies; SMMC 3AB, IMDs/MHRCs; Other Psychiatric Settings (e.g., Stanford Hospital; St. Mary's Hospital)
Mobile Evaluation	Mobile Crisis programs, including BHRS contracted Mobile Crisis teams.
Other County / Community Agency	Non-BHRS County/Community Agencies. Examples: Public Health, etc.
Other referred	Examples: PCP who is not from an FQHC
Probation/Parole	Examples: AOT Laura's Law
School	Can be a specific school or the school district.
Self	Client or can also include legally authorized client representatives, such as Conservator.
Significant Other	Examples: Spouse, Domestic Partner
Social Services Agency	Examples: CFS, Presumptive Transfers, APS, etc.
State Hospital	State hospitals include 5 hospitals overseen by the Department of State Hospitals: Atascadero, Coalinga, Metropolitan (in Los Angeles County), Napa and Patton. Patients are mandated for treatment by a criminal / civil court judge.
Street Outreach	Examples: Includes BHRS programs such as Street Medicine, PERT, etc.
Substance Abuse Treatment Facility / Agency	Examples: Free at Last, Our Common Ground, etc.

Last Updated: 01/15/2026

Referral Source *

Select



HOMELESS SERVICES

Jail/Prison

Juvenile Hall/Camp/Ranch

Medi-Cal Managed Care Plan

MH Facility / Community Agency

Mobile Evaluation

Other County/Community Agency

Other Referral



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Providers included in Timely Access



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Tracking Appointments for OON and SPPN



The Program filling out the Timely Access Request Information Form

Program / Agency that received original request for service *

Select



To which BHRS program/contracted agency will the service request be sent to?

BHRS Program/Agency to which client will be referred

Select



If referred to an OON Provider, which OON provider?

Please specify OON Provider



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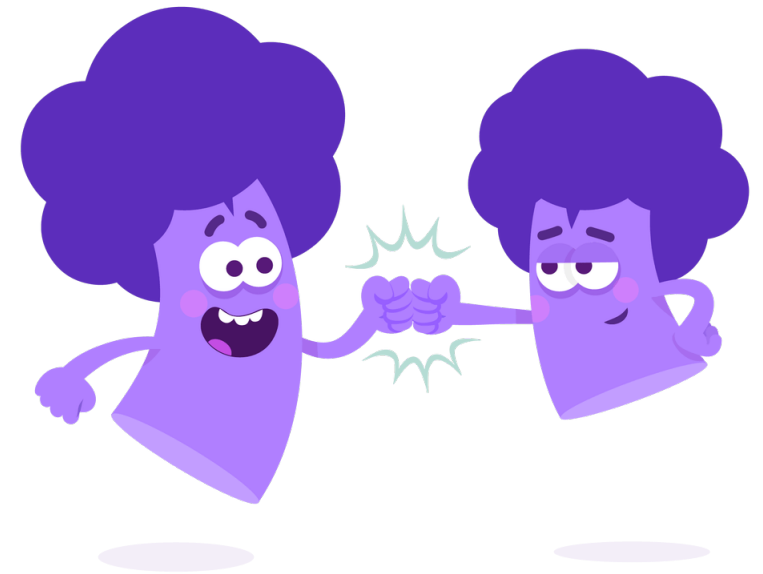
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Who is Responsible for Tracking Timely Access?

All BHRs staff and BHRs contract agencies who provide SMHS or SUD services must comply with Timely Access requirements.

BHIN 25-013

BHRs must report on the timeliness of care for Out of Network (OON) providers if BHRs is unable to arrange an appointment for a client with a network provider that meets the timely access standard.



What is an OON Provider?

IS an Out of Network (OON) Provider



Referral to external SMHS
Provider



Referral to external SUD
Provider

“External” means a provider/agency who provides SMHS or SUD services and is not already employed by or contracted with BHRS.

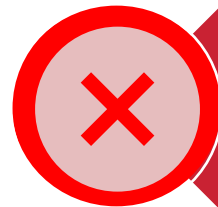
Not an Out of Network (OON) Provider



Referral to MCP



Referral to Private Insurance
provider



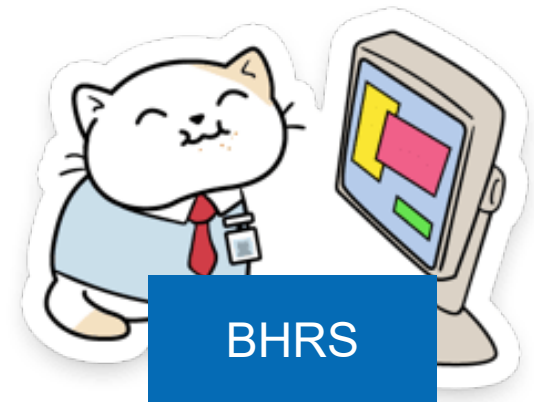
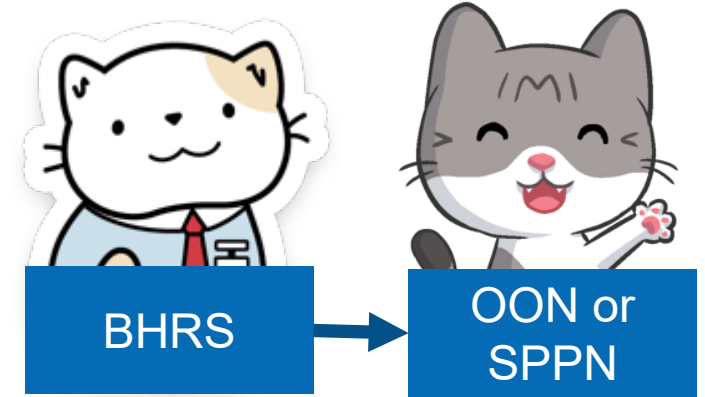
SPPN Referral

Tracking Appointments for OON and SPPN

Who is responsible for Timely Access data tracking if you are referring to an OON or SPPN provider?

The treatment program that referred the client to an OON or SPPN provider for services should ensure that the client is successfully connected to the provider.

For those referrals/requests that fall under Timely Access, the BHRS treatment program/agency who is coordinating the referral should confirm and input into the Timely Access form the offered appointments that were made and attended appointments for the first 2 consecutive appointments with the client.





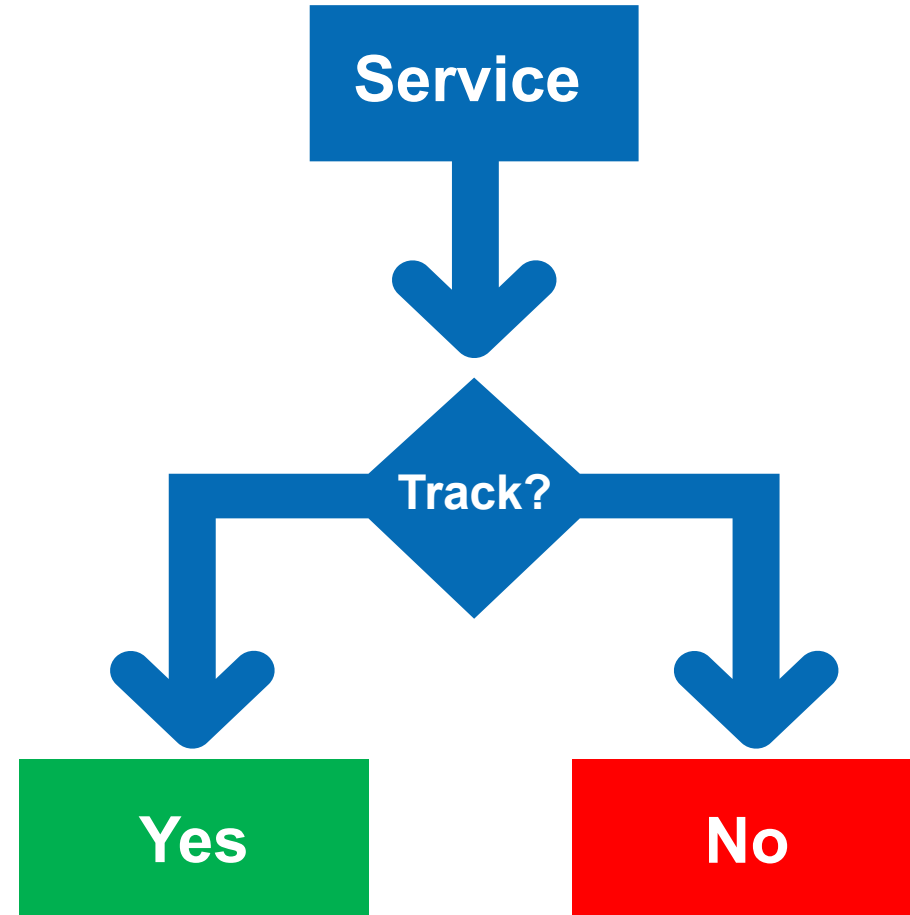
Poll 2

OON providers include the following:

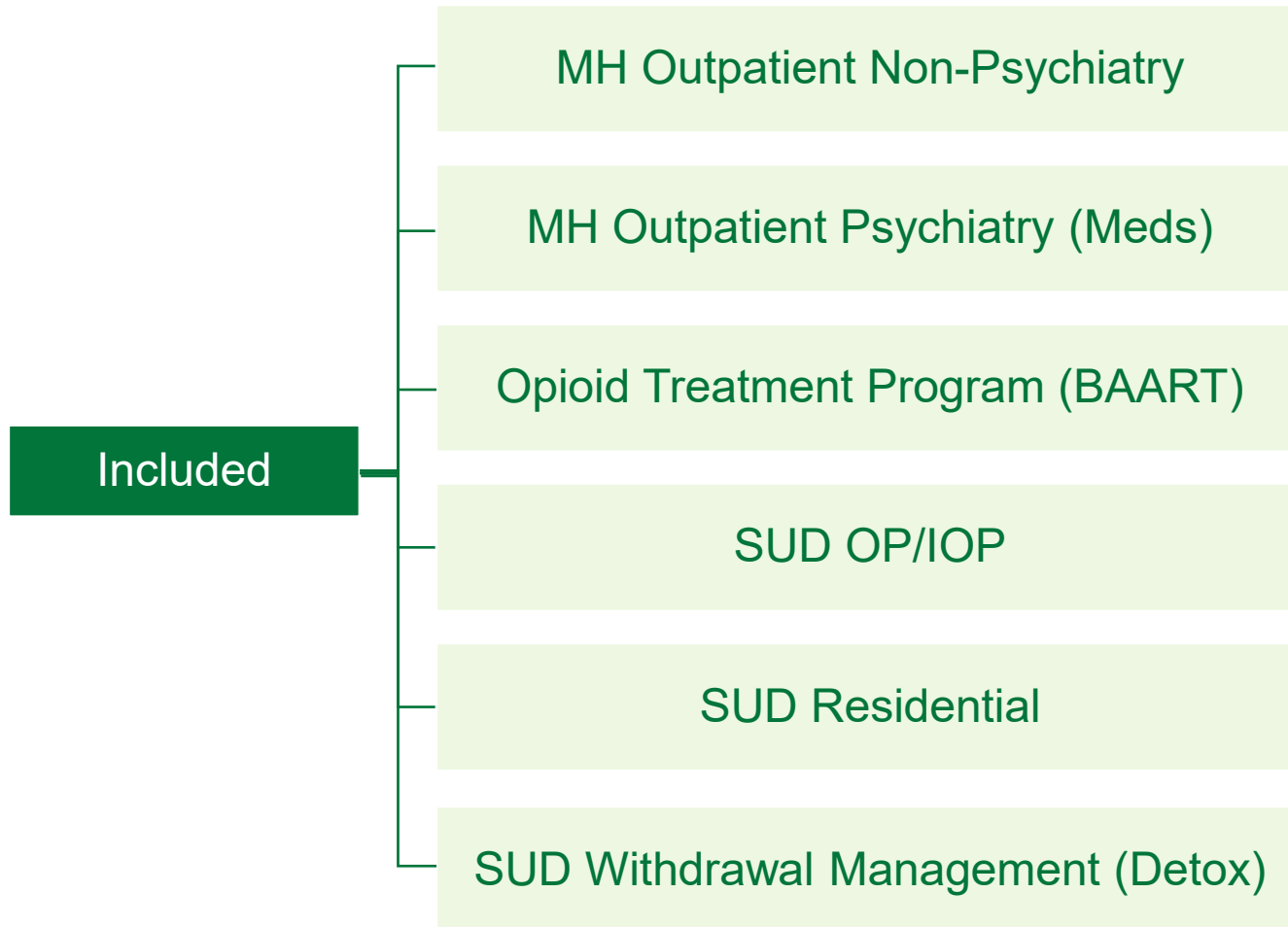
- A. BHRS MH SPPN Providers
- ☒ Providers with whom we engage in single case agreements
- C. All of the above



Services included in Timely Access



Which Services Are Included



Notice that the only residential treatment listed here is **SUD Residential**.

MH Residential and **MH Crisis Residential** are **NOT** included in Timely Access tracking. However, request for outpatient services post-discharge from these facilities IS tracked for timely access.



Which Services Are Included

Initial Request Information
Initial Request Information
Contact Information
Services Requested
Update Client Data
BHRS Client Relationships

Services Requested *

Service Requested	Is this an SUD Perinatal Requ...	Program / Agency that recei...	Neither BHRS Program nor B...	If yes to the above, please na...
No records.				
Service will be added here after clicking "Add New Item"				

1

Add New Item

2

Service Requested *

Select

MH - Non Psychiatry (e.g. Therapy, Case Management, MH Rehab)
MH - Psychiatry (Medication)
SUD - Opioid Treatment Program (E.g. BAART)
SUD - Outpatient / Intensive Outpatient
SUD - SUD Residential
SUD - Withdrawal Management (Detox)

Prior Authorization

Approved!



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Prior Authorization

Require Prior Authorization
as defined by DHCS

- SUD Residential
- Intensive Home-Based Services
- Day Treatment Intensive
- Day Rehabilitation
- Therapeutic Behavioral Services
- Therapeutic Foster Care

The services listed here are the only
services that require prior authorization.

SUD Residential is the only service on here
that will always be tracked for Timely
Access

▼ Prior Authorization

Date of Authorization Determination

Time of Authorization Determination

Determination

☐ Administratively Closed ☐ Approved

☐ Denied

Comments

Skip this section on the Timely Access Appointment form if you do NOT do the prior authorization for SUD Residential.

Prior Authorization

BHRS Internal Utilization Management

- BHRS UM teams process a variety of authorizations, including prior authorization, concurrent authorization, other authorization for payment, etc.
- **Unless the service is listed under the “prior authorization” list** on the previous slide, the service would **not** fall under the timely access “prior authorization” category.
- For any service that requires direct referral to a UM team for processing, you **MUST** continue to submit the usual paperwork to the appropriate UM team.

If a service request is a UM referral that ALSO needs to be tracked for Timely Access, then you must do BOTH:

- Submit the usual paperwork to the appropriate UM Team.

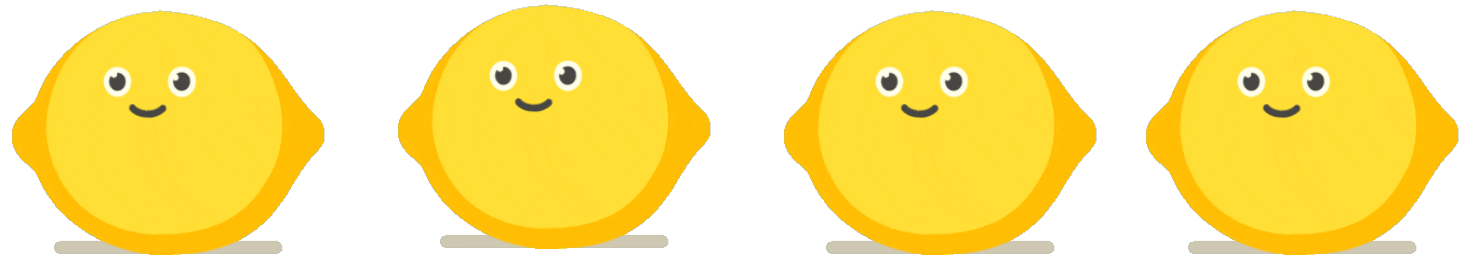
AND

- Complete the Timely Access Form(s)

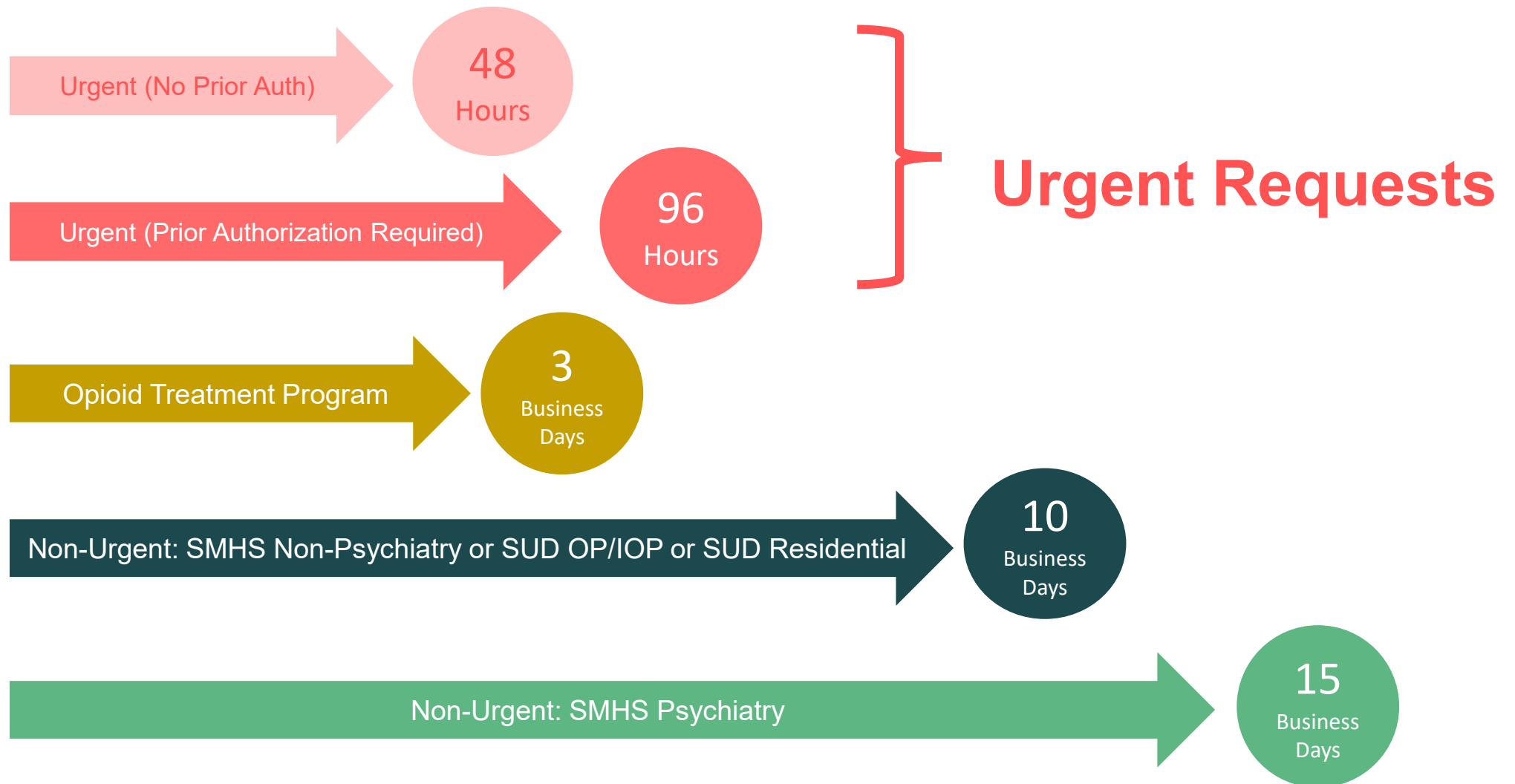
We recognize it's a lot to do both processes. BHRS is exploring combining these processes. Stay Tuned!



Standard Timelines



Timely Access Standards





Poll 3

The following services require prior authorization:

- ☒ A. SUD Residential
- B. MH Therapy
- C. MH Psychiatry
- D. A and B only
- E. B and C only



Request Date

(Start of
Timeline)

Ready.... Set.... **GO!!!**

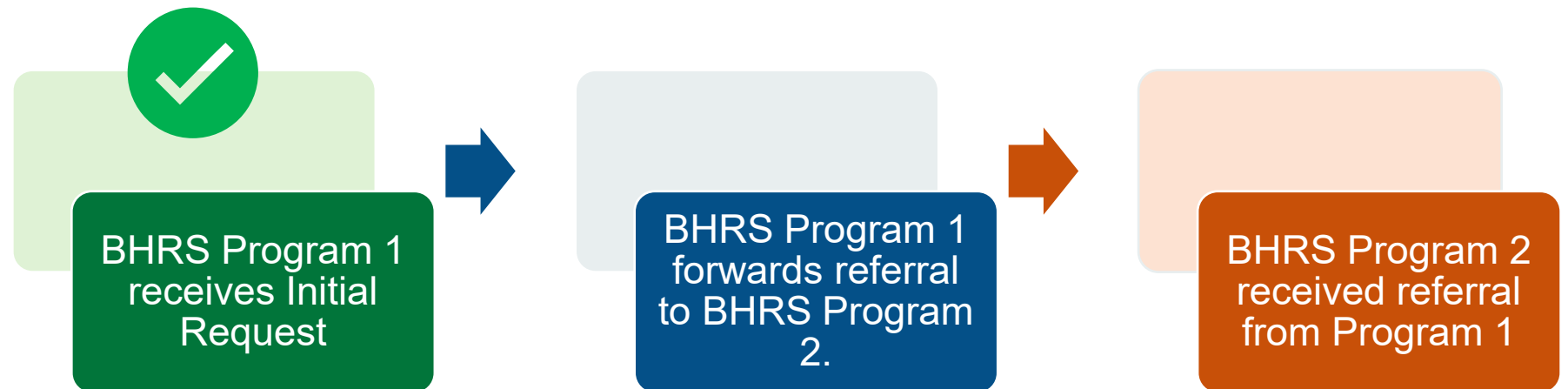
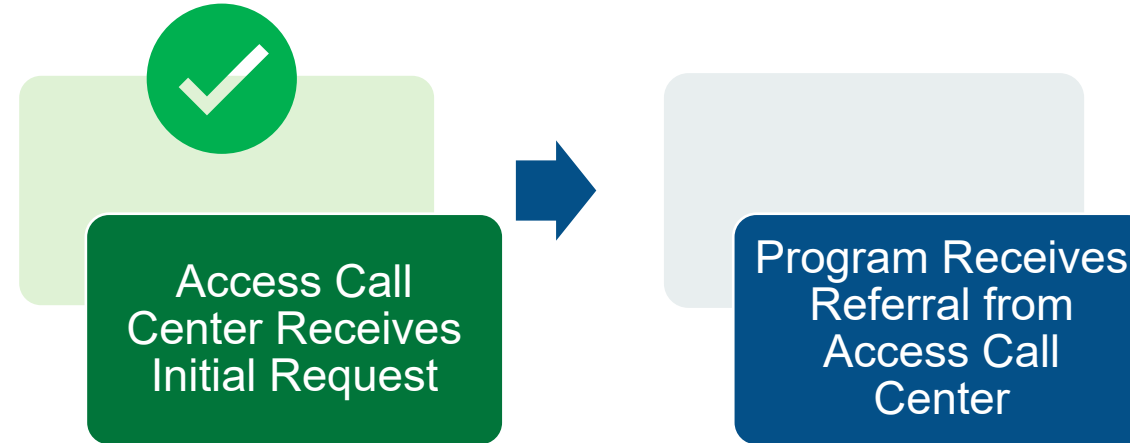


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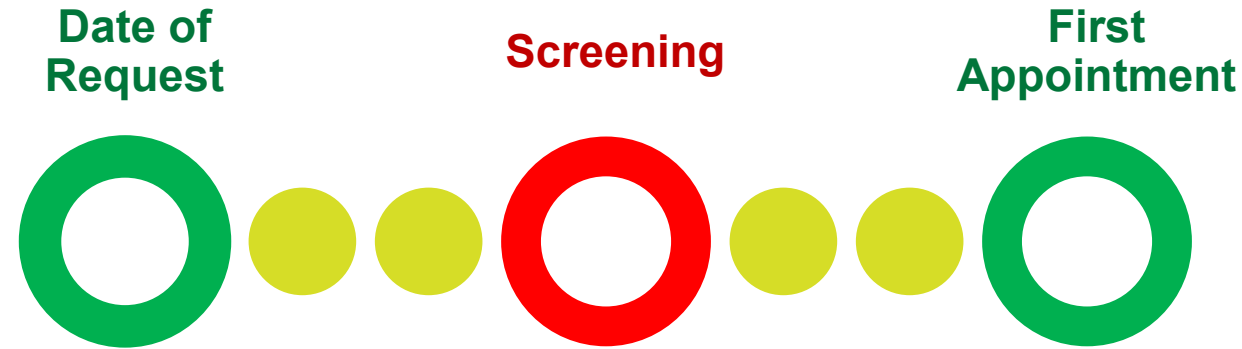
Date of Request for Clients Screened with SMHS Tool

The **date BHRS received the initial request** is the date of the initial request.

“BHRS” is inclusive of the Call Center, Clinics, Specialty Programs, and Contracted Agencies.



Screening Appointments



Screenings are **not** included in any of the timeline calculations for Timely Access. Screenings do **not** change/extend the Time Frame by which a first appointment needs to be offered.

Screening Appointments are not the

- ✗ Date of Initial Appointment
- ✗ First Appointment Offered/Attended

Does a Screening Appointment “Count”

Administration of Brief Screening Tool

- SMHS: Adult/Youth Screening Tools
- SUD: Brief ASAM

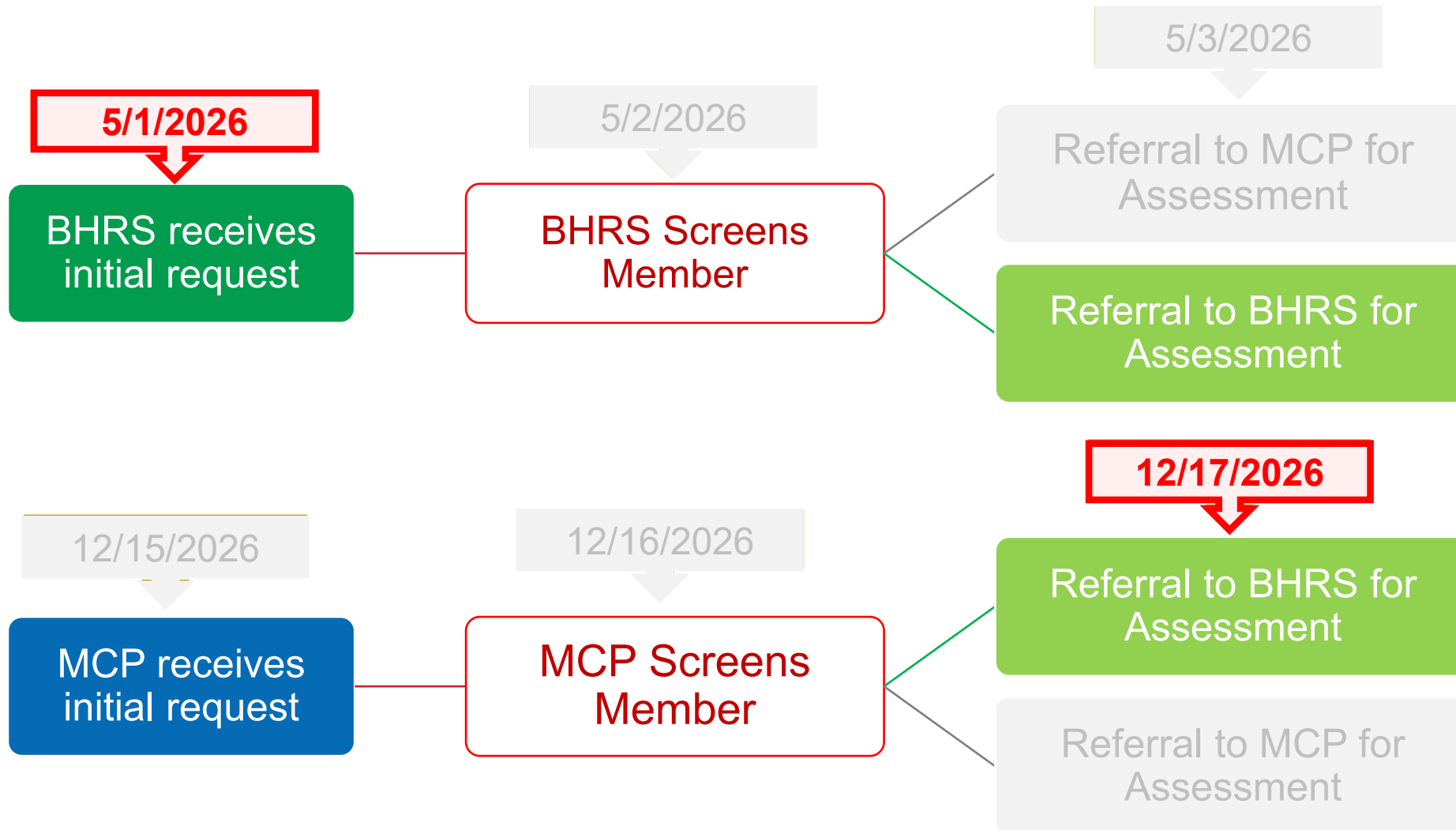
The original request date would be retained as the date of request for service. The Screening date does NOT change the timeline and would NOT be the date of request or the first offered/attended appointment.

Administration of an Extensive Tool that determines LOC or Medical Necessity

- SUD: Full ASAM
- SMHS: DHCS Approved Youth Trauma Screening Tool

The original request date would be retained as the date of request for service. The date that a program administered these extensive screenings would be considered the initial appointment.

Date of Request for Clients Screened with SMHS Tool

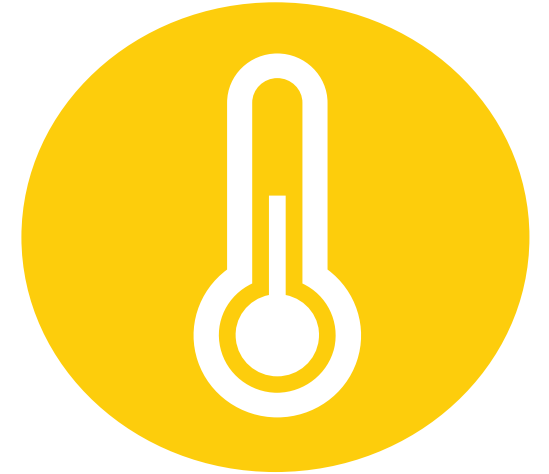


The administration of a screening tool does **NOT** impact the date of initial request.

The administration of a screening tool does **NOT** count as an appointment that could be used to meet Timely Access requirements.



Cold, Warm, Hot Referrals



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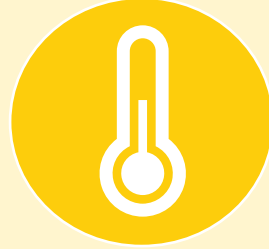
Cold, Warm, Hot Referrals



Cold Referrals

Client and/or client representative is not aware of the referral.

Timely Access standards starts when client or client representative confirm that they want this referral.



Warm Referrals

Another provider states that the client is aware of the referral and requested the service.

Timely Access standards starts when you receive the referral from the provider.



Hot Referrals

Client or client representative directly requested services.

Timely Access Timeline starts as soon as they make the request.

Cold, Warm, Hot Referrals



Cold Referrals

Client and/or client representative is not aware of the referral.

Timely Access standards starts when client or client representative confirm that they want this referral.



Note about Cold Referrals

You should attempt to contact the client as soon as possible (**within 5 business days of request**) to confirm their interest.

The date you confirm that they would like to request SMHS or SUD services is the Date of the Request.



Cold, Warm, Hot Referrals

We know that **discharges** from Inpatient or Emergency Departments and **releases** from being in custody (e.g., Correctional Health) **can change at the last minute**, which can impact Timely Access to care.


To help the record tell the "full story" of these situations and provide information to support reasons for delays from request date, we have included two fields on the Timely Access form that will help account for these special circumstances.

Discharge/Release from

- ☐ Custody (Justice Involved)
- ☐ Emergency Department
- ☐ Inpatient

Date of Actual or Projected Discharge/Release








Poll 4

If a referral was sent on 8/1 but the client was not aware that a referral was sent, and the client confirmed that they would like a referral for services on 8/3, the date of initial request would be...

A. 8/1

☒ 8/3

C. The date that you opened the client in Avatar.



Urgent Requests



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Urgent Requests

DHCS defines urgent as:

Urgent care means health care provided to a member when the member's condition is such that the member faces an **imminent** and **serious** threat to their health, including, but not limited to:

- the potential loss of life, limb, or other major bodily function, or
- the normal timeframe for the decision-making process would be detrimental to the member's life or health or could jeopardize their ability to regain maximum function.



Urgent Requests

How does this DHCS definition translate into the daily work at BHRS? Who makes this determination?

- If another health care provider indicates that an appointment is urgently needed, consider it urgent.
- If a client says their request is urgent, BHRS/CBO should assess their need and make a determination of whether or not an appointment is urgently needed. This assessment should be documented in the client's chart.

Was this Request Initially Received as an Urgent Request? *

☐ **Yes**

☐ **No**



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Urgent Requests

What if I don't agree that the request is urgent?

- **A clinician** (registered/waivered/licensed LPHA) **must review and make a clinical determination and document** in the “Reason for changing urgent status” field on the Timely Access form to explain the reason why the status was changed.
- This often happens when the requester misunderstands the timeline for “urgent.” Often, they mean “as soon as possible” but not necessarily that the individual must be seen within 48 hours.
- This can also happen if the clinician does a clinical review of the referral and talks to the client and determines that the client can safely wait the standard timeframe for an appointment rather than requiring an urgent appointment.

The screenshot shows a portion of a web form with a blue border. The first section is titled "Was this Request Initially Received as an Urgent Request? *" in red text, with radio buttons for "Yes" and "No". The second section, which is highlighted with a red border, is titled "Was the urgency of the request changed after reviewing the request?" in blue text, with radio buttons for "Yes" and "No". Below this is a section titled "Updated Urgent Status" with radio buttons for "Standard" and "Urgent". The final section is titled "Reason for Change in Urgent Status" and contains a large empty text box for documentation.



Urgent Requests

Always Urgent



Request for SUD Perinatal Service



Request for SUD Withdrawal Management (Detox)



Documenting Appointment Information



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Offered and Attended Appointment

Is the Offered Appointment

....

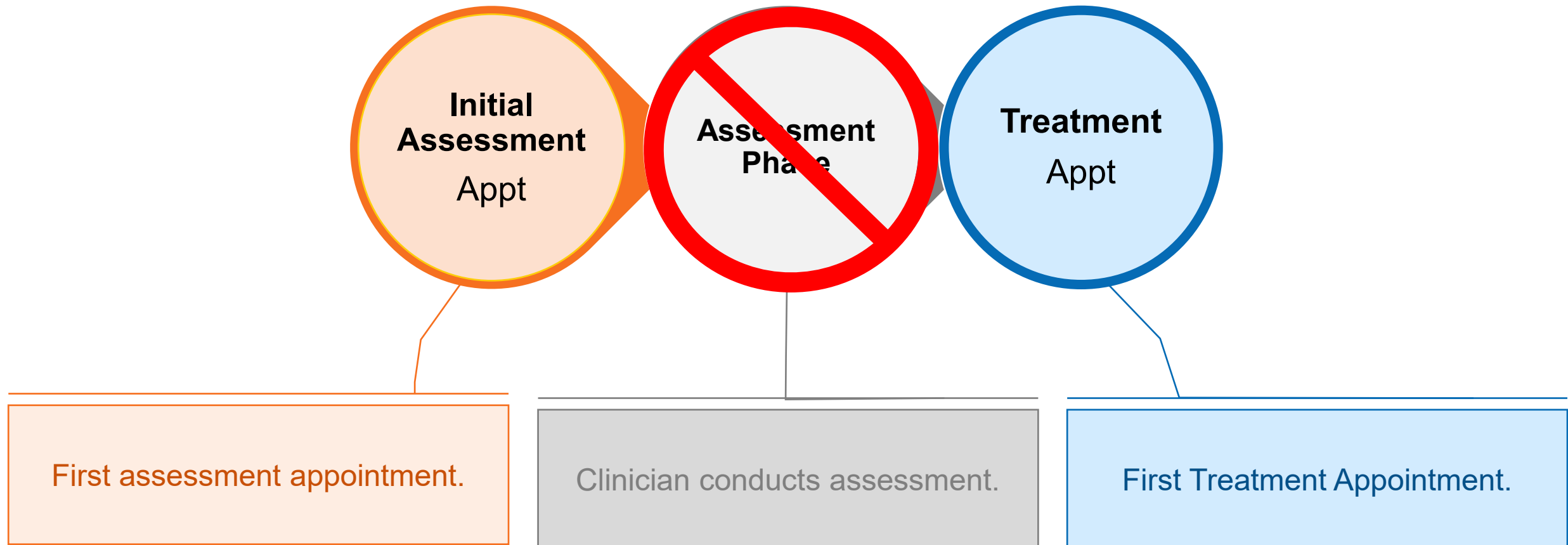
The date that you told the client what appointments are available?

The date actual appointment dates that were offered to the client?



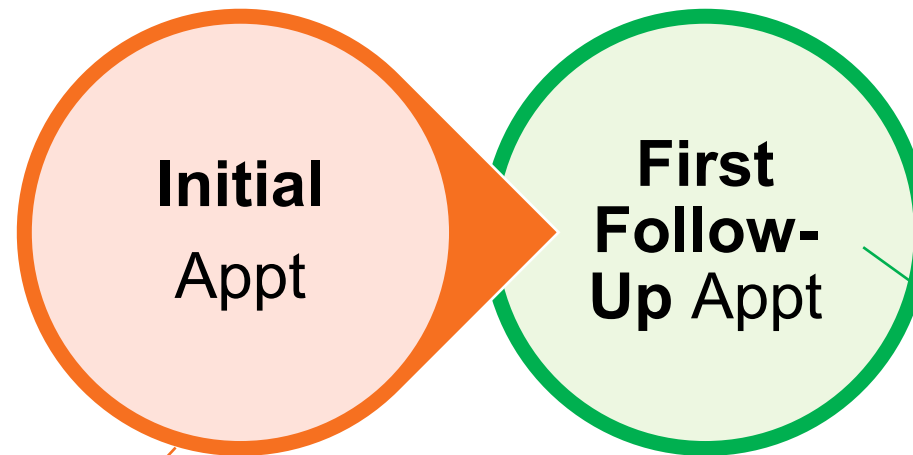
Offered and Attended Appointments

In the before times: Timely Access requirements measured how long it took the client to get to their first assessment appointment and their first treatment appointment.



Offered and Attended Appointments

Present Day: Timely Access requirements measure how long it takes the client to get to their initial appointment and the next appointment that immediately follows the initial appointment.



This does not have to be an assessment service (but cannot be a screening).

This is now the first appointment that comes after the initial appointment. DHCS calls this the “Follow-Up” appointment because it is a follow-up to the initial appointment. Follow Ups do not need to be tracked for Psychiatry requests.

Appointments that “count” for Timely Access



Both the offered and attended appointments should be an appointment where the client will be in attendance.



The appointment can be with a collateral if, for example, the client is a minor for whom it is clinically appropriate and necessary to meet with the collateral prior to meeting with the client.



The appointment can be in-person, over-the-phone, or over video.



For MH Psychiatry requests, the appointment **MUST** be with a prescriber.




For all requests that require Follow Up appt tracking, the follow appointment must be with a non-prescriber.

Important Info About Progress Note

Did client participate in this service? *

☒ Yes ☐ No

Did Collateral participate in service? * 

☒ Yes ☐ No

Make sure these are accurately marked to ensure that the automated report knows that this was an appointment with the client.

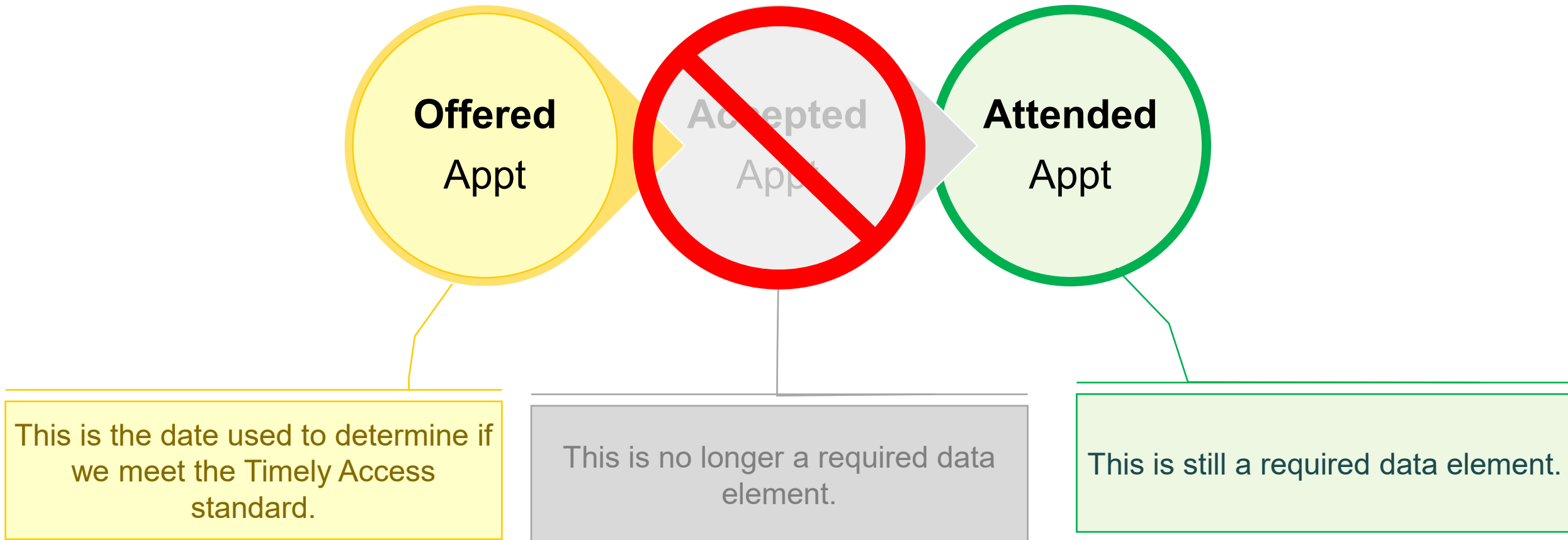
In audits we will be asked to validate the Timely Access data by showing the actual note in the EHR.

The auditors are checking to see that the appointment reflected in the data report corresponds with an appointment attended by the client/collateral.




Offered and Attended Appointments

Timely Access requirements also includes tracking both the **offered** appointments and **attended** appointments.



Appointments that “Count” for Timely Access



I have 3:00 p.m.
available on 5/1,
5/8, and 5/12.



5/8 works
for me!

This scheduling
conversation took place on
4/28.

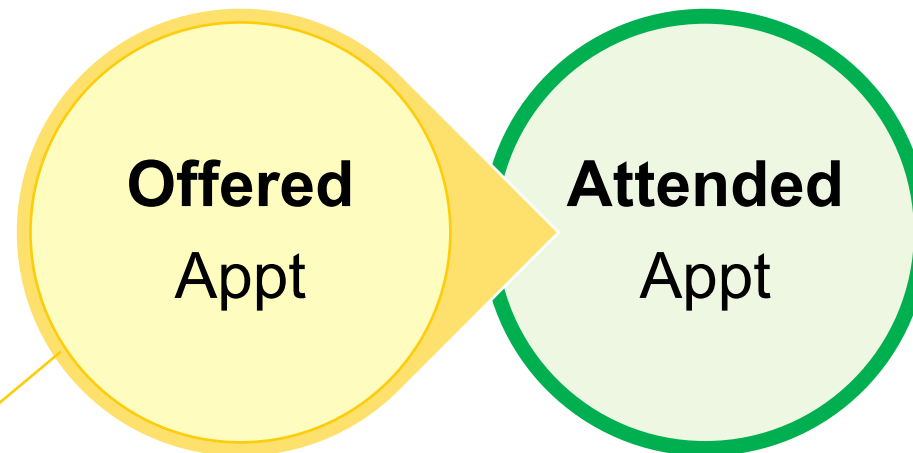
What does **offered** appointment mean?

- An offered appointment is the date of the actual appointment that the client was offered to attend.
- It is **NOT** the date that you spoke to the client to offer the appointment.
- In the example to the left, 5/1, 5/8, and 5/12 are the offered appointment dates. You only need to **input the earliest offered appointment (5/1)** into the Timely Access form.



Offered and Attended Appointments

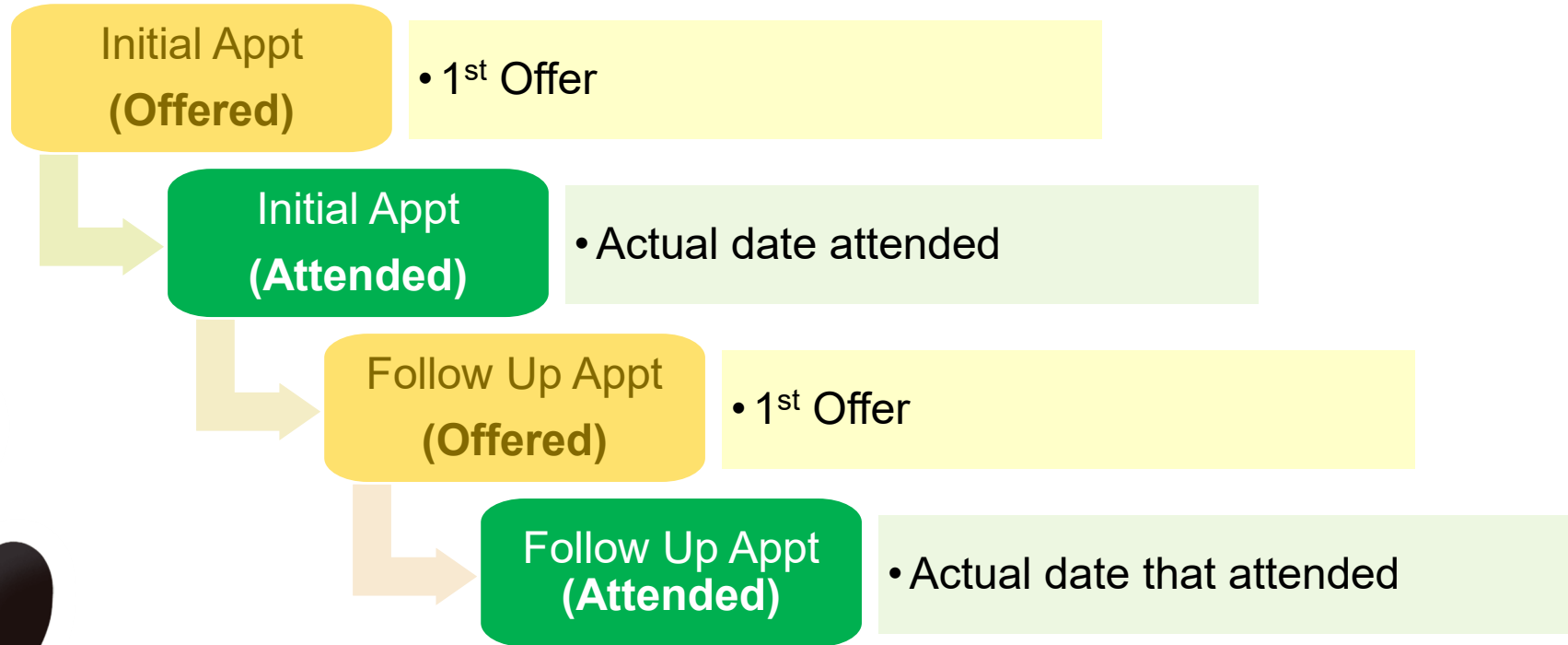
Timely Access requirements also includes tracking both the **offered** appointments and **attended** appointments.



Only the **first** offered appt **for each appt type** (initial and follow up) is now required.

Offered and Attended Appointments

Updated
Requirements




Attention!

The second appointment that needs to be tracked has changed. It is no longer the first treatment appointment after the assessment. It is now the first appointment with the client that immediately follows the initial attended appointment.



Poll 5

The offered appointments that you must track are:

- A. The 1st, 2nd, and 3rd offered appointments for the initial and follow up appointments.
- B. The 1st offered appointment for the first 3 appointments for the client.
-  The 1st offered appointment for the initial appointment and the 1st offered for the follow up appointment after the initial appointment.



Reporting Delays



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

Reporting Delays

For the Initial Appointment...

Was the member delayed access to services?



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**

Reporting Delays


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



For Delays to the Follow Up Appointment

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

- If not, then answer no.
- **If yes, then provide the reasoning of why it was determined to be clinically appropriate.**
- Sometimes extending wait time is clinically appropriate and sometimes it's not. Answer truthfully.

Finalizing the Timely Access Forms



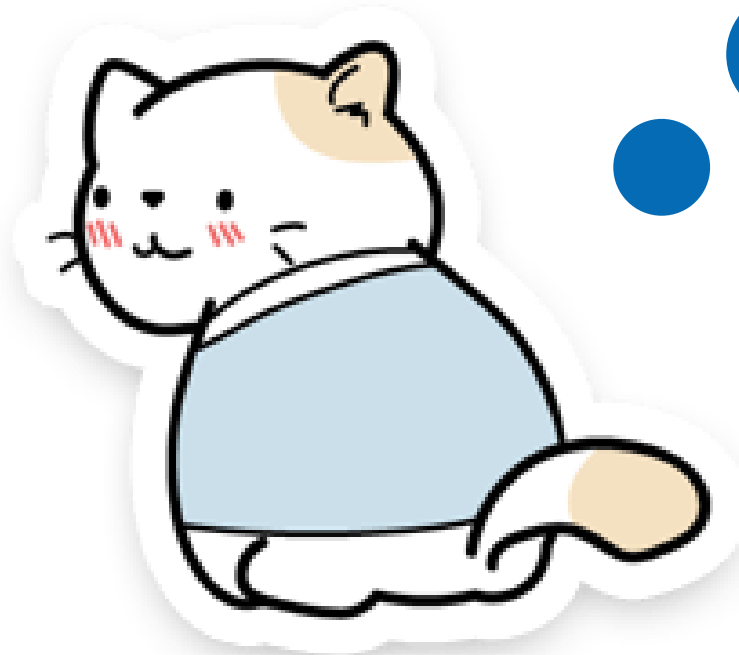
SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

Closure Reasons



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BEHAVIORAL HEALTH
& RECOVERY SERVICES



Woops! I almost
closed out the
form without a
Closure Reason!!

Closure Reason



Closure Date

- ☐ The date when the client reached the end of their Timely Access tracking based on service requested.
- ☐ This is not necessarily the final date the client was last seen.





▼ Closure Information


Closure Date

Closure Reason

If Other is selected, please specify

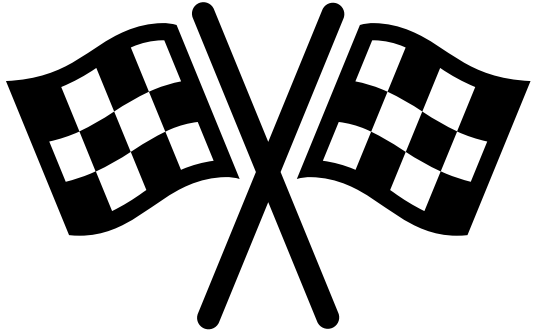


Draft/Final *

☒ Draft ☐ Final



Closure Reason



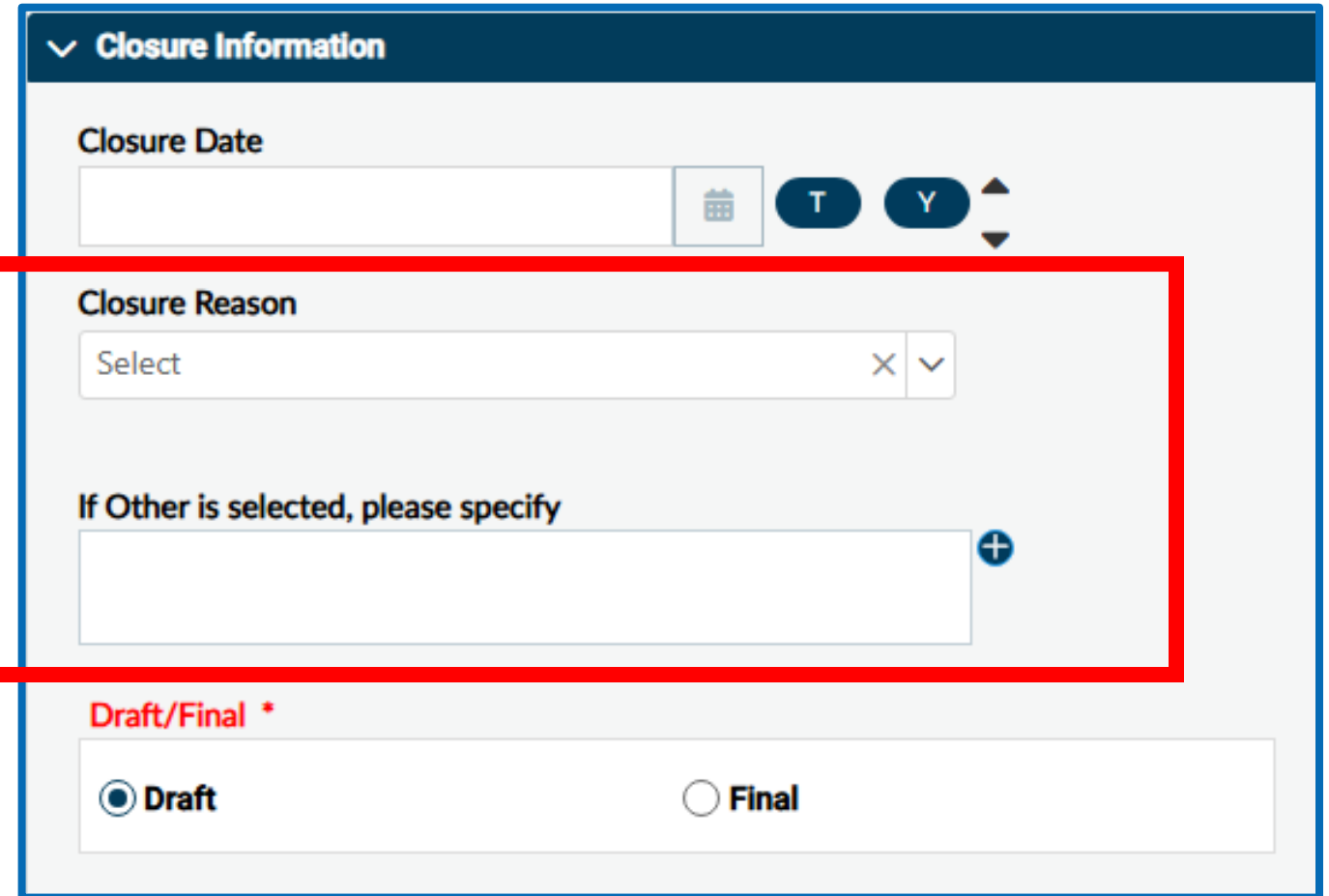
A closure date/reason is only required if the client did not reach the end of their Timely Access tracking. For psychiatry requests, that would be if they did not attend the initial appointment. For all other requests that would be if the client did not attend the first follow-up appointment.

Note about transfers: Timely Access tracking does not end just because you transfer the client to another BHRS program/agency before they complete the Timely Access tracking process. The program the client is transferring to would simply pick up where the last program left off on the form.

Closure Reasons



If the member did not attend an initial or follow-up appointment, indicate the reason why the client record was closed.

- ☐ 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)





✓ Closure Information


Closure Date

 **T** **Y** 

Closure Reason

If Other is selected, please specify

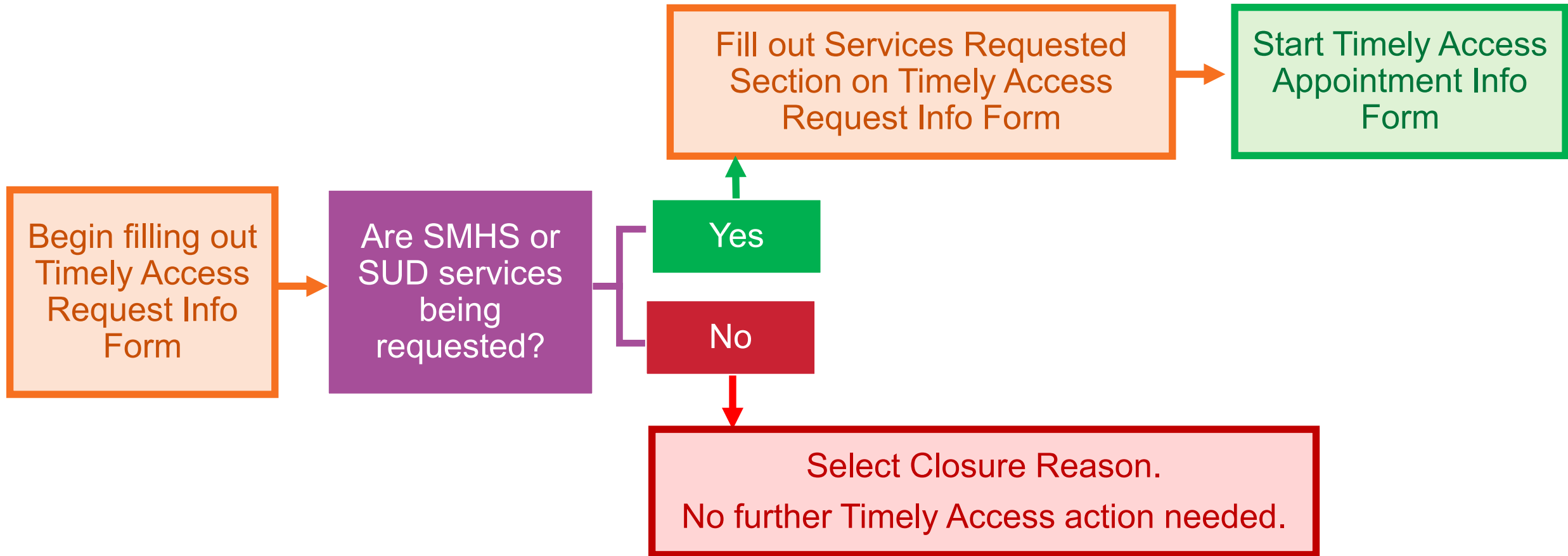


Draft/Final *

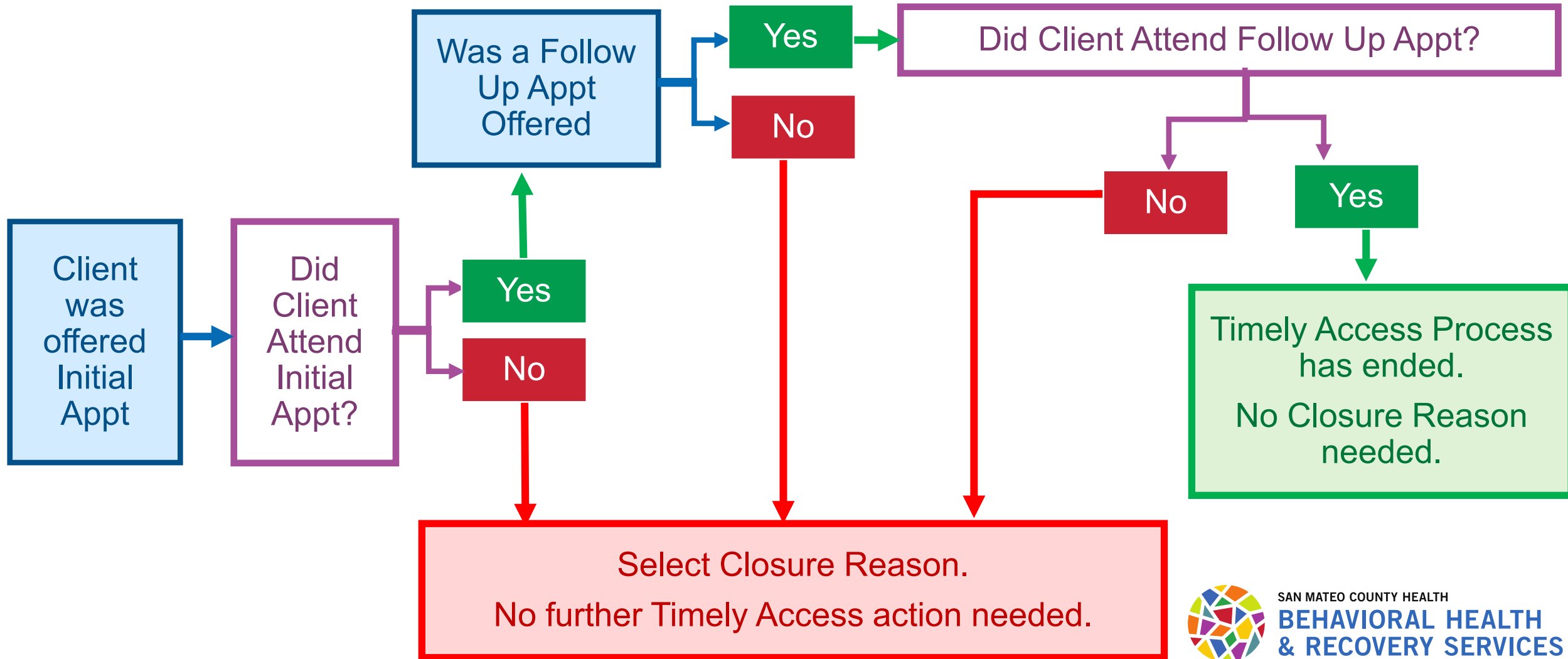
☒ **Draft** ☐ **Final**



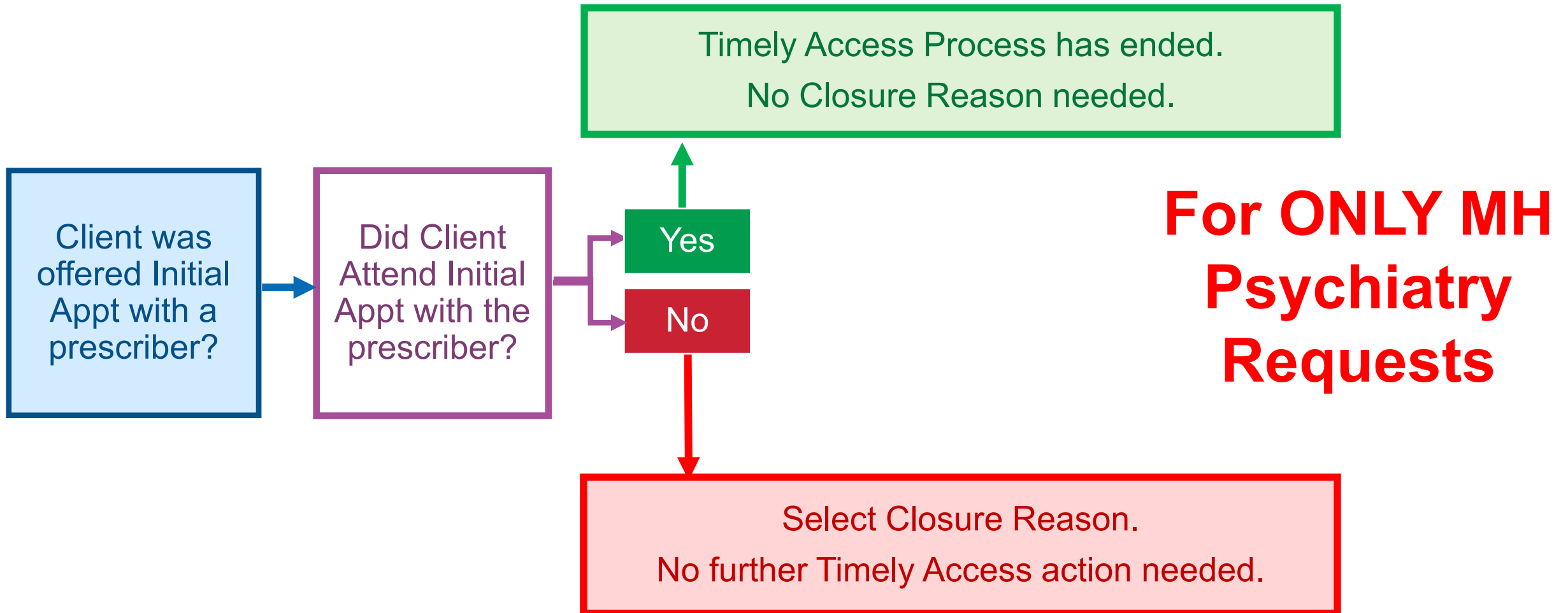
Closure Reasons for Request Info Form



Closure Reasons For Appointment Info Form




Closure Reasons For Appointment Info Form





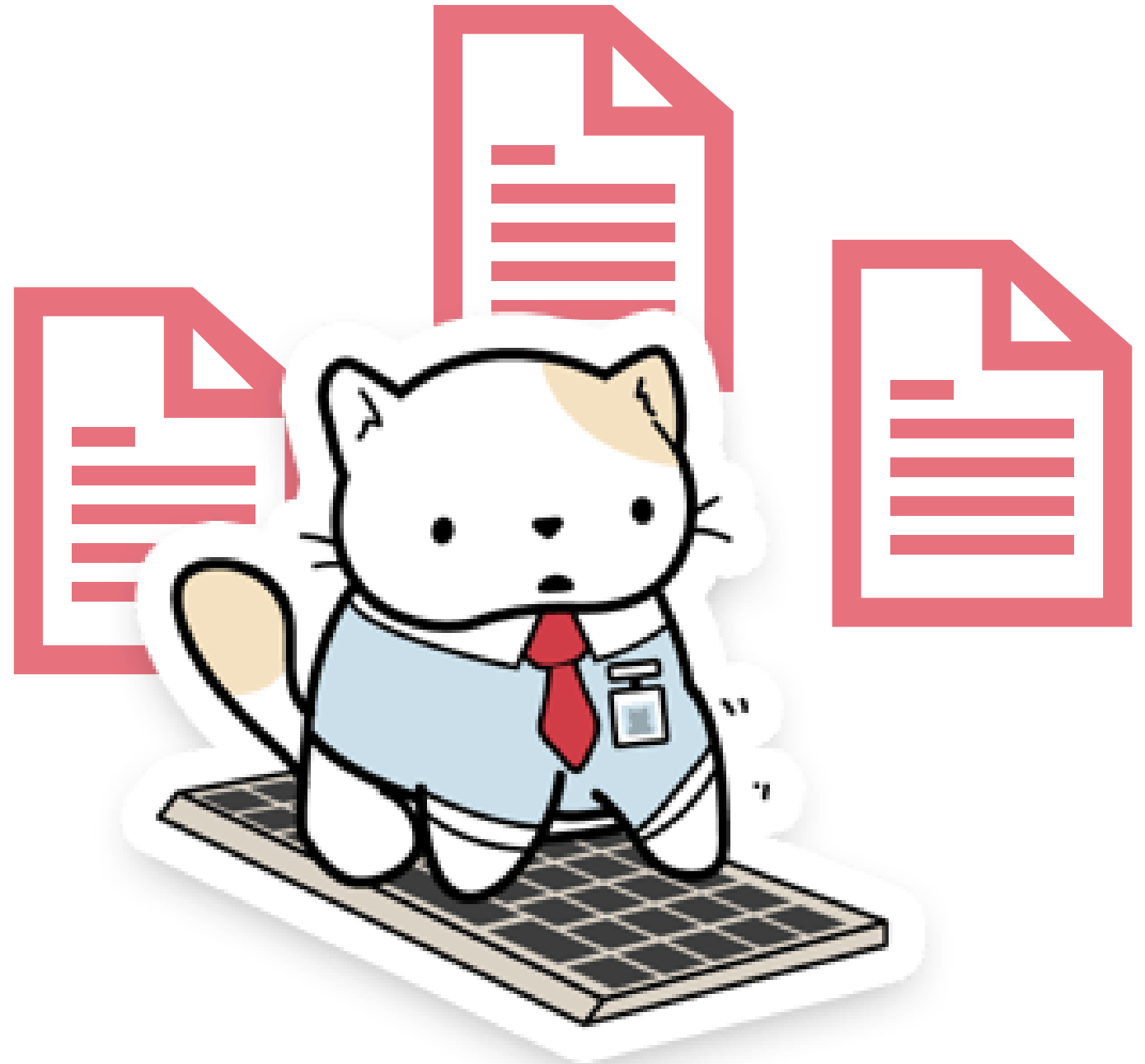
Poll 6

Closure Reason and Closure Date are **not** required when:

- A. The client attended their follow up appointment for an SUD or MH Non-Psychiatry Request
- B. The client attended their initial appointment for a MH Psychiatry Request
-  Both A and B.
- D. None of the Above. A Closure Reason and Closure Date are always required.



Progress Note Documentation



Document the following in Progress Notes

- **Referral Information:** Reason for referral who referred client, date of initial request for service
- **Contact Attempts:** Efforts to reach the client
- **Medical Necessity:** Whether or not the client meets Medical Necessity for services or will be referred to another delivery system.
- **Appointment Offered:** Earliest date of initial appointment offered to the client (or client representative).
- **Appointment Offered:** Earliest date of first follow up appointment offered to the client (or client representative).
- **Information about delays:** Reasons for delays in offered appointments to client and, if the delay was determined to be clinically appropriate, the reason that determination was made.
- **Closure Information:** Reason for closure of case or reason clinician could not follow up with client (e.g., "Client is homeless and phone was disconnected.").

Be detailed about what dates you "OFFERED"

Don't write: "Spoke with client about possible dates for next appt. Appt set for 8/12."

Better: "Offered client next appointment dates of 8/5/2021, 8/7/2021 and 8/12/2026. Client agreed to attend on 8/12/2026."



Demo of Timely Access Form



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Initial Request Information

Program filling out this form:

Was the original request received by Access Call Center?

☐ Yes ☐ No

Date of Request *

Time of Request *

Current Time H M AM/PM

Was this Request Initially Received as an Urgent Request? *

☐ No ☐ Yes ☐ No ☐ Yes

Was the urgency of the request changed after reviewing the request?

☐ Yes ☐ No

Updated Urgent Status:

Reason for Change in Urgent Status:

Discharge/Release from:

☐ Custody (Justice Involved) ☐ Emergency Department ☐ Inpatient

Will client be referred to a provider?

☐ Yes

If the client is requesting services, please specify:

If client will not be referred, please specify:

Closure Reasons:

Linked ICI

Referral Source *

If Other Referral selected, please specify:

Request Received Via

☐ Call ☐ Email ☐ Fax ☐ Mail ☐ EHR ☐ Walk-in

Additional Comments About this Request for Service(optional):

Appointment Information

Date of Request:

Time of Request:

Current Time H M AM/PM

Service Requested:

Additional Service Specified (if applicable):

☐ Medication Assisted Treatment (MAT) ☐ SUD Perinatal

Linked Timely Access *

Updated Urgent Status (if updated from original urgent request):

☐ Standard ☐ Urgent

Was this Request Initially Received as an Urgent Request?

☐ Yes ☐ No

Prior Authorization

Initial Appointment

First Offered Appointment Date:

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:

Current Time H M AM/PM

Auto-population vs Manual Input



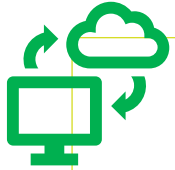
Date/Time of Request



Service(s) Requested



Attended Appointment Date



Referral Source



Offered Appointment Dates



Closure Reason



Information about Urgency of Request



Auto-calculation of Days/Hours from Request Date



Additional Comments about the Request



Reason for Delays



Prepopulation

- On both the Timely Access Request Information Form and the Timely Access Appointment Information form, you'll notice a drop down menu at the top that says "**Link...**" as in you're linking that data from one form to another.
- If there is a form available to prepopulate from, then items will show when you click the drop down.
- The **Request Information Form** will pre-populate from a Linked ICI form if the call came in through Access.
- The **Appointment Information** will pre-populate from the Timely Access Request Information Form that should have been completed before starting the Appointment Form.

The screenshot displays the 'Initial Request Information' form. On the left, under 'Program filling out this form', there is a dropdown menu with 'Select' and a close button. Below it, a section titled 'Was the original request received by Access Call Center' has two radio buttons: 'Yes' (selected) and 'No'. On the right, a section titled 'Linked ICI *' contains a dropdown menu with 'Select' and a search icon. Below this, a text field displays 'Date of Request: 11/18/2025 - Episode: 95 - ICI Type:'.

Prepopulation

▼ Initial Request Information

Program filling out this form
41BH02 ACCESS CALL CENTER INTAKE

Was the original request received by Access Call Center
☒ Yes ☐ No

Date of Request *
01/09/2026

Time of Request *
02:30 PM

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

Was the urgency of the request changed after reviewing the request?
☐ Yes ☒ No

Updated Urgent Status
Select

Reason for Change in Urgent Status

Linked ICI *
Date of Request: 11/18/2025 - Episode: 95 - ICI Type:

Referral Source *
Emergency Room

If Other Referral selected, please

Request Received Via
☒ Call ☐ Mail

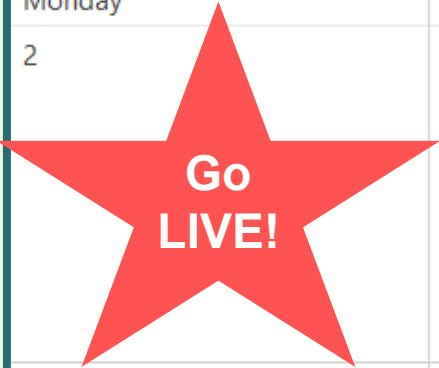
Additional Comments About this
Client is only requesting
for which he currently st
future but declined offer

▼ Contact Information

Client information
Home
650-123-4557
Cell
415-123-4567
Work
415-123-1234
If prepopulated information is incorrect, update client's info in the "Update Client Data" form.
Requestor's Relationship to Client
Requestor's Relationship to Client
Select
Requestor Name
Requestor Phone Number
Requestor Email Address

Example

S

Monday	Tuesday	Wednesday	Thursday	Friday
2 	3 Workshop 1 2/3 8-9 AM	4	5 Workshop 2 2/5 3-4 PM	6
9 Workshop 3 2/9 9-10 AM	10	11 Workshop 4 2/11 2-3 PM	12	13
16	17 Workshop 5 2/17 10-11 AM	18	19 Timely Access Webinar Part 2 2/19 10:30 AM – 12 PM	20
23	24	25 Workshop 6 2/25 3-4 PM	26	27

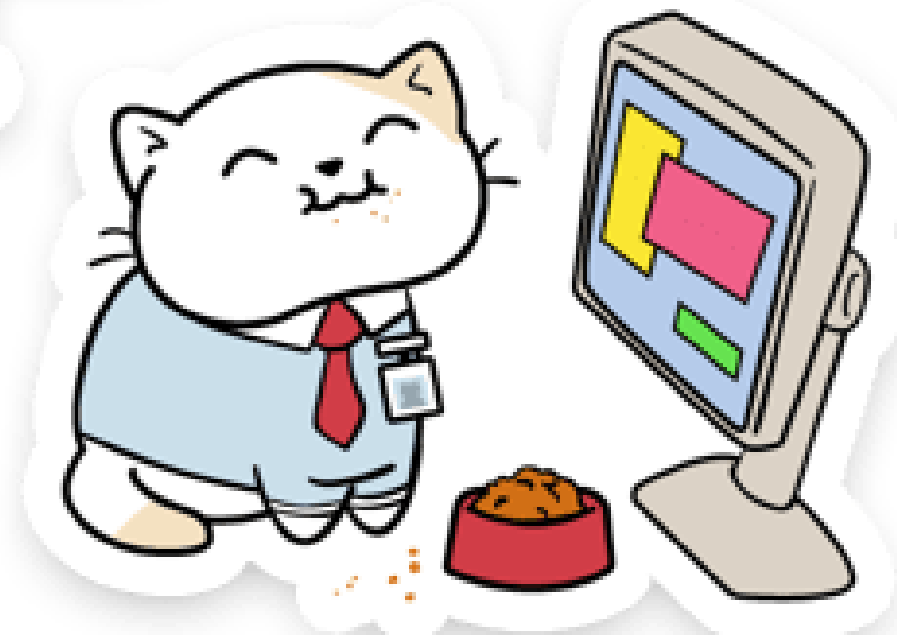
Timely Access Resources



SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES




Don't go yet! We've got
some resources to help
you!!



Additional Resources







NETWORK ADEQUACY STANDARDS AND TIMELY TREATMENT ACCESS FOR MHPS AND DMC-ODS: 25-07

Other




 Policy: 25-07 Network Adequacy Standards and Timely Treatment Access for Mental Health (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS)

Resources

GENERAL

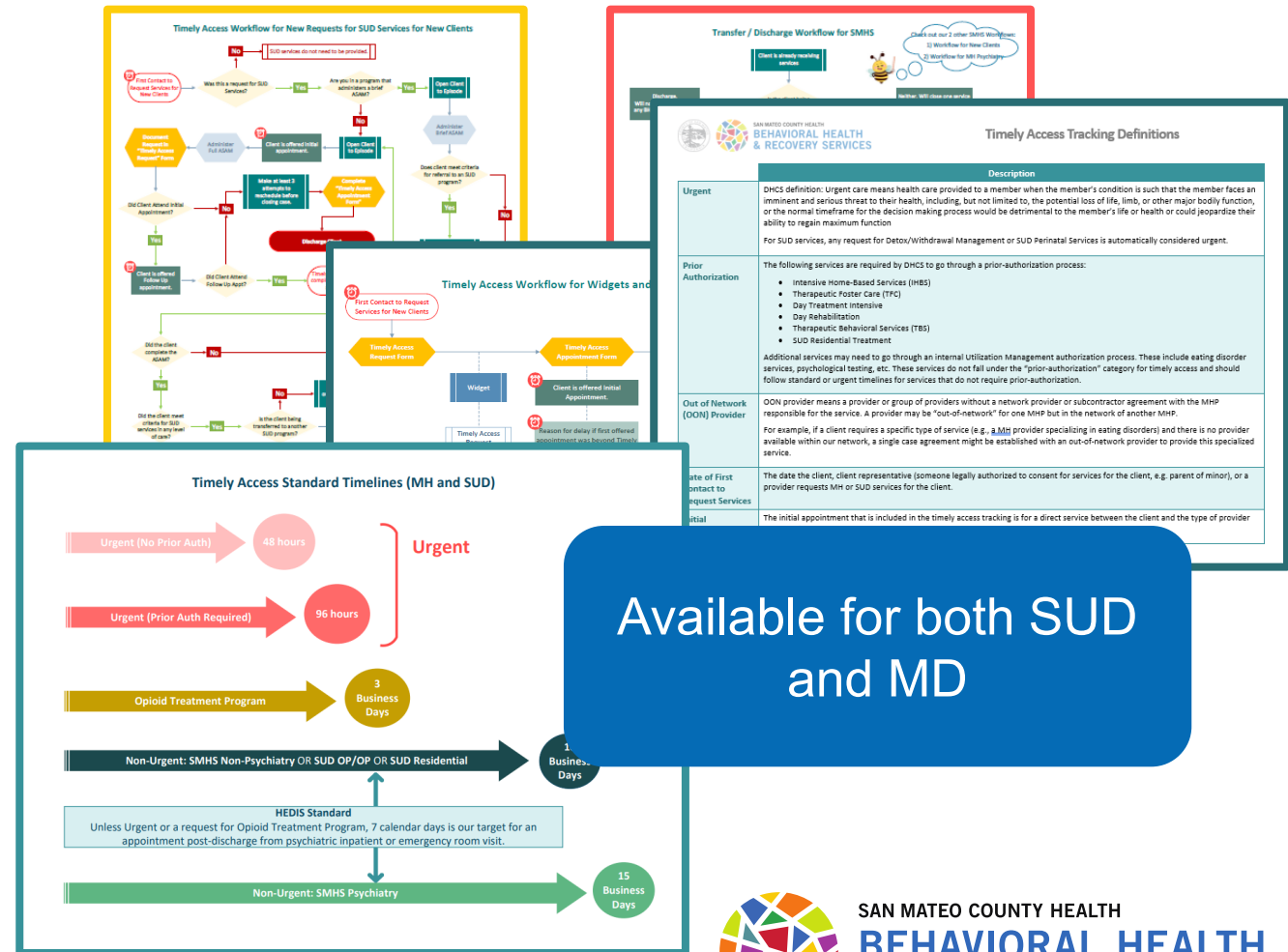
-  Timely Access Standard Timelines - Updated 1/15/2026
-  Timely Access Webinar, Part 1 - Updated 1/15/2026
-  Timely Access Tracking Form PDF - Updated 1/15/2026
-  Timely Access Key Definitions – Updated 1/15/2026
-  Timely Access Referral Source Examples – Updated 1/15/2026
-  Timely Access Flowchart for Widgets and Reports – Updated 1/15/2026

MENTAL HEALTH

-  Timely Access Flowchart for New Clients (SMHS) – Updated 1/15/2026
-  Timely Access Flowchart for Psychiatry Requests (SMHS) – Updated 1/15/2026
-  Timely Access Flowchart for Discharged (SMHS) – Updated 1/15/2026

SUD

-  Timely Access Flowchart for New Clients (SUD) – Updated 1/15/2026
-  Timely Access Flowchart for Discharged (SUD) – Updated 1/15/2026



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
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Timely Access Forms

SAN MATEO COUNTY HEALTH BEHAVIORAL HEALTH & RECOVERY SERVICES

Timely Access (MH and SUD)

MR#: _____
Name: _____

☒ Required only for new clients: MH Non-Psychiatry (Non-Medication) services, SUD services
☒ Required for new AND existing clients: MH Non-Psychiatry (Non-Medication) services, SUD services

Client Legal Name: _____
 Client Preferred Name (if different): _____
 Client Birth Date: _____

Date of Request: _____
 Discharge/Release from (if applicable): _____
 Date of Actual or Projected: _____

Was this Request Initially Urgent? ☐ Yes ☐ No
 Updated Urgent Status (if changed): _____

Name and Discipline of Staff Completing Form: _____

Program Name: _____
 Staff Completing Form: _____

Request Received Via: ☐ Referral Source: _____
 Requestor Name: _____
 Requestor Relationship to Client: _____
 Requestor Phone: _____

Appointment Information

Type of Service

Service Requested: _____ Services

Referred to (BHRS Program or BHRS Contracted Agency): _____ Click or tap here to enter text.
 OON Provider: If neither BHRS Program nor BHRS Contracted agency is available, indicate OON provider: _____ Click or tap here to enter text.

Prior Authorization

Date of Authorization: _____ Enter Date _____ Time of Authorization: _____ Enter Time _____

If authorization was delayed beyond standard, select reason for delay: Choose an item.
 • If Other is selected, please specify: Click or tap here to enter text.

Determination: _____ Approved / Denied

Initial Appointment

First Offered Appt Date: _____ Enter Date _____ First Offered Appt Time: _____ Enter Time _____

If offered appointment was beyond standard, select reason for delay: Choose an item.
 • If Other is selected, please specify: Click or tap here to enter text.

First Attended Appt Date: _____ Enter Date _____ First Attended Appt Time: _____ Enter Time _____

Follow Up Appointment (First appointment after initial attended appointment) – not required for psychiatry

First Offered Appt Date: _____ Enter Date _____ First Offered Appt Time: _____ Enter Time _____

If offered appointment was beyond standard, select reason for delay: Choose an item.
 • If Other is selected, please specify: Click or tap here to enter text.

Did the licensed health care provider determine was clinically appropriate? Yes / No
 • If yes to above, explain why: Click or tap here to enter text.
 • Name and Discipline of clinical staff who determined the above: Click or tap here to enter text.

First Attended Appt Date: _____ Enter Date _____ First Attended Appt Time: _____ Enter Time _____

Closure Information

Date of Service Closure: _____ Enter Date _____

Closure Reason: _____ Choose an item.
 If Other is selected, please specify: Click or tap here to enter text.
 If transferring to another BHRS Program, provide this form to the other program to complete.

PDF version of the Timely Access forms is now available.
 Both Request and Appointment information pages are included.

When to use the form:

- If you are a program that does **NOT** use Avatar but is identified as having a client who needs to be tracked for Timely Access, then submit the completed PDF form to HS_BHRS_ASK_QM@smcgov.org
- If you are a program that **DOES** use Avatar you must submit the Timely Access forms in Avatar. However, you may use this PDF as a worksheet to collect the information prior to submitting in Avatar if that is helpful for your workflow.

If you are a contracted agency that uses Avatar in a limited manner and would like to submit the PDF form in lieu of the Avatar Form, please contact QM at HS_BHRS_ASK_QM@smcgov.org



Keri Kirby
Sitike



**Rayana
Egea**
Access Call
Center



Star Baird
BHRS IMAT



**Christina
Vasquez**
Primary Care
Interface



Cara Prehn
DCYHC

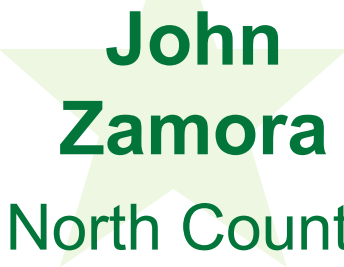


**Ashley
Gomez**
SUD Analyst

Thank You Timely Access Workgroup!!



**Tracey
Chan**
SUD Program
Specialist



**John
Zamora**
North County
Adult



**Eliseo
Amezcu**
SUD RTX

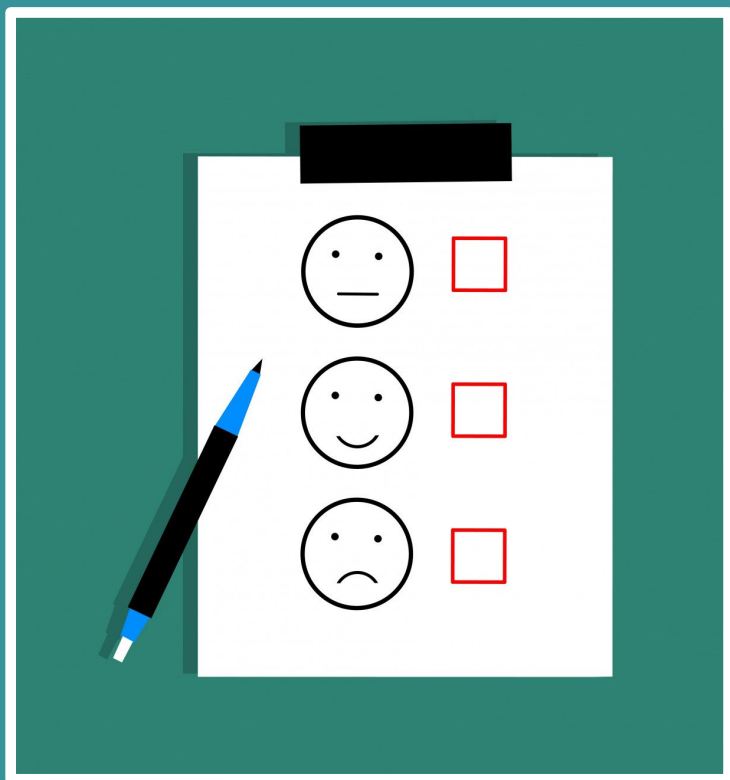


Peter Dell
Deputy
Medical
Director



**Liezl
Torrefiel**
School Based
Mental Health

Training Evaluation



Go to this website to
provide your
feedback on today's
training: LINK

<https://www.surveymonkey.com/r/8GWF3CN>



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**BEHAVIORAL HEALTH
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Resources



Documentation Resources

- [BHRS QM Website](#)
- [BHRS Documentation Manual for MH](#)
- [Progress Note PDF Version](#)

Coding Resources

- [BHRS Service Codes Cheat Sheet for MH](#)
- [Location Codes Index for MH](#)
- [Scope of Practice Matrix \(SUD and MH\)](#)

Additional Resources

- [Avatar NX Updates and Tips](#)
- [BHRS CalAIM Hub](#)



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
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BEHAVIORAL HEALTH & RECOVERY SERVICES

Questions?