

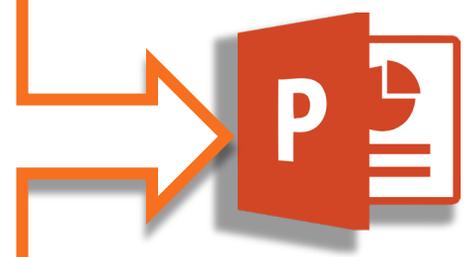


Timely Access (SUD and SMHS), Part 2

Download the PPT from the QM Website:

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

Click on the “Webinar Recording & PPTs” Tab



February 19, 2026

Meet Your QM TEAM



Annina Altomari



Claudia Tinoco-Elizondo



Eri Tsujii



Elaina Acosta-Ford



Laurie Bell

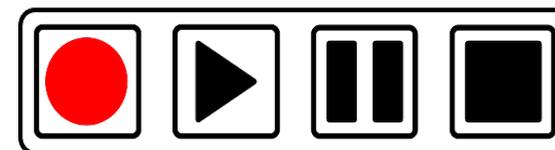
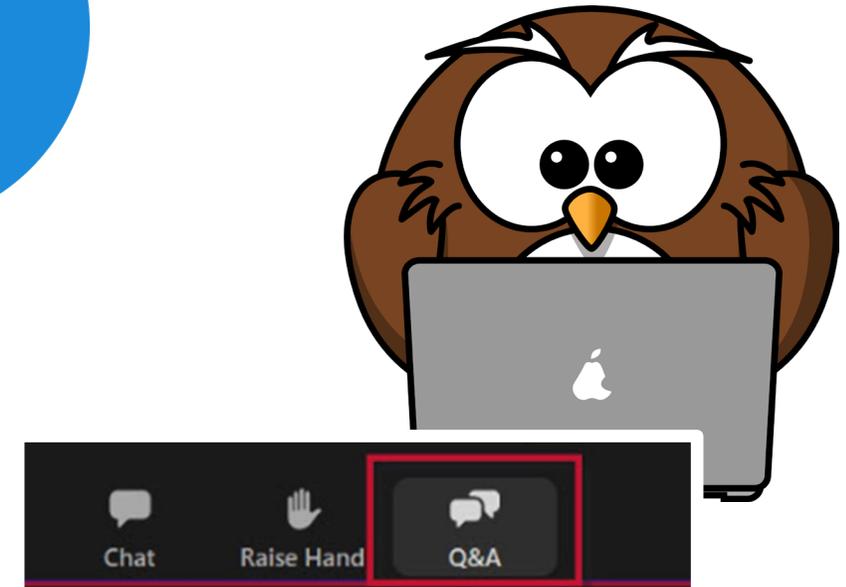


Mercedes Medal



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.





SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

Agenda

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

- Understand more nuances about key Timely Access concepts, such as Cold, Warm, and Hot Referrals and which clients and services are tracked for Timely Access
- Learn how hospital discharges and in custody situations impact Timely Access
- Understand how your program fits into the Timely Access data collection process

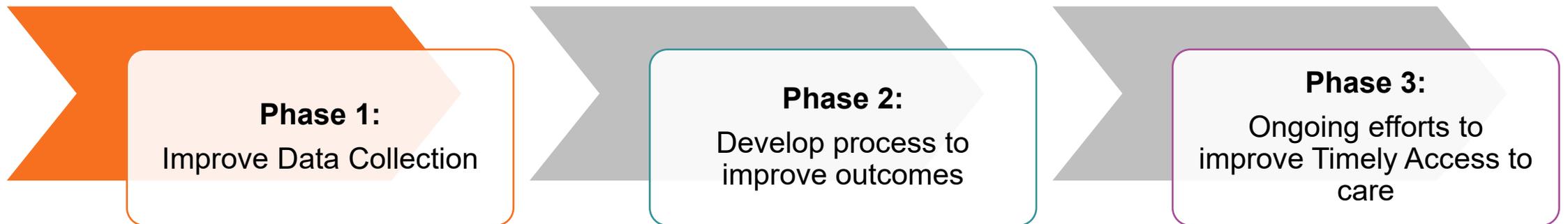
Why Now for Timely Access?

To avoid **Financial Sanctions**, we need to improve:

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



WAAAT



Tracked for New or Existing Clients



The first FULL month of data we will submit to DHCS:

March 2026!



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



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

Who does what?

Who decides who is responsible for tracking timely access and filling out the forms in each program?

While QM provides information on the basic regulatory requirements that need to be followed, **Program Leadership shall determine how to apply this general guidance to their individual program workflows.**

Due to the variation across programs in staffing levels and capacity, types of services provided, etc., the Timely Access workgroup determined that each program's leadership is in the best position to support the design of their individual program's workflows to meet Timely Access requirements based on the general requirements outlined by QM. This flexibility is intentional and by design.



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

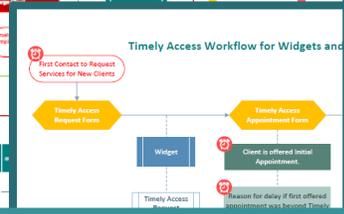
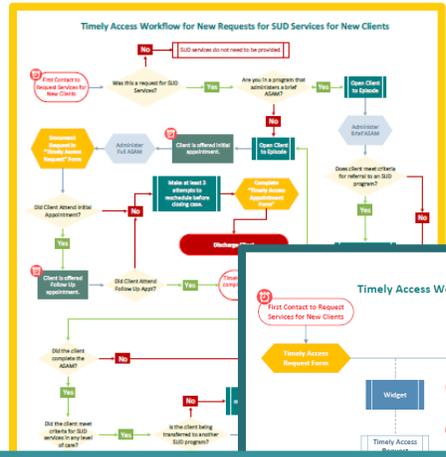
- Timely Access Standard Timelines - Updated 1/15/2026
- Timely Access Webinar, Part 1 - Updated 1/15/2026
- Timely Access Tracking Form PDF - Updated 1/15/2026
- Timely Access Key Definitions – Updated 1/15/2026
- Timely Access Referral Source Examples – Updated 1/15/2026
- Timely Access Flowchart for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

MENTAL HEALTH

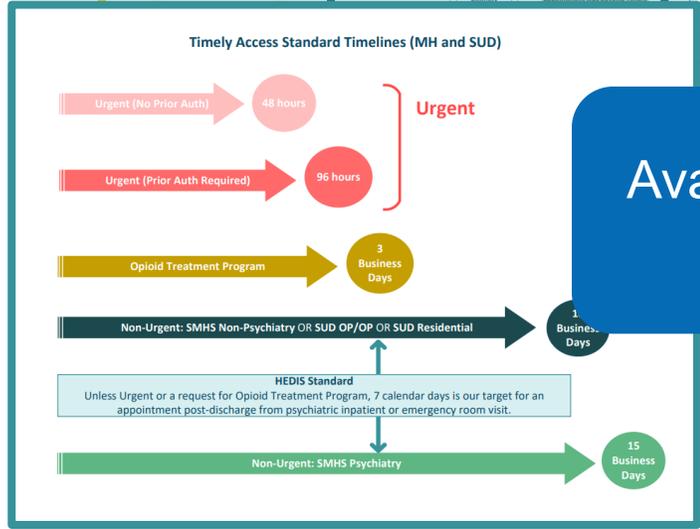
- Timely Access Flowchart for New Clients (SMHS) – Updated 1/15/2026
- Timely Access Flowchart for Psychiatry Requests (SMHS) – Updated 1/15/2026
- Timely Access Flowchart for Discharged (SMHS) – Updated 1/15/2026

SUD

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



Timely Access Tracking Definitions	
	Description
Urgent	DHCS definition: 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. For SUD services, any request for Detox/Withdrawal Management or SUD Perinatal Services is automatically considered urgent.
Prior Authorization	The following services are required by DHCS to go through a prior-authorization process: <ul style="list-style-type: none"> • Intensive Home-Based Services (IHBS) • Therapeutic Foster Care (TFC) • Day Treatment Intensive • Day Rehabilitation • Therapeutic Behavioral Services (TBS) • SUD Residential Treatment Additional services may need to go through an internal Utilization Management authorization process. These include eating disorder services, psychological testing, etc. These services do not fall under the "prior-authorization" category for timely access and should follow standard or urgent timelines for services that do not require prior-authorization.
Out of Network (OON) Provider	OON provider means a provider or group of providers without a network provider or subcontractor agreement with the MHP responsible for the service. A provider may be "out-of-network" for one MHP but in the network of another MHP. For example, if a client requires a specific type of service (e.g., a MHP provider specializing in eating disorders) and there is no provider available within our network, a single case agreement might be established with an out-of-network provider to provide this specialized service.
Date of First Contact to request Services	The date the client, client representative (someone legally authorized to consent for services for the client, e.g. parent of minor), or a provider requests MH or SUD services for the client.
Initial	The initial appointment that is included in the timely access tracking is for a direct service between the client and the type of provider



Available for both SUD and MD

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

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 Filled?
Updated Urgent Status (if changed)

Name and Discipline of Staff Completing Form
Justification for Change in Urgent Status

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 **to discuss options.**

Timely Access Forms



Timely Access Forms

1 form for
multiple
requests

Form 1
Timely Access
Request Information

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

Separate
forms for
each service
requested

Form 2
Timely Access
Appointment Information

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

Timely Access Forms

How to document multiple services that were requested at the same time.

Request Info Form

- MH Psychiatry
- MH Non-Psychiatry
- SUD Outpatient

Appointment Info Form 1

- MH Psychiatry appointments

Appointment Info Form 2

- MH Non-Psychiatry appointments

Appointment Info Form 3

- SUD OP appointments



Timely Access Process

For MH programs (and some SUD 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 and SUD programs that do not use Avatar.



Offered and Attended Appointments

Timely Access Tracking **stops** at the following points for these services:

Timely Access does **not** need to be tracked for:

- MH Residential (including STRTP)
 - MH Crisis Residential

BUT... requests for post-discharge services **are** tracked!



SUD Residential
OR
MH Psychiatry



Initial Appt Attended



SUD Non-Residential
OR
MH Non-Psychiatry



Initial Appt Attended



Follow-Up Appt Attended



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.



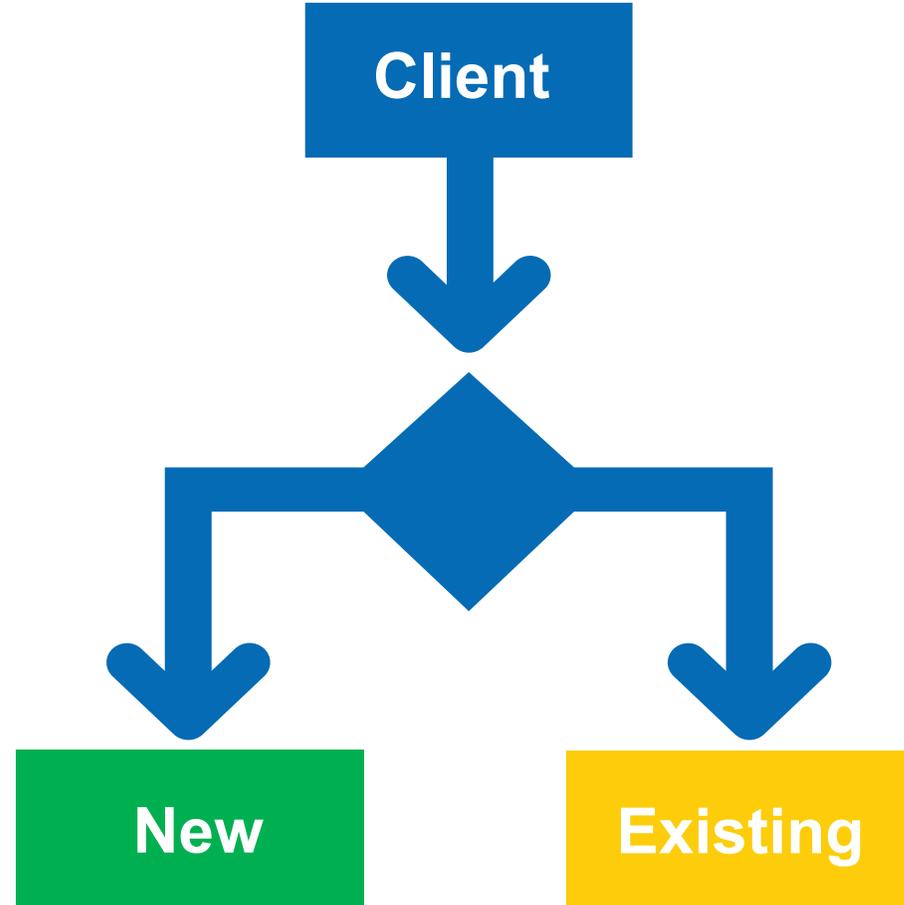
Poll 1

The service offered must reflect the service being requested.
This means...

- A. The appointment that counts for a psychiatry request must be with a prescriber.
- B. The appointment that counts for a request for SUD residential services must be with an SUD residential program.
- C. There are no restrictions as long as an appointment for any SUD service request is with a provider in the SUD system, or an appointment for any MH service request is with a provider in the MH system.
- D. A and B only.



Clients New or Existing?



MH and SUD Integration

What can help our co-occurring clients?

Integrated system – it's important to understand how each system functions and how clients move through each system.

The behavioral health system is complex, and the more we know about it, the more we can support our clients.



Who is a “New” Client?

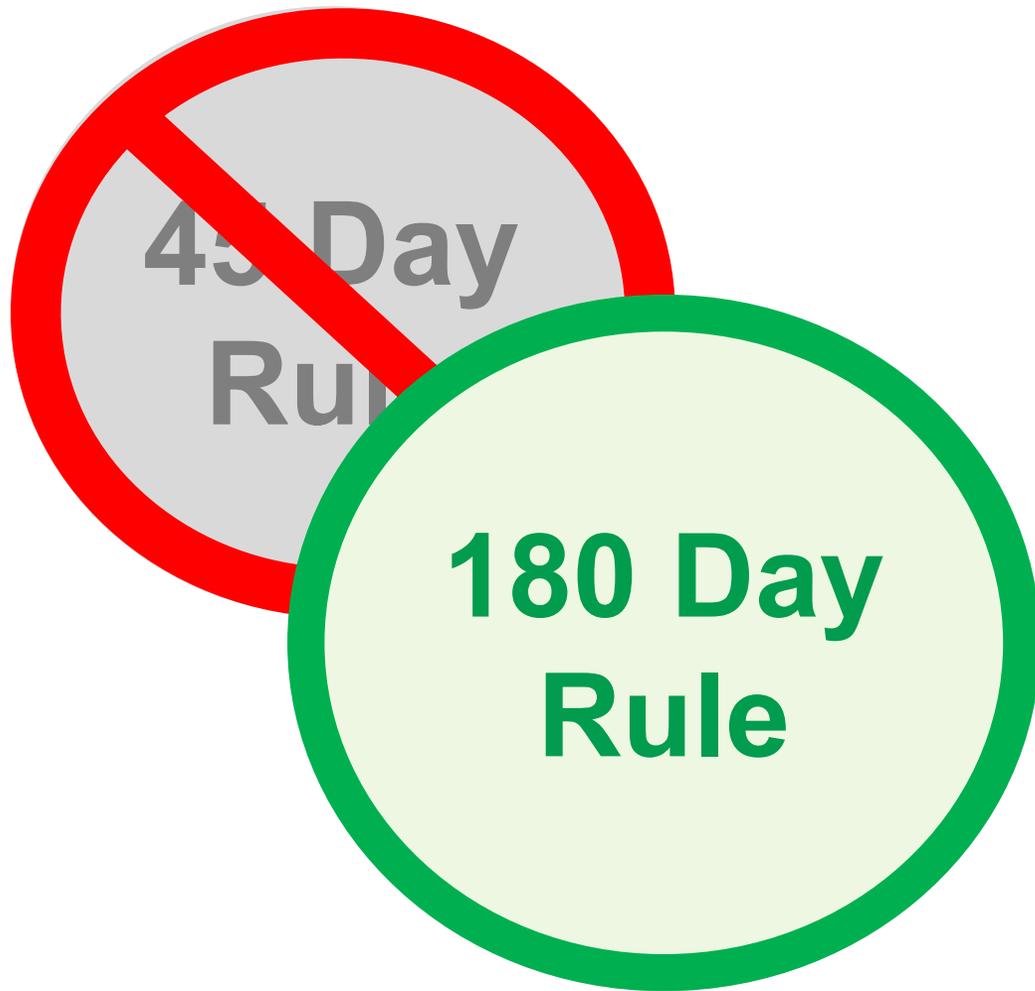


A **new client** is an individual who is not open to any BHRS treatment program (including contract agencies) at the time of the request.

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

New Clients for SMHS



- **Previously in MH:** 45 day rule for returning clients, 120 day or 180 day inactive case review/closure timeframes.
- These overlapping timelines were confusing and unclear.
- **New rule for returning MH clients:** May be re-opened to previous episode and treated as existing client if previously discharged and is returning within 180 days of last billable service.

New Clients for SMHS



Updated Policy 16-01 (Review and Closure of Inactive Mental Health Treatment Cases) Coming Soon!

- **For MH (client's returning after having been discharged):**
 - If a client returned within 180 days of last billable service of their most recent episode, you **may** re-open the client to the previous episode (if the client is returning to the same program).

The decision of whether or not to re-open the previous episode should be made with supervisor consultation and approval to determine if it is clinically appropriate to re-open the episode or open a new episode.
 - If it has been 180 days or more of the last billable service, then the individual would be considered a new client and they **must** be opened to a new episode, even if returning to the same program.
 - In either of the above cases, follow existing guidance in our [Documentation Manual](#) on if and when to complete an assessment, reassessment, or update assessment for returning clients.



Poll 2

The definition of “New” Client is the same for SUD programs and MH programs.

- A. True
- B. False



Documenting Request Information



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

FAQ: Who? Me?



So... when you said that ALL programs are subject to Timely Access... does that include my program?



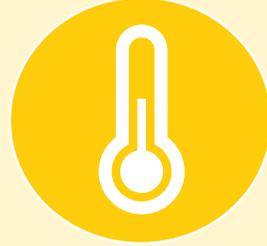
Cold, Warm, Hot Referrals



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

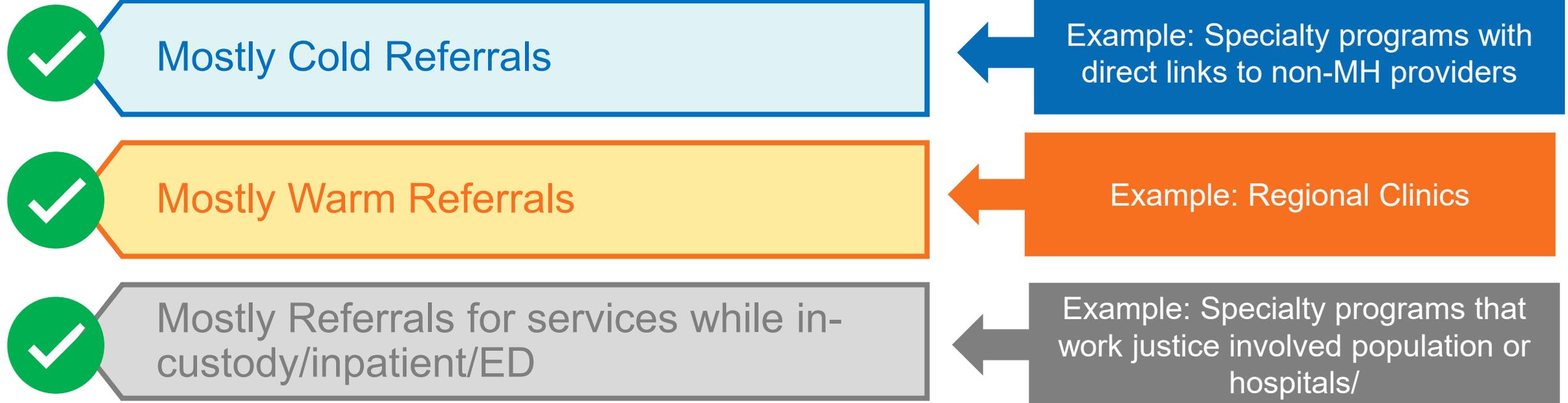
You should attempt to contact the client as soon as possible (**within 5 business days of request**) to confirm their interest.

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



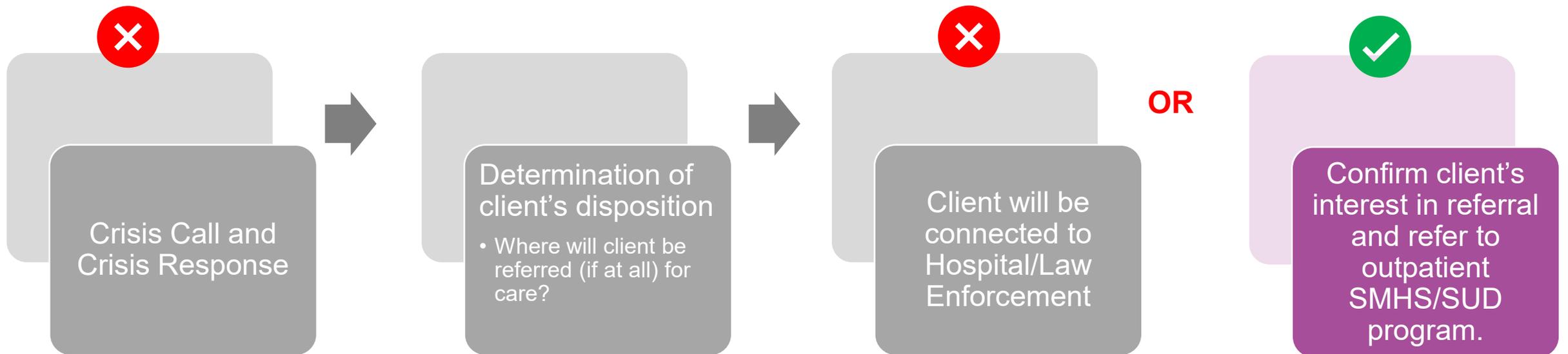
Cold, Warm, Hot Referrals

The proportion of your clients who need to be tracked may differ, program by program, but regardless of the type of program you are, you will have a portion of your clients that require timely access tracking.



Requests for Service

If a crisis encounter (including Mobile Crisis response) results in a request/referral for SMHS/SUD services, then the team that responded to the crisis and subsequently referred the client to services should fill out a Timely Access Request Form.



Requests for Services

Requests for services provided to clients while in custody or in the emergency room or inpatient are **not** tracked for Timely Access purposes (e.g., inpatient eval, mental health evaluation while in custody)

Timely Access tracks services that are requested **AFTER** release/discharge.



While the client is in custody (e.g., Correctional Health, etc.)



While the client is admitted in inpatient or the emergency department.



After they are released from being in custody.



After they are discharged from hospital/inpatient.

Requests for Services

Requests for post-discharge/post-release services ARE tracked.



Cold, Warm, Hot Referrals

Since **discharges** from Inpatient or Emergency Departments and **releases** from being in custody (e.g., Correctional Health) **can change at the last minute**, we have included two fields on the Timely Access form that will help account for these special circumstances.

If the release/discharge date changes, make sure to update this date field for projected release/discharge date. Do **not** change the date of original request.

Discharge/Release from

- Custody (Justice Involved)
- Emergency Department
- Inpatient

Date of Actual or Projected Discharge/Release



Poll 3



The following programs are exempt from participating in the Timely Access process:

- A. Programs that primarily provide Crisis services
- B. Programs that primarily provide outreach to unhoused individuals
- C. Programs that primarily provide linkage to a BHRS treatment program.
- D. None of the above. All of the above programs may have situations that require capturing of Timely Access information.



Request Dates and Urgency of Requests

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



Screening Appointments



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

Screening Appointments and date of Prior Authorization are not the

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



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

But what about service requests following discharges from inpatient/ED? Aren't those urgent, too?



Always Urgent



Request for SUD Perinatal Service



Request for SUD Withdrawal Management (Detox)



Inpatient and ED Discharge Follow Up



Inpatient / ED Discharges

DHCS is now requiring counties to submit data based on the Healthcare Effectiveness Data and Information Set (HEDIS) that were developed by the National Committee for Quality Assurance (NCQA).

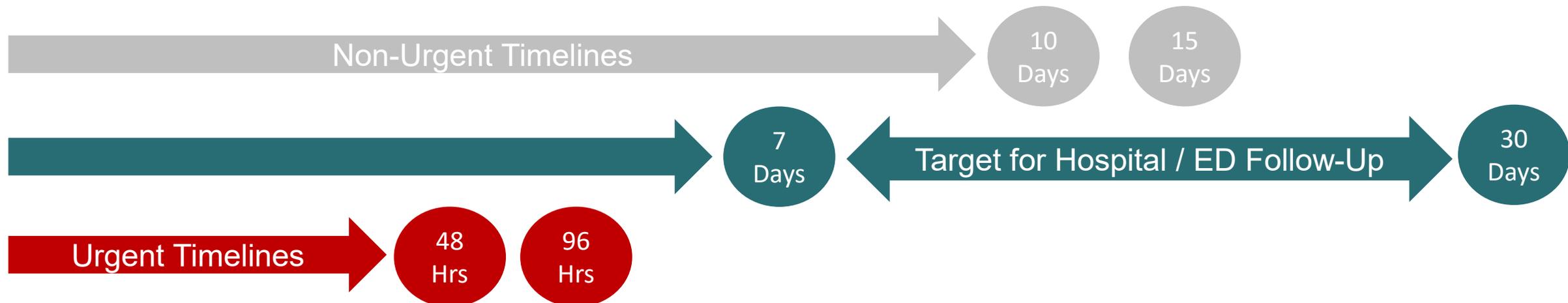
The HEDIS specifications includes metrics for 7 day and 30 day follow up (timeline based on **attended** appointment). We want to aim for 7 days, but the 30 day marker gives us additional information regarding the health of our system with regards to Inpatient and ED follow up.



Inpatient / ED Discharges

Are Inpatient or ED/PES discharges considered urgent for purposes of scheduling follow up appointments?

It depends. These requests **fall somewhere between the urgent and non-urgent Network Adequacy timelines** and the urgency of the request should be made on a case-by-case basis. If these requests are marked as “Urgent” you should follow the 48/96 hour timeframes.



Tracked for New or Existing Clients

Timeliness are based on date of **OFFERED** appointment.

Timeliness are based on date of **ATTENDED** appointment.

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

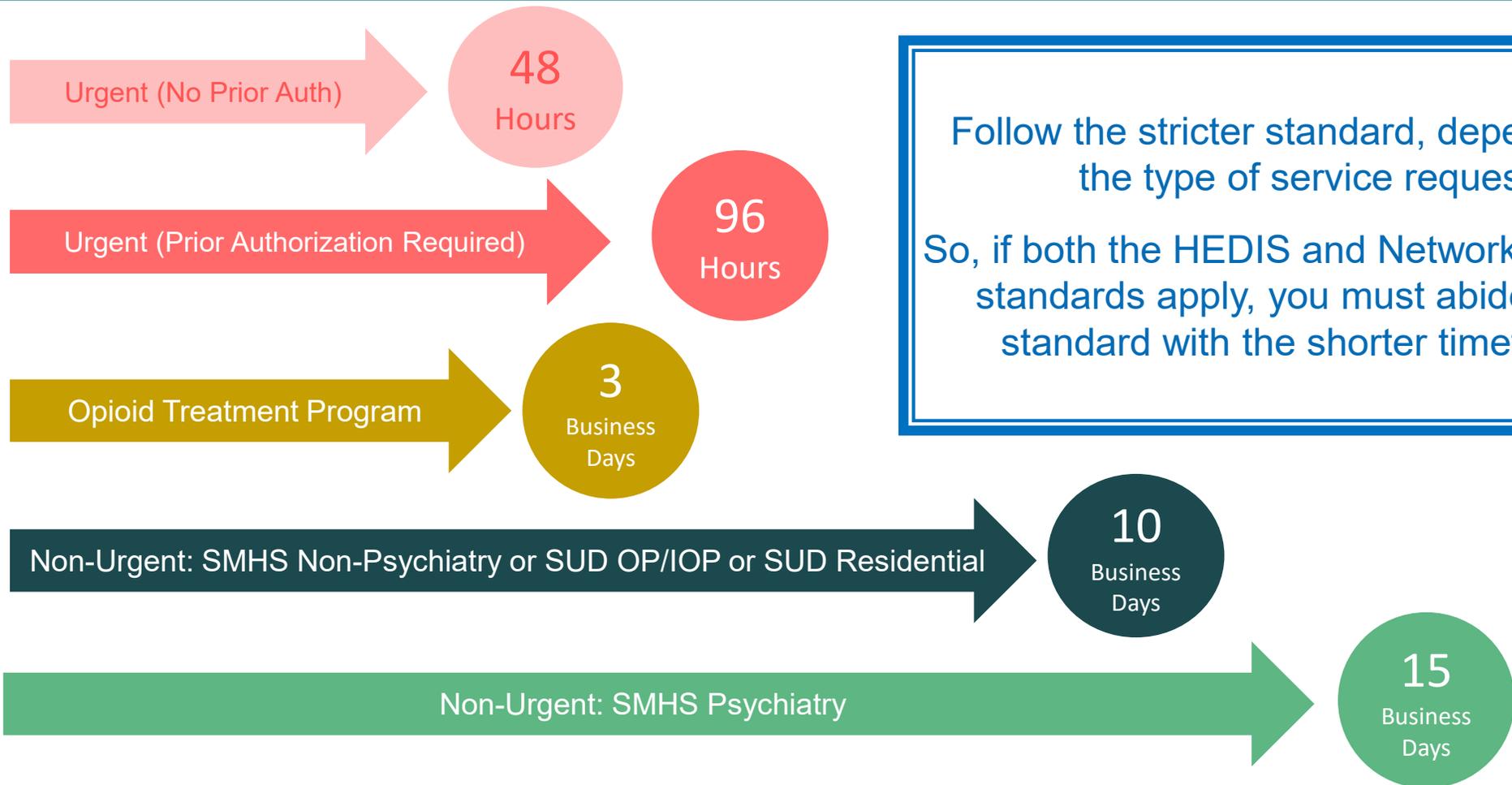
- New Clients

- Existing Clients

Timely Access Standards

Network Adequacy Standard
Based on **OFFERED** appointment

Based on **ATTENDED** appointment



Follow the stricter standard, depending on the type of service request.

So, if both the HEDIS and Network Adequacy standards apply, you must abide by the standard with the shorter timeframe.

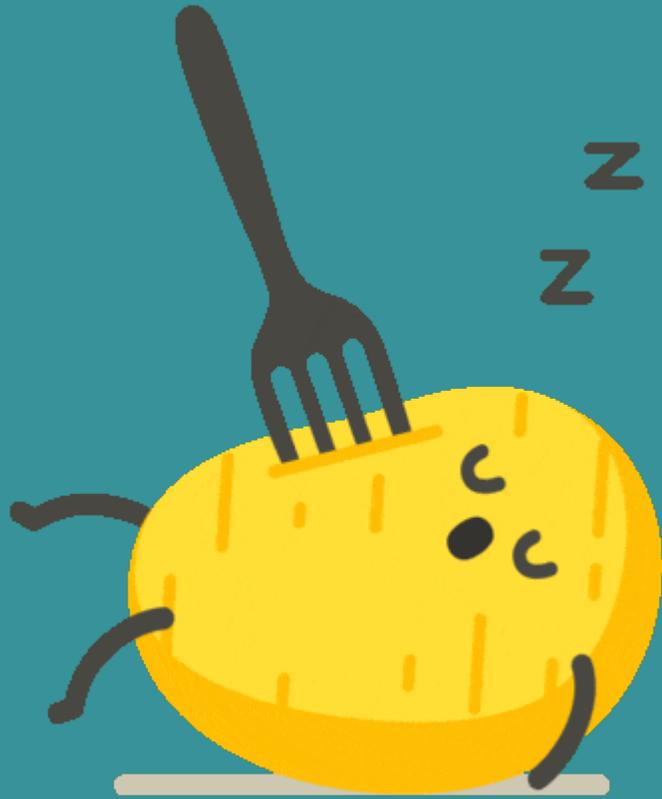
HEDIS Measure: 7 to 30 calendar days for inpatient/ED discharge.



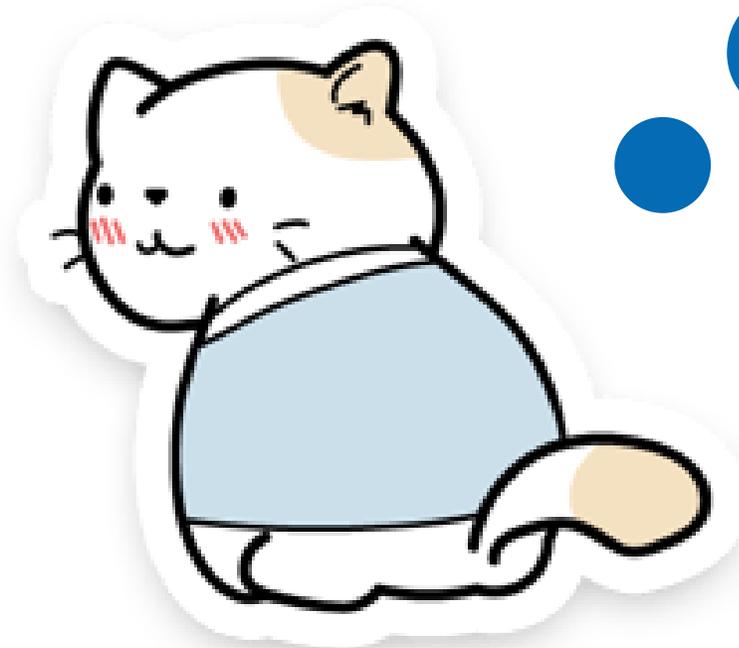
Poll 4

Select the true statement:

- A. All requests for service post-inpatient/ED discharge should be considered urgent.
- B. Only requests for service that follow a inpatient/ED discharge should be considered urgent.
- C. The urgency of a request for service post-inpatient or ED discharge should be made on a case-by-case basis.



Closure Reasons



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



Closure Reason



Note about MH 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.

DO NOT indicate a closure date or closure reason if the client will be transferring to another program while they are still in the Timely Access tracking process.

Reminder about SUD: Every referral to a different program is treated like a new client request due to the nature of Part 2

Closure Reason

EXCEPT FOR SUD PROGRAMS (which are bound by 42 CFR Part 2 restrictions)

- **The MH program sending the transfer** should complete all parts of the form that are relevant for the services they offered/provided, and **the MH program receiving the transfer** should take over on the same appointment form completed by the previous program to input the information for services they offered/provided.
- If the transfer is to an OON provider, **the program referring to the OON provider** should coordinate care with the OON provider to ensure and record timely access information for the client.



Verbiage to explain decisions



Sample Verbiage

Determined [X] based on / due to Y.

“Determined that waiting standard wait time was appropriate due to...”

“Assessed client and determined that client’s behavioral health condition is stable, denies risk of harm to self or others. Client is able to wait standard time for appointment. Urgent status will be downgraded to standard wait time.”

“Determined that it was clinically appropriate to extend the wait time until the next appointment due to...”

“Extension of wait time to follow up was determined to be clinically appropriate due to client reporting that they will be out of town until March 10th. Client reports they have access to social supports until next appointment.”



Poll 5

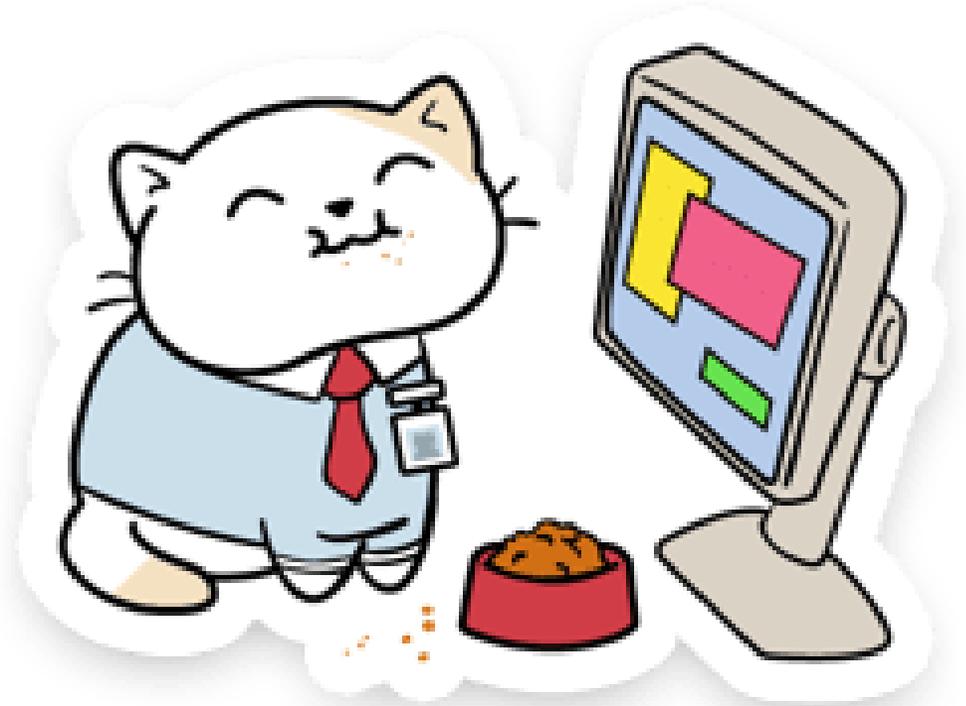


Follow-up appointments do not need to be tracked for:

- A. SUD Residential request
- B. MH Psychiatry request
- C. Both A and B
- D. None of the Above. All requests require follow-up appointment tracking



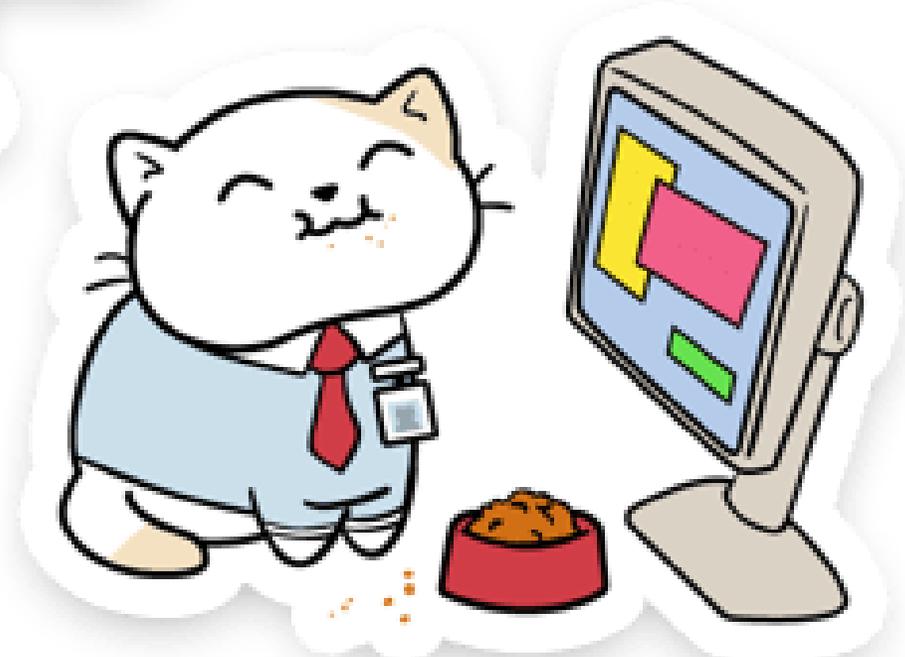
Widgets Demo



Timely Access Training Schedule



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



February

Monday	Tuesday	Wednesday	Thursday	Friday
2	3 Workshop 1 8 AM - 10 AM 	4	5 Workshop 2 3 PM - 4 PM 	6
9 Workshop 3 9 AM - 10 AM 	10	11 Workshop 4 2/11 2-3 PM 	12	13
16	17 Workshop 5 10 AM - 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

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

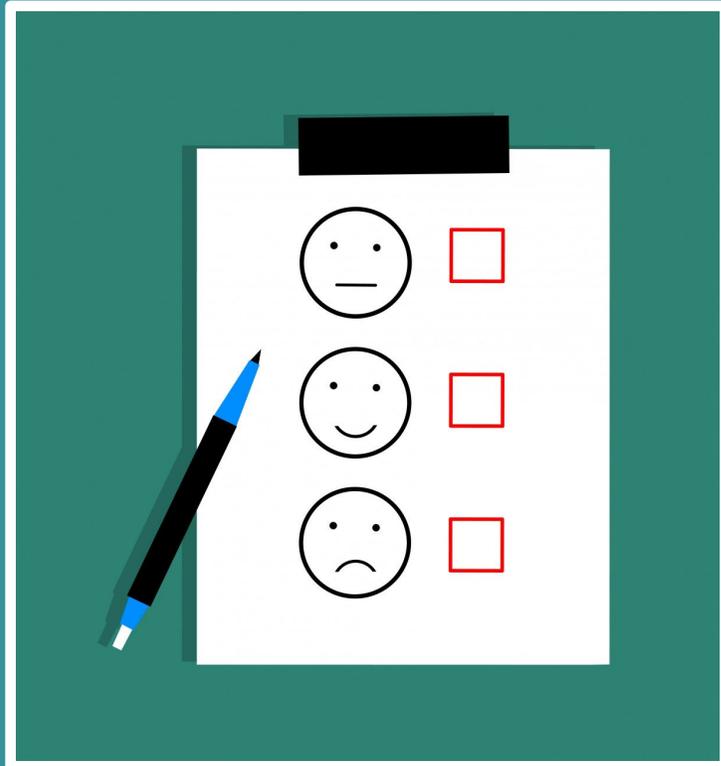
John Zamora
North County
Adult

Eliseo Amezcua
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/3LST927>



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 CaAIM Hub](#)



HS_BHRS_ASK_QM@smcgov.org



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**BEHAVIORAL HEALTH
 & RECOVERY SERVICES**



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BEHAVIORAL HEALTH & RECOVERY SERVICES

Questions?