

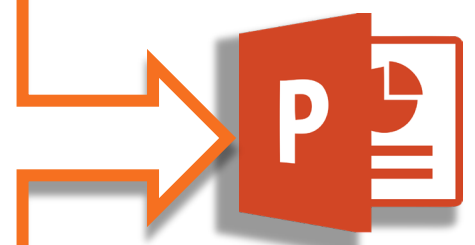


Timely Access (SUD and SMHS), Updates

Download the PPT from the QM Website:

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

Click on the “Webinar Recording & PPTs” Tab



June 18, 2026

Meet Your QM TEAM



Annina Altomari



Claudia Tinoco-Elizondo



Eri Tsujii



Elaina Acosta-Ford



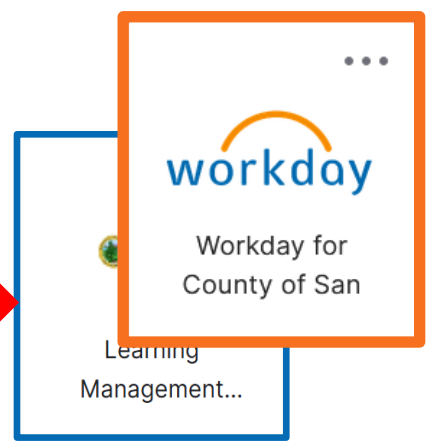
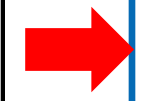
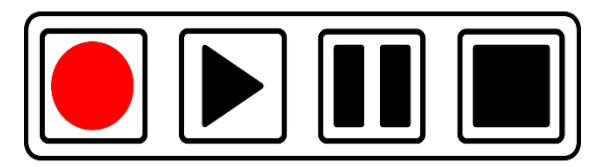
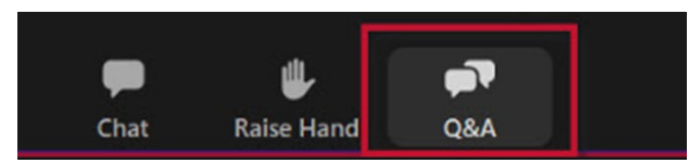
Laurie Bell



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:

- How your program fits into the Timely Access data collection process
- Updates to Timely Access requirements
- How to avoid common errors with Timely Access Data Entry
- New features for the Timely Access Form in Avatar

Reminder: Timely Access CAP

As a reminder, **BHRS is under a Timely Access Corrective Action Plan** with DHCS.

The CAP is why we've been putting so much emphasis on Timely Access Workflows and adopted Timely Access as our annual EQRO Performance Improvement Projects for both SUD and MH.



Results of March Submission - MH

	FY23-24	FY24-25	FY25-26	NOW
Non-Urgent Non-Psychiatry, Adult (21+)	79% (n=136)			
Non-Urgent Non-Psychiatry, Youth (0-20)	58% (n=58)			
Urgent Non-Psychiatry, Adult (21+)	78% (n=9)			
Urgent Non-Psychiatry, Youth (0-20)	71% (n=7)			
FU Non-Urgent Non-Psychiatry, Adult (21+)	51% (n=49)			
FU Non-Urgent Non-Psychiatry, Youth (0-20)	67% (n=67)			
Non-Urgent Psychiatry, Adult (21+)	47% (n=111)			
Non-Urgent Psychiatry, Youth (0-20)	58% (n=43)			
Urgent Psychiatry, Adult (21+)	N/A (n=0)			
Urgent Psychiatry, Youth (0-20)	N/A (n=0)			

Results of March Submission - MH

	FY23-24	FY24-25	FY25-26	NOW
Non-Urgent Non-Psychiatry, Adult (21+)	79% (n=136)	87% (n=467)		
Non-Urgent Non-Psychiatry, Youth (0-20)	58% (n=58)	80% (n=79)		
Urgent Non-Psychiatry, Adult (21+)	78% (n=9)	26% (n=19)		
Urgent Non-Psychiatry, Youth (0-20)	71% (n=7)	18% (n=17)		
FU Non-Urgent Non-Psychiatry, Adult (21+)	51% (n=49)	74% (n=186)		
FU Non-Urgent Non-Psychiatry, Youth (0-20)	67% (n=67)	58% (160)		
Non-Urgent Psychiatry, Adult (21+)	47% (n=111)	43% (n=452)		
Non-Urgent Psychiatry, Youth (0-20)	58% (n=43)	36% (184)		
Urgent Psychiatry, Adult (21+)	N/A (n=0)	0% (n=1)		
Urgent Psychiatry, Youth (0-20)	N/A (n=0)	N/A (n=0)		

Results of March Submission - MH

	FY23-24	FY24-25	FY25-26	NOW
Non-Urgent Non-Psychiatry, Adult (21+)	79% (n=136)	87% (n=467)	97% (n=3485)	
Non-Urgent Non-Psychiatry, Youth (0-20)	58% (n=58)	80% (n=79)	95% (n=1703)	
Urgent Non-Psychiatry, Adult (21+)	78% (n=9)	26% (n=19)	93% (n=58)	
Urgent Non-Psychiatry, Youth (0-20)	71% (n=7)	18% (n=17)	80% (n=55)	
FU Non-Urgent Non-Psychiatry, Adult (21+)	51% (n=49)	74% (n=186)	64% (n=1160)	
FU Non-Urgent Non-Psychiatry, Youth (0-20)	67% (n=67)	58% (160)	73% (n=668)	
Non-Urgent Psychiatry, Adult (21+)	47% (n=111)	43% (n=452)	20% (n=70)	
Non-Urgent Psychiatry, Youth (0-20)	58% (n=43)	36% (184)	44% (n=9)	
Urgent Psychiatry, Adult (21+)	N/A (n=0)	0% (n=1)	N/A (n=0)	
Urgent Psychiatry, Youth (0-20)	N/A (n=0)	N/A (n=0)	0% (n=1)	

Results of March Submission - MH

	FY23-24	FY24-25	FY25-26	NOW
Non-Urgent Non-Psychiatry, Adult (21+)	79% (n=136)	87% (n=467)	97% (n=3485)	Met
Non-Urgent Non-Psychiatry, Youth (0-20)	58% (n=58)	80% (n=79)	95% (n=1703)	Met
Urgent Non-Psychiatry, Adult (21+)	78% (n=9)	26% (n=19)	93% (n=58)	Met
Urgent Non-Psychiatry, Youth (0-20)	71% (n=7)	18% (n=17)	80% (n=55)	Met
FU Non-Urgent Non-Psychiatry, Adult (21+)	51% (n=49)	74% (n=186)	64% (n=1160)	Resolved
FU Non-Urgent Non-Psychiatry, Youth (0-20)	67% (n=67)	58% (160)	73% (n=668)	Resolved
Non-Urgent Psychiatry, Adult (21+)	47% (n=111)	43% (n=452)	20% (n=70)	Not Met
Non-Urgent Psychiatry, Youth (0-20)	58% (n=43)	36% (184)	44% (n=9)	Not Met
Urgent Psychiatry, Adult (21+)	N/A (n=0)	0% (n=1)	N/A (n=0)	N/A
Urgent Psychiatry, Youth (0-20)	N/A (n=0)	N/A (n=0)	0% (n=1)	Not Met

Update Re: DHCS Requirement

There has been an increase in the standard we have to meet for the % of appointments that meet the Timely Access standard.

Old
Standard

80%



New
Standard

90%



SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES

FAQ: Who? Me?

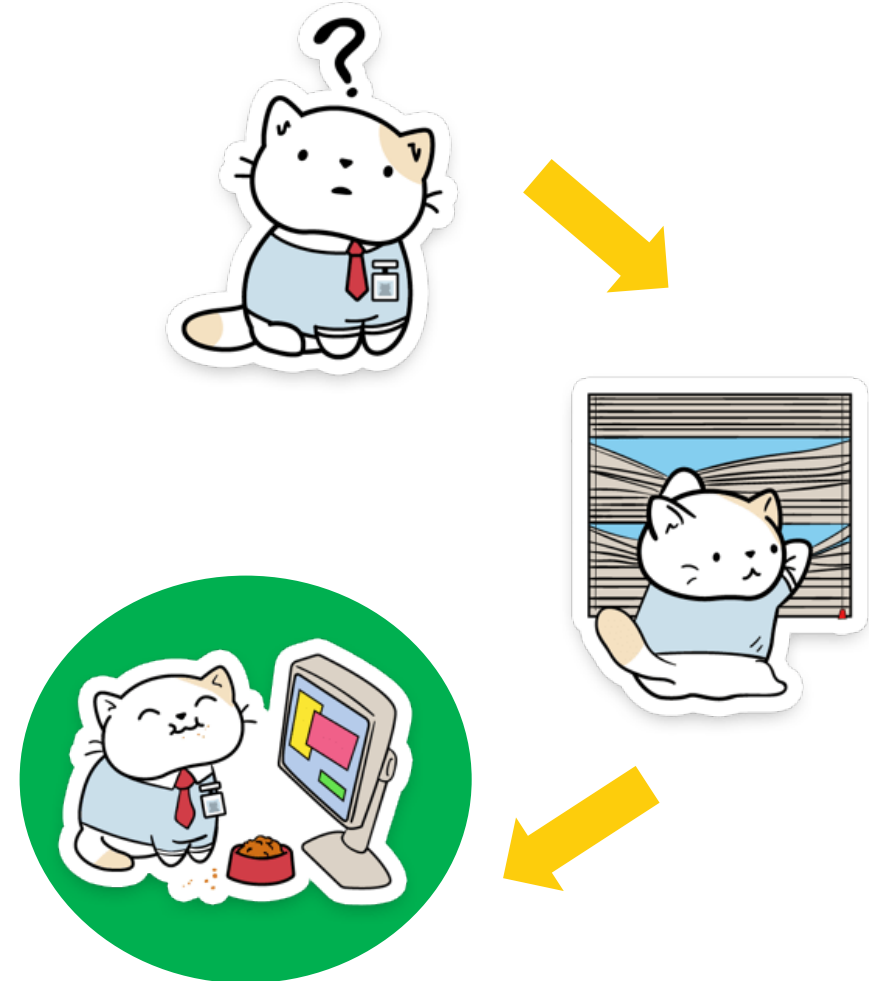


So... when you said that ALL programs are subject to Timely Access... does that include my program?



Who? Me? My Program?

- If you are a program that EVER
 - ✓ receives a referral for a client or
 - ✓ sends a referral to another BHRS Program or Contracted Agency for a client
- then **YES** some portion of your clients will need to be tracked for Timely Access purposes.
- This includes outpatient clinics, field based programs, mobile crisis, linkage/outreach teams, and so on and so forth.



But...what if....



But what if my program doesn't bill Medi-Cal?

OR What if I only provide linkage or outreach services?

- *Does your program ever refer a client to another BHRS program/ contracted agency that bills Medi-Cal (e.g., regional clinic, specialty program, SUD program) for ongoing services?*

If the answer to the above is **yes**, then **YES** there are going to be situations in which you will have to start the Timely Access Request Form.

In these cases, the Date of Request would be the date that the client requests for a referral to be sent to a BHRS / Contracted agency for ongoing care.

But...what if....



Additional note about teams that only provide MH linkage/outreach...

- If you start to provide SMHS (e.g., assessment, case management, rehab) while the client waits to start services with the next program, your services count toward Timely Access.
- In this case, you would complete **BOTH** the **TA Request Form** AND the **TA Appointment Form** for the services you did provide the client.
- If you provided both the Initial and Follow-Up appointment, then the next program does not need to do anything for Timely Access as the tracking obligation of the first 2 appointments has been fulfilled.

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.



Mostly Cold Referrals

Example: Specialty programs with direct links to non-MH providers



Mostly Warm Referrals

Example: Regional Clinics



Mostly Referrals for services while in-custody/inpatient/ED

Example: Specialty programs that work justice involved population or hospitals



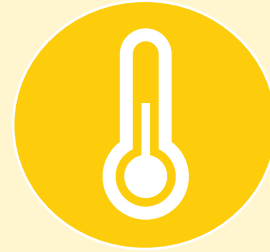
Cold, Warm, Hot Referrals



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, Warm, Hot Referrals



Add
"Adjusted Date" if
appropriate

Initial Request Information

Date of Request *

Time of Request *

Was this Request Initially Received as an Urgent Request? *

Not Urgent Urgent

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

Yes No

Updated Urgent Status

Urgent Not Urgent

Reason for Change in Urgent Status

Referral Source *

Select

If Other Referral selected, please specify

Request Received Via

Call Email Fax
 Mail EHR Walk-In

Additional Comments About this Request for Service(optional)

The Date of Request should be adjusted due to.... ?

Client is in custody (justice involved)
 Client is discharging from Emergency Department
 Client is discharging from Inpatient
 The original Date of Request was a cold referral date.

Adjusted Date of Request ?

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.

Cold, Warm, Hot Referrals

The Date of Request should be adjusted due to.... ?

- Client is in custody (justice involved)
- Client is discharging from Emergency Department
- Client is discharging from Inpatient
- The original Date of Request was a cold referral date.

Adjusted Date of Request ?

The “adjusted date of request” field overrides the Date of Request. Use this when you need to reflect a date of request that is after the date you actually received the request. This can only be done for the 4 scenarios listed on the form.

If the release/discharge date changes, make sure to **update** this date field via the “**Adjusted Date of Request**” field. Do not change the date of original request.



Poll 1

The adjusted date of request should only be updated:

- A. Once
- Whenever you are notified that the discharge/release date was changed.
- C. Whenever your offered appointment exceeds the standard timeframe so that we can clear our CAP with the State.



Urgent Requests



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 BHRIS? 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, BHRIS/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? *

Not Urgent

Urgent



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

Urgent Requests

Note about *“If another health care provider indicates that an appointment is urgently needed, consider it urgent.”*

- **Caveat:** If upon triaging the referral and speaking to the other provider you realize that the other provider misunderstood the standard timeframe and urgent time frame, or they were just wanting to make sure that the client’s referral doesn’t get forgotten, etc., then you may update the change in urgent status to reflect that it is no longer an urgent and is actually a non-urgent/standard referral.

Was this Request Initially Received as an Urgent Request? *

Not Urgent Urgent

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

Yes No

Updated Urgent Status

Urgent Not Urgent

Reason for Change in Urgent Status

+



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.
- For example, if a 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.

Was this Request Initially Received as an Urgent Request? *

Not Urgent Urgent

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

Yes No

Updated Urgent Status

Urgent Not Urgent

Reason for Change in Urgent Status

+



Urgent Requests

What Urgent is NOT...

- **Do not mark as urgent** if you are simply wanting to mark it as a request/referral you want the receiving program to pay special attention to.
- **Do not mark as urgent** if you think that this will bump this client to the “front” of the line when their clinical need does not actually require them to be seen in 48 hours (or 96 hours if service requires prior authorization).

If programs have a wait time that is longer than the standard time frame, then that needs to be addressed through other means (e.g., working things out on a system-wide improvement level).



Urgent Requests

If the answer to this question is “**No**” then **leave this as a standard (non-urgent) request.**

If you have had issues with connecting the individual to services at the program, **you can always contact the program supervisor / program specialist to try to coordinate a sooner appointment** if the offered appointment exceeds the standard time frame and you believe the individual cannot wait an extended time beyond the standard time frame for an appointment.

Always use the appropriate **clinical/program issue escalation process** to address these types of system-wide or program-wide concerns.

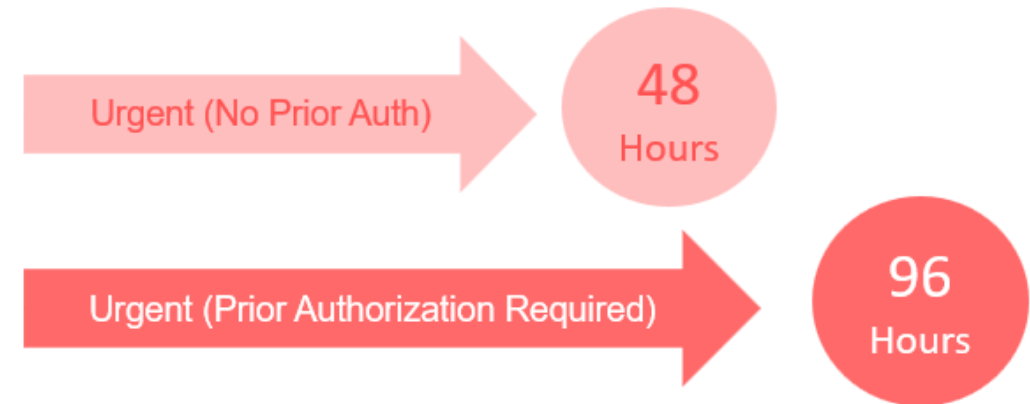
Ask yourself – will the client face an imminent and serious threat to their health if they are not seen in 48/96 hours?



Urgent Requests

- Marking requests as urgent when they are not actually urgent harms the system in multiple ways ways:
 - Bumps non-urgent cases ahead of truly urgent cases
 - *Unnecessarily* puts BHRS at risk of financial sanction for not meeting the Timely Access standard for urgent requests based on inaccurate data.
- Key word: “*unnecessarily*.” If the individual needs to be seen in 48 hours, then you **must** and **should** mark the request as urgent!
- We need to understand our system’s true ability to handle urgent needs. **Be truthful and accurate in your data entry.**

Ask yourself – will the client face an imminent and serious threat to their health if they are not seen in 48/96 hours?



Urgent Requests

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



Requests for an appointment post-ED/Inpatient discharge can be, but are not always urgent.

Urgency of post-discharge appointments is determined on a case-by-case basis.

Always Urgent



Request for **SUD** Perinatal Service



Request for **SUD** Withdrawal Management (Detox)



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**



Poll 2

A request should be marked as urgent when:

- A. Waiting the standard timeframe would be detrimental to the individual's life.
- B. The client faces imminent and serious threat to their health if they don't get an appointment within the urgent (48/96 hour) timeframe.
- C. It's the only way you know of to ensure that the program doesn't ignore the referral.



A and B.



Changes to Which Clients Get Tracked



Change: ALL New Requests

[BHIN 26-015](#) updated Timely Access tracking requirements.

DHCS no longer limits timely access tracking to new clients. DHCS now requires tracking of ALL timely requests, regardless of if the client is new or existing.

Non-Psychiatry

- Case Management
- Rehab
- Therapy
- Peer Support Services
- TBS
- ICC / IHBS

Psychiatry

- Medication Support

SUD Services

- Each SUD Service is treated as a separate category already.
- Since SUD already treats each request as a new request, this BHIN doesn't change how SUD identifies "new requests."

Change: ALL New Requests

By “new request” DHCS is referring to a new request for a CATEGORY of services that is not yet being provided.

Each individual service that is added to a client does not count as a new service unless it represents a new CATEGORY of a service that is not yet being provided.

Non-Psychiatry

- Case Management
- Rehab
- Therapy
- Peer Support Services
- TBS
- ICC / IHBS

Psychiatry

- Medication Support

SUD Services

- Each SUD Service is treated as a separate category already.
- Since SUD already treats each request as a new request, this BHIN doesn't change how SUD identifies “new requests.”

Change: ALL New Requests

Example: A client is already receiving Case Management and Rehab Services. 6 months into treatment it's determined that Therapy and Medication support will be added. Do both Therapy AND Medication require submission of a Timely Access Request form?

Non-Psychiatry

- Case Management
- Rehab
- Therapy
- Peer Support Services
- TBS
- ICC / IHBS

Psychiatry

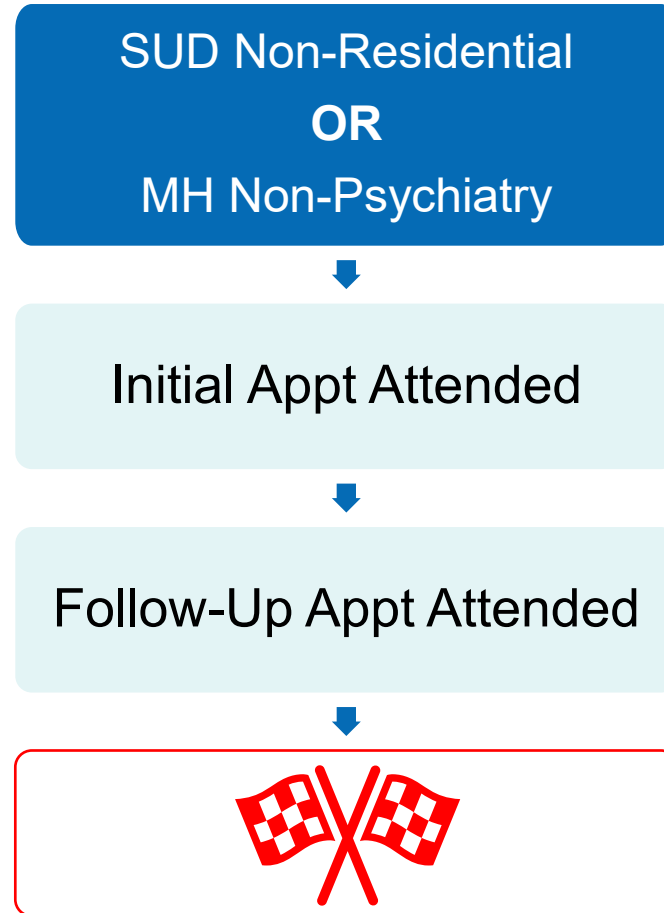
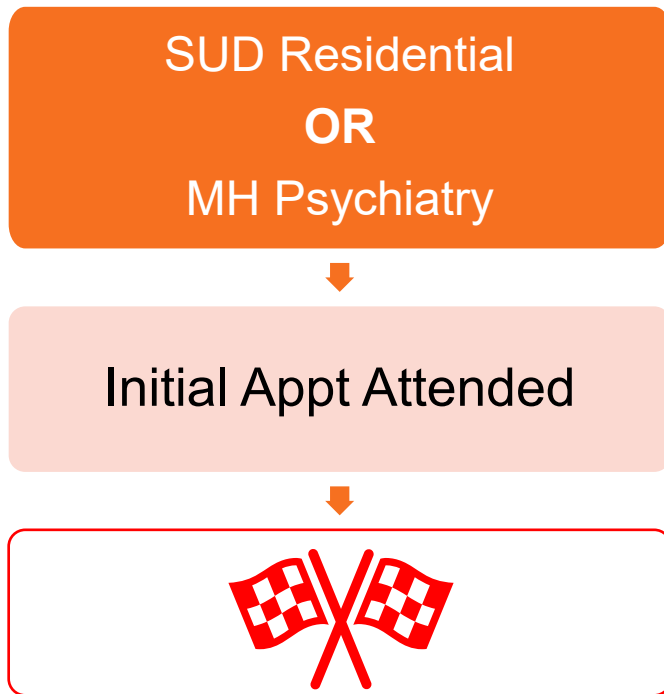
- Medication Support

Medication Support is the only new request that will be tracked for timely access, because Medication Support is in a category (**psychiatry**) that is **NOT already** being provided

Therapy would **NOT** count as a new request since it is in a category (**non-psychiatry**) off services that is **already** being provided to the client.

Offered and Attended Appointments


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





Poll 3

Timely Access tracking is based on:

- A. Whether or not the client is new to BHRS.
- B. Whether or not the service being requested requires tracking for new and/or existing clients.
-  Whether or not the service being requested is part of a category of services that is already being provided to the client.

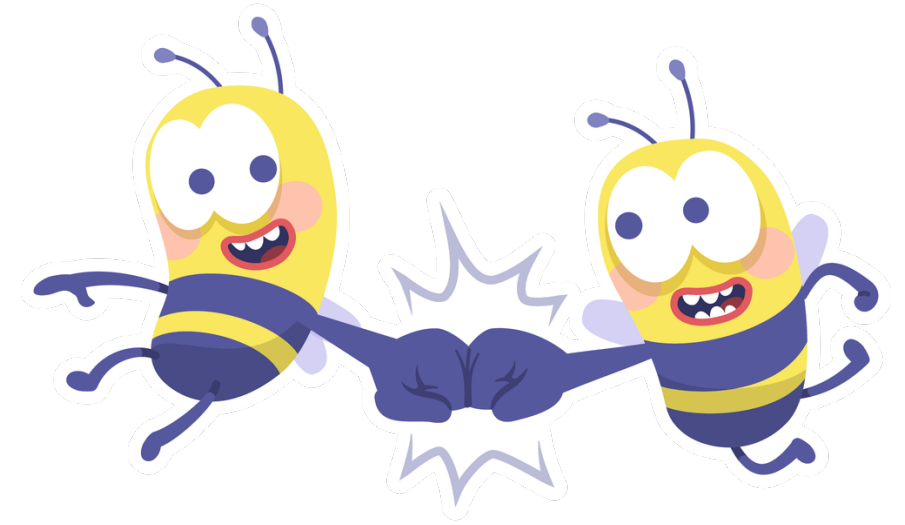


Changes to MH Psychiatry Requests



MH Psychiatry Requests

- Most programs that provide psychiatry services require an appointment with a non-psychiatrist staff (for example, an ETC appointment) prior to a PIN being scheduled.
- This is to ensure that the referral is clinically appropriate and, if it is, this non-psychiatry appointment is used to gather information that will be helpful to the prescriber for when they do eventually meet with the client.



MH Psychiatry Requests

- Because of this common workflow, the timeline for Psychiatry actually starts when it is determined by BHRS that a referral to psychiatry is clinically appropriate.
- Therefore...if you are referring to a program that requires a non-psychiatry appointment before a PIN can be scheduled, you will first:
 - 1) refer the client to the non-psychiatry service on the initial TA Request form, then
 - 2) document that medication services is also being requested in the “Additional Comments” field.
- The request for psychiatry will be created on a **separate TA Request Form** once it is determined that the client will be referred for psychiatry services.

Service Requested:
Non-Psychiatry



Additional Comments Text Box:

“Client requesting eval for
Psychiatry Services”



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

MH Psychiatry Requests

Services Requested *

Service Requested	Additional Service Specif...	Will the client be referred...	BHRS Program/Agency t...	Please specify OON provi...	Date of First Offered App...	Time of First Offered App...
-------------------	------------------------------	--------------------------------	--------------------------	-----------------------------	------------------------------	------------------------------

In most cases, you will NO LONGER have BOTH MH Non-Psychiatry and MH Psychiatry on the same form.

If a program requires a non-psychiatry appointment prior to assigning a PIN, separate Request forms must be created for MH Psychiatry and MH Non-Psychiatry.

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 BHRS RTX (Prior Auth)
SUD - SUD Residential
SUD - Withdrawal Management (Detox)

OON Provider

BHRS Program/Agency to which client will be referred
Select

Please specify OON provider

MH Psychiatry Requests

Services Requested *

Service Requested	Additional Service Specif...	Will the client be referred...	BHRS Program/Agency t...	Please specify OON provi...	Date of First Offered App...	Time of First Offered App...
-------------------	------------------------------	--------------------------------	--------------------------	-----------------------------	------------------------------	------------------------------

Initial Request Information

Date of Request *

Time of Request *

Was this Request Initially Received as an Urgent Request? *

Not Urgent Urgent

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

Yes No

Updated Urgent Status

Urgent Not Urgent

Reason for Change in Urgent Status

Referral Source *

Select

If Other Referral selected, please specify

Request Received Via

Call Email Fax
 Mail EHR Walk-In

Additional Comments About this Request for Service(optional)

In most cases, you will NO LONGER have BOTH MH Non-Psychiatry and MH Psychiatry on the same form.

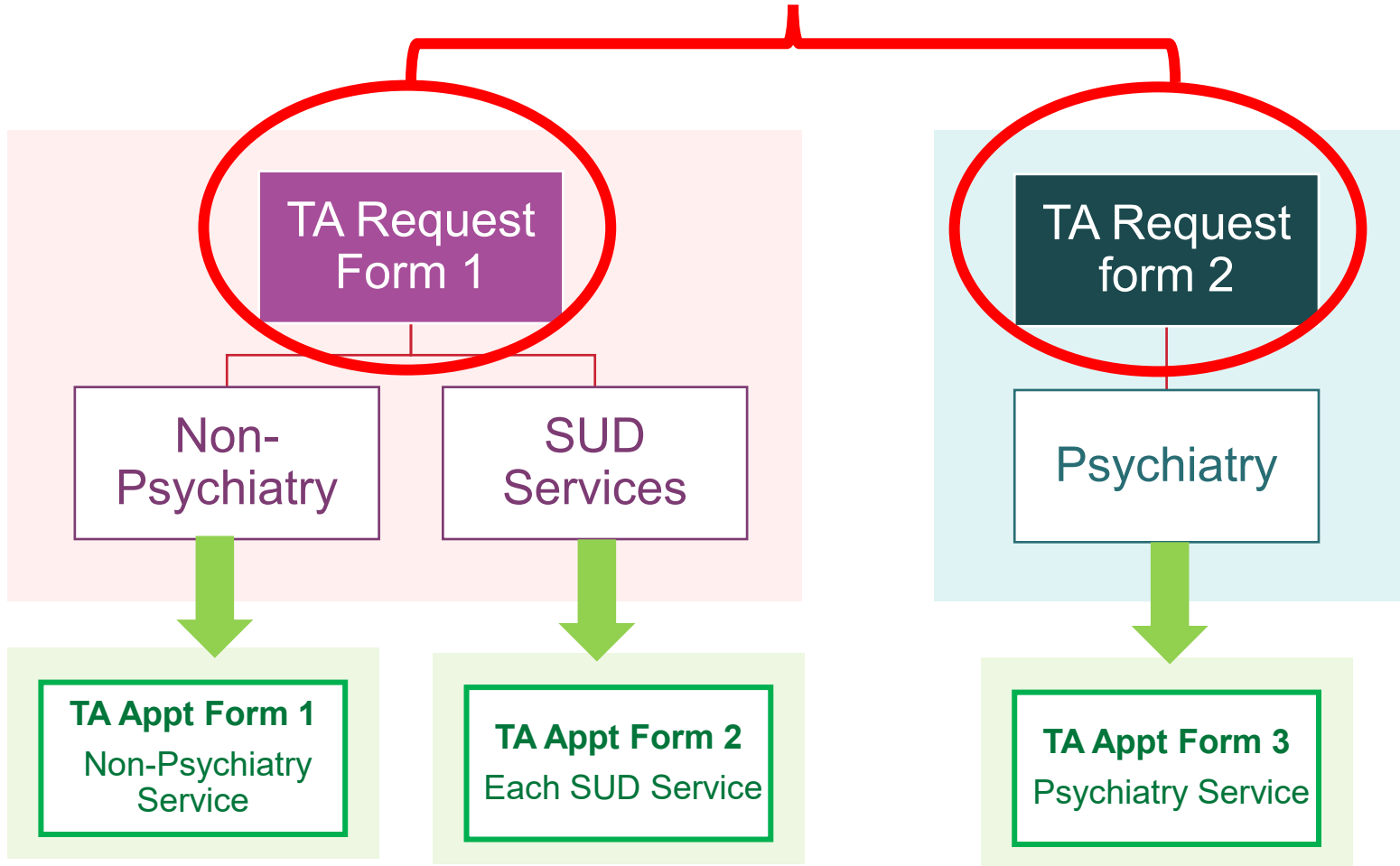
If a program requires a PIN, separate R

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

Add information here about additional MH Psychiatry Request:
"Client is also requesting MH Psychiatry."

MH Psychiatry Requests

These date of request on these two forms will be different.



MH Psychiatry Requests

Date of Request
for Services

Non-Psychiatry
Appt (5/1/26)

Psychiatry PIN
Appt (5/7/26)

This slide is
applicable to
**MH
Psychiatry
Requests.**

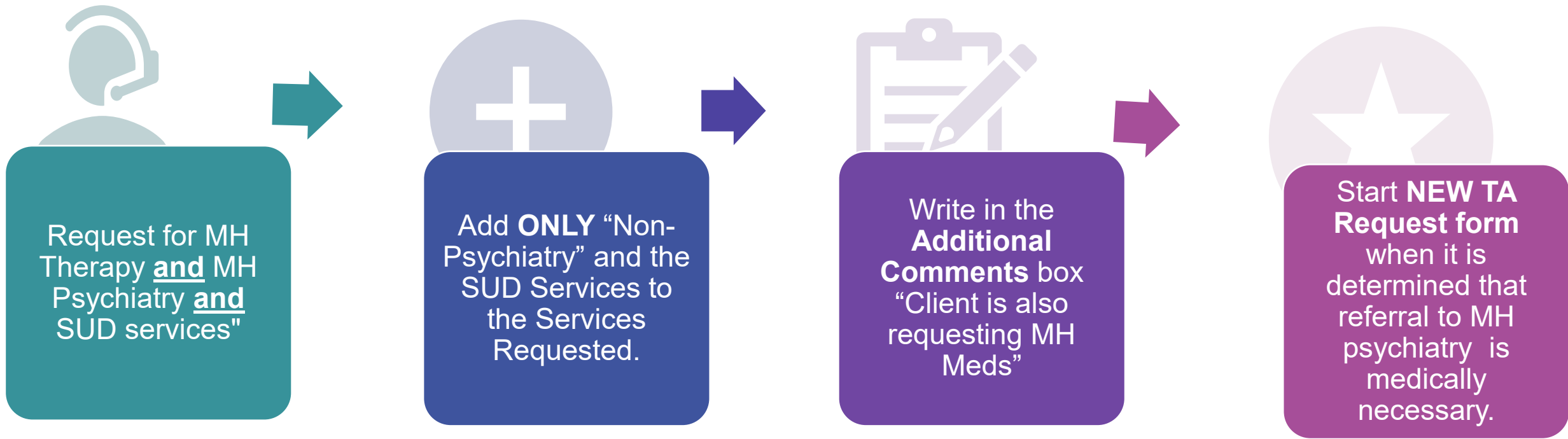
For Psychiatry Requests, this does
NOT count as the Initial
Appointment.

If Psychiatry referral was made on
this date, then this is **the date of
request** for psychiatry.

For Psychiatry Requests,
the PIN **DOES** count as
the **Initial Appointment.**

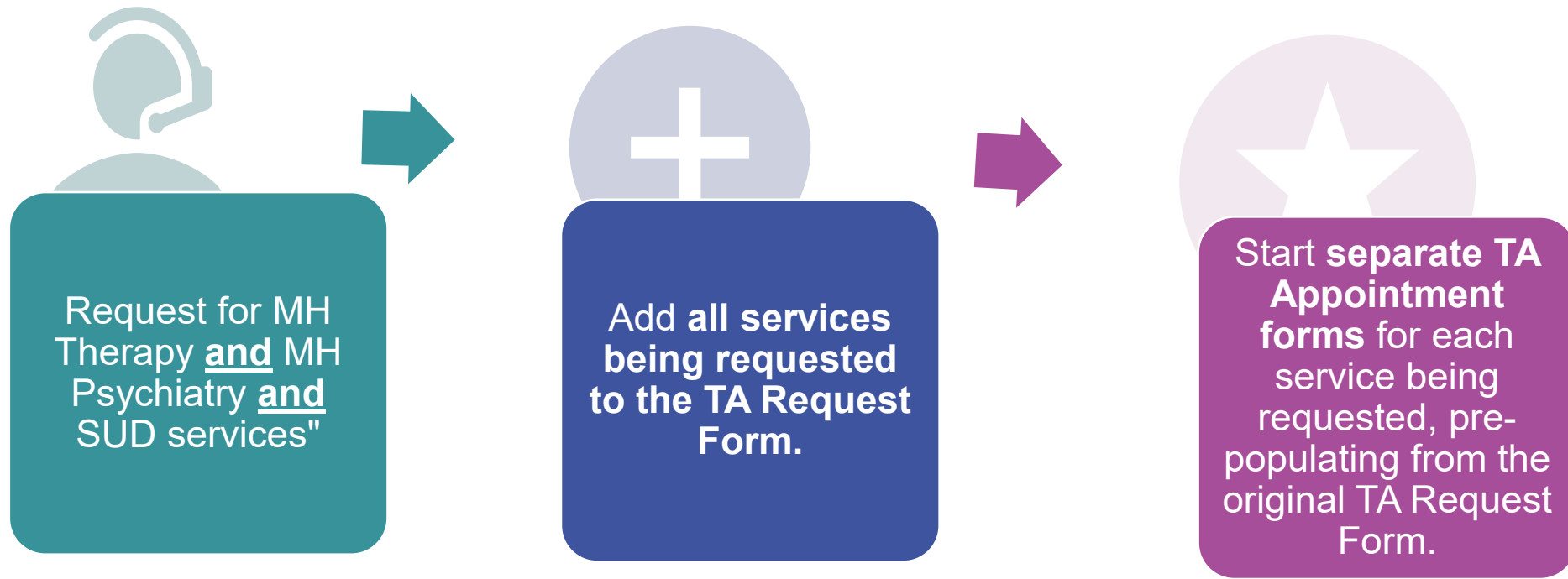
MH Psychiatry Requests

For programs that require a non-psychiatry appointment BEFORE a PIN is scheduled.



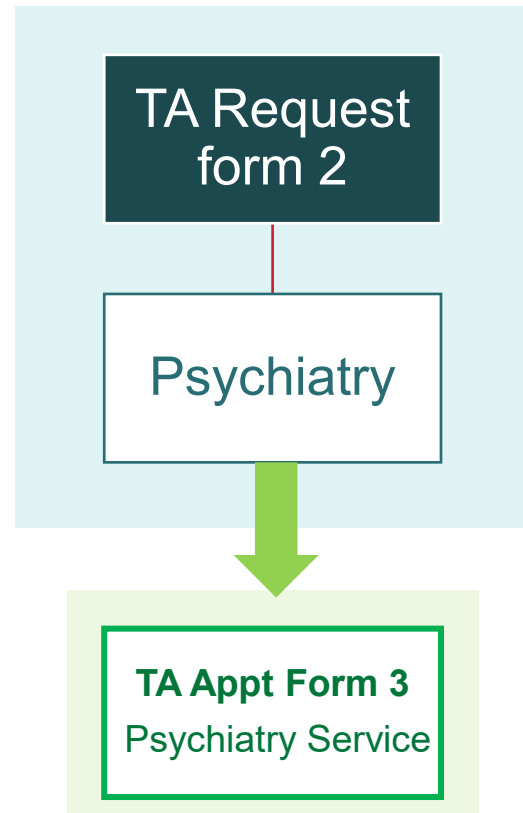
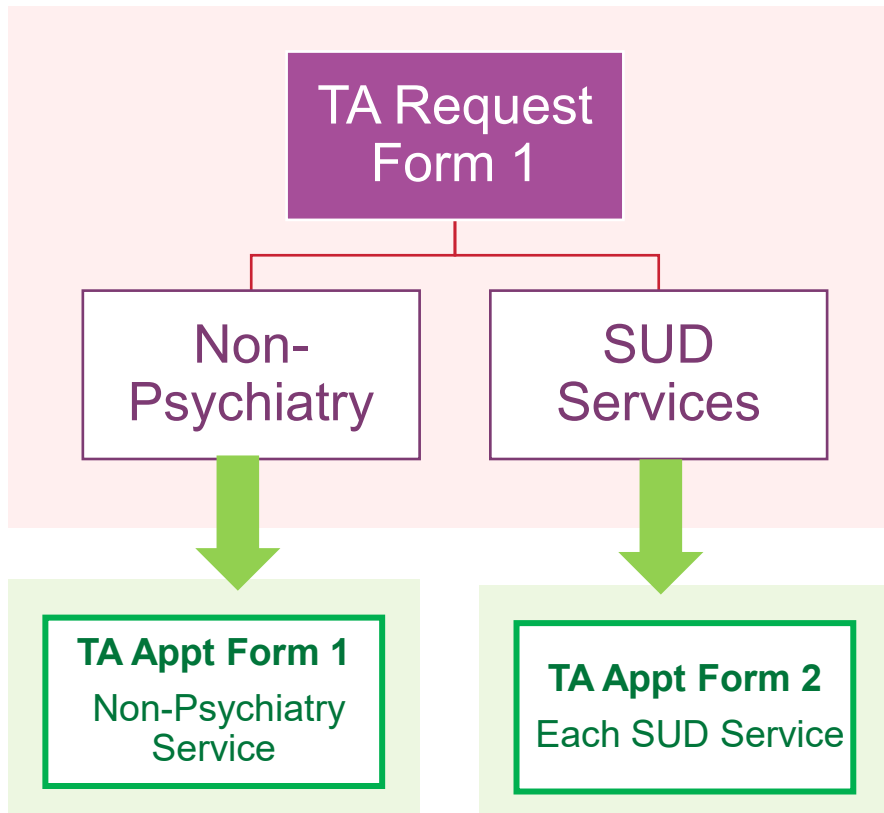
MH Psychiatry

When a non-psychiatry is not required to schedule a PIN.



MH Psychiatry Requests

Request for SUD, MH Therapy, and MH Psychiatry



DO NOT create a new version of a form if one already exists.



Duplication of Forms = PROBLEMS!

Duplicate
Request for Therapy

Original
Request for Therapy

Duplicate
Appointment Form for Therapy

Original
Appointment Form for Therapy

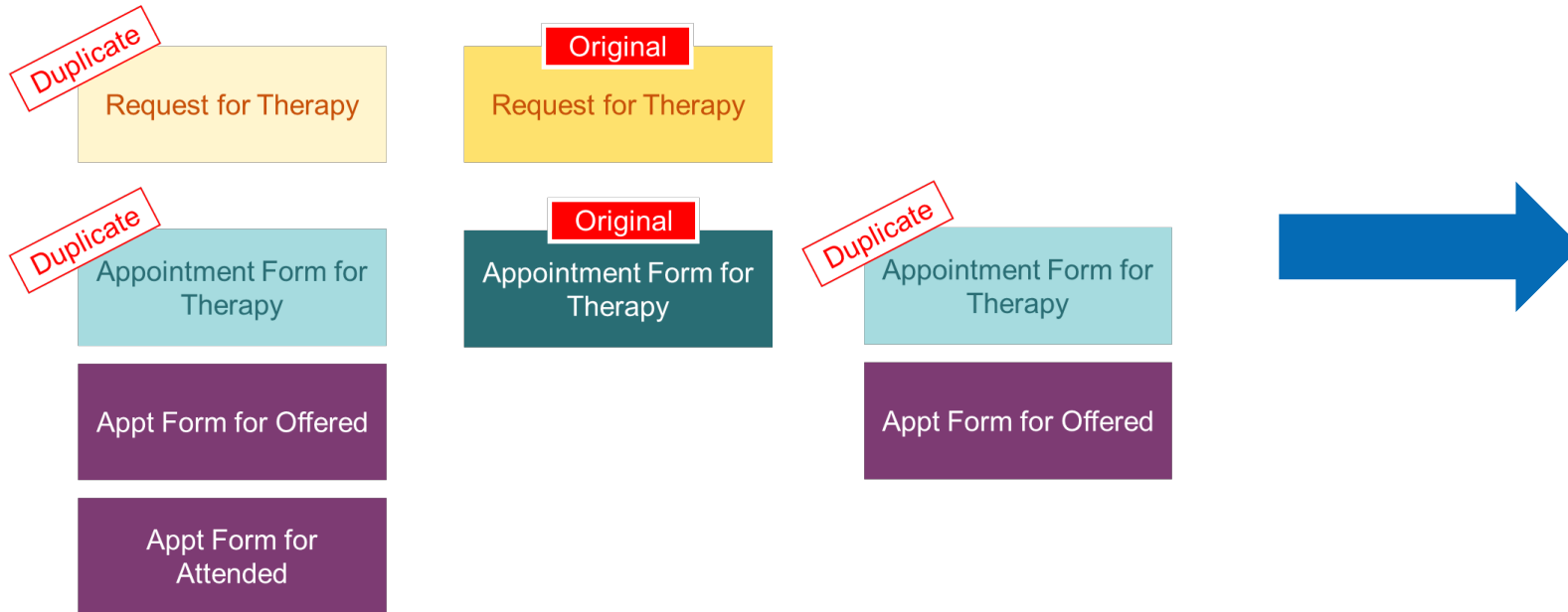
Duplicate
Appointment Form for Therapy

Appt Form for Offered

Appt Form for Offered

Appt Form for Attended

Duplication of Forms = PROBLEMS!




- ✘ Computer crashing
- ✘ Manual Clean Data Clean Up of thousands of records
- ✘ Less Time to support staff





Poll 4

You should create duplicate forms for the same service request:

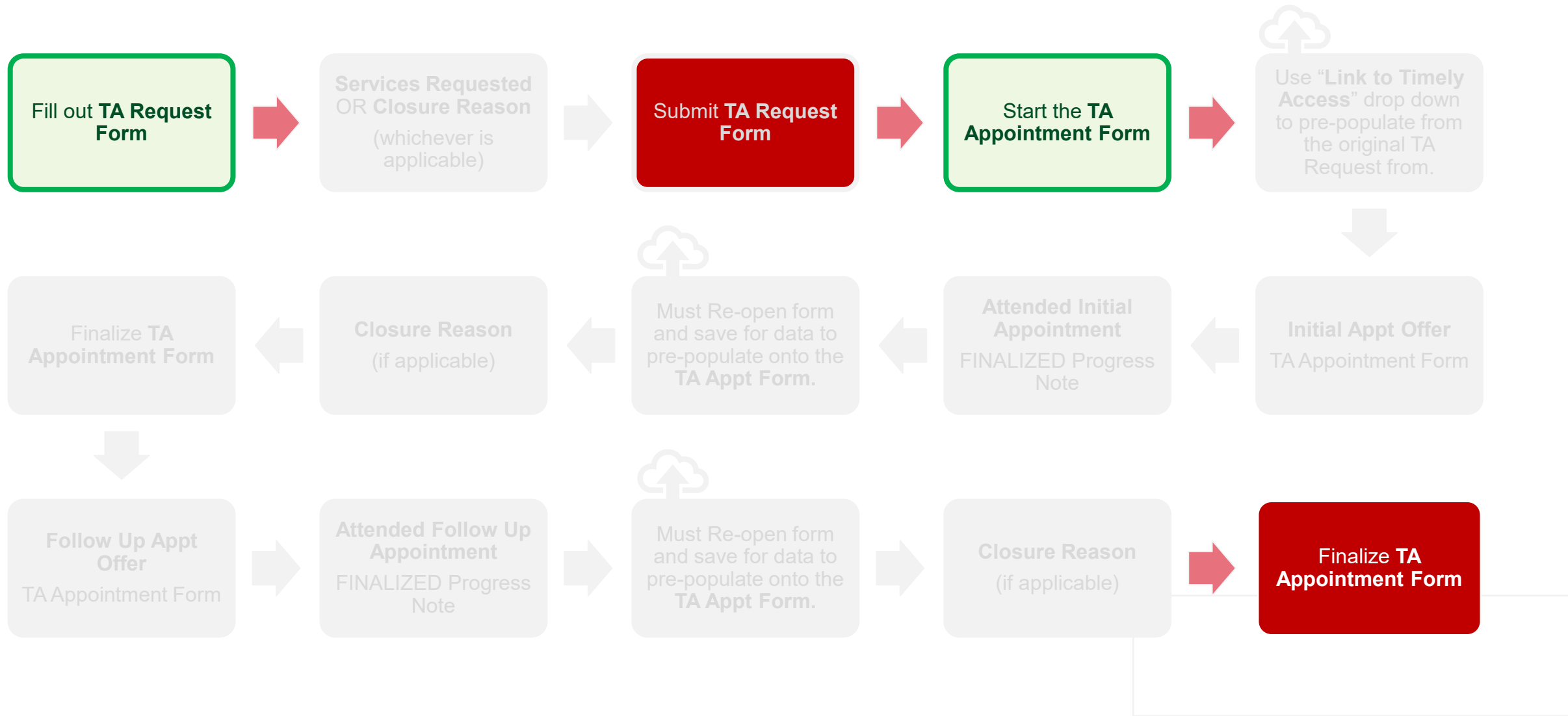
- A. If it works better for your program's workflow to start fresh even if another program already started the form.
- B. The client transferred to your program while they were still in the Timely Access tracking process for the service they will now be getting from you.
-  Never. If a form already exists for tracking the service you are offering/providing then you must work off of the form that was previously created.



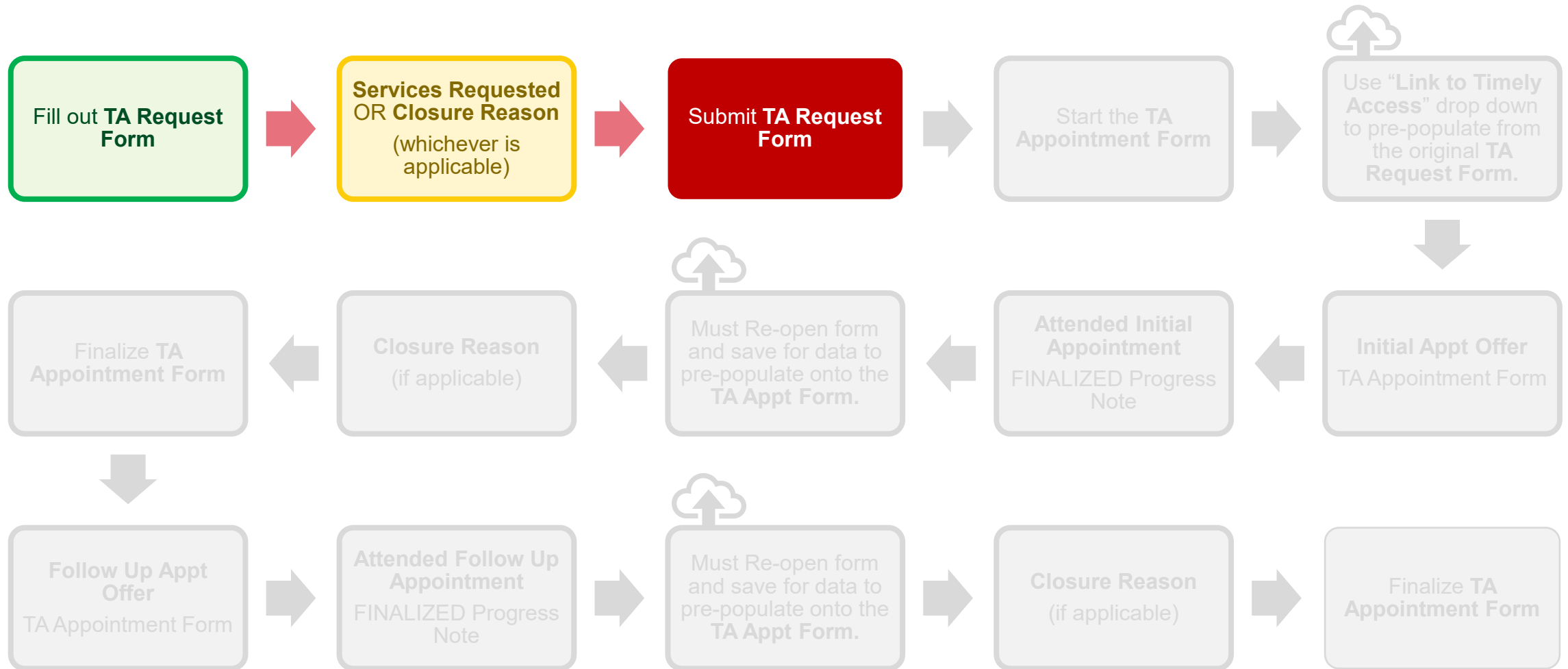
Go with the Flow(chart)



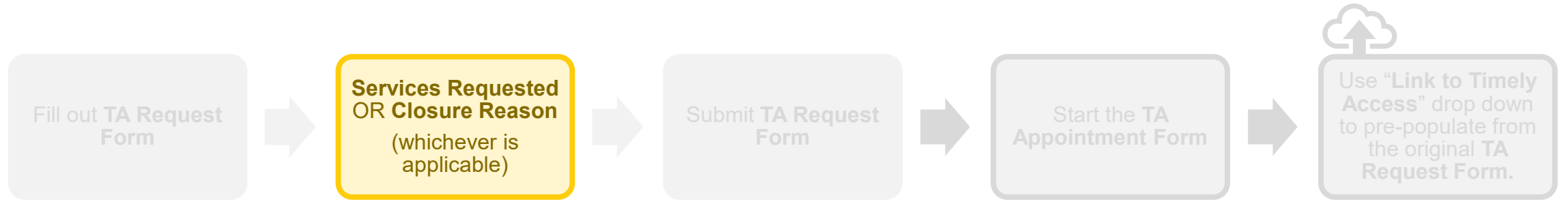
Go with the Flow



TA Request Form Flow



TA Request Form Flow



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" services requested.

If client will not be referred to BHRS Program or Contract Agency, indicate closure

Closure Reasons

- Member was screened and did not meet criteria for referral to SMHS/SUD.
- Out of county/presumptive transfer
- Unable to contact (e.g. deceased or client unresponsive).
- Other (please specify)

TIMELY ACCESS REQUEST INFO

- Initial Request Information
 - Incoming Details
 - Initial Request Information
 - Contract Agency
- Services Requested**
- Update Client Data
- BHRS Client Relationships
- Interface PEI V2

Incoming Details

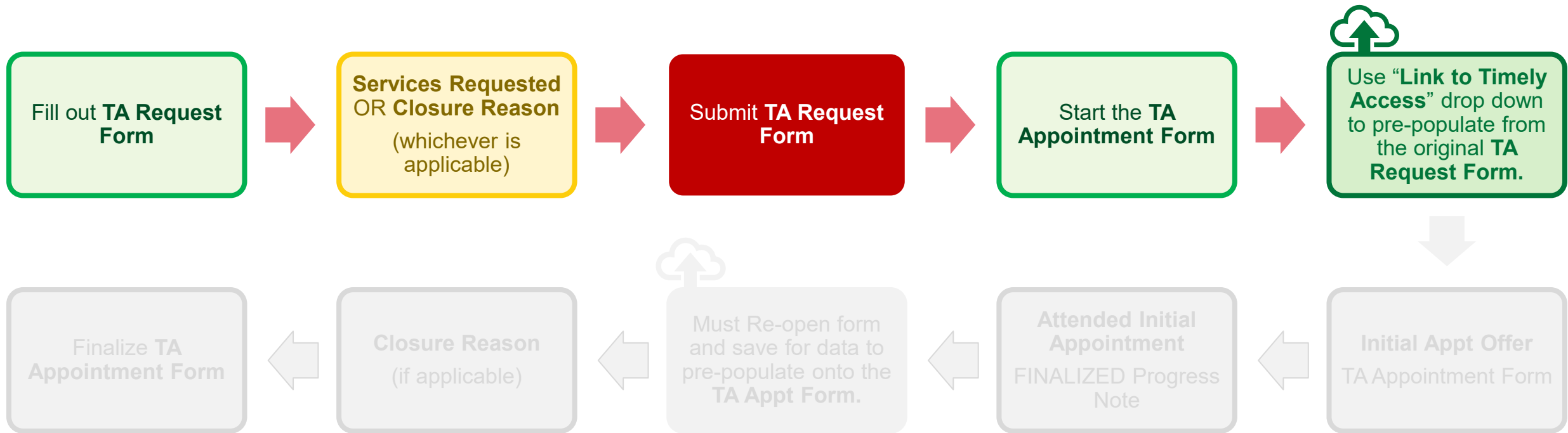
Program filling out this form *
Select

Was the original request received by Access Call Center *

Yes No



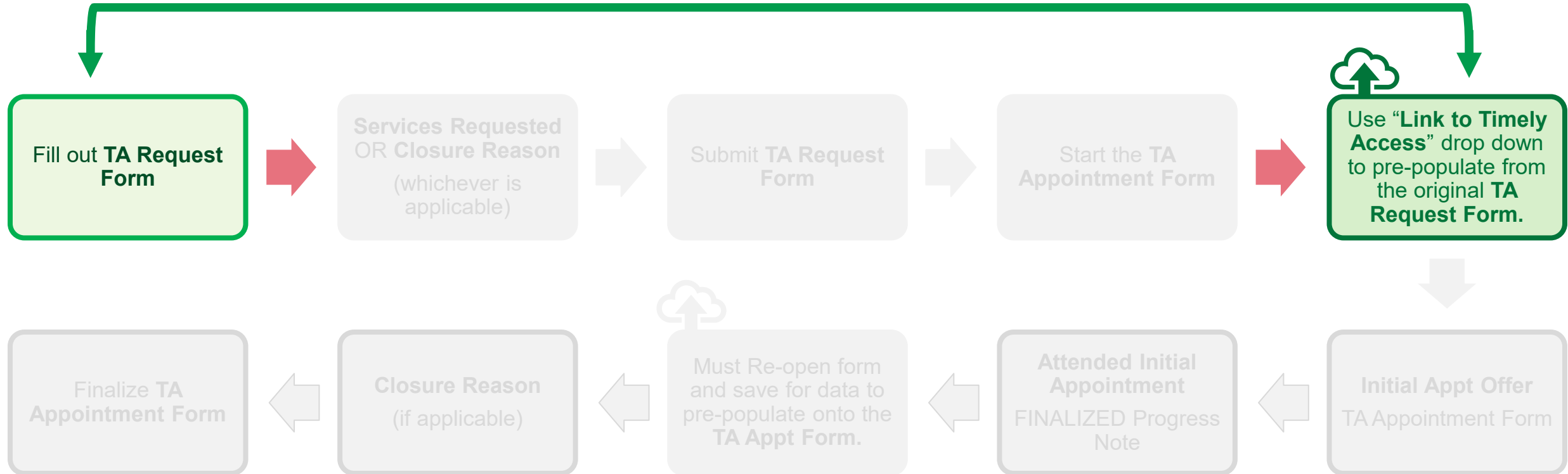
TA Appointment Form Flow



TA Appointment Form Flow

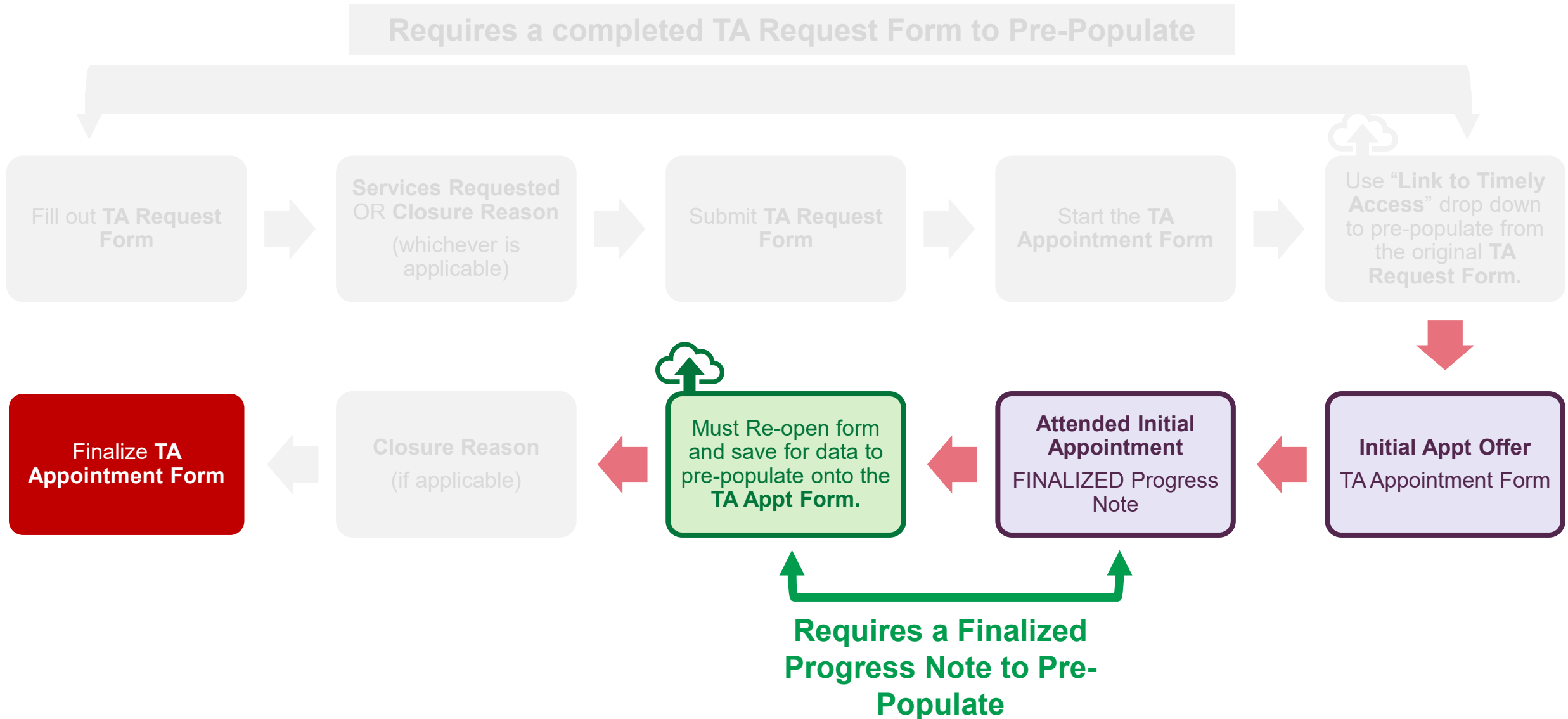
For Services that Require ONLY Initial Appointment Tracking

Requires a completed TA Request Form to Pre-Populate



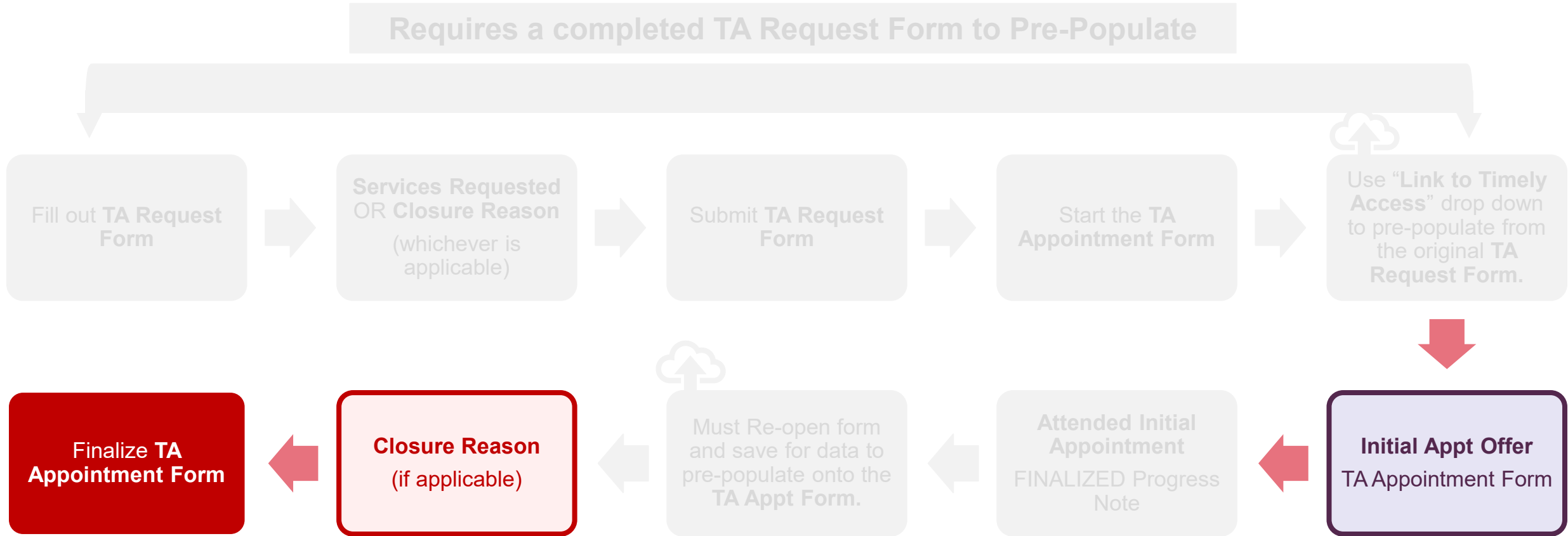
TA Appointment Form Flow

For Services that Require ONLY Initial Appointment Tracking



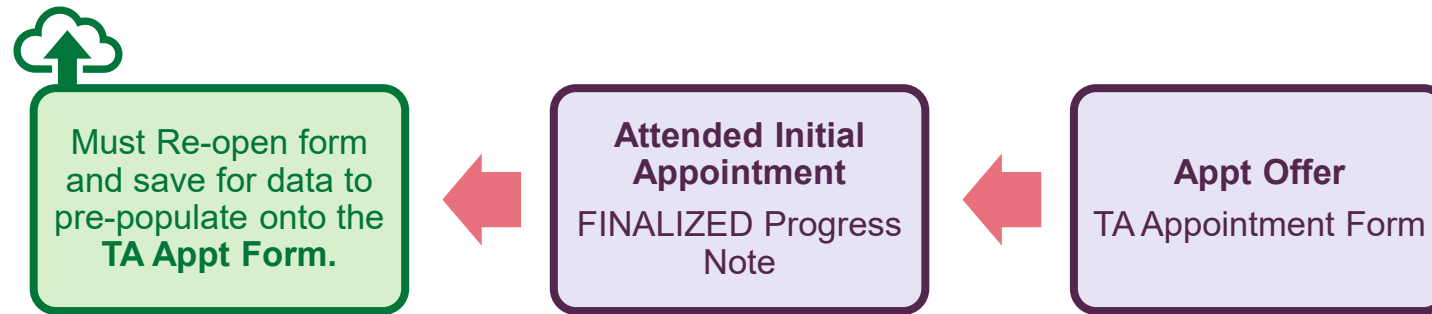
TA Appointment Form Flow

For Services that Require ONLY Initial Appointment Tracking



**Fill out Closure Reason ONLY
if client never attended the
Initial Appointment.**

Pre-Population of Attended Appts



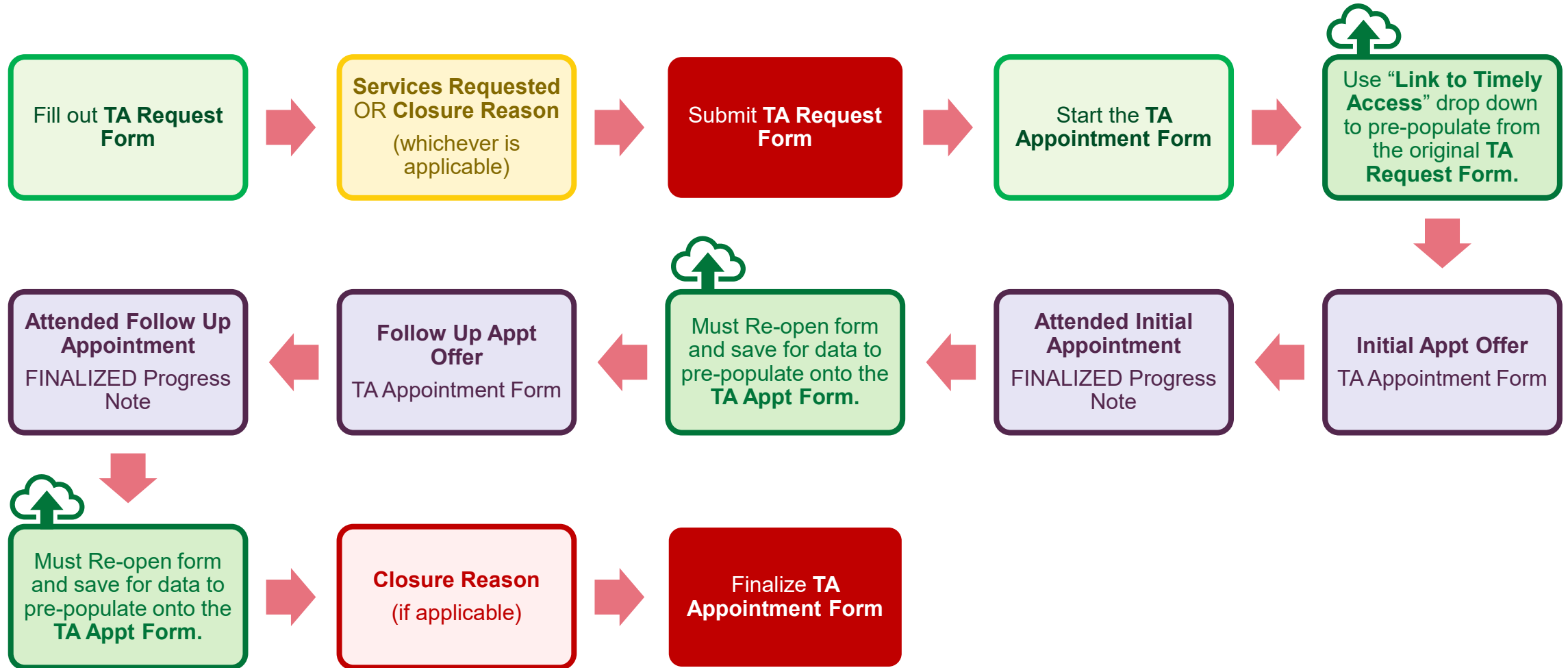
Note about Pre-population of Attended Appt:

The Finalized Note that the pre-population “picks up” is the note for the service that occurred **ON or AFTER** the offered appointment date.

You **MUST Re-OPEN** the **TA Appointment Form AFTER** you finalize the progress note to trigger Avatar to run the pre-population function.

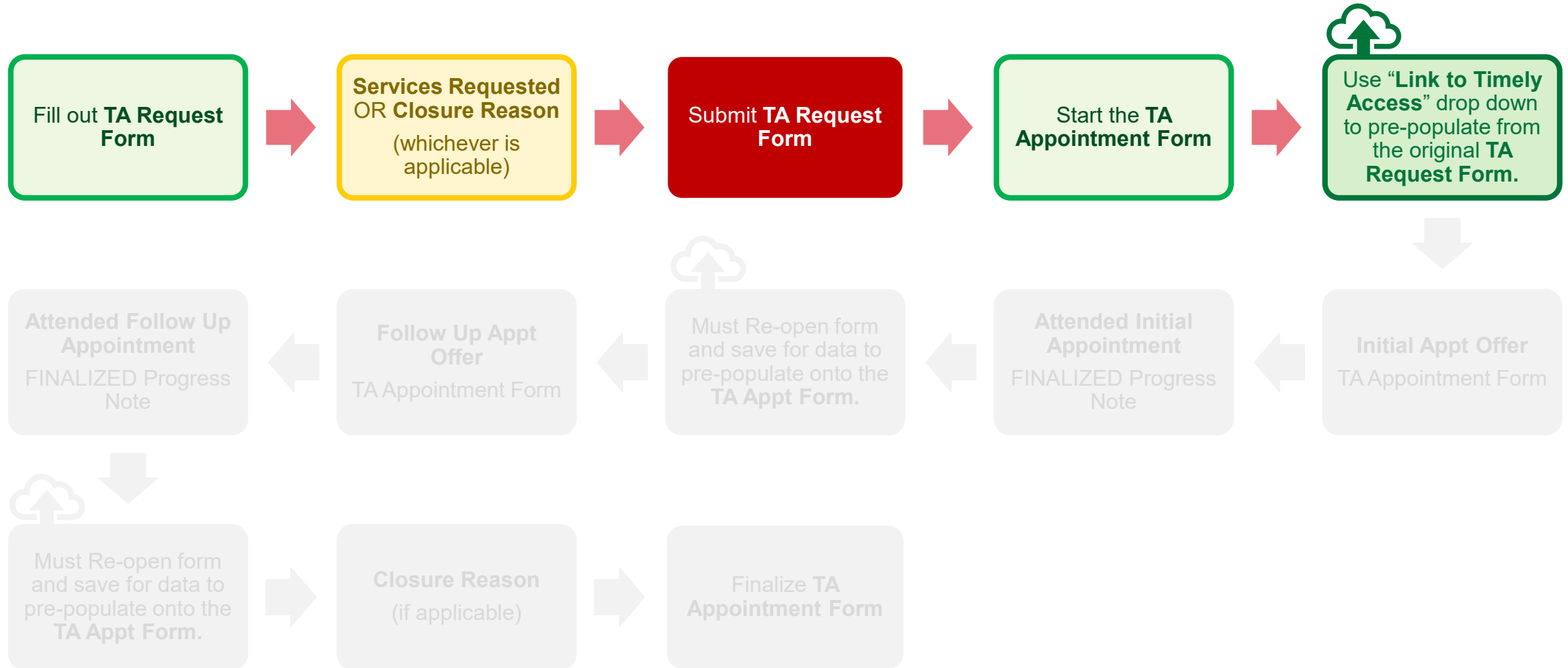
TA Appointment Form Flow

For Services that Require Follow-Up Appointment Tracking



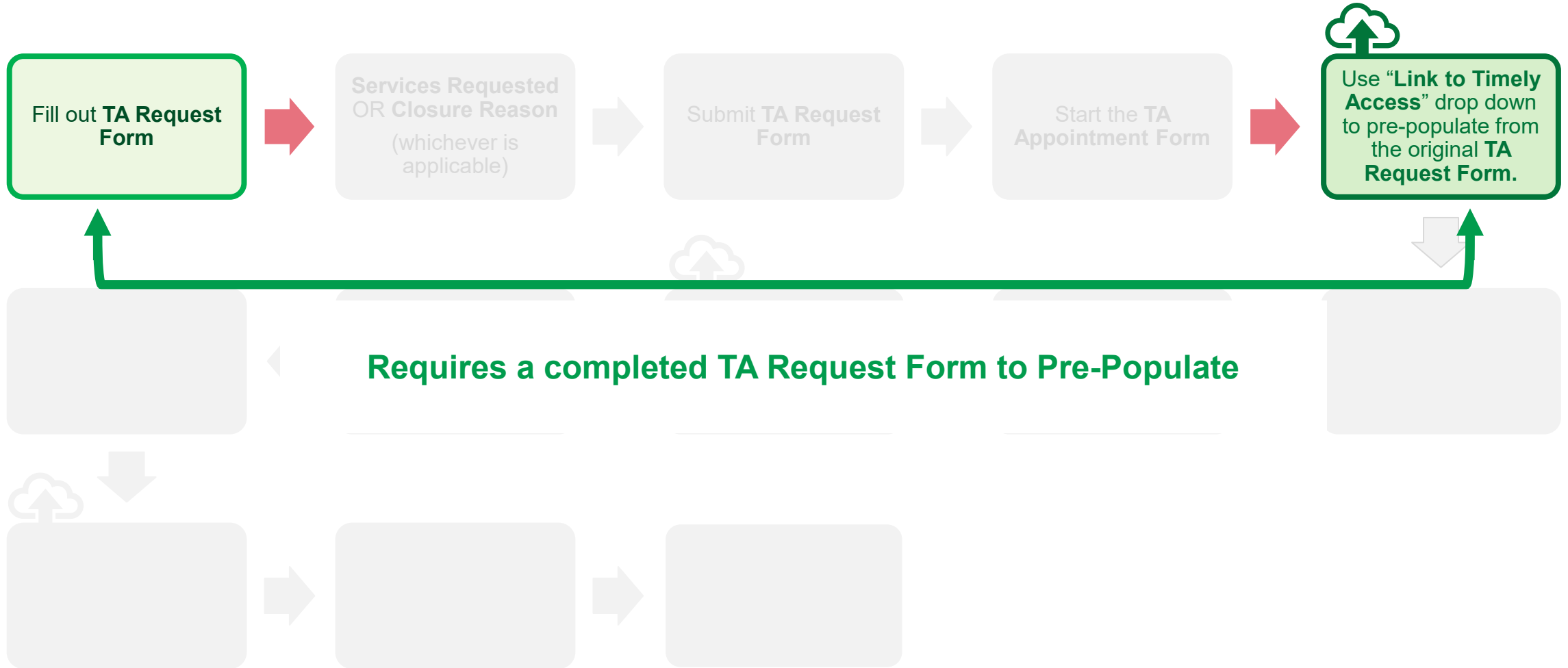
TA Appointment Form Flow

For Services that Require Follow-Up Appointment Tracking



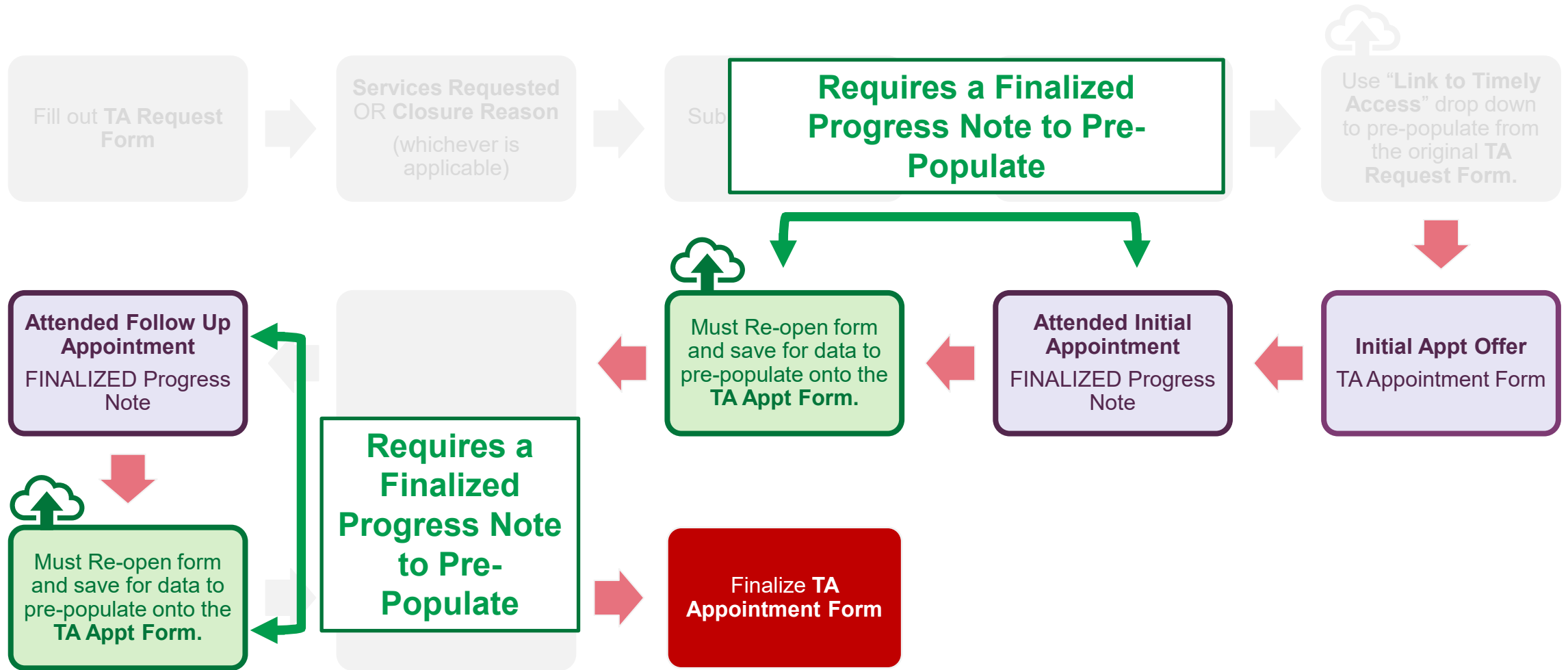
TA Appointment Form Flow

For Services that Require Follow-Up Appointment Tracking



TA Appointment Form Flow

For Services that Require Follow-Up Appointment Tracking





Poll 5

Select the true statement.

- A. You don't need to finalize the TA Appointment Form as long as you finalized the Progress Note for the attended appointment.
- B. Avatar will only pre-populate the date from the finalized progress note if you re-open the TA form after you finalize the progress note.
- C. It's not important to finalize the TA Appointment Form as long as you entered the offered appointment dates.



Reporting Delays



Reporting Delays

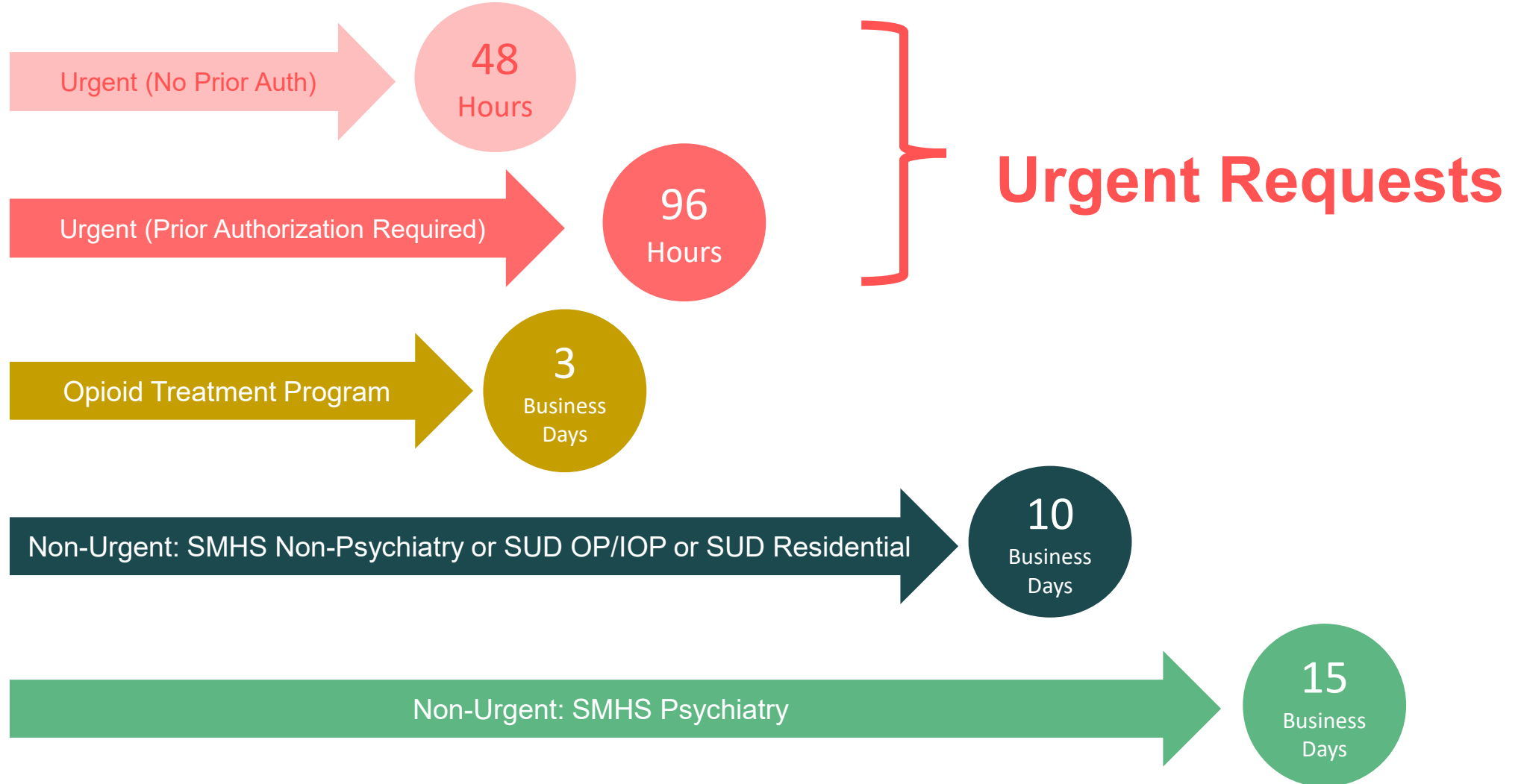
If offered appointment was beyond standard, select reason for delay

- Member choice: Treatment modality unavailable (e.g. evidence based practices model, therapy modality, etc)
- Member choice: Preferred 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

Only Select “**No Delay**” if there was no delay.

No delay means that the offered appointment was within the standard timeframe (or urgent time frame if urgent).

Timely Access Standards



Non-Urgent Standards apply to Initial and Follow Up Appts

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 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

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 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**

These “**Member Choice**” options are used in situations where it’s the client who was making a particular request about an appointment and is willing to wait longer for that appointment to get their preferred provider, service modality, etc.

*For example, if before you are able to offer an appointment, the client states they want to wait to get assigned a female therapist, then you would select “**Member choice: Preferred provider unavailable.**” Or if a client says they only want a provider trained in EMDR and are willing to wait, then that would be “**Member choice: Treatment modality unavailable.**”*

Reporting Delays

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 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

Select “**No Available Provider**” if that was the earliest appointment that was available for the client.

In other words, the appointment did not meet the timely access standard because no staff was available to meet with the client within the standard time frame.

Reporting Delays

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 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

Select “Other” if none of the first 4 options explain why the appointment offer exceeded the Timely Access Standard.

For example, select “Other” and write in the text box “Client did not answer or return calls, which interfered with my ability to offer an appointment in a timely manner.”

We are seeing that staff are defaulting to “Other” and writing the explanation in the “Other” text box even if there is another reason selection that fits. (E.g., selecting “Other” and writing “no earlier appt is available” rather than selecting the “No available provider” option). This actually counts against us for our CAP, so please use the appropriate answer option when there is one available.

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 **yes**, then provide the reasoning of why it was determined to be clinically appropriate.
- For example, you determined that the client is stable in functioning and after discussing with the client you determined that client can safely wait a few days longer than the standard time frame for the next appointment.

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

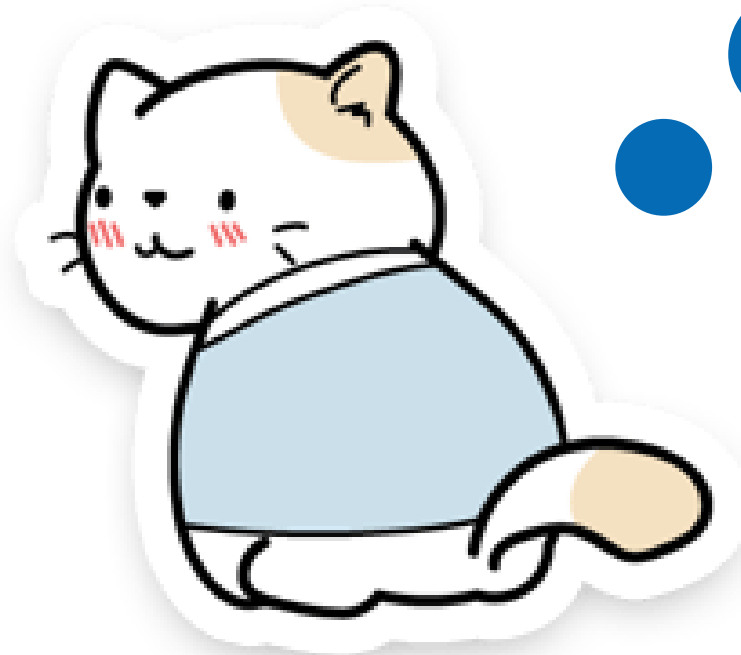
Did a Licensed provider determine the extended waiting time was clinically appropriate?

- **If not, then answer **no**.**
- For example, if there was no earlier appointment even though the client presents clinically as needed an appointment within the standard time frame, then the answer would be “no.”
- Usually this is not the case because if a client needs an appointment due to clinical need, you do usually squeeze them into your calendar.

Closure Reasons



SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES



Whoops! 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 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

Closure Reason

If Other is selected, please specify



Draft/Final *

Draft **Final**



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)

- Only use “Member did not meet medical necessity” if you **completed** the assessment and determined that the client did not meet medical necessity for BHRS SMHS (if the request was for SMHS) or SUD services (if the request was for SUD services).
- Do NOT use this option if the client...
 - was unable to complete the assessment (e.g. lost to follow up).
 - will be referred to the SPPN. Remember, SPPN therapists provide SMHS. They are NOT mild-to-moderate.

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)

Additionally, please remember that a client's eligibility for SMHS services is based on TWO criteria:

- 1) Criteria to Access SMHS
- 2) Medical Necessity of the service being requested

We are finding in chart reviews that clients are being referred out due to not meeting medical necessity, when in fact they do meet criteria.

Please review the BHRS [Documentation Manual](#) and the BHRS QM training on [Access to SMHS](#).

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.

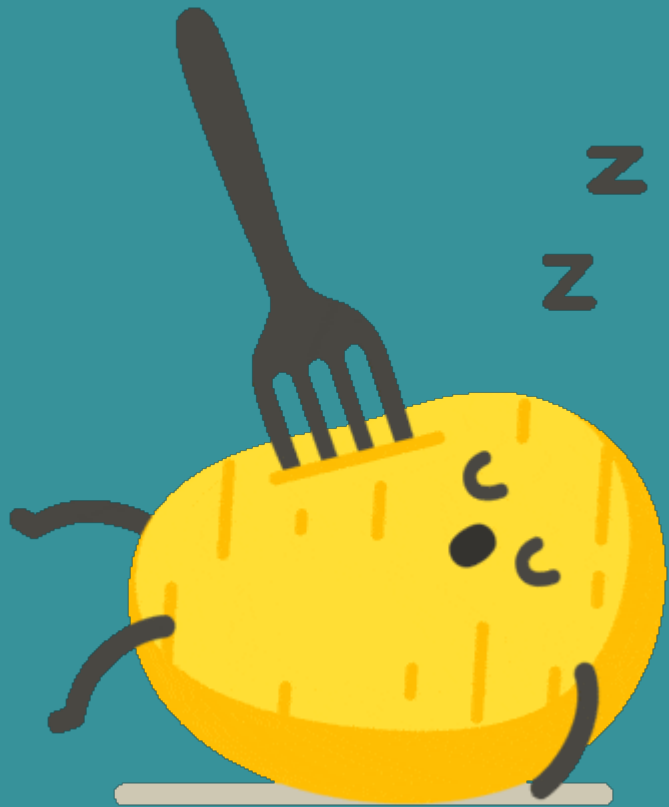
Reminder about SUD: Every referral to a different program is treated like a new client request due to the nature of Part 2



Poll 6

Closure reasons are required:

- A. Whenever you need to finalize a Timely Access Appointment Form.
- Only when a client never reached the end of the Timely Access tracking process (by attending the appointment that is needed to close out tracking).
- C. Only when you found that the client does not meet medical necessity.



Changes to Access Call Center Request Process



Changes for Access Call Center

Problem: Programs were creating duplicate versions of the TA Appointment Forms that were created by Access Call Center. This was the preferred workflow for programs, so we have adjusted the workflow for Access Call Center to accommodate this.

Solution:



New! Offered Appt on Request Form

For use if you are NOT the program at which the client will be receiving the service, but you ARE able to offer an appointment for that program (e.g., you have access to their calendar to offer appointments).

This is based on the service you select on the table and will be pre-populated onto the appointment form for the service you selected.

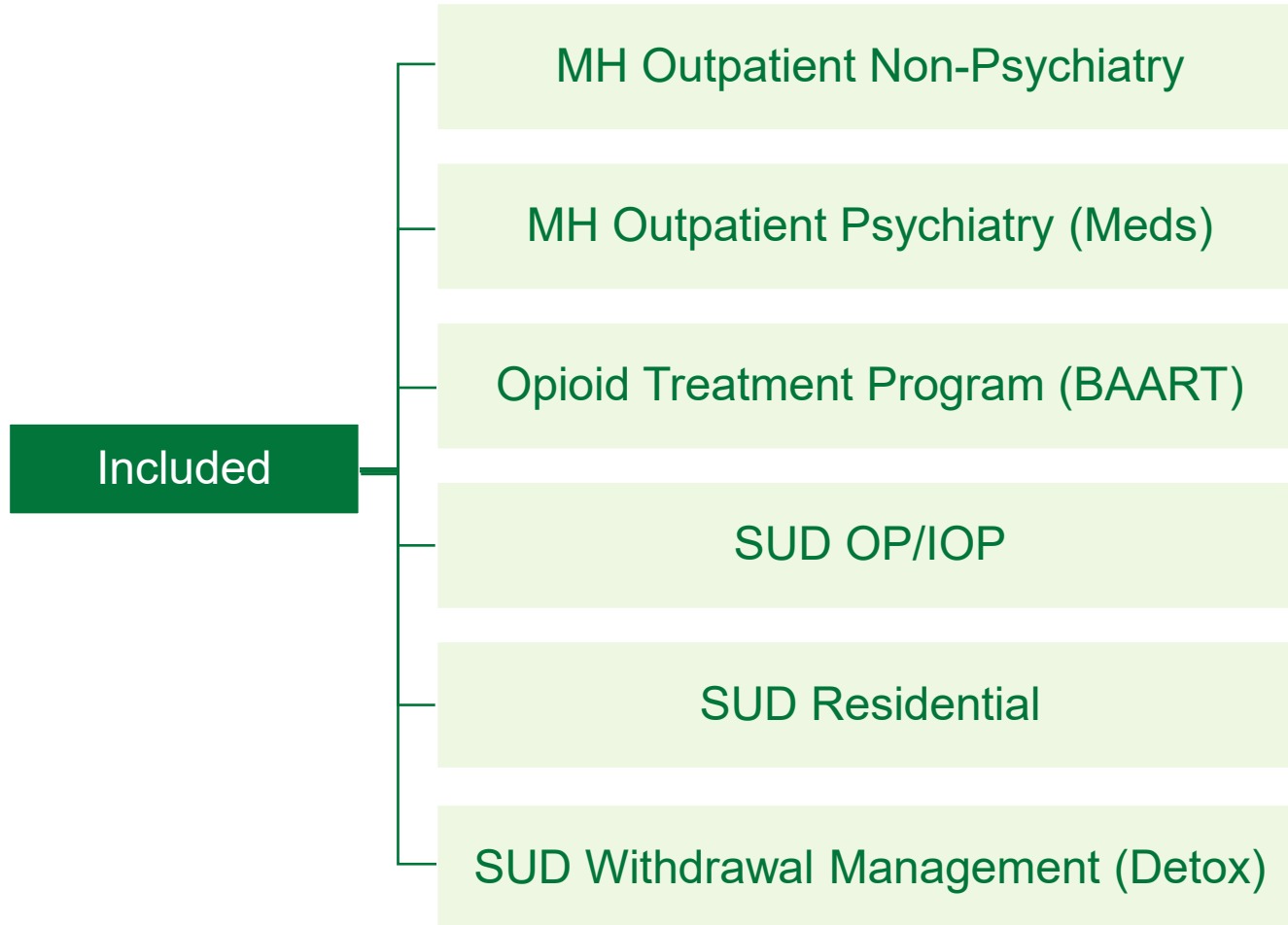
The screenshot shows a web form titled "Services Requested". At the top, there is a table with columns: "Service Requested", "Additional Service Specif...", "Will the client be referred...", "BHRS Program/Agency t...", "Please specify OON provi...", "Date of First Offered App...", and "Time of First Offered App...". Below the table, there are buttons for "Add New Item", "Edit Selected Item", and "Delete Selected Item". A note states: "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." Below this, there are several form fields: a "Service Requested" dropdown, a radio button selection for "Will the client be referred to a BHRS Program or Contract Agency or an OON Provider?", a search field for "Additional Service Specified (If applicable)", a dropdown for "BHRS Program/Agency to which client will be referred", and a field for "Please specify OON provider". At the bottom, there are two date/time fields: "Date of First Offered Appointment" and "Time of First Offered Appointment". A red box highlights these two fields, and a red arrow points from the text above to the "Date of First Offered Appointment" field.

This is a close-up view of the two date/time fields from the screenshot above. The "Date of First Offered Appointment" field includes a calendar icon, a "T" button, and a "Y" button. The "Time of First Offered Appointment" field includes a "Current Time" button, and dropdown menus for "H", "M", "AM/PM". A red border surrounds both fields, and a red arrow points from the text above to the "Date of First Offered Appointment" field.

Changes to SUD RTX Request Process



Which Services Are Included

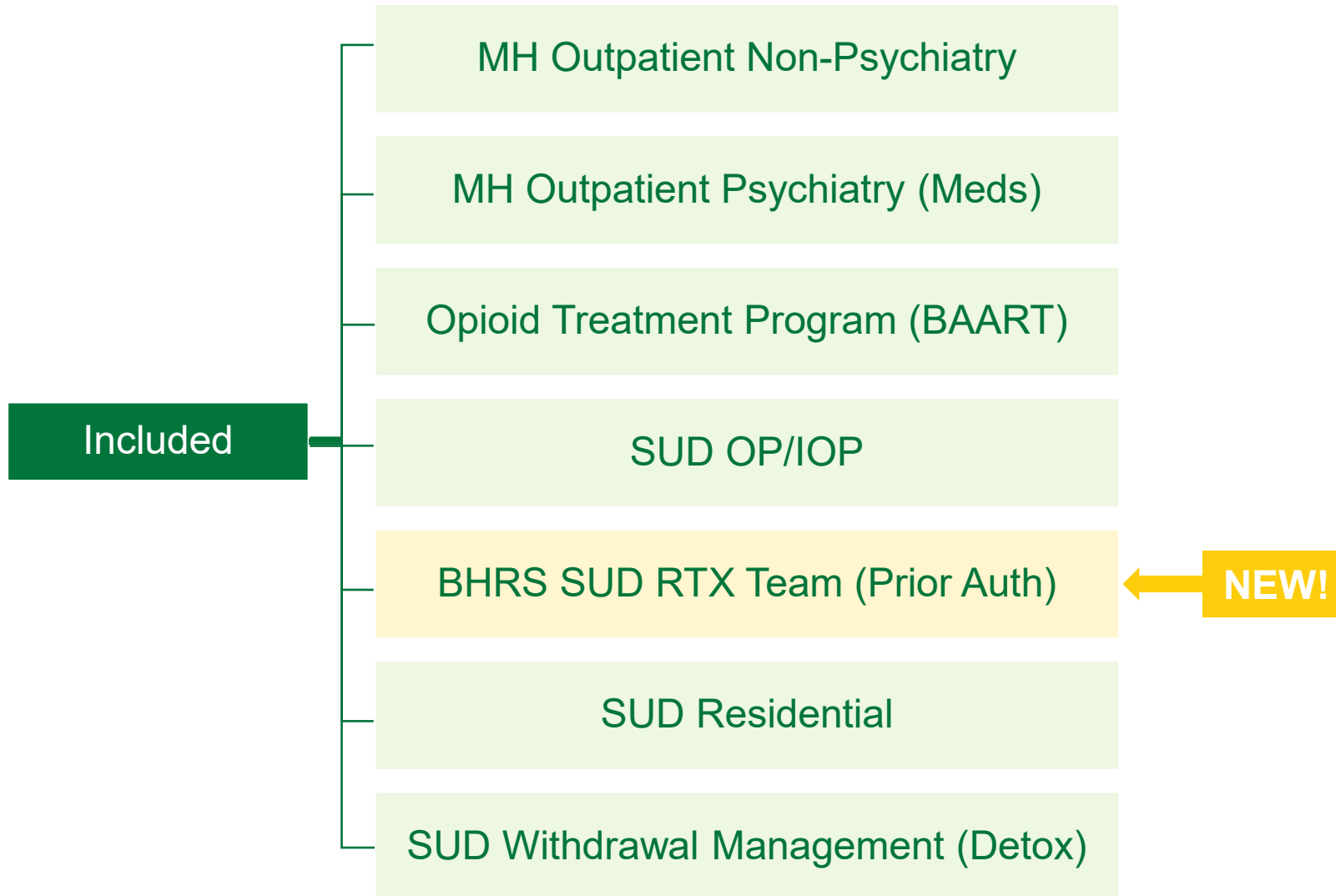


Notice that the only residential treatment listed here is **SUD Residential**.

MH Residential and **MH Crisis Residential** are **NOT** included in Timely Access tracking.



Which Services Are Included



While Prior Auth for SUD RTX is not really considered a separate service request for Timely Access purposes, services that require prior authorization do follow a different workflow.

Our previous workflow caused unintended consequences so we are modifying our form and process to fix these unintended consequences.

Changes for SUD Residential

Problem: TA request forms for the SUD Residential Programs were not “dropping off” as designed when an appointment form was finalized because Avatar got confused because there were 2 appointment forms created for a single request (one created by BHRS RTX for prior auth, and a second created by the SUD treatment program).

Service Requested *

Select

Will the client be re

BHRS Program

OON Provider

BHRS Program/Age

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 BHRS RTX (Prior Auth)

SUD - SUD Residential

SUD - Withdrawal Management (Detox)

BHR SUD RTX Team was added to the TA Request Form so prior auth requests can be sent to them directly.

Date of Authorization Determination

Time of Authorization Determination

Current Time H M AM/PM

Determination

Administratively Closed Approved

Denied

Comments

Removed this Prior Authorization Section from the TA Appt Form

Solution:

The BHRS RTX Team will no longer use the TA Appointment form (but will continue to use the TA Request form).

BHRS RTX Team will document their prior auth activities only on the ASAM Auth and Eval Form, which will be linked to Timely Access Data on the Back End of Avatar.

SUD Residential Treatment Programs will continue to use the TA Appointment form to document their offered and attended appointments.

Timely Access Forms Updates



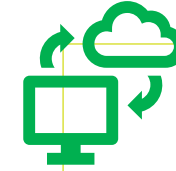
Auto-population vs Manual Input



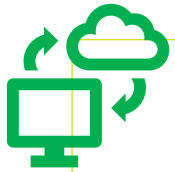
Date/Time of Request



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



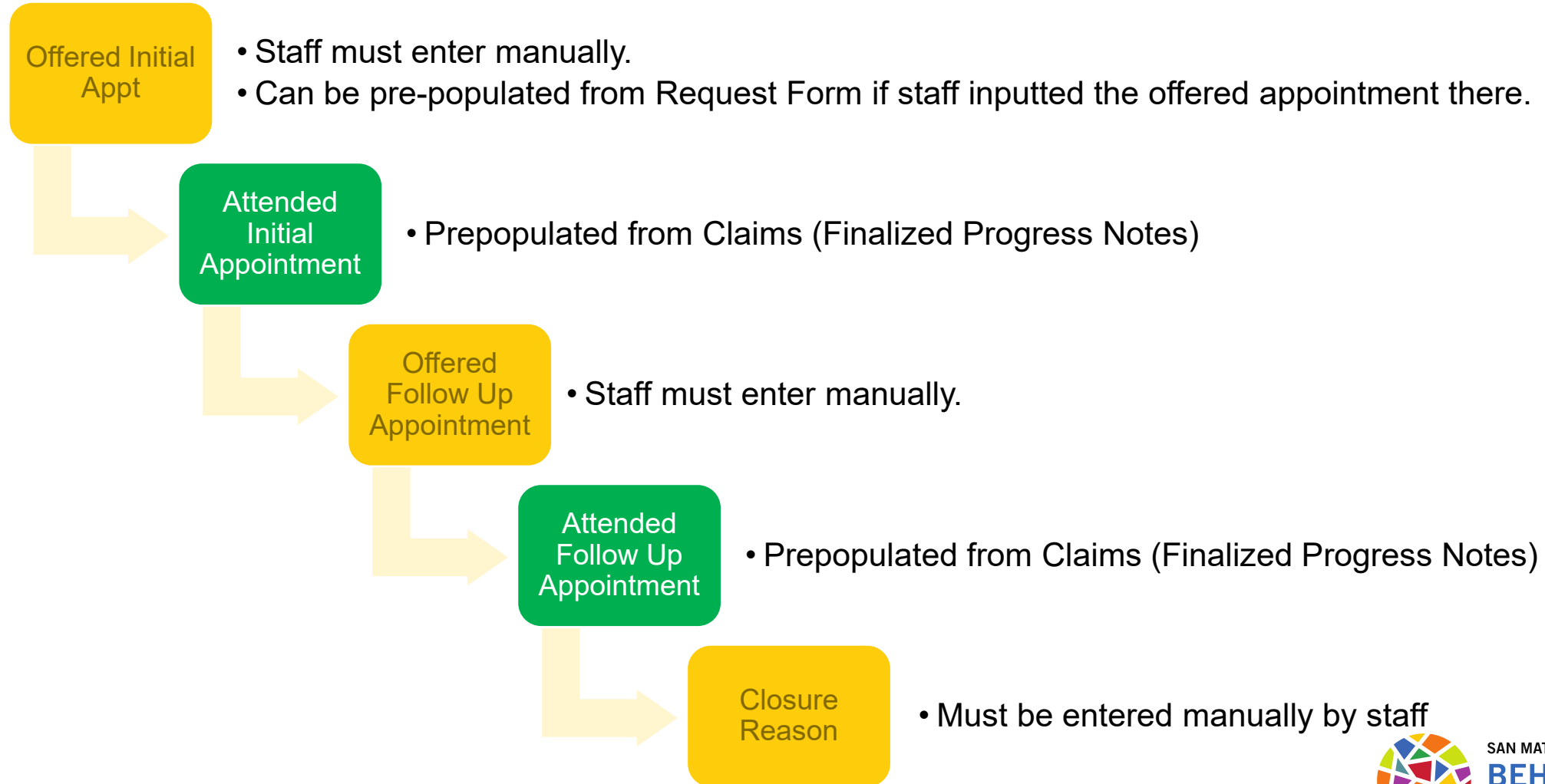
Additional Comments about the Request



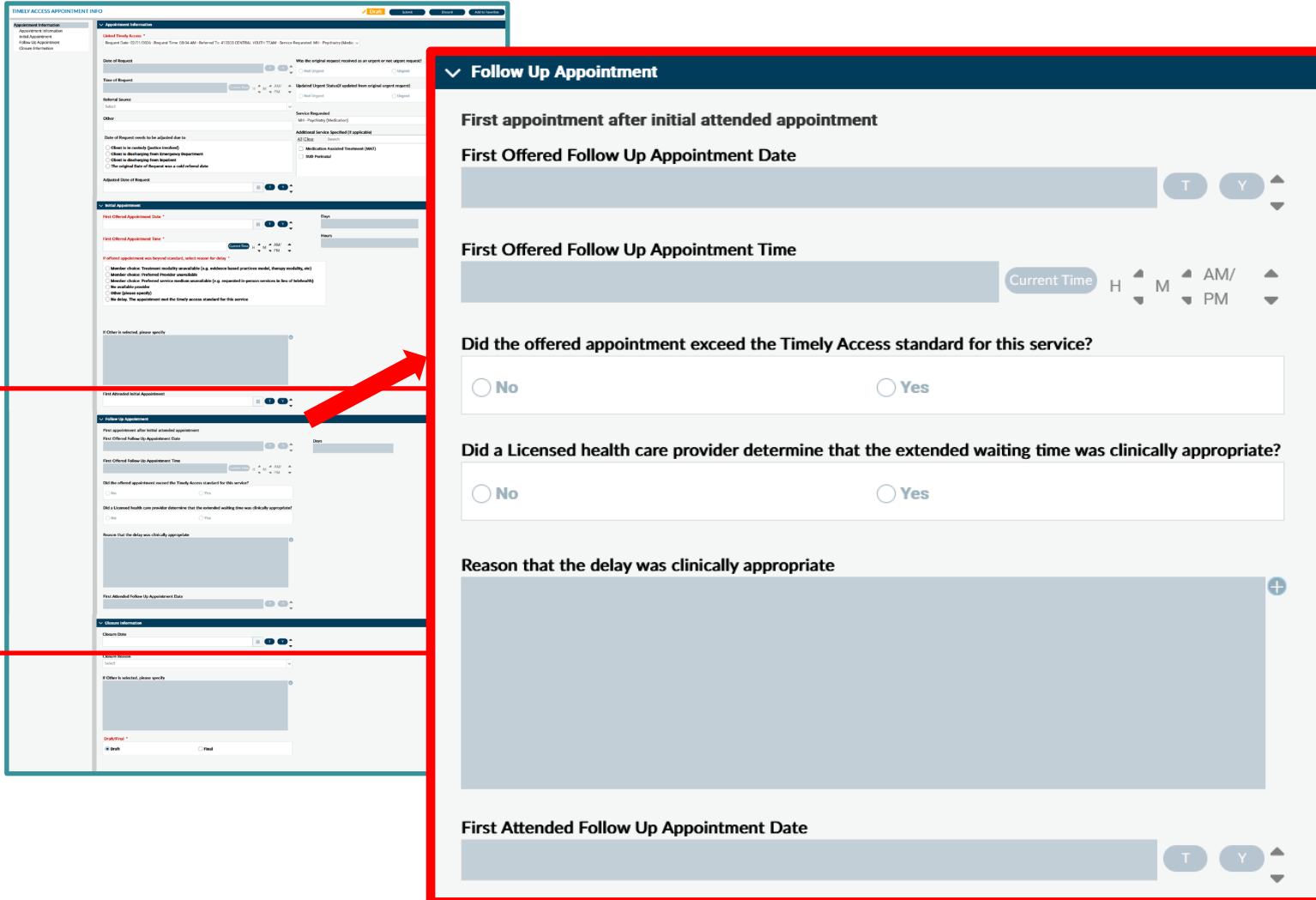
Reason for Delays



New! Pre-population



New! Grayed Out Fields



The image shows a screenshot of a web-based form titled 'TIMELY ACCESS APPOINTMENT INFO'. The form is divided into several sections. The 'Follow Up Appointment' section is highlighted with a red border and contains the following fields:

- Follow Up Appointment** (Section Header)
- First appointment after initial attended appointment** (Section Header)
- First Offered Follow Up Appointment Date** (Date field, grayed out)
- First Offered Follow Up Appointment Time** (Time field, grayed out)
- Did the offered appointment exceed the Timely Access standard for this service?** (Radio buttons for No and Yes)
- Did a Licensed health care provider determine that the extended waiting time was clinically appropriate?** (Radio buttons for No and Yes)
- Reason that the delay was clinically appropriate** (Text area, grayed out)
- First Attended Follow Up Appointment Date** (Date field, grayed out)

A red arrow points from the 'Follow Up Appointment' section header to the 'First Offered Follow Up Appointment Date' field. The 'Timely Access' section is also visible in the background, showing various appointment details and a 'Timely Access' checkbox.

Appointment Form will **Gray Out the Follow Up Appointment** section if the form was created to track a service that does NOT require a follow up appointment.

- MH Psychiatry
- SUD Residential

Widget Updates

Timely Access Appointment Form Progress by CaseLoad

Draft Only

Search:

Client ID	Client	Date of Request	Time of Request	First Offered	First Attended	Offered Follow Up	Attended Follow Up	Status
Client ID	Client	Date of Reques	Time of Reques	Referred To	Service Requested	Referring Program	Status	
		04/23/2026	10:30 AM					
		04/23/2026	10:30 AM					
		04/16/2026	02:19 PM					
		04/16/2026	10:28 AM					
		04/16/2026	10:13 AM					

Widget Updates

Completed Timely Access Appointment Form by CaseLoad

Final Only

Search:

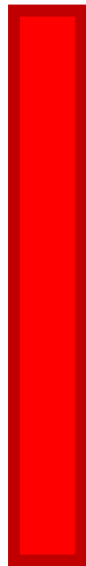
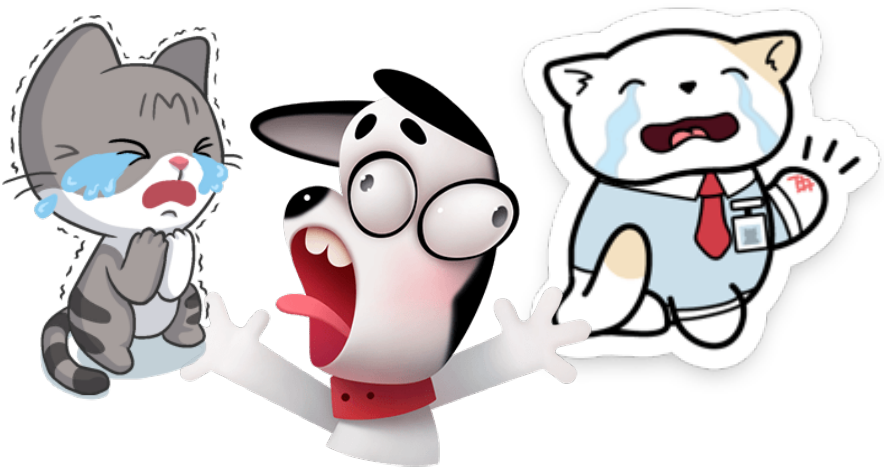
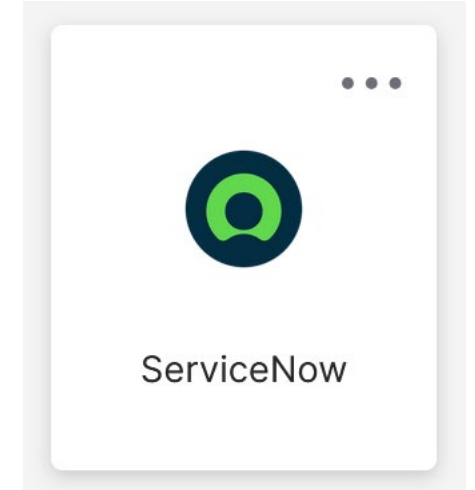
Client ID ↑↓	Client ↑↓	EP ↑↓	Program ↑↓	Date of Request ↑↓	Service Request ↑↓
Client ID	Client	EP	Program	Date of Req.	Service Requ
949821	NOWLAND,JAMES	14	417000 COASTSIDE ADULT	03/02/2026	MH - Psychiatry (Medication)

Showing 1 to 1 of 1 entries

Please Submit an ISD ticket if you have any issues with the form.

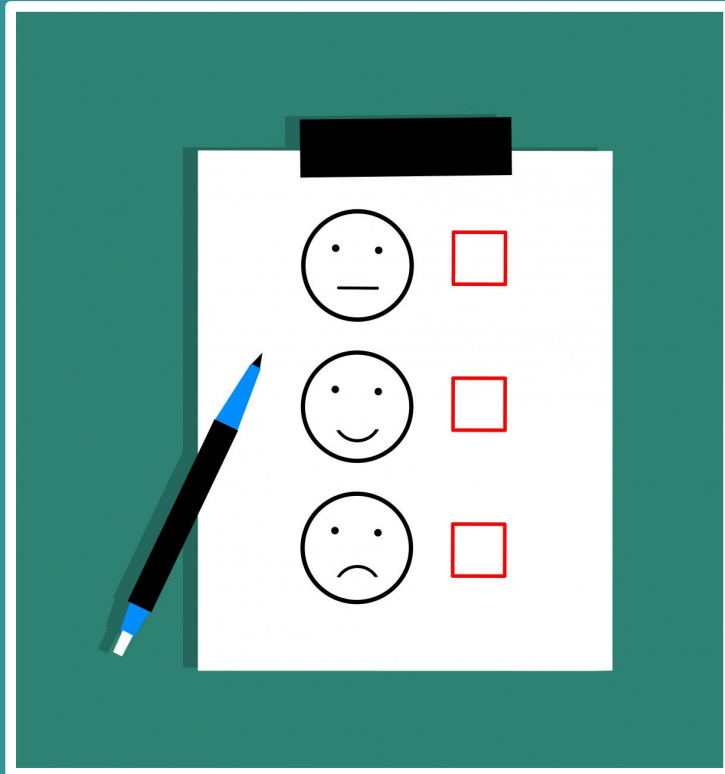
We can't fix it if we don't know about it!

If your colleagues are also experiencing the same issue, have them submit a ticket, too, so we know how wide-spread the problem is.



All's working perfectly!!
(...or is it...??)

Training Evaluation



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

<https://www.surveymonkey.com/r/Q5VRL5N>



SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES

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



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



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

Questions?