



**City and County of San Francisco
Department of Public Health**



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

**BEHAVIORAL HEALTH SERVICES
SUBSTANCE USE SERVICES SYSTEM OF
CARE**

Substance Use Services System of Care (SUS-SOC)

Timely Access Form Practice Guideline

Background

The San Francisco Department of Public Health's Behavioral Health Services (BHS) is committed to ensuring that individuals receiving specialty Substance Use Disorder (SUD) services have timely access to care. This includes access to a sufficient number of high-quality, culturally responsive providers within a reasonable travel distance, consistent with the standards established by the California Department of Health Care Services (DHCS).

BHS complies with the federal and state regulations outlined in:

- **42 CFR § 438.68** – *Time and Distance Standards*
- **42 CFR § 438.206** – *Timely Access to Services*

These standards measure travel time and distance from the beneficiary's residence to the provider site.

BHS strives to exceed these benchmarks by ensuring timely connection to appropriate levels of care, regardless of the referral source or entry point. For **urgent SUD service requests**, the goal is to provide access to treatment—either in-person or via telehealth—within **24 to 48 hours** of the initial request. For further details, refer to [BHS Policy 3.02-13: Timely Access and Time and Distance Standards for Behavioral Health Providers](#).

To support these efforts, the **Timely Access Form** is a critical tool used to track service availability and client demand across the SUD treatment network. All BHS-funded SUD programs are required to complete this form both at the time of a client's initial request for services and when there is a transfer or change in service. This ensures compliance with access standards and supports ongoing system-wide improvements.

Purpose of This Guideline

This practice guideline provides instruction on the proper use of the **Timely Access Form**, including:

- **Who** is responsible for completing the Timely Access Form
- **When** the Timely Access Form must be completed
- **Where** to locate and search for the Timely Access Form
- **How** to navigate within the Timely Access Form
- **How** to document within the Timely Access Form
- **Where** to seek additional help or technical support

Adhering to this guideline ensures consistent data collection, facilitates timely service delivery, and helps identify access barriers across the SUD continuum of care.

Who is Responsible for Completing the Timely Access Form

The Timely Access Form in Avatar is used to report service request data required by the Drug Medi-Cal Organized Delivery System (DMC-ODS). **All BHS-contracted SUD providers** are required to complete this form to log each client's request for services and the first appointment offered for SUD treatment.

When to Complete the Timely Access Form

BHS-contracted SUD providers must submit accurate and complete information on the Timely Access Form in the following situations:

1. **When a client requests SUD services**, either in person or by phone.
2. **When there is a transfer or change in service admission**, including:
 - a. **Subsequent admissions within the same treatment episode**, such as moving from one treatment setting to another.
 - b. **Referrals from another provider** following client discharge.
 - c. **Transitions across levels of care or between providers**, such as from detoxification to residential treatment, or from one agency to another (e.g., from ABC Agency to Agency 123).

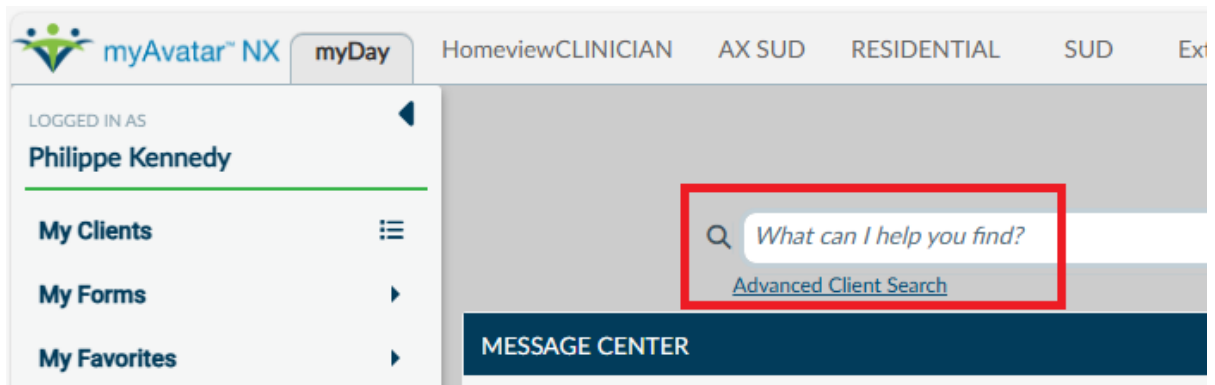
Important Note: The Timely Access Form should **not** be used to document the date of referral from another agency or entity (e.g., BHAC). The form **must** reflect the date the **client directly requests services** from your program.

In most situations, clients provide their own consent for treatment. However, if a legal guardian is involved, the following exceptions apply:

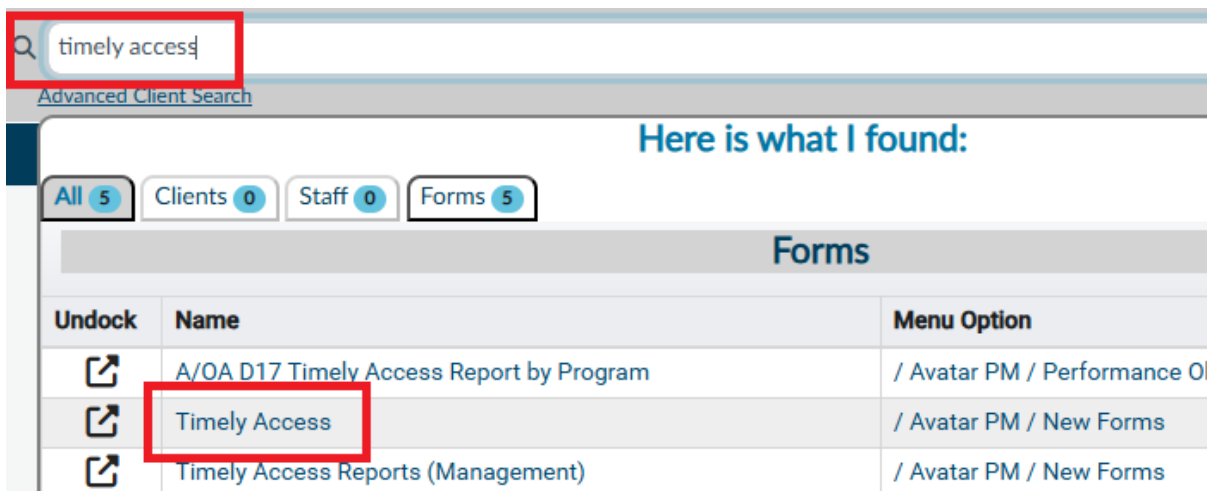
- The client is a minor and does not qualify for minor consent. In this case, a parent or foster parent must provide legal consent.
- The client is gravely disabled and has a court-appointed conservator. In such cases, the conservator must provide consent for treatment.

How to Access the Timely Access Form

1. **Log in** to Avatar NX.
2. From your **myDay** homepage, locate the search field near the top (with an Advanced Client Search link just below the field).



3. Type “timely access” into the **Search** field. As you type, a drop-down list will appear with matching results. Click on the desired form from the list to open it.



- Next, you will be prompted to select a user. Enter your first or last name, then click on your full name from the list of results (you may need to scroll through the list to find your name).

Select UserID/User Description

Q philippe

Results

Jeremi Philippe

Philippe Kennedy

- If you have not previously submitted a Timely Access Form, the form will be displayed for you to complete.

If you have previously submitted a Timely Access form, you will be presented with a screen listing your previous entries.

Opening: Timely Access

Home > Select UserID/User Description >

✓ **Selected UserID/User Description : Philippe Kennedy (PKENNEDY)**

Select Record

First Request for Services	Data Entry By (Login)
05/21/2025	Philippe Kennedy

Add Edit Delete Cancel

Click the *Add* button to open a new, blank Timely Access form.

Click the *Edit* button to open the highlighted entry.

Click the *Delete* button to remove the highlighted entry.

Click *Cancel* to exit from the form and return to the previous screen.

- As with other Avatar forms, items labeled with red text are required, and certain fields will become required or disabled depending on the options you select. Additionally, help icon messages can be accessed by hovering over or clicking the lightbulb in the upper right corner of certain sections.



To successfully navigate the Timely Access Form, begin by completing the top section before moving down to the next section. Complete fields on the left side before moving to those on the right side within each section. The form is divided into three sections.

5. How to Document Within the Timely Access Form

Section 1 – Initial Client Request and Demographic Information

The screenshot shows the first section of the Timely Access Form. It is divided into two main columns. The left column contains fields for 'First Request for Services' (with a calendar icon), 'Walk-in / Call-in Time' (with a 'Current Time' button and AM/PM selector), 'Walk-in / Call-in Program' (a dropdown menu), and 'Type of Service Requested' (a list of radio button options: Outpatient, SUD Residential, Intensive Outpatient, 3.2 Withdrawal Management, Medication for Addiction Treatment (MAT), Opioid Treatment Program (OTP/NTP), Contingency Management, Residential Step-Down, and Other/Out of Network). The right column contains 'Registered Client Name' (with a search icon), a checkbox for 'Check this box if client is not registered.', 'Non-Registered Client Name (LAST,FIRST)', 'Non-Registered Client Date of Birth' (with a calendar icon), 'Sex' (radio buttons for Female, Male, and Unknown), 'Client Race' (dropdown), 'Ethnic Origin' (dropdown), and 'Medi-Cal Benefits Identification Card Number' (with a help icon).

The screenshot shows the second section of the Timely Access Form, which is a grid of dropdown menus for selecting specific programs. The left column includes 'Select Outpatient Program', 'Select SUD Residential Program', 'Select Intensive Outpatient Program', 'Select 3.2 Withdrawal Management Program', and 'Select Medication for Addiction Treatment Program'. The right column includes 'Select Opioid Treatment Program', 'Select Contingency Management Program', 'Select Residential Step-Down Program', and 'Other/Out of Network'.

This section captures the date of the initial service request, the type of SUD service being requested, and basic client demographic information.

Required Fields (highlighted in Red):

1. First Request for Services

Enter the date the potential client—or their legally authorized representative (e.g., a court-appointed guardian)—first requested SUD services. This date should reflect the initial request, not the date the form is being completed.

2. Walk-in/Call-in Time

Record the exact time the client called or walked in to request services. This should reflect the actual moment of client contact, not when the data is entered.

3. Type of Service Requested

Select the specific SUD service the client is seeking from the options below. Based on your selection, additional required fields will appear and must be completed.

Example:

- If “SUD Residential” is selected, you will be required to choose a specific program from the **SUD Residential Program** drop-down menu.
- *Other/Out of Network:* Choose this option if the request involves:
 - Services **outside San Francisco County** (e.g., Center Point)
 - A **non-BHS contracted provider** (e.g., Father Alfred)
 - A service **not listed** (e.g., harm reduction)In these cases, the “Other/Out of Network” field must be completed.

Available Service Options and Definitions (per BHIN 24-001, 25-013):

- **Outpatient:** Non-residential treatment services including individual/group counseling, case management, recovery services, and MAT services delivered in an outpatient setting. Does not include overnight stay.
- **SUD Residential:** Clinically managed residential services for individuals requiring a structured 24-hour living environment to support recovery. Includes assessment, treatment planning, individual and group counseling, educational sessions, and discharge planning. Levels of care vary (e.g., 3.1, 3.3, 3.5).
- **Intensive Outpatient (IOP):** A structured outpatient program that offers a minimum of 9 hours of services per week across 3 days. Includes counseling, psychoeducation, and recovery support services for clients who require more support than standard outpatient care.

- **3.2 Withdrawal Management (WM):** Clinically managed residential withdrawal services in a non-medical setting. Focuses on monitoring withdrawal symptoms, stabilization, and preparing for continued treatment. Staffed by trained professionals with clinical oversight; includes medication support if prescribed.
- **Medication for Addiction Treatment (MAT):** Use of FDA-approved medications (e.g., buprenorphine, methadone, naltrexone) combined with counseling and behavioral therapies for the treatment of substance use disorders.
- **Opioid Treatment Program (OTP/NTP):** Federally certified programs that provide daily supervised dosing of methadone or buprenorphine, along with counseling and medical services for opioid use disorder. Also known as Narcotic Treatment Programs (NTP).
- **Contingency Management:** Evidence-based behavioral intervention that provides tangible rewards to reinforce positive behaviors such as abstinence or treatment adherence.
- **Residential Step-Down:** In San Francisco County, Residential Step-Down provides transitional housing and ongoing support for clients transitioning out of full residential treatment. While in the program, clients are required to engage in outpatient (OP), or intensive outpatient (IOP) substance use treatment. The Step-Down setting offers a structured, recovery-oriented living environment for individuals who no longer need intensive residential services but still benefit from stable housing and continued participation in treatment as they work toward independent living.
- **Other/Out of Network:** Select this option if the service request involves:
 - A provider located outside of San Francisco County (e.g., Center Point)
 - A provider not contracted with San Francisco BHS (e.g., Father Alfred)
 - A service not listed in the options above (e.g., harm reduction, peer navigation)

4. Registered Client Name

Use this field to search for and select the client if they are already registered in Avatar.

- If the client is not registered, select “Yes” when prompted. This will enable required fields for:
 - Non-Registered Client Name
 - Date of Birth
 - Sex
 - Race
 - Ethnic Origin

Complete all required fields before proceeding to the next section.

It is best practice to record the client's name. If you are unable to record the client's name, please enter “no name” in the Registered Client Name box.

Section 2 – Appointment Timeliness

The screenshot shows a web form for 'Appointment Timeliness'. At the top, there are two fields: 'Appointment Date Offered' with a calendar icon and a time selector (T, Y), and 'Primary Language' with a dropdown menu. Below these is the 'Appointment Type' dropdown menu. A text block explains the DMC-ODS Timely Access Standard. The 'Timely Access Standard' section has radio buttons for 'Yes' and 'No'. Below that is a 'Select Rationale' dropdown menu with options: 'Treatment Modality Unavailable', 'Preferred DMC-ODS Provider Unavailable', 'Preferred Service Medium Unavailable', 'No Available Provider', 'Client Did Not Accept Appointment Dates', 'Out of County/Presumptive Transfer', and 'Other'. At the bottom is an 'Other Rationale' text input field.

This section documents details related to the appointment offered to the client.

Required Fields (highlighted in Red):

1. Appointment Date Offered: Enter the date the client was offered to meet with a clinician, either in person or via telehealth.

- If the appointment occurs on the same day as the client's initial request or walk-in, the appointment date should match the **First Request for Services** date.
- If the client is referred to a different clinic, enter the **next available appointment date** at the receiving clinic.

2. Appointment Type: Choose the appropriate type of appointment from the drop-down list.

- **Appointment:** Select this option when an intake was scheduled for the client for a specific time and day.

Example: Alice visits Bob's program looking for a Withdrawal Management bed. Bob says sorry our program is full, but if you come back on Thursday at 2:00 p.m. we will have a bed for you and staff ready to complete the intake. Alice returns at 2:00 p.m. on Thursday and receives the intake.

- **Drop in with a reserved intake:** Select this option when an intake is reserved and guaranteed for the client on a specific day, but the time is not specified.

Example: Alice visits Bob's opioid treatment program (OTP) looking to get started on Methadone. Bob says I am sorry, today our staff is completely busy, but if you come back tomorrow before 12 p.m. we will hold a spot for you. The OTP holds the slot and Alice arrives at 11:30 the next day and completes her intake.

- **Drop in first-come-first-served intake:** Select this option when you instruct the client to return for intake on a different day but do not guarantee an appointment or intake spot for them.

Example: Alice visits Bob's opioid treatment program (OTP) looking to get started on Methadone. Bob says, I am sorry, today our staff is completely busy and instructs Alice to return as early as possible the next day to try again. Bob tells Alice that the program is first-come-first-served so they are unable to reserve an intake slot.

3. Primary Language: Select the client's primary language from the drop-down menu.

4. Timely Access Standard: Behavioral Health Services (BHS) is required under federal and state law to ensure Medi-Cal beneficiaries have timely access to care from providers located within a reasonable distance of their residence.

In accordance with these regulations and **BHS Policy 3.02-13**, the following standards apply for scheduling appointments:

- **Within 10 business days** for outpatient and residential substance use disorder (SUD) services
- **Within 3 business days** for **Opioid Treatment Programs (OTP)**
- **Within 48 hours** for **urgent services**, including:
 - ASAM 3.2 withdrawal management
 - Pregnant individuals
 - Women with dependent children

When Appointments Fall Outside Required Timeframes

If the first offered appointment does **not** meet the required timeliness standards:

- **Select "No"** in the **Timely Access Standard** to indicate a delay.
- **Select a rationale** from the list of approved reasons below to document the cause of the delay.

If the appointment type selected is "**Drop-In – First Come, First Serve**,"

- Select “No” in the **Timely Access Standard** to indicate delay. This is because a specific appointment date and time was not offered to the client.
- Select a “Other” on the rationale list and type in “**drop in**” to document the cause of the delay.

☐ **Treatment Modality Unavailable**

- Select this option if the requested service is not offered by the provider.
Example: A client requests methadone at OBIC, but the program does not provide it.

☐ **Preferred DMC-ODS Provider Unavailable**

- Select this option if the client requested a specific DMC-ODS provider that is currently unavailable.
Example: A client requests residential treatment at Acceptance Place, but no beds are available.

☐ **Preferred Service Medium Unavailable**

- Select this option if the client’s preferred service method (e.g., in-person or telehealth) is not available.

☐ **No Available Provider**

- Select this option if there are no providers currently available to deliver the needed services.

☐ **Client Did Not Accept Appointment Dates**

- Select this option if an earlier appointment was offered, but the client declined it.

☐ **Out of County/Presumptive Transfer**

- Select this option if the client’s Medi-Cal is still in another county or in the process of being transferred to San Francisco.

☐ **Other**

- Select this option if none of the above apply. You must then complete the ‘**Other Rationale**’ field with a brief explanation.

Section 3 – Timely Access and Barriers to Substance Use Services

BHS is dedicated to going beyond state requirements by ensuring timely access to the appropriate level of care for all individuals, regardless of how they enter the system or where they are referred from. In alignment with the Treatment on Demand initiative, BHS aims to provide same-day access to substance use services, whether delivered in person or via telehealth.

This section is used to document whether timely access was achieved and, if not, to identify the barriers that prevented it. While this data is not reported to the State, it is essential for internal monitoring and quality improvement efforts to ensure the system is responsive to the needs of San Franciscans.

Were the substance use services requested by the client being provided on the same day?

Same Day Access *

☐ Yes ☐ No

If you answered No above, please select the reason why the client cannot get access today.

Reason for No Same Day Access ?

☐ Bed Capacity
☐ Intake Capacity
☐ Clinical Needs Not Met at Program
☐ Declined Service Offered
☐ Left Prior to Assessment
☐ Legal Charges Limiting Congregate Living
☐ Other
☐ Outside of Intake Hours
☐ Prog. Eligibility Criteria Curr. Not Met
☐ Staff Capacity

Other Reason

If services requested were not provided on the same day, what alternative support was offered to the client? (Select all that applied)

Recommendation ?

☐ Connection to a Community Resource
☐ Referral to Another Provider
☐ Transportation Support
☐ Emergency Department

☐ Connection to Another Provider
☐ Referral to a Community Resource
☐ Client Declined Additional Support
☐ Other

Other Recommendation

1. Same-Day Access

This section captures whether the substance use services requested by the client were offered or provided on the same day they sought help.

- Select “Yes” if services were either offered or delivered on the same day.
→ *No further information is required in this section.*
- Select “No” if same-day services were not offered or provided.
→ *You must complete the additional fields to identify the barriers that prevented same-day access and provide recommendations for addressing them.*

2. Reason for No Same-Day Access

If you selected “No” above, indicate the reason the client did not receive services on the same day.

- Choose the option that best describes the primary barrier to same-day access (e.g., client unavailable, no appointment slots, clinical appropriateness).
- This data is used for internal quality improvement and system monitoring—it is not submitted for state reporting.

Definition: Reason Same-Day Access Was Not Achieved

This field captures the main factor that prevented the client from receiving services on the same day they were referred to or sought care. Reasons may include:

- Client unavailability or declined same-day service
- Lack of available appointments or staff
- Clinical appropriateness requiring deferred care
- Administrative or system-related delays

Understanding these reasons supports efforts to improve timely access across the system.

☐ **Bed Capacity**

- Select this option when your program does not have beds available for new clients. This does not apply to OTPS or outpatient programs.

☐ **Staff Capacity**

- Select this option when your program does not have enough staff to provide ongoing care for a new client, even though there may be intake slots and/or beds available.

☐ **Intake Capacity**

- Select this option when your program does not have the capacity to complete an intake/assessment for a new client, even if you could otherwise provide ongoing care for them.

☐ **Left Prior To Assessment**

- Select this option when the client is expected to be seen but leaves prior to assessment.

☐ **Outside of Intake Hours**

- Select this option when the client presents for services outside of intake hours.

☐ **Clinical Needs Not Met at Program**

- Select this option when the program is unable to provide services that meet the clinical needs of the client (including behavioral and medical needs).

☐ **Declined Service Offered**

- Select this option when the patient received an assessment, but declined the services offered.

☐ **Legal Charges Limiting Congregate Living Environment**

- Select this option when the patient cannot live in a congregate environment due to legal charges (e.g., client has an arson charge or is a registered sex offender).

☐ **Program Eligibility Criteria Currently Not Met**

- Select this option when the patient does not meet eligibility criteria for your program for any reason not listed above (e.g., insurance, identification requirements, etc.).

☐ **Other**

- Select this option if the reason for not admitting the client is not listed among the available options. You will be required to complete the ‘Other Reason’ field.

3. Recommendation

This section helps document how the client was supported despite the delay in service delivery. Options may include referring or connecting to another provider, transportation support, or providing other treatment resources.

If the services requested were not provided on the same day, indicate what alternative support was offered to the client. *Select all the options that apply.*

Note:

A “referral” is defined as providing information to a program participant that has expressed interest in a specific service.

Example: Providing the location and hours of a contingency management program to a participant who has expressed interest in stopping the use of stimulants.

A “connection” is defined as establishing an initial face-to-face and/or interpersonal connection between a participant and an external service provider.

Example: Calling a contingency management program and ensuring they have intake availability for the program participant and letting them know that you are sending a participant to the program.

☐ **Referral to Another Provider**

- Select this option if you referred the client to another provider. This may include a provider of the same level-of-care or a different level-of-care.

☐ **Connection to Another Provider**

- Select this option if you connected the client to treatment with another provider. This may include a provider of the same level-of-care or a different level-of-care.

☐ **Referral to Other Community Resource**

- Select this option if you referred the client to any community resource for non-medical services. This may include housing/shelter, employment services, food/hygiene, etc.

☐ **Connection to Other Community Resource**

- Select this option if you connected the client to treatment with any community resource for non-medical services. This may include to housing/shelter, employment services, food/hygiene, etc.

☐ **Transportation Support**

- Select this option if you provided the client with transportation support (e.g., taxi voucher, bus token, Lyft/Uber or other rideshare, etc.).

☐ **Client Declined Additional Support**

- Select this option if the client declined additional referrals and support.

☐ **Other**

- Select 'Other' if the support and/or referral you provided is not listed. You will be required to complete the 'Other Support' field.

Where To Seek Additional Help or Technical Support

- Questions regarding policy, procedure, or specific situations can be directed to Michelle Truong at (michelle.truong@sfdph.org) or Erik Dubon at (Erik.Dubon@sfdph.org)
- For technical questions regarding errors or problems with the form or report, please contact the Avatar Help Desk at 628-217-5196 or avatarhelp@sfdph.org. The Avatar Help Desk is available Monday through Friday, 8:00 AM to 5:00 PM (excluding holidays).
- For more information about Avatar, please visit the Avatar User Support and Resources page on San Francisco's website.