Timely Access Data Tool (TADT) Tip Sheet

This Tip Sheet will walk users through the process for the TADT tools. This tip sheet may change as training is updated. Please view our webpage for the most up to date version. If any additional help is needed, please contact us at bhs-ehrsupport@saccounty.gov.
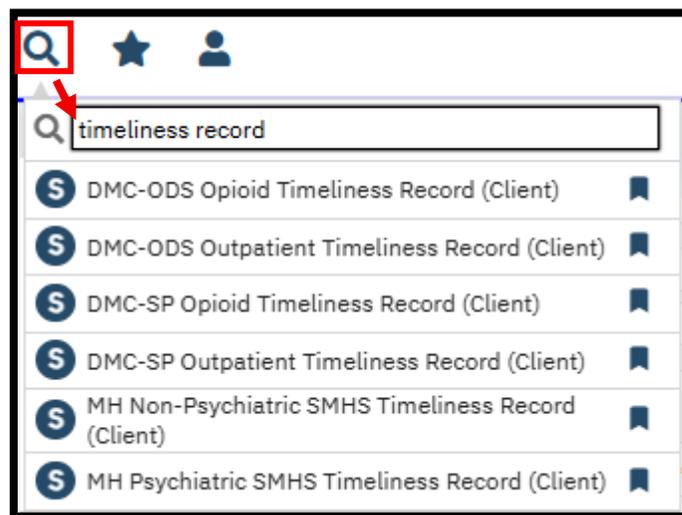
What is the TADT?

The Timely Access Data Tool (TADT) is a tool to track timeliness. There are four TADT forms which providers could use based on clients' needs:

- The **MH Non-Psychiatric SMHS Timeliness Record (Client)** form is used for Medi-Cal beneficiaries who are making a request for non-psychiatric specialty mental health services.
- The **MH Psychiatric SMHS Timeliness Record (Client)** form is used for Medi-Cal beneficiaries who are making a request for psychiatric specialty mental health services
- The **DMC-ODS Opioid Timeliness Record (Client**) form is used for Medi-Cal beneficiaries who are making a request for opioid use disorder treatment services.
- The **DMC-ODS Outpatient Timeliness Record (Client)** is to be used for Medi-Cal beneficiaries who are making a request for SUPT outpatient services.

These forms are required whenever a client is enrolled into a program.

Completing a TADT Form

1. To fill out a TADT form for a program, a client must be in a requested or enrolled status in the Client Program (client) screen.
2. Search for the keywords *"timeliness record"* in your search bar. Choose the option that is most appropriate for your program.

3. If the client has been enrolled or requested into your program, you will see a CDAG Program Enrollment box pop up. Make sure your program is selected and click OK.

CDAG Program Enrollment ❓

Select Program Enrollment

[⌄]

[OK]   [Cancel]

4. This takes you into the Timeliness Record you have selected, TADT forms are a living document, they do not need to be filled out all at once.

   a) **Enter the Referral Source**. This should be the person who referred the client to services. If the client requested services themselves, select "self".
   b) **Enter the Date and Time of First Contact**. This is the date and time when the initial request for services was made.
   c) **Note if the request was marked "urgent" or if the service requires prior authorization**. When "urgent" is selected, all time fields are required, as timeliness is measured in hours rather than days.

Initial Request

This is only required for Medi-Cal beneficiaries who are making an initial request for psychiatric specialty mental health services.

Referral Source: [⌄] Ⓐ   Date of First Contact to Request Services: [   ] 📅 ▾ Time: [   ] Ⓑ

Urgent *(if yes, time fields are required)* ◯ Yes ⦿ No   If urgent, is prior authorization required? ◯ Yes ◯ No Ⓒ

   d) **Enter the First Service Appointment Offered Date**. This is the first available appointment that was offered to the client, regardless of whether they accepted that appointment or not. For example, if you have an appointment available on Tuesday 1/10/24 at 9am, but the client says they're unavailable on Tuesdays, you will still enter that you offered an appointment on 1/10/24 at 9am.
   e) **Enter the First Service Appointment Rendered Date**. This is the date the client had their first appointment. If a client accepts an appointment but doesn't show to that appointment, then a service has not yet been rendered and that date should not be entered here. If the client never actually starts services, leave this field blank and follow the instructions listed below in step 5.

f) **Offered/Rendered Timeliness** will auto populate once first service appointment offered and first appointment rendered are filled out.

g) **If the first appointment offered is outside of the timeliness range, enter the Reason for Delay**. This may be due to the client requesting a specific service, or a specific provider. If you select "other", enter a description of the reason in the text field indicated.

Initial Appointment

First Service Appointment Offered Date: [   ] 📅 ▼ Time: [   ]   D

First Service Appointment Rendered Date: [   ] 📅 ▼ Time: [   ]   E

Offered Timeliness: [   ] Business Days [   ] Hours   F

Rendered Timeliness: [   ] Business Days [   ] Hours

Initial Appointment Timeliness Standard: 10 business days

Was the client delayed access to initial services beyond the timely access standard? ○ Yes ○ No   G

Reason for Delay: [▼]

If other, explain: (Will be included on state reporting file) [   ]

h) **Indicate if the client was offered a follow-up appointment,** Click **Yes** and it allows the field to be filled out. Click **No** - This will grey out the rest of the Follow-Up section.

i) **If a follow-up appointment is offered, enter the First Follow Up Appointment Offered Date.** This is the first available appointment that was offered to the client after their first rendered service appointment. Much like in step d above, enter the offered date, even if the client did not accept that offered appointment.

j) **Enter the First Follow Up Appointment Rendered Date**. This is the date the client had their first follow-up appointment. If a client accepts an appointment but doesn't show to that appointment, then a service was not rendered and that date should not be entered here. If the client never attends a first follow-up, leave this field blank and follow the instructions listed below in 7.

k) **Offered/Rendered Timeliness** will auto populate once first follow-up appointment offered and first follow-up appointment rendered are filled out.

l) **If the follow-up offered appointment is outside of the timeliness range**, Click **Yes** and it allows the remaining fields to be filled out. Click **No** - This will grey out the rest of the section.

m) A record is considered complete when a client has had a first follow-up appointment rendered. At this point click Sign to complete the record. You may now close the screen.

Updated 2/17/26

Follow Up Appointment

Was the client offered a follow up appointment? ○ Yes ○ No ○ NA   **H**

First Follow Up Appointment Offered Date: [📅 ▾]   **J**   Offered Timeliness: [   ]   Business Days   **K**

First Follow Up Appointment Rendered Date: [📅 ▾]   **J**   Rendered Timeliness: [   ]   Business Days

Follow Up Appointment Timeliness Standard: [   ]

Was the client delayed access to follow up services beyond the timely access standard? ○ Yes ○ No   **L**

Did the provider determine and document that the extended waiting time was clinically appropriate? ○ Yes ○ No

Comments: *(Will not be included in state reporting file)*

[   ]

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n) **Indicate whether the client was referred to an out-of-network provider**. This does not include contract providers who provide SMHS, but rather other agencies and providers who do not contract with the county. If you answer yes, provide the details of the referral.

Out-of-Network Referral

Was the client referred to an Out-of-Network provider? ○ Yes ● No   **N**

Comments: *(Will not be included in state reporting file)*

[   ]

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5. Sometimes a client does not complete the admission process. If a client starts the intake process but doesn't complete it (doesn't attend a follow-up appointment), then you will follow the steps below to complete the form.

   o) In the Closure section, **enter the Closure Date**. This is the date you've determined the client will not complete the admission process.

   p) **Enter the Closure Reason**. These reasons generally indicate which step in the process the client exited. If you select "other", enter a description of the reason in the text field indicated.

   q) Once you've completed the closure section, **click Sign** to finalize the record. You may now close the screen.

Service Request Record Closure

Service Record Closure

This section is only required when the client does not complete the entire Access Process (receives a follow up service). The record may be closed at any point in the access process, including even before offering an initial appointment. Document the date and the reason the Access Process was ended in the fields below.

Closure Date: [📅 ▾]   **O**   Closure Reason: [▾]   **P**

If other, explain: *(will be included on state reporting file)* [   ]

## CalMHSA Steps on How to Complete a TADT

Follow the link to CalMHSA's webpage for instructions on how to fill out the TADT form.

[How to Document Timely Access Record Information for TADT – 2026 CalMHSA](#)

Multiple Users Completing the TADT

The TADT screen is a living document and can be accessed multiple times by various staff. Admin and clinical staff all have access to the TADT. In some cases, agencies or programs may want their admin staff to begin the TADT form and then have the clinical staff complete it (or vice versa). The screen can be saved as users work in and out of it. The screen will need to be signed once a follow-up appointment has been entered OR once the closure section has been completed. The following steps lay out how the screen can be started by one user and completed by a different user.
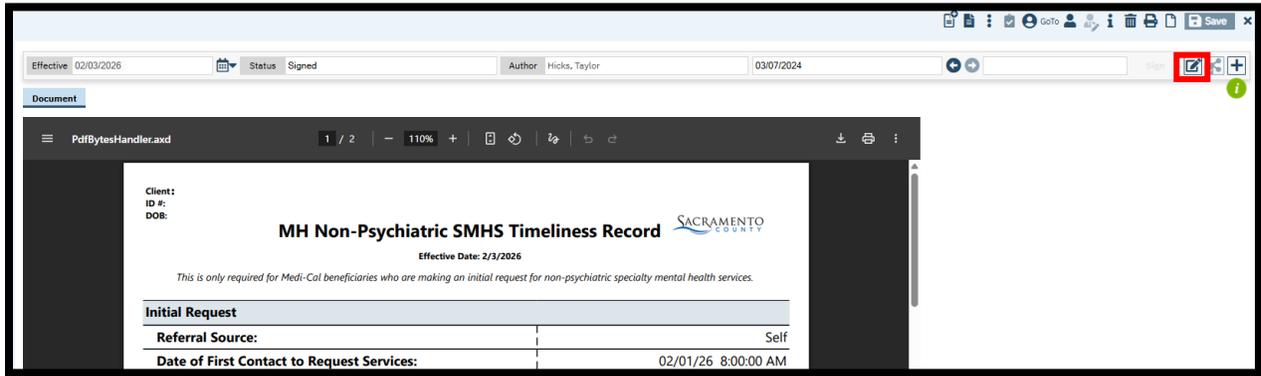
1. The first user will complete their portion of the screen and then click *Save*.
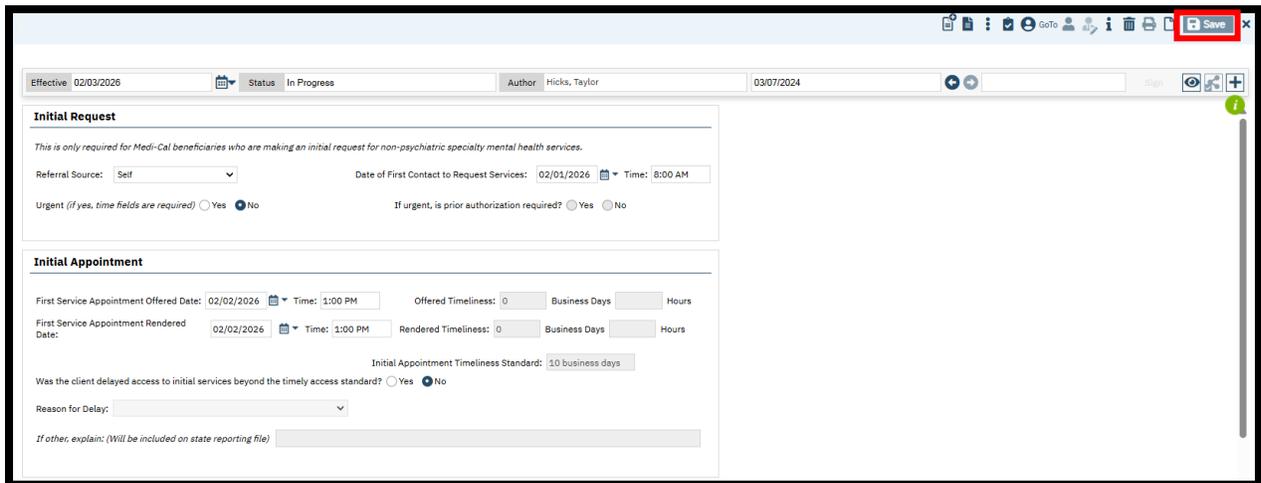
2. Once the record has been saved the status will switch to In Progress. The user can close out the screen.

3. Once ready, with the client selected the second user can search for the TADT needing to be completed. It will show as a PDF document. Click the *Edit* button to open and update the screen.

4. A confirmation Message pop-up will populate stating *A new version of this document is about to be created. Do you wish to continue?* Click OK
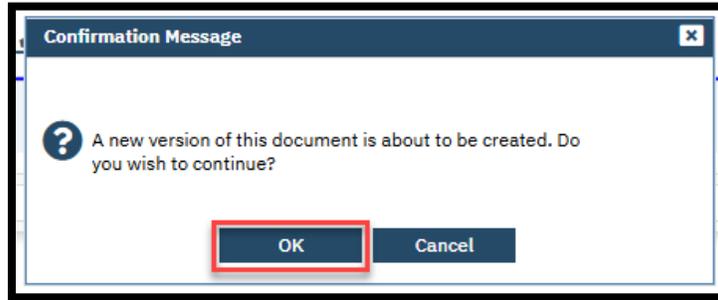
5. Make any necessary updates, then click *Save*.
6. Once the screen has been saved, click on the *Author* drop-down. Begin typing your name and It will automatically populate results, chose your name from the dropdown.
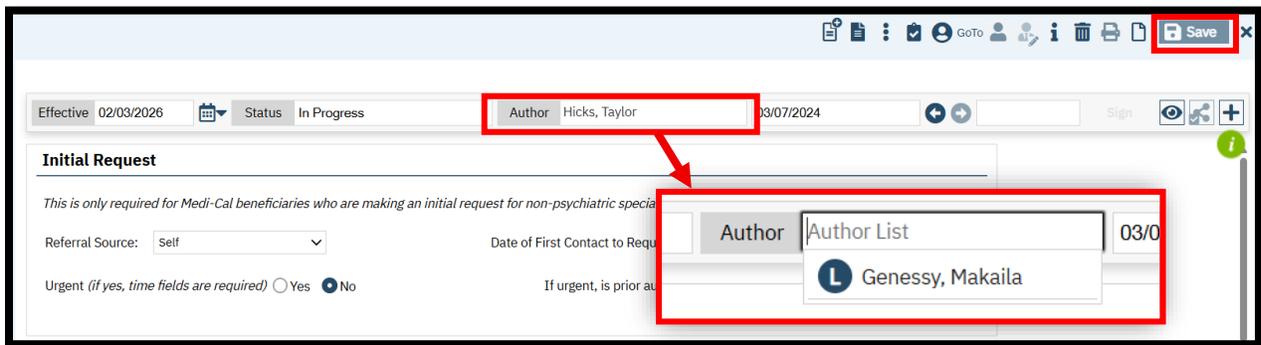
7. Once you've selected your own name the *Sign* button will become enabled. Click Sign once the document is complete.