# Quality Management ACTION NOTICE

Department of Behavioral Health

**No. 1** **Expanded Timeliness Record Requirements** **July 1, 2026**

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| **Summary** | Introduces the new definition of request for service and when a timeliness record is required. |
| **Effective Date** | 07/01/2026 |
| **Policy/Regulatory References** | BHIN 26-023 |

**Notice:**

Effective July 1, 2026, a new timeliness record will be needed when a person served requests or is referred to any of the service types listed below, regardless of enrollment in any other Fresno County Behavioral Health Plan (BHP) program. Per BHIN 26-015, an *initial service request* is now defined as "the first request or referral when a member is seeking or referred to a service that they are not presently receiving treatment for."

Below is a list of the service types within the BHP, as described by the State-Plan Agreement and the Fresno County Integrated Plan:

1. Mobile Crisis Response Team (MCRT)
2. Children's High-Fidelity Wrap (HFW)
3. Parent-Child Interactive Therapy (PCIT)
4. Functional Family Therapy (FFT)
5. Multi-Systemic Therapy (MST)
6. Intensive Care Coordination and Intensive Home-Based Services (ICC/IHBS)
7. Therapeutic Behavioral Services (TBS)
8. Therapeutic Foster Care (TFC)
9. Day Treatment Intensive (DTI)
10. Day Rehabilitation
11. Psychiatry services
    - A new Non-Psychiatric Timeliness Record is now needed to start or restart other services
    - A new Psychiatric Timeliness Record will continue to be required when starting or restarting psychiatry services
12. General Outpatient SMHS, including all:
    - Access programs and outpatient level of care programs
    - Full-Service Partnership-Intensive Case Management (FSP-ICM) providers
    - Assertive Community Treatment (ACT), Forensic ACT (FACT) and Assisted Outpatient Treatment (AOT)

- School-based and Child Welfare treatment programs (except those listed above)
- Supportive Housing and Short-Term Residential Therapeutic programs
- Individual and Group providers

➢ *A new timeliness record is not needed for referrals between General Outpatient programs.*

Substance use disorder (SUD) programs will continue to create a new timeliness record for each program, level of care, and modality request.

The timeliness clock starts when the person served or legal guardian (a) requests or agrees to start or restart service, or (b) agrees to a referral between any two of the above listed service types. Referrals should be sent the same day the person requests or agrees to the new service. Requests from outside agencies (e.g., primary care, hospitals) do not count as the date of request.

Urgent conditions are also now operationally defined as including, but not limited to:

Mental Health

1. Person served acknowledges suicidal ideation in the past month or was assessed for safety, self-harm, or suicidal thoughts
2. A new service resulting in an outpatient crisis service or safety plan
3. A new service that cannot be completed because of immediate referral to a crisis or inpatient facility
4. Person served is in immediate need of medication (for Psychiatry)
5. A new service resulting in a visit with a walk-in psychiatric provider because the person served cannot wait for medication services (urgent for both Psychiatry and Non-Psychiatry)

SUD

1. All withdrawal management services offered or rendered
2. Requests from pregnant women
3. Use of intravenous drugs

For timeliness standards and other details, please see PPG 2.1.10 *Access and Referral Process V.3.*

For additional resources, please refer to the SmartCare webpage.

Examples

1. A person served walks into an access program and is provided an initial service. The access program refers to a general outpatient program for follow up care.
   - The access program creates a timeliness record and completes the initial service section. They note in the referral that a timeliness record has been created and change the form author to the receiving program's primary contact. The receiving program will update the existing timeliness record with follow up appointment or closure information and sign.
2. Person served walks into an access program and, after receiving an initial service, is referred to a specialty program like PCIT (see p. 1 for full list).
   - The access program will create a timeliness record with the initial service information and select "No" for "Was the client offered a follow up appointment?" Enter today's date in the Closure Date with the reason "Other" and write in the name of the program the person was referred to and sign. The new service program will create a new timeliness record with the date of referral as the date of request and enter their appointment dates when services are offered and rendered.
3. Person served has been receiving Children's HFW but would also like to start PCIT (or any other specialty program on p. 1).
   - PCIT (or the new program) will create a new timeliness record using the date of referral as the date of request.
4. Person served has been receiving medication-only services and would like to start general outpatient or a specialty service type, or they are in need an inpatient aftercare appointment.
   - The new non-psychiatry program will need to create a new timeliness record. This person no longer counts as "already connected to services."
5. Person served is stepping down from DTI, for example, to general outpatient.
   - The general outpatient program will create a new timeliness record using the date of referral as the date of request.
6. A person served has received initial and follow-up services from MCRT and is then referred to FSP-ICM or one of the other service types listed on page 1.
   - The FSP-ICM or other new program will create a new timeliness record using the date of referral as the date of request.