CHILDREN FIRST MEDICAL GROUP, INC.

NEWSFLASH

~Newsflash~

June 18, 2026

Changes to CFMG Authorization Process for Speech and Occupational Therapy Effective July 1, 2026

Current process:

- **The Primary Care Physician (PCP) makes the initial authorization request** for the evaluation of speech or occupational therapy (OT) which CFMG authorizes.
- When the evaluation is completed, CFMG receives the evaluation and proposed treatment plan from the speech/occupational therapist. **CFMG reviews and authorizes, normally 26 visits over six months.**
- When the 26 visits or the timeframes expires, the vendor sends a new request and clinical notes to support the continuation of treatment.
- **CFMG reviews the authorization request for continued treatment from the vendor.** Requests are reviewed using Milliman Care Guidelines for speech/occupational treatment.

New Process Effective July 1, 2026:

- **PCP continues to make initial authorization requests for evaluation of speech or occupation therapy (OT) and CFMG authorizes.**
- When the evaluation is completed, CFMG receives the evaluation and proposed treatment plan from the speech/occupational therapist. This is normally 26 visits over six months. CFMG reviews and authorizes.
- Once the 26 visits are completed the speech/occupational therapist will submit the **clinical notes and request for continuation of treatment to the member's PCP.**
- After reviewing the clinical notes, **the PCP would make the determination that continued treatment is necessary.**
- **The PCP would then submit an authorization request with the clinical notes from the vendor to CFMG specifying the number of visits requested for continuation of treatment.**
- CFMG will review the request using Milliman Care Guidelines.

Note: If member is dissatisfied with PCP's decision about speech and OT they can file a grievance with Alameda Alliance.

CHILDREN FIRST MEDICAL GROUP, INC.

NEWSFLASH

Reminder: Timely Access

Please review the attached **Timely Access Guidelines**. The Department of Health Care Services (DHCS) conducts ongoing timely access surveys throughout the year, and Alameda Alliance will be conducting their Provider Appointment Availability Survey on Timely Access starting in July.

- Primary Care Visits (non-urgent) - within 10 business days of request
- Specialist Visits (non-urgent) - with 15 business days of request

Provider Changes

Please send any demographic changes to CFMG to either Sharon Wright or Claudia DeLeon Gabaldon at least 30 days in advance.

Providers leaving CFMG or retiring need to provide 90-day notice.

Thank you for taking care of the children!

If you have any questions, please email Sharon.wright@ucsf.edu or Claudia.deleongabaldon@ucsf.edu

Sent 6-18-26 by email at 11:33 am

Timely Access Standards

Alameda Alliance for Health (Alliance) is committed to working with our provider network in offering our members the highest quality of health care services.

Timely access standards* are state-mandated appointment timeframes for which you are evaluated.

All providers contracted with the Alliance are required to offer appointments within the following timeframes:

APPOINTMENT WAIT TIMES	
Appointment Type:	**Appointment Within:**
PCP/specialist urgent appointment that *does not* require PA	48 hours
PCP/specialist urgent appointment that *requires* PA	96 hours
Non-urgent **primary care** appointment (including OBGYN as PCP)	10 business days
First prenatal visit	2 weeks of request
Non-urgent appointment with a **specialist physician** (includes OBGYN specialty care)	15 business days of request
Non-urgent appointment with a **behavioral health provider**	10 business days of request
Non-urgent appointment for **ancillary services** for the diagnosis or treatment of injury, illness, or other health conditions	15 business days of request
ALL PROVIDER WAIT TIMES/TELEPHONE/LANGUAGE PRACTICES	
Timely Access Category:	**Timely Access Standard:**
In-office wait time	60 minutes
Call return time	1 business day
Time to answer call	10 minutes
Telephone access – Provide coverage 24 hours a day, 7 days a week.	
Telephone triage and screening – Wait time not to exceed 30 minutes.	
Emergency instructions – Ensure proper emergency instructions.	
Language services – Provide interpreter services 24 hours a day, 7 days a week.	

***Per the California Department of Managed Health Care (DMHC) and California Department of Health Care Services (DHCS) regulations, and the National Committee for Quality Assurance (NCQA) Health Plan (HP) Accreditation standards and guidelines.

PA = Prior Authorization

Non-urgent Care – Routine appointments for non-urgent conditions.

Triage (or screening) – The assessment of a member's health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice. This individual must be trained to triage or screen and determine the urgency of the member's need for care.

Shortening or Extending Appointment Timeframes – The applicable waiting time to obtain a particular appointment may be extended if the referring or treating licensed health care practitioner, or the health professional providing triage or screening services, as applicable, acting within the scope of their practice and consistent with professionally recognized standards of practice, has determined and noted in the member's medical record that a longer waiting time will not have a detrimental impact on the health of the member.

Urgent Care (or urgent services) – Services required to prevent serious deterioration of health following the onset of an unforeseen condition or injury (i.e., sore throats, fever, minor lacerations, and some broken bones).

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org