

The 24/7 Access Line

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24/7 Access Line Requirements

- MCBH must provide a statewide, toll-free, telephone number 24 hours a day, 7 days per week, with language capability in all languages spoken by beneficiaries of the county.
 - The toll-free number must provide information to beneficiaries about how to access Specialty Mental Health Services.
 - The toll-free telephone number must also inform beneficiaries about how to treat a beneficiary's urgent mental health condition.
 - The toll-free telephone number provides information to beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

Contact Logs

- All calls to the 24/7 Line, as well as all other calls regarding a request for services, must be logged in the appropriate Contact Log
 - Business Hours
 - Titled: “Intake & Crisis Log (2011 to current)” – Under the tab “Contact Log”
 - After Hours
 - Titled: “Access Call Log” – Under the tab “Call Log”
 - SharePoint Crisis Call
 - Titled: “Crisis Call Form” – Under the tab “New”

Contact Logs (cont.)

- Please enter in as much information as possible in each cell, however at a minimum, the contact logs must note the following elements:
 - Name of the Beneficiary
 - Date of the Call/Request
 - Initial Disposition (Outcome) of the Request
 - In the “Intake & Crisis Log...” the contact log has a drop down menu of Disposition options

How to answer the 24/7 Line

- Mono County Behavioral Health Access Line. This is (your name).
Is this a crisis or emergency?
 - If yes, refer to a crisis worker immediately.
 - If no, determine the reason for the call and address call appropriately.

Compliance Officers



What my friends think I do



What my mom thinks I do



What society thinks I do



What coworkers think I do



What I think I do



What I really do

Beneficiary Problem Resolution Process

- Any staff who answer the telephone, including the 24/7 Access Line must be able to give beneficiaries information about the problem resolution process.
 - A full description of this process can be found on the x: drive (shared drive) in the Grievance folder.
 - A summary can also be found on the telephone call scripts or on the x: drive (shared drive) in the Grievance folder.

Problem Resolution Process

Grievances and Complaints

- New Requirement: All complaints must be treated as grievances, and even if the beneficiary declines to file a grievance, we must document the complaint to monitor trends.
 - All grievance/complaint information needs to be sent to the QA/QI Coordinator (J.J.) or the Compliance Officer (Luisana Baires).
 - Clients or their designees have a right to file a grievance at any time, either orally or in writing.

Problem Resolution Process

Grievances and Complaints

- The QA/QI Coordinator or the Compliance Officer sends acknowledgement letter within 5 calendar days of receipt of complaint/grievance.
- MCBH sends a Notice of Grievance Resolution (NGR) within 90 calendar days of receipt.
 - If more information is needed, we can request an extension of up to 14 calendar days, but we must notify the client orally and in writing within 2 calendar days of the decision to extend the time frame.

Problem Resolution Process Appeals

- Beneficiaries or their designee(s) can file an appeal when we take one of the following actions:
 - Deny or limit authorization of requested services
 - Reduce, suspend, or terminate previously authorized services
 - Deny payment for services
 - Fail to provide services in a timely manner
 - Fail to act within the time frames for grievances or appeals
 - Deny a client's request to dispute financial liability

Problem Resolution Process Appeals

- If one of the 6 previously mentioned actions is taken, the beneficiary will receive a *Notice of Adverse Benefit Determination* (NOABD) in the mail.
 - This will also include a “Your Rights” section that will explain how to file an appeal/expedited appeal, as well as information on State Fair Hearings.
- Beneficiaries or their designees must file an appeal within 30 calendar days of the date on the NOABD.
 - If a client wants treatment to continue during this process they must ask for an appeal within 10 calendar days of the date on the NOABD.
- We send an acknowledgment letter within 5 calendar days of receipt of appeal.
- We send a Notice of Appeal Resolution (NAR) letter within 30 calendar days of receipt of appeal.
 - We can also ask for a 14 calendar day extension if needed for appeals, clients can file a grievance if they disagree with extension, notification orally and in writing within 2 calendar days of decision.

Expedited Appeals

- If a standard Appeal could jeopardize the beneficiary's mental health or substance use disorder condition and/or ability to attain, maintain, or regain maximum function the beneficiary can file an Expedited Appeal.
 - This kind of appeal must be resolved within 72 hours.
 - A request to expedite can be denied and it can be then treated as a standard Appeal.
 - We must notify orally and in writing within 2 calendar days of decision.
 - Beneficiary can file a grievance if they disagree with the extension.

State Fair Hearing

- In all problem resolution materials sent to beneficiaries, they will receive information about how to request a State Fair Hearing if they are unsatisfied with resolutions to appeals.

Out of Network Providers

- If we are unable to provide a necessary covered service to a beneficiary, the beneficiary has a right to receive that service from an out of network Medi-Cal provider for as long as we are unable to provide it.
 - This must be a Medi-Cal certified provider.
- These services must be pre-authorized by the Fiscal department, who will also coordinate payment for services with the other provider.

American Indian Health Facilities

- We must offer American Indian Health Facilities (AIHF) as a choice of provider for beneficiaries who meet definitions for “Indian enrollees” defined by *25 U.S.C. 1603(13), 1603(28), 1679(a), or 42 CFR 136.12.*
 - This must be a Medi-Cal certified provider.
- Our local AIHF is Toiyabe Indian Health Project in Bishop (Inyo County). Since we do not contract, authorization/payment for these services must follow the same protocol as out of network providers.

Information on MCBH Requests for Services

- Mono County Behavioral Health
452 Old Mammoth Road, 3rd Floor
Mammoth Lakes CA 93546
760-924-1740
Monday – Friday
8:00 a.m. – 5:00 p.m.

Information for Local Out of Network Medi-Cal

Toiyabe Indian Health Project, Inc.

- Bishop Clinic – Inyo County
250 N. See Vee Lane
Bishop CA 93514
760-873-8464
Monday – Friday
7:00 a.m. – 5:00 p.m.
(Closed 12:00pm – 1:00 p.m.)

Toiyabe Indian Health Project, Inc.

- Coleville Clinic – Mono County
73 Camp Antelope Road
Coleville CA 96107
530-495-2100
Monday – Thursday
8:00 a.m. – 5:00 p.m.
(Closed 12:00pm – 1:00 p.m.)
Closed Friday - Sunday

Test Calls

- We are required to periodically test the 24/7 line, both during Business Hours and also After Hours.
 - Test calls monitor elements of the call:
 - Language capability in all languages (Language Line or direct staff interpretation)
 - Information about how to access Specialty Mental Health Services
 - Information about services needed to treat an Urgent Condition (Crisis Services)
 - Information about how to use the Beneficiary Problem Resolution and Fair Hearing process

Test Calls

- We also are required to monitor the contact log entry contains the following elements:
 - Name of the Beneficiary
 - Date of the Call/Request
 - Initial Disposition (Outcome) of the Request
- We do other internal quality monitoring as well.

Example of Internal Test Call Worksheet

**Mono County Behavioral Health
ACCESS LINE TEST CALL WORKSHEET**

Number called					
<input type="checkbox"/> Main Line (office)	760-924-1740	<input type="checkbox"/> 24/7 Toll-Free Access Line	800-687-1101	<input type="checkbox"/> Other	
					Reason given for call:
Date:	Test caller's name:			<input type="checkbox"/> Counseling	
Start time:	Fictitious name given for call:			<input type="checkbox"/> Information	
End time:	Name for whom services were requested (if applicable):			<input type="checkbox"/> Emergency	
Total time:				<input type="checkbox"/> Medication	
For ALL CALLS, please answer the following questions:					
Call was answered by:	<input type="checkbox"/> A live person <input type="checkbox"/> Sent to voicemail		Was the caller put on hold? If "yes", for how long?	<input type="checkbox"/> yes	<input type="checkbox"/> no
How much time elapsed between initiating the call and speaking to a live person?	# of minutes:		Was the caller offered immediate help from a clinician/counselor?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Did the staff member ask if the situation was an emergency/crisis?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If calling after hours, on a weekend, or during a holiday, was the caller given a number to call during regular business hours?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Did the staff member ask for the caller's name?	<input type="checkbox"/> yes	<input type="checkbox"/> no	In general, were you satisfied with the call? i.e., Do you feel that a true request for services would be handled and forwarded to staff?	<input type="checkbox"/> yes	<input type="checkbox"/> no
For all NON-ENGLISH CALLS, please answer the following questions as well:					
Was the crisis worker able to speak the caller's language?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Did the crisis worker use standard phrases while linking the caller to interpretation services?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Was the caller linked to interpretation services?	<input type="checkbox"/> yes	<input type="checkbox"/> no	How much time elapsed before the caller was linked to someone who spoke their language?	# of minutes:	
Comments:					

Example of Internal Test Call Worksheet

Reverse side of Test Call Worksheet

To be completed by Quality Assurance Manager			
Category of call			
<input type="checkbox"/> Access to Services	<input type="checkbox"/> Linguistic/Language Access	<input type="checkbox"/> Urgent Condition	<input type="checkbox"/> Problem Resolution/Fair Hearing

To be completed by Quality Assurance Manager						
Were the following elements of the test call logged:			Was language interpreter successfully obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
1. Name of caller or beneficiary for whom services were requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was access to specialty mental health services explained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Date of request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was access to urgent care services explained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Initial disposition of request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was grievance/fair hearing process explained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Were all elements of the call logged	<input type="checkbox"/> Yes (Pass)	<input type="checkbox"/> No (Fail)	Was Test Call successful?	<input type="checkbox"/> Yes (Pass)	<input type="checkbox"/> No (Fail)	
Comments:					Score: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

Example of Internal Test Call Worksheet

NAME OF COUNTY:	Mono	# TEST CALLS MADE DURING BUSINESS HOURS:	4		
TESTING PERIOD:	July-September 2018	# TEST CALLS MADE DURING AFTER-HOURS:	5		
DID MHP TEST A CONTRACTOR?:	No	TOTAL TEST CALLS MADE:	9		
IF YES, CONTRACTOR NAME(S):		NON-ENGLISH TEST CALLS:	2		
Does the 24/7 Statewide Toll-Free Access Line provide: <i>(Note: Compliance Protocol: Section D - Subsection VI - Access Question B (1-4))</i>		Number of test calls made	Number of test calls where requirements were met	Percentage of test calls where requirements were met	
1	Language capability in all languages (NON-ENGLISH) spoken by beneficiaries of the County? NON-ENGLISH Language(s) Tested: Spanish	B	2	2	100.00%
		A	0	0	
2	Information about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met? (e.g. directing the caller where they can obtain a clinical assessment, providing clinic locations and hours of operation, information about walk-in services, etc.)	B	2	1	50.00%
		A	4	3	75.00%
3	Information about services needed to treat a beneficiary's urgent condition? (e.g. crisis services)	B	2	2	100.00%
		A	1	1	100.00%
4	Information about how to use the beneficiary problem resolution and fair hearing process?	B	0	0	
		A	1	1	100.00%
Does the written log of the initial requests for specialty mental health services include: <i>(Note: Compliance Protocol: Section D - Subsection VI - Access Question C (1-2))</i>		Number of test calls required to be logged	Number of test calls logged that met requirements	Percentage of test calls logged that met requirements	
5	Name of the beneficiary?	B	4	3	75.00%
		A	5	4	80.00%
6	Date of the request?	B	4	4	100.00%
		A	5	5	100.00%
7	Initial disposition of the request (e.g. caller provided with clinic hours/location, beneficiary scheduled for assessment with [Provider] at [Date/time], warm hand off to 24-hour Crisis Clinician, etc.)?	B	4	2	50.00%
		A	5	3	60.00%
Prepared by (name, title):	Julie Jones, QA Coordinator	Key:			
Telephone:	760-924-1740	B: Business Hours			
E-Mail Address:	jjones@mono.ca.gov	A: After-Hours			

Language Line

- We make every effort to have a service provided directly in the language of choice for the beneficiary
- If bilingual staff are unavailable we must use the Language Line
- Instructions for Language Line usage are available on the shared drive
 - X:\Form masters
 - Language Line Solutions_Quick Reference Guide_Mono County Behavioral Health
 - Language Line Solutions_How to Sheet_Mono County Behavioral Health
 - Language Line Solutions_Customer Service

Example of Language Line process

LanguageLine
Solutions™

Quick Reference Guide
ACCESSING INTERPRETING SERVICES

Mono County Behavioral Health

HOW TO ACCESS AN INTERPRETER

■ When Receiving a call:

1. Use your phone's conference feature to place the Limited English Proficient (LEP) speaker on hold.
2. Dial **1-866-874-3972**
3. Provide your Client ID # **5 9 8 8 9 1**
4. Select the language you need
 - a. Press 1 for Spanish
 - b. Press 2 for all other languages and state the name of the language you need
*** Press 0 for agent assistance if you do not know the language*

You will be connected to an interpreter who will provide his/her ID number.

5. Brief the interpreter.
Summarize what you wish to accomplish and provide any special instructions.
6. Add the LEP onto the call.
7. Say "End of Call" to the interpreter when your call is completed.

■ Note:

When placing an outbound call to a LEP, begin at **Step 2**. If you need assistance placing a call to the LEP, Please inform the interpreter or agent at the beginning of the call.

When the LEP is face-to-face with you begin at **Step 2**. Once the interpreter joins the line, brief him/her and place the phone on "Speaker" mode or pass the handset back-and-forth.

Language Line (important information)

IMPORTANT INFORMATION:

INTERPRETER IDENTIFICATION - Interpreters identify themselves by name and ID number. Feel free to note this information for future reference if your organization requires it for their records or to comply with regulatory requirements.

WORKING WITH AN INTERPRETER – At the beginning of the call, briefly tell the interpreter the nature of the call. Speak directly to the limited English speaking speaker, not to the interpreter, and pause at the end of a complete thought. Please note, to ensure accuracy, your interpreter may sometimes ask for clarification or repetition.

CUSTOMER SERVICE– To provide feedback, commend an interpreter, or report any service concerns, call 1-800-752-6096 or go to www.language.com, and click on the "Customer Service" tab to complete a Voice of the Customer form.

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Comments or Questions?



Thank you!