



Health Care Agency Behavioral Health Services Policies and Procedures	Section Name:	Medi-Cal Managed Care
	Sub Section:	Access
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	Policy Status:	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised

	SIGNATURE	DATE APPROVED
Director of Behavioral Health Services	<u>Signature on File</u>	<u>3/27/19</u>

SUBJECT: Behavioral Health Services 24/7 Access Line Requirements

PURPOSE:

To ensure compliance with the Orange County Behavioral Health Services (BHS) Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) requirements for 24/7 Access lines.

POLICY:

The BHS MHP and DMC-ODS will comply with regulatory and contractual requirements for 24/7 Access lines.

SCOPE:

24/7 Access line for BHS.

REFERENCES:

Medi-Cal Mental Health Plan Contract with the Department of Health Care Services.

Orange County Intergovernmental Agreement (IA) for the Provision of Substance Use Disorder services with the Department of Health Care Services.

PROCEDURE:

- I. Staff and operate a 24/7 toll free access line.
- II. Have a live operator at all times.
- III. Maintain an Access Log as specified by contract and contract Administrator.
- IV. Ensure that there are adequate staff to meet the language needs of callers, including bi-lingual staff and/or use of a telephone interpreting company. The Access line clinicians shall speak the languages of most of the beneficiaries. The California Relay Service may be used for hearing impaired beneficiaries.

- V. Provide the required information to callers as needed, including but not limited to:
 - A. How to access needed services.
 - B. How to file a grievance.
 - C. How to apply for Medi-Cal.
 - D. How to file an Appeal of a Notification of Adverse Benefit Determination (NOABD).
 - E. How to file a State Fair Hearing if dissatisfied with the outcome of an Appeal.
 - F. How to obtain out-of-county services for persons residing in other counties.
 - G. How to get additional information on Early and Periodic Screening Diagnosis and Treatment (EPSDT) services.
 - H. How to access Medi-Cal non-medical transportation benefit.
- VI. Set up appointments for assessments for initial calls within the timely access requirements.
- VII. Set up appointments for requests from continuing beneficiaries within the timely access requirements.
- VIII. Conduct activities to promote consistency of screenings and make the findings available to the County Administrator.
- IX. Participation in test calls.
- X. Refer to needed non-MHP or non-DMC-ODS services if person declines an assessment.
- XI. Handle emergent situations with linkage to the Crisis Assessment Team (CAT), referral to 911 or to the nearest Emergency Department as indicated by the clinical situation. The 24/7 line shall obtain confirmation that any caller assessed as requiring emergent or urgent care has been appropriately connected to County or other needed emergency services.
- XII. Conduct beneficiary satisfaction surveys regarding the beneficiaries' access line experience.
- XIII. The 24/7 Access line staff will provide monthly/quarterly reporting related to quality improvement measurements and responsiveness to calls as established by contract and the contract Administrator. This includes, but is not limited to:
 - A. Percent of calls answered within 30 seconds.
 - B. Percentage of dropped calls.

- C. Summary of beneficiary satisfaction surveys regarding the beneficiaries' access line experience.
- D. Access log reports.
- E. Grievance and appeal reports.