

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH  
PROGRAM SUPPORT BUREAU  
QUALITY IMPROVEMENT DIVISION  
(CY 2015)**

**TEST CALLS GUIDELINES/INSTRUCTIONS**

The California Code of Regulations, Title 9, Chapter 11, Section 1810.405(d) specifies: "Each Mental Health Plan (MHP-County) shall provide a statewide, toll-free telephone number that functions 24-hours a day, seven days a week, with language capacity in the languages spoken by the beneficiaries of the county that will provide information to beneficiaries about how to access specialty mental health services, including services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearings processes."

The California Code of Regulations, Title 9, Chapter 11, Section 1810.405(f) specifies: "The MHP shall maintain a written log of the initial requests for specialty mental health services from beneficiaries of the MHP. The requests shall be recorded whether they are made via telephone, in writing, or in person. The log shall contain the name of the beneficiary, the date of the request, and the initial disposition of the request."

The California Code of Regulations, Title 9, Chapter 11, Section 1810.410(d)(1) specifies: "Each MHP shall provide: a statewide, toll-free telephone number available 24 hours a day, seven days a week, with language capacity in all the languages spoken by the beneficiaries of the MHP as required by Section 1810.405(d)."

**PURPOSE OF THE TEST CALLS**

Calls to test the MHP's 24/7 ACCESS Line 1-800-854-7771 (not clinic or other hotline numbers) in the following areas:

- Availability 24-hours a day, seven days a week
- Knowledge and helpfulness of the Access Line staff
- Recording of the call on the ACCESS Call Log
- Response capability in a non-English language
- Information on how to use the beneficiary problem resolution and fair hearings processes

**BASIC PRINCIPLES OF THE TEST CALLS**

- A) Before calling please be aware that the ACCESS Center employee MAY ASK YOU for your name, social security number, date of birth, phone number and address. Prior to making the Test call, decide what personal information you are willing to share and what information you will be

providing. IT IS NOT NECESSARY FOR YOU TO SHARE ANY AUTHENTIC PERSONAL INFORMATION AS YOU ARE CALLING IN THE ROLE OF A “SECRET SHOPPER.”

- B) **Do not call with an emergency or crisis scenario.** Please call with a routine request for specialty mental health services or other general information as suggested in the Test Calls Scenarios document. You may follow the scenarios exactly or use them to help you in developing your own scenario. If you state that this is an emergency or crisis call, the MHP may contact law enforcement or other emergency personnel.
- C) **If you make the call for a referral, please EXPLAIN that this is an initial request for specialty mental health services.** Only requests for specialty mental health services and only initial requests for services must be logged by ACCESS. Please refuse all efforts by ACCESS Line employees to arrange an assessment appointment for you at the clinic site. **Remember, do not make, ask for, or accept an appointment as it will tie-up needed clinical services. Instead, you can obtain a phone number and inform the ACCESS Line employee that you have chosen to contact the clinic directly or that you are not ready for an appointment at this time.**
- D) **Keep the call short and succinct.** Do not unnecessarily tie-up the toll free line with a long call. Keep the line available to those who may need assistance.
- E) **If asked if you are a Medi-Cal beneficiary, and you respond positively,** you will be asked for your 14-digit Medi-Cal Number. You may provide a fake number or say you don't have it.
- F) **If asked, give a name that you feel comfortable providing to the MHP staff. You may use any name that you choose.** Write down the name given, so the call can be located on the ACCESS Call Log.
- G) If you are calling regarding a request for services for someone other than yourself, please provide your name as well as the name of the person for whom you are requesting services.
- H) DO NOT IDENTIFY YOURSELF AS A TEST CALLER.
- I) **If asked, identify yourself as a resident of the county being tested.** You can provide a local street address and phone number, or give general information such as a few cross-streets or landmarks. You may also state that you just moved to the area and/or that you prefer not to give your address.

- J) Please print a 24/7 ACCESS Line Test Call Survey Form from the LACDMH - QI website to complete all information related to the test call.
- K) **Note the time and date of your call and, if known, the name of ACCESS Line employee.** Write down the name you used and the time and date that the call was made. This is important in locating your call in the ACCESS Call Log. Please ALWAYS note the name of the ACCESS Line employee. Even if they do not offer their name, please persist in asking their name and note the name before you end the call. Having the employee's name is important in providing feedback regarding the call and your experience.
- L) **Each Service Area should make EXACTLY 10 calls -- Five (5) calls during regular business hours (Monday-Friday 8:00 AM to 5:00 PM)**
- and**
- M) **Five (5) calls after hours (Monday – Friday 5:01 PM - 7:59 AM), or on weekends (Friday 5:01 PM – Monday 7:59 AM), and/or Holidays (e.g. Saturday, July 4<sup>th</sup>).**
- N) Of the 10 calls, 5 calls should be in English and 5 calls in your Service Area threshold languages (See attached Table 1 for the Service Area Test Calls Schedule CY 2015 and Table 2 below for the list of threshold languages by SA).

**Table 2**

<b>Service Area</b>	<b>Threshold Language</b>
SA 1	Spanish
SA 2	Armenian, Farsi, Russian, Spanish and Tagalog
SA 3	Cantonese, Mandarin, Spanish and Vietnamese
SA 4	Armenian, Cantonese, Korean, Russian, Spanish and Tagalog
SA 5	Farsi and Spanish
SA 6	Spanish
SA 7	Spanish
SA 8	Cambodian and Spanish